effective communication strategies

curriculum
**introduction**

The *Effective Communication Strategies* program of the Alzheimer’s Association was designed to provide practical information and resources to help dementia caregivers learn to decode verbal and behavioral messages from people with dementia.

The goals of the program are for participants to better understand the changes in communication that occur with disease progression and how they manifest in the person with dementia, and to be able to identify ways to connect at each stage of the disease.

**instructions**

The *Effective Communication Strategies* constituent education program is designed to be presented by dementia-trained professionals. The program content and the anticipated questions from participants are such that this dementia care training is necessary in order to provide accurate and meaningful information.

This program contains videos of caregivers discussing how they communicated and connected with the person with dementia for whom they provided care. It also contains videos of professionals discussing some of the critical aspects of communication at different stages of the person's disease. Instructions for downloading the program and maximizing playability are found on Insite at: [https://insite.alz.org/ downloads/programs/programs_downloading_instructions.pdf](https://insite.alz.org/downloads/programs/programs_downloading_instructions.pdf).

The program contains the following components:

- A PowerPoint
- A Tips booklet
- Handouts in 2, 3 and 6 slides per page formats
- A customizable flier
- A customizable poster
- A customizable promo card
- A sample newsletter item

The *Effective Communication Strategies* program is offered as a one-hour presentation that includes time for convening and introductions at the beginning, as well as time for questions at the end. However, if the presenter has more than one hour for the presentation, he or she may want to add some time for discussion among pro-

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acknowledgements

*Effective Communication Strategies* was developed with a workgroup representing chapter offices throughout the country. The Alzheimer’s Association would like to thank the following individuals who contributed to the development of this program:

Chapter workgroup participants include:
- Diane Baughn, MA, Education and Training Services Manager, Southeastern Wisconsin Chapter
- Amy Miller, MSW, Director of Family Services, Colorado Chapter
- Kathryn Nederostek, MGS, Director, Programs, Utah Chapter
- Holly Pobst, BS, Education Manager, San Diego Chapter
- Ronda Randazzo, MSW, Manager, Care Consultation, Massachusetts/New Hampshire Chapter
- Deborah Richman, BS, Vice President, Education and Outreach, Minnesota/North Dakota Chapter
- Denise Saxman, MSW, Associate Director of Family Programs, Greater Indiana Chapter
- Julie Shatzer, MSW, Director of Programs, Central and North Florida Chapter
- Cathy Sullins, Education Coordinator and William K. Warren Foundation TrialMatch® Fellow, Oklahoma Chapter

Our sincere thanks go to our gracious video participants living with Alzheimer’s and their family members, who have been so candid and generous with their thoughts and feelings. Thanks also go to our National Office staff members who were interviewed as well. The participants in this project include:
- Sandra H. Farrow, Caregiver
- Sam Fazio, Ph.D., Director, Special Projects, Alzheimer’s Association, National Office
- Beverly Rogers, Caregiver
- Martha Tierney, MSW, Associate Director of Research Volunteer Programs, Alzheimer’s Association, National office
- Rebecca Velazquez-Marien, Caregiver

National office staff involved with this project include:
- Ellen Carbonell, MSW, Associate Director of Family Programs
- Ruth Drew, MA, Director of Family and Information Services
Slide 1
Welcome to the Effective Communication Strategies program sponsored by the Alzheimer’s Association.

Slide 2
Today, we will explore how communication takes place when someone has Alzheimer’s disease. By the end of today’s program, you will be able to:

- Explain the communication changes that take place throughout the course of the disease.
- Decode the verbal and behavioral messages delivered by someone with dementia and respond in ways that are helpful to the person.
- Identify strategies to help you connect and communicate at each stage of the disease.

Slide 3
Communication is more than just talking and listening – it’s also about sending and receiving messages through attitude, tone of voice, facial expressions and body language. Communication is a way to express who we are and how we relate to each other.

As the brain changes with Alzheimer’s disease progression, people lose the ability to speak and decode language in the usual ways. The better we understand these changes, the better we can connect with people with Alzheimer’s throughout the course of the disease.
Slide 4

- As Alzheimer’s disease and other dementias progress, people lose their ability to communicate their thoughts and feelings through words.

- They also lose the ability to understand the words that others speak to them.

- However, they do maintain a sense of “self” throughout all the stages of the disease. This means that elements of those characteristics that make the person unique will remain a part of him or her throughout the disease. Connecting with the person’s “self” is key to effective communication, staying connected and giving him or her a voice as the disease progresses.

