

DEMENTIA

connections

Spring 2018

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*YOUR
GUIDE TO
LIVING
WELL IN
CALGARY*
.....

.....
JANN ARDEN
REFLECTS
ON HER
MOTHER'S
ALZHEIMER'S
DISEASE
.....

.....
DEMENTIA-
FRIENDLY
INITIATIVES,
ADVICE FOR
CAREGIVERS,
INVALUABLE
RESOURCES
AND MORE
.....



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*John and Cindy McCaffery share their experience
living with young-onset dementia*



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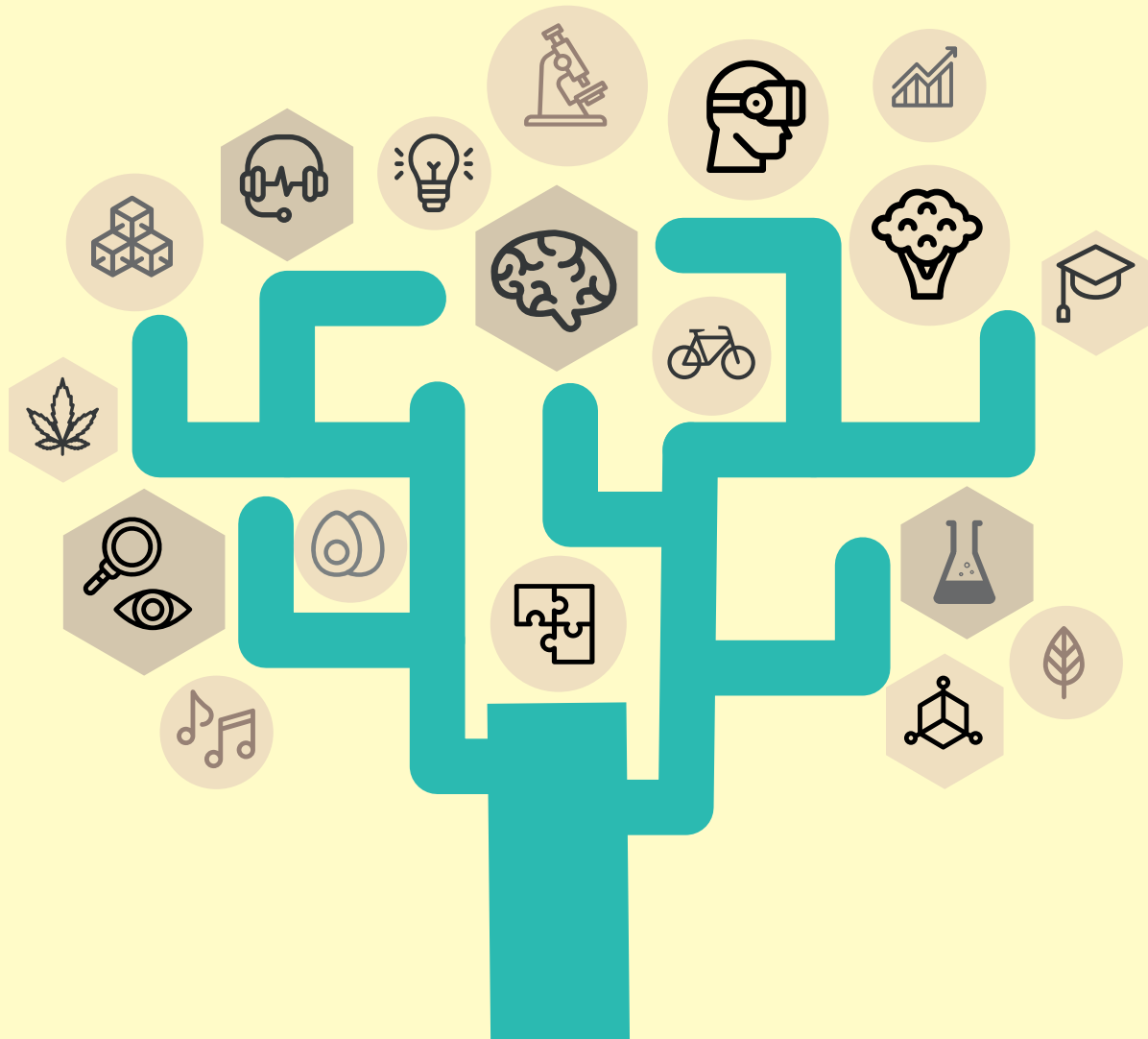
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CONTENTS

06 **Welcome Note**

07 **Letters to the Editor**

57 **Resource List**

— A listing of dementia-related resources and services, including public and private residential care facilities.

