

Connections Program: connecting families to services

By Keri Pollock, Communications Director | Storyteller

“I returned from vacation in the Fall of 2006 and it was then when I recognized how my Grandmother’s declining condition was taking its toll on her caregiver, my mother. And although I knew that it was time for the family to step in and assist in some difficult decisions, I didn’t know where to go or frankly how to begin...”



So began Suzanne Pitone’s journey of helping her mother, Ellen, manage the stress of working full time while providing full time caregiving for her mom, Tressie.

Up to that point, the family had interpreted Tressie’s behavior, as most families do, as part of the aging process: anxious, at times disoriented, other times irritable, requiring assistance with bathing, dressing, medication management,

repeating herself in conversation, unable to drive, no longer able to manage finances, housework and meal preparation. It was natural for Ellen to bring Tressie into her home to live.

But as Tressie’s yet-to-be-recognized and-diagnosed Alzheimer’s disease slowly progressed, so did the slow-building stress and strain on Ellen. This is the point where Suzanne, returning from vacation, recognized the dramatic changes in both her mom and grandmother and realized something was not right. As Suzanne puts it, “We were basically watching two generations begin to fade before our eyes.”

Suzanne was witnessing a common outcome of caregiving: her mom, Ellen, not recognizing the stress she was under and her need for self-care. Oftentimes, caregivers are so invested in caring for another that they don’t see how it’s affecting their own health.

In the case of Suzanne’s family, no one in the family recognized that Tressie had Alzheimer’s disease (the family interpreted her behavior as “Grandma’s being ornery”) or even knew about the Alzheimer’s Association, but an article in the *Seattle Times* about the Dementia Partnership Program that appeared soon after Suzanne’s revelation struck a chord with her brother, with whom she’d shared her observation and concerns. This led to an eventual connection with our Chapter.

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We are moving

Not only are we on the **Move** to end Alzheimer’s, we are also on the **Move** with our office.

We’ve outgrown our space!

Effective Monday, November 2, 2009, our office will be located in lower Queen Anne at:

100 W. Harrison St.
North Tower - Suite 200
Seattle, WA 98119

Save A Tree—we’re going electronic with the newsletter

Saving money, energy and other resources, in addition to becoming more environmentally-friendly, are daily goals here at the Chapter.

The dollars we save will be invested in other meaningful places, such as programs, support, resources, research and outreach.



But we can’t do it alone!
We need your email address.

Go to our website at www.alzwa.org, click on **Subscribe to Newsletter** (left hand column, last button) and follow the easy instructions.

Thank You!

Executive Director's message

Our feature story for this issue is about our **Connections Program**, a gem of a service we offer families caring for a loved one with Alzheimer's disease (AD): families connect to Chapter services, as well as services in the larger community. When I think about it, "connecting" is what we do, whether on a personal level with a family or on a community level with other service providers who serve people with dementia.

Making connections and forming partnerships with other agencies is a strategy we have applied to great effect. It expands our reach and fosters a community that is "dementia capable". As much as we would love to serve all the 110,000 families in Washington who are grappling with Alzheimer's disease, that isn't feasible. But, it is feasible when we work with other agencies that share our knowledge and skills in dementia care.

Those of us in the helping profession, and especially those providing care to people with AD, envision communities that are "dementia-capable"—communities with multiple and diverse resources that are sensitive and helpful to those living with the disease and their caregivers. What would a dementia-capable community look like? It would be one where bank tellers, landlords, and mail carriers know how to spot a situation that is worrisome and where to report the problem. It would be one where police, medics, and firefighters are alert to situations where the person in need also has dementia. It would be a health care system that knows how to diagnose and treat the disease and is also prepared when someone needs inpatient hospital care. A dementia-capable community understands the challenges Alzheimer's families endure and offers meaningful support in response.