In the early stage of the disease, there may be just a few noticeable changes in the person’s ability to communicate with words, or there may be no recognizable changes at all. Asking the person how he or she would like to be helped with words can be useful in this stage.

Language abilities diminish as the disease progresses, and communication moves from easy conversation to relying on emotions and the 5 senses to connect. As care partners and caregivers, you are the ones who will adjust the ways you communicate and maintain connections with them throughout the disease. Remember that the essence of the person continues. Respect the person as the adult he or she is, and adjust your communication based on what is meaningful to the person today, no matter what the stage.
Slide 5

Early Stage (Mild)

In the early stage, you may or may not see changes in the way the person communicates. For some people, there may be some shifts in their ease with words or conversations.

Some of the most common changes you may notice in the early stage are listed on this slide, and include:

• Difficulty finding the right words.
• Taking longer to speak or respond.
• Withdrawing from conversations.
• Struggling with decision-making or problem-solving.
• Reacting more emotionally than in the past, or avoiding discussion of the disease and its impact.

• Whether you notice changes in the way the person speaks or not, communication in the early stage is crucial. This is a period in which everyone involved is adjusting to the diagnosis and is having thoughts and feelings about the changes ahead of them.

• Remember that denial is a part of the disease for some, while for others, emotions can feel overwhelming.

• Come to terms with the diagnosis and the emotions you are all feeling by talking together and expressing your connection. This will help you both accept the diagnosis, move forward, and discover new ways to live positive, fulfilling lives together.

• Communicating throughout this process can also bring closeness that will help everyone adjust more easily as the disease progresses.
Slides 6 and 7

Video intro

In our first video, Martha Tierney, Associate Director of Volunteer Research Programs for the Alzheimer’s Association’s National office, tells us about how to be helpful in the early stage.

View film clip

Presenter’s note:

Please insert your own comments about the video clip here.

Important points from the film:

- Caregivers may struggle to know how to help the person with communication in the early stage.
- You can ask the person directly how to help.
- Asking the person for his or her preferences shows that you want to help while being respectful of the person’s feelings.

Slide 8

- One of the best ways to be sure you are offering the help with communication that the person needs is to ask directly. For example, if a person struggles to find the right word, ask whether it feels better when you supply the word or when you wait patiently.

- Keep your sentences direct and straightforward to help the person avoid feeling lost in a conversation. Short sentences can make your meaning clear. Avoid long explanations and take your cue from the person, taking care not to talk down to him or her.
• It may take the person longer to find words or put thoughts together and express them. Be sure to **allow extra time for conversations**, so no one feels pressured or rushed. Keep in mind that conversational needs will change over time, and in the early stage, the person with dementia needs to have his or her voice heard. You can help facilitate this when you meet the person right where he or she is today, regardless of the stage of the disease.

• Be sure to **include the person in any conversation** if he or she wishes, especially those that will have an effect on his or her future. Including the person can be empowering, engaging, and can allow his or her preferences to be respected.

**Slide 9**

Other key points include:

• **Don’t make assumptions** about a person’s ability to communicate because of an Alzheimer’s diagnosis. The disease affects each person differently.

• **Speak directly to the person** if you want to know how he or she is doing.

• **Explore which method of communication is most comfortable** for the person. This could include letters, email, phone calls or in-person conversations.

• It’s OK to **laugh**. Sometimes humor lightens the mood and makes communication easier.

• **Be honest and frank** about your feelings. **Don’t pull away**; your friendship and support are important to the person with dementia.
Slide 10

Middle Stage (Moderate)

Many changes in the middle stage of Alzheimer’s affect communication. If you noticed some of these changes in the early stage, they are likely to become more pronounced in the middle stage.

Some of the changes you may notice are listed on this slide:

- Increased difficulty finding the right words.
- Using familiar words repeatedly.
- Inventing new words to describe familiar things. (Give an example, such as calling a watch a “hand clock”)
- Easily losing train of thought.
- Speaking less often.
- Communicating through behavior rather than words more often.