On the Cover:

John and Cindy McCaffery
by Erin Brook Burns

08 **In Focus**

— Defining dementia, understanding Dementiability Methods, introducing Conversation Café, the latest plans for national and provincial dementia strategies, and more.

20 **Impact Profile**

— Health-care aide Nathan Tiansy makes a big difference in one family's life.

22 **Reality Check**

— The best ways to talk to someone with dementia.

23 **Downtime**

— Four noteworthy books that look at dementia and aging in creative ways.



18

Expert Advice

Ideas for developing an ideal model of dementia care in Canada.



24 **Dementia Friendly**

— Discover three local organizations that are taking steps to be inclusive.

27 **Financial Planning**

— Preparing the proper documents following a dementia diagnosis.

28 **Tech Tools**

— Helpful devices that bring more independence to people with dementia.

30 **Caregivers**

— Support, education and valuable tools for those who are caring for loved ones with dementia.

31 **Breakthrough**

— These Canadian researchers are making new — and unconventional — strides in dementia care.

35 **Dementia Designs**

— Three assisted-living facilities that incorporate dementia-friendly concepts into their design, decor and programming.

40

Partners in Care

Meet three highly specialized nurse practitioners who work tirelessly to provide support to seniors with dementia and their families.



46 Being with Mom

Canadian singer-songwriter Jann Arden shares insights, advice and the personal journey she's taking with her mother, Joan, who is living with Alzheimer's disease.

50 Support Systems

Exploring the challenges and realities of three Alberta families who are dealing with young-onset dementia.



66 Connections

Margaret McKeown talks about her experiences living with dementia.



Lisa Poole, shown here with her father, John. Photo by Erin Brooke Burns.

Quality care includes a thorough understanding of dementia, treating people living with dementia with respect, focusing on their strengths and providing opportunities for engagement that align with individual interests and abilities.

The recently released Alberta Dementia Strategy and Action Plan includes measures we can take to improve dementia care and provide better support for people living with dementia and their families. This highly anticipated document is a giant step forward for people impacted by dementia in Alberta. Read more about it on page 8.

Age-Friendly Calgary is a City of Calgary initiative aimed at helping Calgary become a more accessible city for those who require extra support, including people with dementia. Some Calgary establishments that have taken steps to become dementia-friendly are featured in this magazine (starting on page 24). We hope to see more businesses and organizations follow their lead.

We're delighted by the fabulous response to the first issue of *Dementia Connections* magazine. Thanks for all the positive feedback and support. Please continue to send us your stories and suggestions. ▣

WITH GRATITUDE

Thank you to everyone who made a memorial tribute via The Alzheimer Society in honour of Bill Kearns, a beloved Calgarian who had dementia and passed away on Sept. 27, 2017. We deeply appreciate your support.

Lisa Poole
Founder and Editor
DEMENTIA CONNECTIONS
lisa@dementiaconnections.ca

PEOPLE LIVING WITH DEMENTIA want to lead full lives, and with the right support, they can. If we focus on how to help people with dementia live well, and if we create welcoming communities, then our friends, neighbours and relatives impacted by dementia can continue to enjoy a life with meaning and purpose.

Dementia Network Calgary is a collective of people from the pri-

vate, public and non-profit sectors who are working together to raise awareness about dementia, reduce stigma, provide opportunities for people with dementia to connect to the community, and ensure that the dementia workforce has the skills and training necessary to provide high-quality, individualized care and social support. Anybody interested is welcome to join the network. See page 26 for more details.

“Our friends, neighbours and relatives impacted by dementia can continue to enjoy a life with meaning and purpose.”