Nancy J. Dapper, Executive Director

We've made considerable progress with the support of some truly dedicated partners. With our colleagues at Sea Mar Community Health Centers we've established a model of service delivery that benefits Hispanic families caring for a loved one with dementia. Thanks to the support of the Seattle-King County Aging and Disability Services (ADS) and the Snohomish County Family Caregiver Program we are able to offer in-person care consultation to their residents. Finally, the Dementia Partnership Program pulls together a team that includes our Chapter and the UW School of Nursing, the State Department of Social and Health Services, Seattle-King County ADS, and Elderhealth NW Adult Day Health Services to bring services to family caregivers aimed at supporting their efforts and maintaining their health.

Alzheimer's disease will become increasingly prevalent in our State as baby boomers age. As a community, we need to continue to support efforts designed to make the environment one that is dementia capable and safe for people and families living with the disease. ●

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Nancy J. Dapper, Patricia Hunter, and Keri Pollock

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Connections *Continued from page 1*

This is an all-too-common story from people we've partnered with through the years. Finding the Alzheimer's Association has helped them make sense of how Alzheimer's disease or related dementias affected their families and support systems and assisted them in planning for the future.

A dementia diagnosis is a challenge for anyone. "I didn't know where to begin.." is the most common reflection. That's where our Helpline and Connections Care Consultants come in. Through a network of partners and information sources such as doctors, nurses, social service agencies, friends, neighbors, and media coverage, the Alzheimer's Association is discovered.

Suzanne's family began with a call to our Chapter that led to a home visit from Dr. Jane Tornatore, a Care Consultant with our Connections program.

What is Connections?

The Connections Care Consultation program provides individualized guidance to families and individuals to address immediate needs and planning for the future, with ongoing support throughout the course of the disease. Our Connections professionals help families identify and respond to the challenges and changes of Alzheimer's; set individualized goals; help problem solve; and connect individuals to services and resources. They also provide practical advice, consumer information and disease education about how to manage care.

Due to the challenges of dementia and Alzheimer's disease, individuals are faced with tough situations and hard conversations. As the disease progresses, the family caregiver takes on increasing responsibilities. At the same time, the



Tressie and Ellen

person with memory loss would like to maintain independence, and stay involved in care decisions. Discussions about money, health care decisions, legal issues, driving safety, treatments and future financing of care are all common areas of concern in Alzheimer's. These emotionally charged issues need to be addressed as early as possible and sometimes help is needed from an outside, unbiased person who understands Alzheimer's and the common challenges, and can offer solutions.

Making the Connection

When Suzanne talks about her family's relationship with their Connections Care Consultant, Dr. Jane Tornatore, she reflects on the *peace of mind* and *hope* that quickly warmed and energized the family.

Jane first met with Ellen and Suzanne to understand the present circumstances and provide an assessment. Initially, Jane got to know the family. The assessment reviewed activities of daily living, environment and safety, health and medications, as well as activities and interests. Dr. Tornatore was then able to match the family's needs and wishes with resources and support.

Jane also connected the family with Dr. Kris Rhoads, neuropsychologist at

Virginia Mason. Dr. Rhoads provided the family with confirmation that Tressie had Alzheimer's disease. Suzanne said that once it was confirmed, the family could work with Jane in developing a personalized care plan for Tressie.

Ellen began to make time for herself, which included regular exercise. Connecting with Dr. Rhoads clarified many questions. Resources such as our 24/7 Helpline, home care agencies, adult day health services, and Senior Information and Assistance, helped the family understand that there was a support system available. Jane also helped the family understand Alzheimer's disease and its stages and provided information about workshops on caregiving. If and when alternate living arrangements became necessary, Jane provided resources for searching and finding the right fit.

In less than a year, the family had consensus on how best to care for Tressie, and Ellen received much-needed relief from fulltime caregiving. Ellen and her daughter Suzanne, along with others in the family, were able to do research, involve other family members, and make informed decisions. As Suzanne sees it, "Jane gave us the tools we needed, at just the right time. With Jane's help, we gained the education and understanding necessary, and with that came strength and hope. She was there to guide us, never push us, along the journey."