Some others include:

- **Difficulty organizing words logically.**
- **Reverting to speaking in a native language.**
- **Using curse words.**
- **Relying on gestures instead of speaking.**
- **Difficulty following a conversation or TV program.**
- **Difficulty decoding what others say.**

**Changes in the brain make tracking and decoding words more difficult.** For that reason, people begin to use behavior to communicate more often in the middle stage of the disease. Next, we’ll discuss the adjustments you can make that help you continue to connect with the person with Alzheimer’s.
Please note that some **physical conditions and medications**
can affect a person’s ability to communicate. If changes occur
suddenly and dramatically, consult a doctor. There may be a
medical issue that needs to be addressed right away, such as a
urinary tract infection or a side-effect of a medication.

**Slides 11 and 12**

**Video intro**

In our next video, Beverly shares advice she gives to caregivers
as a support group facilitator.

**View film clip**

**Presenter’s note:**

*Please insert your own comments about the video clip here.*

**Important points from the film:**

- Take your time when responding to someone with dementia.

- You cannot expect the person with the disease to behave as
  he or she might have in the past, with a reasonable response.

- If a communication of yours isn’t getting the desired response,
  focus on what you can change in what you are doing to alter
  the situation.

**Slide 13**

- When communicating with a person in the middle stages,
  **approach the person gently.**

- **Identify yourself** and **approach the person from the front
  and at eye level.** Call the person by name and say who you in
  relation to the person, e.g. “Hi Dad, it’s your daughter Sue.” This
  will help orient the person and get his or her attention.
• Sometimes **using touch** can show that you care, even when your words are just about a task or are not understood. A gentle touch can also help get a person’s attention.

• **Don’t criticize, correct or impose your perspective** – it will backfire most of the time. Pay attention to your facial expression and tone of voice. Be calm and patient. **The person can feel either your tension** or your patient understanding.

• Finally, remember to **take the time to communicate** – give yourself and the person you’re talking with enough time to respond, interact and connect.

**Slides 14 and 15**

**Video intro**

In the next video, Rebecca talks about adjusting her own thoughts and responses when her mother repeated herself.

**View film clip**

*Presenter’s note:*

*Please insert your own comments about the video clip here.*

*Important points from the film:*

• It can be frustrating for everyone when someone with dementia repeats questions, statements or behaviors.

• Rather than trying to convince the person of what you remember happening, it helps to accept that the person does not remember it as you do.

• Accept his or her perspective and respond from that standpoint.
Slide 16

When you **join the person’s reality**, you take a little time to see the world as he or she may be seeing it right at that moment. When seen from his or her perspective, the person’s behavior can often become understandable to you. Due to the changes to the brain that accompany the disease, the person will probably not be able to see your perspective, so you will be the one who will need to use respect and empathy to see the world through his or her eyes. Joining the person’s reality is key helping the person have his or her say, and it provides soothing and reassurance.

To do this, you can take the steps listed on this slide.

- **Listen to figure out what the person wants** or needs. This means paying attention to both the words and the behavior of the person.
  
  - Keep in mind that the person may be saying something about his or her feelings or needs, but may be feeling something else on a deeper level that also needs attention from you.
    
    - For example, the words “I can still drive just fine” may also contain the feeling “I don’t want to give up my independence, so don’t take that from me”.
    
    - The words “Stop taking over my life—I hate it!” may actually reflect the meaning “I hate this disease and I don’t understand why I can do what I always could”.
  
  - **Let the person know you understand** what he or she may be feeling and why, whether they are expressed through words, behavior or both.
  
  - Answer any question or **address any issue** he or she may
Effective Communication Strategies

• **Bring up.** **Be brief and to the point.**

• Then, most importantly, **respond to the emotions behind the behavior or the concern.**
  
  • For example, if the person is communicating with words, you might say, “You seem sad. Do you feel sad?” and then wait for a response. If the person says yes, you may want to guess the cause, as in, “Do you miss the way things used to be?” If the person says yes to this as well, you could add, “I do, too.”

  • If the person is communicating with behavior, see if you can identify and speak about the emotion behind the behavior. If the person is rummaging through possessions, it may be a way of communicating boredom or needing something. Hitting during bathing can be a way to say that the person feels too hot, too cold, or uncomfortable with being naked or feeling out of control.

  • Finally, only after you’ve responded to the emotions, **reassure and redirect the person** by encouraging him or her to do something that may shift the person’s thinking and behavior.
    
    • So to continue the example, you could say, “I’m glad to be here with you today. Let’s go for a walk outside.”

    • In this way, you are gradually moving the person from feeling sad to doing something active that can lift his or her spirits.