LETTERS

Here's what some readers had to say about our inaugural issue.



Safeway in my neighbourhood; I love the magazine and would love to share the valuable information.

Shirley Wilson

Ardell Wilson passed away on Dec. 27, 2017.

Our condolences to his family.

Hello Lisa,

I just received my first edition of *Dementia Connections*. What an amazing effort you have put into this publication! On behalf of all caregivers of a spouse with Alzheimer's disease or other dementias, thank you!

In future editions, I would love to see an article about the Memory PLUS program. It is an amazing 12-week program, funded through Calgary Health Trust, which has been a blessing to so many people — your parents and my husband and me, included. My husband and I also attended another 12-week course, provided through Alberta Health Services, at Care West, called "Living with Dementia." For we caregivers who are experiencing ambiguous loss, these programs have offered us a lifeline and hope. Another topic is ambiguous loss/grief.

Once again, congratulations on this significant achievement. Looking forward to the next edition.

Blessings,

Marilee Jasper

Share your story with us at

feedback@dementiaconnections.ca.

Dear Lisa,

Thank you for coming out with *Dementia Connections*. Any Information we can give to our seniors and families is an extra piece of knowledge that we, and they, can arm themselves with to advocate for better care and better communication. I found your edition very reader-friendly, with helpful articles and positive information and resources. I like that you have incorporated private as well as public services and information. One real positive is seeing the visual picture icons along with the word headings. It really allows our population not just one way to recognize what they would be looking for. One of the things I'd like to see in future editions may be information or strategies for communication, as well how to ask questions or talk to your doctor regarding your diagnosis.

Thank you again.

Ceilia Wong, MSW, RSW

Social Work - Seniors Health

Lisa,

A couple weeks ago, I picked up *Dementia Connections*. I want to thank you for so much information. It's wonderful to be more aware of this serious illness.

Thanks again,

Joe McGinn

Dear Lisa,

My husband was diagnosed with dementia in April 2010. He had to be moved into a LTC in April 2013 as I was his sole caregiver. I was burnt out and had to make the life-changing decision to place him in a LTC facility in Calgary. He has been going downhill ever since. I am his advocator for his care and his ability to cope with the debilitating disease. I serve on the family advisory group at the home, and the Brenda Strafford Foundation. I am always looking for additional resources for him and other dementia residents in the home. I picked up a copy of your magazine at the

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GAME PLAN

With Bill C-233, Canada joins the global fight against dementia.

BY Sean P. Young

Last summer, Canada became the 30th nation to officially commit to creating a national dementia strategy. Bill C-233, An Act respecting a national strategy for Alzheimer's disease and other dementias, received Royal assent on June 22, 2017, and ensures that the Government of Canada will develop and implement a strategy that focuses on enhanced research, prevention and care to tackle the impact of the growing dementia crisis.

Rob Nicholson, MP Niagara Falls, sponsored the bill and says the strategy that will eventually be produced as a result of C-233 will set national standards of care for managing and living with Alzheimer's and other dementias, while assisting the provinces and territories in developing diagnostic guidelines, disseminating information and sharing best practices. "The goal is that cooperation will lead to positive health outcomes for families across the country," Nicholson says.

The strategy will also align with the goals and objectives of the Alzheimer Society of Canada, Nicholson says, and the Society itself

will work closely with the government, stakeholders and people with dementia to create and implement the plan.

Nicholson hopes the stress so many Canadian families face in dealing with dementia, a struggle he knows personally, will be lessened by C-233.

"My own father, whom I cherished deeply,

passed away from complications due to Alzheimer's in 1997. Witnessing his decline in health was extremely difficult for my entire family," he says. "When I read how this disease was expected to increase exponentially, I wanted to put together a bill that would help other families with loved ones struggling with Alzheimer's disease and dementias."



A DEMENTIA STRATEGY FOR ALBERTA

Six months after the federal government unveiled its dementia strategy, Alberta followed suit with an action plan of its own. Minister of Health Sarah Hoffman released the long-awaited strategy on Dec. 19, 2017, in Edmonton.

The provincial plan identifies

four key goals, or outcomes, as well as steps for how the government and its stakeholders plan to achieve them.