Connections is currently offered in King, Snohomish, and Pierce Counties. To access **Connections**, contact the Chapter at 1 (800) 848-7097 or contact **Joanne Maher, Director of Social Services** at (joanne.maher@alz.org). The Connections program is confidential and offered at no cost. Donations are accepted. ●

Communication: staying connected when your loved one has Alzheimer's

Alzheimer's disease and related dementias can gradually diminish a person's ability to communicate. Not only do people with dementia have more difficulty expressing thoughts and emotions, they also have more trouble understanding others. The ability to exchange our ideas, wishes and feelings is a basic need.

Changes in communication

A number of physical conditions and medications can also affect a person's ability to communicate. Consult your doctor when you notice major changes. The Alzheimer's Association recommends ways to communicate with the person with dementia so you might understand each other better.

Following, you'll find tips for helping the person with Alzheimer's or a related dementia communicate as well as the best ways for you to communicate.

Helping the person communicate

Communicating with a person with dementia requires patience and

understanding. Above all, you must be a good listener.

To help the person communicate:

Be patient and supportive.

Let the person know you're listening and trying to understand what is being said.

Show your interest.

Keep good eye contact. Show the person that you care about what is being said.

Offer comfort and reassurance.

If he or she is having trouble communicating, let the person know that it's OK. Encourage the person to continue to explain his or her thoughts.

Give the person time.

Let the person think about and describe whatever he or she wants to. Be careful not to interrupt.

Avoid criticizing or correcting.

Don't tell the person what he or she is saying is incorrect. Instead, listen and try to find the meaning in what is being said. Repeat what was said, if it helps to clarify the thought.

Continued on page 5



10 quick tips for better communication*

1. Be calm and supportive
2. Focus on the feelings, not the facts
3. Pay attention to tone of voice
4. Address the person by his or her name
5. Speak slowly, and use short, simple words
6. Ask one question at a time
7. Avoid vague words and negative statements
8. Don't talk about the person as if he or she weren't there
9. Use unspoken communication, like pointing
10. Be patient, flexible and understanding

Tone of voice and body language*

Be aware of your tone of voice.

- Speak slowly and distinctly
- Use a gentle and relaxed tone of voice—a lower pitch is more calming
- Convey an easygoing, non-demanding manner of speaking
- Be aware of your feelings and attitude—they are often communicated through your tone of voice, even when you don't mean to

Pay special attention to your body language.

- Always approach the person from the front
- Avoid sudden movements
- Keep good eye contact; if the person is seated or reclining, get down to that level
- Be aware of your stance to avoid sending a bad message
- Use positive, friendly facial expressions
- Use unspoken communication like pointing, gesturing or touch

*Taken from the Alzheimer's Association brochure: *Communication—Best ways to interact with the person with dementia.*

Communication *Continued from page 4*

Avoid arguing.

If the person says something you don't agree with, let it be. Arguing usually only makes things worse.

Offer a guess.

If the person uses the wrong word or cannot find a word, try guessing the right one. If you understand what the person means, you may not need to give the correct word. Be careful not to cause unnecessary frustration.

Encourage unspoken communication.

If you don't understand what is being said, ask the person to point or gesture.

Limit distraction.

Find a place that's quiet, so you won't be interrupted. The surroundings should support the person's ability to focus on his or her thoughts.

Focus on the feelings, not the facts.

Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words. At times, tone of voice and other actions may provide clues.

Best ways for you to communicate

As dementia progresses, communication can become more and more challenging. Sensitive, ongoing communication is important, no matter how difficult it may become or how confused the person may appear. While the person may not always respond, he or she still requires and benefits from continued communication. When communicating with a person with dementia, it's especially important to choose your words carefully.

To best communicate:

Identify yourself.

Approach the person from the front. Tell the person who you are.