**Slide 17**

**Keep it slow and basic**

• **Take your time and be patient** when you communicate
• The more you slow down, the **less resistance** you will encounter, because the person won’t feel rushed and unable to keep pace.

• Rushing leaves the person feeling frustrated, inadequate, upset with him or herself, and then resistant. By taking your time, you will **avoid frustration** for everyone.

• **Use short sentences, basic words and speak clearly.** Be specific.

• It sometimes helps to **offer the choice you think best at the end of the sentence.** For example, rather than asking, “What would you like for breakfast?” you could say, “It’s breakfast time. Would you like eggs or oatmeal?”

**Slide 18**

**Give multiple cues**

It’s helpful to **give the person many different cues** as you communicate. This reinforces your words and clarifies your message.

• Provide **visual cues and gestures**, avoiding sudden movement

  Use gentle gestures and pointing, but avoid making sudden gestures that may startle the person.

• **Write things down** for the person

  Reminder notes, calendars, labels, and lists can remind the person of where things belong, what is to be done, or who is who in the person’s life. Labeled photos can help the person keep track of names and relationships in the middle stage.
• **Offer answers in your questions**

  It is much easier for someone in the middle stage to choose what to eat for lunch, for example, if the question is not open-ended. “What would you like for lunch, Bill?” is a question that may leave the person overwhelmed and stuck for an answer. This often leads to confusion or, easiest of all, refusal. But it’s much easier for the person to answer the question phrased this way: “Bill, I’m making sandwiches for lunch. Would you like ham or turkey?” The person can choose one or the other, and will often choose the last option mentioned. If he seems stuck, you can suggest an answer, such as “How about ham?”

• **Repeat information or questions**

  Although you may have many reminders in place, plan on needing to repeat information you provide or questions you ask. The person may not have been able to decode your message completely the first time, and repetition can help.

• **Turn negatives into positives**

  For example, if you need to get the person into the shower and they always resist the task, rather than saying, “It’s time for your shower,” triggering resistance, you can say, “Let’s go get you cleaned up for the day so you’ll be ready for Cindy’s visit this afternoon.”

• **Avoid quizzing the person**

  Quizzing the person, asking him or her to try harder to remember, or saying that he or she knows the answer and asking the person to think again is unfair and doesn’t work. “Trying harder” just leads to frustration. It is much more respectful and helpful to give the person the information he or she needs for a task or situation, along with reminders as needed.
**Slide 19**

**Respond empathically and reassure**

- **Let the person know that you are there and listening**, and that you hear his or her concerns.

- **The facts are far less important than the person’s feelings** and his or her view of reality. These feelings and perspectives are very real to the person, even though they may not match your reality. Responding to those feelings first can help avoid resistance.

- **Provide reassurance** that you are together and safe, that you are there to help.

- **Let the person know that you hear and understand the thoughts and feelings he or she is experiencing**.

- As long as there is not a safety issue, **agree and go with the flow**, finding common ground whenever possible.

- **Make any adjustments** to the situation that are necessary, and then **redirect the person** to another activity if needed.

**Slide 20**

**Late Stage (Severe)**

- In the late stage, the person may only **use a few words**, but he or she **still needs to connect and communicate**. Since the person has lost many functions by the late stage, you may feel a strong urge to do something. Usually, your presence and connection with the person are much more important than doing something specific for the person.

- Remember that the **person is an adult with a sense of self** that continues throughout the stages.
• You can connect with those aspects of the self by remembering the person’s history and respecting his or her preferences. The goal is to help the person feel content and happy whenever possible.

• Keep talking, using familiar words, names, phrases, poems, passages or songs. Whether you get a direct response from the person or not, the sound of your voice helps maintain the connection between you.

Using the 5 senses is a great way to connect with the person with dementia in the late stage. This may be done through:

• Touch
• Sight
• Sound
• Smell
• Taste

Slides 21 and 22

Video intro

In this video, Sandra talks about connecting with her mother in the late stage of the disease.

View film clip

Presenter’s note:
Please insert your own comments about the video clip here.

Important points from the film:
• It can help to try to understand the person’s feelings in the late stage.
• Connecting through the five senses can be a way to connect that feels comfortable to the person.
Slide 23
Here are some ideas for connecting through **touch**.