The first goal is to help Albertans understand the impact of dementia and the importance of brain health through public-awareness activities.

A second priority is support-

ing Albertans living with dementia and their caregivers by developing age- and dementia-friendly communities.

The plan's third and fourth key outcomes are ensuring timely diagnosis and management of dementia by guaranteeing access to specialists and providing high-quality care

and services to Albertans living with dementia.

"This plan is about giving Albertans the tools to live well, to find hope beyond a diagnosis that can be very scary," says Hoffman. "As our loved ones age, it's important for Albertans to know that they are not alone." —Fabian Mayer



Alan Rae and
Joan Connor at
1918 Tap and
Table in Calgary.

WELCOME TO THE CONVERSATION CAFÉ

BY Elizabeth Chorney-Booth PHOTO BY Jill Petrovic

Joan Connor and her husband, Alan Rae, are enjoying a beverage and a bite to eat at the 1918 Tap and Table, the bright and spacious restaurant in the new Legion building located in Kensington. They're seated among several other smiling people and, occasionally, Rae will lean over and share a friendly word with folks sitting at adjacent tables.

To an outsider, it looks like any gathering of seniors with a few younger family members — perhaps an annual

social for a community group. One certainly wouldn't guess that many of the people deep in conversation at these tables are meeting for the very first time. They are here, together, as part of the Conversation Café.

A cross between a casual support group and a social gathering, the Conversation Café event was recently introduced to Calgary by


Connor and Rae, who first attended a similar gathering three years ago while on vacation in Palm Desert, California. Connor was diagnosed with Alzheimer's five years ago, but both she and Rae remain active and social. The chance to chat and develop friendships with other people who are experiencing dementia, either first-hand or as a caregiver, was some-

thing they wanted to share back home in Calgary. And, with the help and support of Dementia Network Calgary Coordinator Kim Brundrit, Conversation Café became a reality.

"It's a chance to get out to meet other people and find out what other people are doing," Connor says.

"The concept is to provide a safe, comfortable place for people with dementia, their caregivers and people who just want to find out more about it," Rae adds. "It's an opportunity to talk freely."

The Conversation Café began in Calgary in the fall of 2017, and so far, attendees are embracing the concept. They talk about anything from details surrounding care, strategies for successful travel or simply what their plans for the week may be. Knowing that those with dementia — and their caregivers — often feel isolated and alone, the idea is to give everyone a place to meet and visit with people who understand the challenges of living with similar diagnoses.

"You're not coming here to get a lecture," Rae says. "We don't want to stifle talking about the disease, because it's a safe place to do that. But if people aren't comfortable talking about the disease, there is no obligation to do so either." 



JOIN THE CONVERSATION

Dementia Network Calgary hosts the Conversation Café on the second Tuesday of every month at the 1918 Tap and Table. For more information, visit dementianetworkcalgary.ca.

DEMENTIA DEFINED

Padmaja Genesh from the Alzheimer Society of Calgary explains the most common types of dementia.

BY Kaitlyn Hanson

As a passionate advocate for dementia education, Padmaja Genesh helps Calgarians and their family members living with dementia to access the support and resources they need, including information about the various types of dementia.

Genesh, who works as a learning specialist with the Alzheimer Society of Calgary, explains that, with more than 50 different causes of dementia, there are a number of misconceptions that people may have about what dementia is, and what it is not.

“I would define dementia as a condition affecting the brain that leads to progressive loss of recent memory, which can include difficulties with decision-making, communication difficulties, and also changes in personality, mood and behaviour,” she says.

Many people use the terms dementia and Alzheimer’s disease interchangeably, which is not correct. Dementia, being the umbrella term used to cover all symptoms, will present itself in various ways. “People are commonly confused,” Genesh says. “They use those terms interchangeably, and they think that both refer to the same thing, but the difference is that dementia is a general term, and it’s a collection of symptoms, whereas Alzheimer’s disease is a variety of dementia.”

Here, Genesh explains six different types of dementia:

Alzheimer’s disease

Alzheimer’s disease is the most common type of dementia, affecting more than 564,000 people across Canada.