Call the person by name.

This is not only courteous, it helps orient the person and gets his or her attention.

Use short, simple words and sentences.

Don't overwhelm the person with lengthy requests or stories. Speak in a concise manner. Keep to the point. In some cases, slang words may be helpful.

Talk slowly and clearly.

Be aware of speed and clarity when speaking.

Give one-step directions.

Break down tasks and instructions into clear, simple steps. Give one step at a time.

Ask one question at a time.

Don't overwhelm or confuse the person with too many questions at once.

Patiently wait for a response.

The person may need extra time to process your request. Give the person the time and encouragement he or she needs to respond.

Repeat information or questions.

If the person doesn't respond, wait a moment. Then ask again. Ask the question in the same way, using the same words as before.

Turn questions into answers.

Try providing the solution rather than the question. For example, say "The bathroom is right here," instead of asking, "Do you need to use the bathroom?"

Avoid confusing expressions.

If you ask the person to "Hop in!" – he or she may take that as literal instructions. Describe the action directly to prevent confusion. "Please come here. Your shower is ready."

Avoid vague words.

Instead of saying "Here it is!" – try saying, "Here is your hat."

Emphasize key words.

Stress the words in a sentence you most want to draw attention to, like "Here is your coffee."

Turn negatives into positives.

Instead of saying, "Don't go there," try saying, "Let's go here."

Give visual cues.

To help demonstrate the task, point or touch the item you want the person to use. Or, begin the task for the person.

Avoid quizzing.

Sometimes reminiscing may be healthy. But avoid asking, "Do you remember when ...?" Stay away from saying things like, "You should know who that is."

Give simple explanations.

Avoid using logic and reason at great length. Give a complete response in a clear and concise way.

Write things down.

Try using simple written notes for reminders, if the person is able to understand them. A written response may also help when a spoken one seems too confusing.

Treat the person with dignity and respect.

Avoid talking down to the person or talking as if he or she isn't there.

These tips are intended to help you and the person with dementia understand each other better, whether you are a family caregiver, direct caregiver or a healthcare professional. If you have questions or want information or resources related to communication, contact our Helpline at 1 (800) 848-7097. ●

Learning to Speak Alzheimer's
by Joanne Koenig Coste

Written in an easy-to-read style, this book provides tips on the nitty-gritty of everyday living, as well as advice for dealing with emotional issues and learning to communicate effectively with Alzheimer's patients.

Caregiver Support Groups—the bridge to emotional, educational and social support

By Linda Whiteside, Community Support and Volunteer Recruitment Director

Caregiver support groups provide an opportunity for family caregivers, their families, and friends to meet and develop a mutual support system that will help maintain the health and well being of its members. People come to support groups looking for something. They typically talk about looking for people who “really understand because they’ve been there, too.”

In addition to general family caregiver groups the Chapter offers those for adult children caring for a parent, young onset (65 years and younger), long-distance caregiver, gender specific, early memory loss, bereavement, and caregivers that meet over the phone. Groups targeting diverse communities of caregivers and families include multicultural, LGBT, and language-specific.

Each peer-based support group provides an opportunity for members to exchange practical information on caregiving problems and their possible solution,

share different ways of adapting to the continuing stress of coping, discuss feelings, needs and concerns in a supportive, non-threatening and non-judgmental atmosphere.

Members know the group is a safe environment to express and work through feelings of fear, frustration, worry, guilt, anger and other emotions associated with caregiving with others who have experienced similar feelings. As one member stated, “my group is my lifeline.”

The group experience provides social contact for family members who feel isolated because of their constant continuing care of their loved one. It establishes sympathetic connections between families dealing with similar experiences so they can call on each other between meetings when things are difficult or isolating. Members often say “the group has become my extended family.”

Most notably, support groups emphasize the importance of maintaining physical and mental health of the caregiver through the use of respite services, continued involvement or re-involvement in family life, work, community, and social and recreational activities.