**Presenter’s note:**

*Mention some or all of the items on the slide and add any pertinent examples from your work.*

- Feel different fabrics
- Identify shapes by touch
- Lotion hand massages
- Identifying everyday items in a bag by touch
- Visiting with animals
- Molding non-toxic clay or dough
- Hold the person’s hand, or stroke his or her arm or back—this may be the most powerful way to connect non-verbally.

Slide 24
Here are some ways to connect through the use of **sight**.

**Presenter’s note:** *Mention some or all of the items on the slide and add any pertinent examples from your work.*

- Laminate **brightly colored pictures** to look at together
- Watch **videos of animals, nature, travel**
- Look at **photo albums** together
- View **photos of famous paintings, favorite settings, or prominent people** from the past
- Watch **birds or look at aquariums**
- Paint with **watercolors**
• **Go outdoors or sit by an open window** together to experience the environment together using many of the senses at once: feeling the sunshine, seeing people and pets walk by, hearing nature sounds, feeling the breeze or smelling a coming rain shower.

**Slide 25**

Using **sounds and music** are some of the most powerful ways to connect in the late stage.

*Presenter’s note:*

*Mention some or all of the items on the slide and add any pertinent examples from your work.*

• **Listen to familiar music**, including favorite musical styles that may stir happy memories, such as jazz, big band dance music, hymns, classical pieces, etc.

• Listen to recordings of the **sounds of nature, farms, cities, animals, or babies**.

• Identify **musical instruments** by sound.

• Listen to **songs or speech in the person’s native language**.

• **Read books, poetry, scripture, or newspaper articles** to the person.

• Let the person hear the **gentle tone of your voice**.

**Slide 26**

The sense of **smell** is **one of our most basic senses**. Although this sense **may diminish** with age and disease progression, consider using some of the ideas on this slide to connect with the person.
Presenter’s note:

Mention some or all of the items on the slide and add any pertinent examples from your work.

- Make **small plastic bags containing** items in for the person to smell under supervision, such as:
  - **Herbs or spices.**
  - **Cotton balls dipped in essential oils.**
  - **Grass clippings or fragrant flowers.**
  - **Teas or coffee beans.**
- Use **fragrant lotions for hand massages.**
- You may also want to have a variety of **small fragrant candles that are strongly scented when unlit** to smell together. Remember to use scents that the person will find familiar and pleasant.
- Keep in mind any allergies that the person may have and avoid any scents that might aggravate them.

**Slide 27**

Well into the late stage, people with dementia enjoy tasting **favorite foods** and flavors. Here are some ways you might provide some strong flavor sensations for the person. However, as the ability to swallow diminishes, choking becomes a hazard. Be sure to **provide only what the person can swallow safely.**

Presenter’s note:

Mention some or all of the items on the slide and add any pertinent examples from your work.

- **Favorite foods.**
- **Home-baked goodies.**
- **Popsicles.**
• Flavored drinks.
• Ice creams and puddings.

Slide 28
So to summarize, maximizing our communication or “connectedness” with a person with dementia involves adhering to a few principles.

• Understand what is and isn’t possible to change by understanding all you can about the disease.

• Stay up-to-date with the latest information and scientific breakthroughs on AD by attending workshops and conferences.

• Know and accept the cognitive and functional limitations of the person to help you set realistic expectations of the person.

• Remember that the person is an adult with a sense of self that should always be respected.

• Remember to use feelings to connect.
  • You convey your mood through your actions and your tone of voice. The person will pick up on and reflect those feelings.
  • Stay focused on your positive feelings for the person to increase your understanding of his or her reality.

• Demonstrate your caring to the person to help you connect.
• Listen, observe, and try to decode what the person is communicating about his or her needs and wants.
• By joining the person’s reality, you can better understand what is needed and how to intervene.
Communication evolves throughout the stages of Alzheimer’s, and adapting to those changes requires commitment. By adjusting your communication as the disease progresses, you can learn to connect deeply and meaningfully, enhancing your relationship with each other.

**Slides 29 and 30**

**Video intro**

In the next video, Dr. Sam Fazio, Director of Special Projects for the Alzheimer’s Association’s National office, describes the multiple effects of not caring for yourself as a caregiver.

**View film clip**

*Presenter’s note:*

*Please insert your own comments about the video clip here.*

*Important points from the film:*

- Caring for yourself while you care for someone else can have an effect on both you and the person with the disease.
- You can provide better care for the person with dementia if you are well rested and taking care of your physical and emotional needs.