“What happens in Alzheimer’s disease is that some change is happening in the brain that is causing the nerve cells to die and causing different parts of the brain to shrink,” Genesh says.

It is characterized by memory

loss that is severe enough to impact a person’s daily life, as well as changes in a person’s problem-solving abilities, confusion and difficulty completing familiar, routine tasks.

Vascular dementia

“A person gets vascular dementia when the blood flow to a particular part of the brain is compro-

mised or blocked,” Genesh says.

This, she explains, can either be the result of a single stroke that has affected a large part of the brain, or it can follow a series of mini-strokes affecting smaller areas of the brain.

As a result, cognitive abilities such as speech, sight or memory may be altered, depending on the area of the brain that is affected.

Lewy body dementia ▼

Dementia with Lewy bodies

Difficulty in thinking and reasoning, and changes in alertness that varies from day to day or at different times of the day, are some of the main hallmarks of dementia with Lewy bodies. This type of dementia is caused by abnormal protein deposits in different parts of the brain, which were first identified by Dr. Frederick Lewy and were called Lewy bodies.

“One [of the main symptoms of this form of dementia] is fluctuating cognition,” Genesh says. “Sometimes the person is performing very well, and remaining very alert, but at other times they may function very poorly and be very confused.”

Another symptom of dementia with Lewy bodies is visual hallucinations — in other words, seeing things that are not there. And a third symptom is when an individual displays the characteristics of Parkinson’s disease, which can include slow, sluggish movements or difficulty walking.