With increasing community awareness there is a growing number of caregivers looking for support groups. Presently, the program’s largest challenge is recruiting enough skilled volunteer professionals and former family caregivers to fill the role of group facilitators to help us expand our reach.

If you would like a listing of support groups in your area call our 24/7 Helpline at 1 (800) 848-7097 or visit www.alzwa.org. For more information on our support group program contact Linda Whiteside at linda.whiteside@alz.org. ●

Consider becoming a support group facilitator

Alzheimer’s Association Support Groups provide a safe, non-judgmental setting for caregivers to share experiences, resources, and advice about their challenges.

Our Chapter is experiencing a growing demand for Support Groups, and we are recruiting qualified **Support Group facilitators**.

Who qualifies to be a Support Group facilitator? Support group facilitators are volunteers who are knowledgeable about Alzheimer’s disease and other dementias,

community resources, caregiver stress, and provide useful information throughout the sessions. Former family caregivers and those in helping professions, such as care and case managers, those in healthcare, and aging and social services are ideally suited as facilitators.

If you are interested in becoming a Support Group facilitator, there is a screening and application process required. We provide an excellent all-day training, as well as ongoing technical support and continuing

education opportunities. Contact **Linda Whiteside**, Director, Community Support | Volunteer Recruitment, linda.whiteside@alz.org, or 206.363.5500, ext. 237. ●



Diabetes and Alzheimer's Disease: what's the connection?

By Laura Baker, PhD

Memory Wellness Program, The University of Washington and the VA Puget Sound Health Care System, Tacoma and Seattle

Memory seems to be getting worse? Better check your blood sugar! Recent scientific findings indicate that poor blood sugar control may be detrimental for memory. In fact, statistics tell us that your risk of developing Alzheimer's disease is substantially increased—not only if you have diabetes (type II), but also if you have impaired glucose tolerance (a condition that precedes the onset of diabetes). Unfortunately, the simple but essential test needed to detect this pre-diabetic condition, an oral glucose tolerance test, is rarely performed in the course of a typical annual physical. As a consequence, many older adults are unaware that they are at an increased risk of developing more serious memory problems down the road. This is unfortunate because if you knew you had impaired glucose tolerance, you could make a few simple but critical lifestyle changes and potentially correct the problem.

Glucose (sugar) is the fuel that makes the heart tick, the leg muscles contract, and the BRAIN function. Shortly after we eat a meal, blood sugar levels rise and, in response, the pancreas releases insulin. Insulin must be available if glucose is to be relocated from the bloodstream to the various body tissues for fuel. For some, blood sugar levels remain elevated for long periods of time. As a consequence, the pancreas works overtime and insulin levels skyrocket. Eventually, insulin loses its potency to do its job with the same efficiency. (This change in potency is similar to that observed for a medication when a person builds up a tolerance and ultimately more medication is needed to get the same effect.) So, when the body becomes less

responsive to insulin, or “insulin resistant,” the body can no longer efficiently use glucose (glucose intolerance) and the brain is now at risk of getting a reduced supply of fuel and can no longer reap other benefits of normal insulin action. Over the long run, these changes will take a toll on memory.

Many people with memory problems, including those with Alzheimer's disease, have insulin resistance and impaired glucose tolerance—conditions that once were associated only with diabetes. One way to treat or prevent diabetes is to increase the body's sensitivity to insulin so that glucose can be used more efficiently. One of the most effective ways to increase insulin sensitivity is to exercise! When your muscles are working, they require more fuel. More demand by your muscles depletes the blood supply of glucose. When the blood supply is depleted, less insulin is produced by the pancreas. When less insulin is produced, the body becomes more sensitive to insulin (less supply, more demand). A second effective way to increase insulin sensitivity is through diet. Diets high in saturated fats and high in sugar lead to high glucose levels in the blood for extended periods of time. As a consequence, insulin levels are also elevated in the bloodstream for longer periods of time.