**Slide 31**

No matter whether you want information or support; whether you have questions about memory loss or a dementia of any kind; or whether you are a professional, a researcher, a caregiver or a person diagnosed with Alzheimer’s disease or another form of dementia, the Alzheimer’s Association has resources for you and is available to help.
In addition to our live programs, we have a rich website at alz.org. Visit our website to get tips about finding and providing care, read about the latest research, and find the tools for your wellbeing. Spend some time exploring all we have to offer for you at alz.org.

One of the online tools that you'll find on our website is Alzheimer’s Navigator. We can help you map out a plan to approach Alzheimer’s by visiting the Web page at alzheimersnavigator.org. Alzheimer's Navigator helps guide you to answers by creating a personalized action plan containing information, support and local resources. You can then share your plan with your friends and family, linking them to the materials customized for your situation.

By visiting our Community Resource Finder online tool at communityresourcefinder.org, you can search for local community living services, day programs, medical resources and more. Whether you are in the area or across the country, you can find services to help someone living with dementia and make the contacts you all need to ensure safety and comfort.

A rich supplement to our local supportive programs is ALZConnected, our online message boards with over 50,000 members who share their thoughts, questions and ideas with each other 24 hours a day. Whether you are living with dementia or are close to someone who is, you can come on to read or post about your concerns. Let ALZConnected help you develop plans, find support and discover new coping techniques by connecting with others who are living with dementia or are partners in caring.

Our 24/7 Helpline offers dementia-trained professionals to talk with any time, day or night, every day of the year. Call us at 800.272.3900 when you need information about the disease and meeting its challenge, links to resources or a supportive ear during difficult times. We are here to help.
The Alzheimer’s Association has chapters all through the country, where we offer education programs, support groups, and much more. To find a chapter anywhere in the U.S., go to alz.org/findus, where you can search by state or zip code. Once on the chapter’s web page, you can see what is being offered in that area.

Finally, the Training and Education Center of alz.org is where you can access programs like this one from the convenience of home. Just go to alz.org/training, and you can find programs and materials that offer the most current information about dementia, treatments and care.

Please contact us and let the Alzheimer’s Association partner with you to help ensure your wellbeing.

Presenter’s note:
Here is the spot to highlight what you are doing at your chapter, including upcoming programs, events and resources specific to the location of this presentation. Flyers and brochures from your chapter can be placed on the resource table along with the Know the 10 Signs and Principles for a Dignified Diagnosis materials.

Slide 32
You can use your voice, your motivation, your interest and your skills to help find new treatments and to enhance services for all people affected by dementia.

Clinical trials research studies are being conducted all over the world to find treatments are safe and effective. Clinical trials are the best way for researchers to find new ways to detect, slow, treat and hopefully someday prevent Alzheimer's disease. The Alzheimer’s Association’s TrialMatch is a free clinical studies matching service that connects individuals with Alzheimer’s,
caregivers and healthy volunteers to local clinical trials seeking participants. When you join a clinical trial, you have an opportunity to participate in vital research that could change the course of Alzheimer’s disease and improve the lives of all those it affects. Visit TrialMatch online at trialmatch.alz.org or call our Helpline at 800.272.3900 to get started making a difference.

The Walk to End Alzheimer’s and The Longest Day are opportunities for the local community to join together in the spirit of grassroots advocacy that is central to the mission of the Alzheimer’s Association. Forming a team to support a friend or family member is a direct way to show your concern for the person as well as for the cause, and those who live with the impact of these diseases in their lives are tremendously grateful.

We also encourage you to join us in providing education and support programs to families in your area who are living with Alzheimer’s and other forms of dementia. Whether you are a person with the disease, a care partner or caregiver, or a professional in the field, you can volunteer to use your knowledge and compassion to have a profound impact on those whose lives are affected by the disease.

*Presenter’s note:*

*This is the time to highlight volunteer activities at your chapter and to circulate recruitment materials.*

You can also join us to speak up for the needs and rights of people with Alzheimer’s and their families, and to help persuade state and federal Congress to increase funding for research and programs. Many caregivers and people with the disease find the experience of advocating to be therapeutic, and it puts a human face on complex policy issues for our legislators.
We need you to help us change the course of Alzheimer’s disease for everyone affected, and we welcome you to join us in making a difference.

Slide 33
Here is the Helpline phone number and our Website address. Please contact us any time – we’re here to help.

Are there any questions?

Slide 34
(No text.)