The **Memory Wellness Program** of the **University of Washington** and the **VA Medical Center** is studying the link between memory and energy metabolism (glucose and insulin release) for older adults in the Puget Sound region in hopes of preventing or delaying the onset of Alzheimer's

disease. Prevention of Alzheimer's disease through improving the body's use of its own insulin and glucose may sound too simplistic or even unobtainable, but for Alzheimer's patients and their families it means hope.

The research of Dr. Suzanne Craft and the **Memory Wellness Program** was recently featured in the HBO Special: “The Alzheimer's Project”. In the “Science and Medicine” segment of this award-winning production, Dr. Craft talks more about this important connection between insulin, glucose, and memory, and the role of impaired insulin action on the development of Alzheimer's disease. You can visit the HBO website at: www.hbo.com and follow the links in documentaries to “The Alzheimer's Project” to view the entire series and learn more about this timely new area of research.

Research efforts are only made possible through the participation of our dedicated study volunteers.

If you, a family member or loved one are concerned about changes in memory and interested in finding out more about participating in one of the studies conducted by the **Memory Wellness Program** and supported by the National Institutes of Health, please contact Julie Moorer, R.N., Director of Recruitment, UW/VA Memory Wellness Program, 1 (866) 638-8813 (toll free) or visit the Memory Wellness Program website: www.memorywellnessprogram.org. ●

Why I walk

Here are personal reflections from Memory Walk participants from throughout our region, sharing the reasons they walk. If you've never joined us for a Memory Walk, please consider joining the celebration. Memory Walks are family- and dog-friendly community celebrations where together we build awareness, and have fun, while raising funds for care and a cure.

- ✿ I walk in memory of my mom.
- ✿ I walk in memory for all my family and friends.
- ✿ I walk to raise awareness for all my adopted "Grandmas and Grandpas" that I have cared for over the years.
- ✿ My family and I walk in memory of our father and grandfather, Arnie, who died Sept. 2007. As a family we found the walk very healing—it gave us a way to work together and feel like we were really doing something about Alzheimer's disease.
- ✿ I am walking mainly for my work, but also in memory of my grandmother and aunt. I love working with our residents who have Alzheimer's. Great cause.
- ✿ I walk because I love seniors and their families. I see this disease in action everyday. I hope to find a cure. This walk is for a great cause and helps raise awareness.
- ✿ Two years ago, I began walking as part of our company team...now it's more personal. My mother has Alzheimer's. We are all walking to help find a cure.
- ✿ I walk in memory of my Dad, for whom I was caregiver until he passed of Alzheimer's in June 2008. This year, the Memory Walk happens to be held on Dad's birthday, which will attract family members for sure, as it will be kind of like a birthday party for him!
- ✿ I walk in memory of a friend who was a nurse caring for others all her life.
- ✿ Memory Walk inspires me to be a better person and help seniors in need.
- ✿ For the opportunity to help families see and learn the possibilities to work with the disease in the most positive ways possible.

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New staff

Meg Sweeney, MSW, Care Consultant. Meg's focus is serving individuals and families in Pierce County affected by Alzheimer's and related dementias. Before joining our staff,



Meg Sweeney, MSW

Meg co-facilitated an Early Stage Memory Loss series while working at North Shore Senior Center (Bothell) as a social worker. "It was inspiring to see those with Alzheimer's and their care partners respond to the information. They were empowered to have a place to talk about this major challenge in their lives and the opportunity to connect with others

in the same situation." Through her work, Meg is able to connect people with resources, provide caregiver support and encouragement, and offer reassurance to memory impaired clients.

Estela Ochoa, El Portal NW Care Consultant. Prior to joining us, Estela worked at Elderhealth NW for 12 years as a case manager, working with the Hispanic community helping



Estela Ochoa

families care for their elder members and finding services. Her role with our Chapter is similar. Estela's personal experience as an immigrant to the U.S. helps her when working with families. As she tells it, "I am proud of the fact that we as a family were able to overcome challenges as an immigrant family and can benefit others through our experience. And I appreciate having the opportunity to work with the Hispanic community."

Anita Souza, Helpline Navigator. Anita graduated from the University of Massachusetts, Boston, with a B.A. in Gerontology with a concentration in Management. Prior to joining our



Anita Souza

Chapter, she worked for Sunrise Assisted Living in Norwood, MA, where she was the director of special care community for Alzheimer's residents. Anita also volunteered on the Alzheimer's Association Eastern Massachusetts Chapter's Helpline. Outside of work, Anita enjoys time with her family, reading, and weaving on her counterbalance loom. ●



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Helpline: your 24/7 connection

Our Helpline assists people with memory loss, caregivers, healthcare professionals and the public seeking information about Alzheimer's disease and related dementias, offering:

- connections with Chapter and community resources
- assistance with caregiving concerns and education
- emotional support to overburdened caregivers
- information about long-term care planning
- current Alzheimer's treatment options and research
- tools and practical information
- access to Alzheimer's Association support groups
- information on how to manage challenging behaviors
- help balancing work and home on top of caregiving responsibilities

Helpline 24/7 1 (800) 848-7097

Celebrating our Legacy of Love

Statistics from a recent AARP survey show that 28% of African Americans are currently participating in caring for parents and other older adults, as compared with 19% of non-Hispanic whites.



The stresses of caring for a person with Alzheimer's disease or a related disorder (multi-infarct dementia, Parkinson's, Pick's disease, or complications of diabetes and kidney disease) can be overwhelming. And caring for someone with dementia requires different techniques than those needed to care for a person who is not cognitively impaired.

Taking good care of family also means taking good care of yourself and getting some help. In that spirit, we are sponsoring our **4th Annual African American Caregivers Forum**, intended for those who are caring for a family member or loved one with Alzheimer's or a related dementia.

The forum offers engaging speakers, meaningful exhibits and hands-on activities, all designed to emphasize the importance of caring for the caregiver holistically—body, mind and spirit—as they provide care for a loved one.

Celebrating Our Legacy of Love
Northwest African American Museum
2300 S. Massachusetts Street, Seattle
Saturday, October 17, 2009
9:00 am to 3:00 pm

Speakers include:

Dr. Gwendolyn Coates, founder of GAP Ministries;
 Dr. Kristoffer Rhoads, Neuropsychologist, Virginia Mason;
 Shirley Bondon, Manager of the Office of Public Guardianship;
 and Gayle Johnson, President, Seattle Chapter of The Links.

Topics include:

- Who Decides? Helping Your Loved One with Alzheimer's with Planning Needs and Legal Decision-Making
- Detecting and Diagnosing Dementia: Neuropsychological Assessment
- End-of-Life Care for People with Dementia.

The forum and lunch are free, but space is limited. To reserve your seat, you can register online at www.alzwa.org or call the Registration Line at **(206) 529-3894**.

Save the Date

Saturday, October 17th

African American Caregivers Forum
 9:00 am to 3:00 pm
 Northwest African American Museum
 2300 S. Massachusetts Street, Seattle

November 2

We will officially be in our new office space at
 100 W. Harrison St, North Tower,
 Suite 200
 Seattle, WA 98119

November 17 (in Tacoma)

UW Alzheimer's Disease Research Center (ADRC)
 and the Alzheimer's Association Joint Forum

Our Common Challenge:

Finding New Treatments for Alzheimer's Disease

7 PM - 9 PM, University Place Presbyterian Church
 8101 27th Street West
 University Place, WA 98466

Early Stage Memory Loss (ESML) 3-hour classes

Pre-Registration by phone is required as space is limited.
 Call Samantha Woodward at (206) 529-3868 or
 1 (800) 848-7097, ext. 229

November 17 (in Port Angeles)

1:00 pm - 4:00 pm
 Port Angeles Senior Center
 328 E. 7th St. Port Angeles, WA 98362

November 18 (in Sequim)

1:00 pm - 4:00 pm
 Trinity United Methodist Church
 100 S. Blake Ave., Sequim, WA 98382

The Alzheimer's Association, Western and Central Washington State Chapter gratefully acknowledges the following individuals, businesses, organizations, and foundations who have made contributions to our Chapter between April 1, 2009 – July 31, 2009.

**Tributes
\$100 and above**

Marie Strasser
Carol Danehy
Gerald L. Ford's Birthday
Kip Edwards
Sally Hirao
Kenji & Irene Nakamura
Nancy Dapper
Nick Newcombe
Megan Hirsh & Chris Henderson
Bob & Robin Tiehen

**Memorials
\$100 and above**

Marylou Abbey
Dick Abbey
Larry & Jean Armbruster
Mary B. Bohmke
Miriam Effron
Norman D. Miller
Laurie Strasser
George Akramoff
Christopher Heale

Ted Ayres
Thelma Walczyk
Vicki Eleanor Jechort Baker
R. Ernie & L. Diana Cadman
Lois Bookey
Helen Arnold
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James Wilkinson
Seattle's Convention &
Visitors Bureau
Dr. Donald Williams
Jay & Phyllis Patton
Fred Wilson
The Knossos Foundation
Pearl Wilson
Margaret Cameron

Home safety tips from the Alzheimer's Association

- Display emergency phone numbers and the home address near all phones.
- Consider a phone answering machine when the caregiver is unable to answer calls. The person may be unable to take messages, and may become a target for telephone exploitation by solicitors. When the answering machine is on, consider turning down the phone volume to avoid disruptive ringing.
- Provide smoke alarms near all bedrooms; check frequently to make sure they are functioning properly.
- Use "baby monitors" or motion sensor alarms to let you know if the person gets up in the night.
- Avoid the use of flammable and volatile compounds near gas water heaters or other sources of open flame.
- Have secure locks on all outside doors and windows.
- Have a spare key outside in case the person locks you out of the house.
- Avoid the use of extension cords if possible by placing lamps and appliances close to electrical outlets. Unused outlets should be covered with childproof plugs.
- Have adequate lighting in all rooms.
- Stairways should have at least one handrail that extends beyond the first and last steps. Light switches should be placed at the top and bottom of stairs.
- Keep all medications (prescription and over the counter) locked up. Each bottle of prescription medicine needs to be clearly labeled with the person's name, name of the drug, drug strength, dosage frequency, and expiration date. Do not accept a prescription with "as directed" typed on the label. Use child resistant caps if needed.
- Keep all alcohol locked in a cabinet or out of reach of the person. Alcohol consumption may increase confusion.
- Monitor closely while the person is smoking. Remove matches, cigarettes and ashtrays when not in use. Often by not having these things in sight the person may forget the desire to smoke.
- Avoid clutter that can create confusion and danger. Dispose of newspapers and magazines regularly. Keep all walk areas free of clutter, throw rugs and furniture.
- Remove all guns or other weapons from the home or accident-proof them by removing ammunition, firing pins, or installing safety locks.
- Keep all power tools and machinery locked in the garage, workshop or basement.
- Eliminate all poisonous plants from the home. Check with a local nursery or the Poison Control Center for a list of poisonous plants.



Western and Central
Washington State Chapter
12721 30th Avenue NE, Suite 101
Seattle, WA 98125

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PERMIT NO. 2824

www.alzwa.org
800 848 7097

**Effective November 2, 2009
our new address will be:**

100 W. Harrison St.
North Tower - Suite 200
Seattle, WA 98119

To our readers

If you are receiving duplicate copies of this newsletter, or you wish to stop receiving it, please let us know. Contact us by calling 1 (800) 848-7097 or (206) 363-5500, or by emailing liz.mcneil@alz.org.