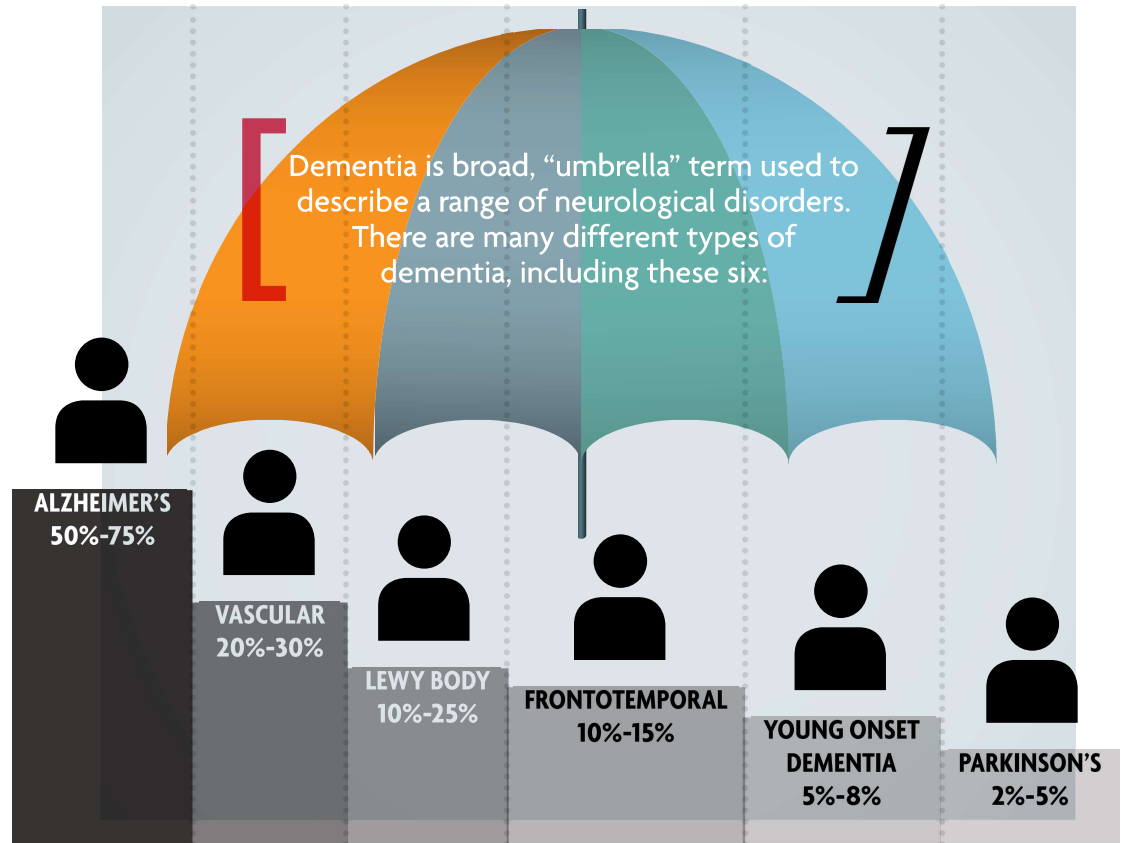
Parkinson’s disease dementia

“Both Parkinson’s disease dementia and dementia with Lewy bodies are different forms of Lewy body dementia,” explains Genesh.

While dementia with Lewy bodies and Parkinson's disease dementia are quite similar, the main differentiating factor is when cognitive decline takes place in the individual.

In cases of dementia with Lewy bodies, cognitive challenges happen in conjunction with, or even before, the movement challenges of Parkinson's disease arise. In Parkinson's disease dementia, a person already living with Parkinson's develops symptoms of dementia a year or more after their diagnosis.

Genesh says that those living with Parkinson's disease for more than a decade are more susceptible to developing symptoms of dementia. Parkinson's disease dementia can be characterized by memory problems, reduced attention span, and encountering problems with decision-making and with finishing tasks.



and is caused by protein tangles, which cause cells to die in the frontal and temporal lobes of the brain.

Symptoms resulting from damage to the frontal lobes include changes in personality (such as a very friendly person becoming unfriendly), a lack of initiative or difficulty with decision-making, Genesh explains.

"The frontal lobe is the executive centre, so decision-making comes from there," she says.

"When that part of the brain is not working, there is a loss of inhibitions, which leads to inappropriate behaviour. So the person

might say inappropriate things or do inappropriate things."

Damage to the temporal lobes affects memory and language, including challenges with language fluency or a loss of vocabulary.

Young onset dementia

Approximately five to eight per cent of all dementia cases in Canada happen in people who are younger than 65 years of age. This type of dementia is referred to as young onset dementia. It is estimated by the Alzheimer Society of Canada that around 16,000 Canadians currently live

with young onset dementia.

Genesh explains that there are a variety of causes for young onset dementia, including the inherited form of Alzheimer's disease, frontotemporal lobe dementia, stroke, or damage due to alcohol or a traumatic brain injury. More than 50 per cent of those with Down syndrome, which is also known as trisomy 21, may also develop Alzheimer-type dementias if they live to the age of 60 or over. 📖

For more information, go to alzheimercalgary.ca.

Frontotemporal dementia

This form of dementia most commonly affects people between the ages of 40 and 70

MIXED DEMENTIA When two or more forms of dementia are present at the same time, this is referred to as mixed dementia. Although the most common combination is vascular dementia and Alzheimer's disease, this term refers to any combination of dementia types. "It's possible for someone to have Lewy body dementia and vascular dementia," says Genesh. "Or, a person could have Alzheimer's disease and Lewy body dementia — different combinations can be there."



KNOW YOUR “LINKS”

Health Link and First Link® are not the same thing! Provided by the Alzheimer Societies across Alberta, First Link® is a referral program that helps health care professionals ensure their patients get the support they need after a dementia diagnosis. For more information, visit firstlinkcalgary.ca.

CALL 8-1-1

Dementia advice is available through Health Link.

BY Lauren Denhartog

Alberta Health Services offers health advice and support to individuals living with dementia and their care partners by providing access to specialized dementia nurses through Health Link.

Dialing 811 (the number for Health Link) will put callers in touch with a registered nurse who can listen to their concerns, ask questions and offer advice around the clock. A caller who then requires additional support with issues pertaining specifically to dementia

is referred to a specialized dementia nurse, who will get in touch with the caller within 72 hours.

Over the phone, specialized dementia nurses can assess an individual's situation (including caregiver burnout), provide advice and link the caller to community services.


“By having a specialized line, we are able to better meet the needs of individuals living with dementia as well as their caregivers,” says Debra Kasowski, clinical manager, Health Link. “We are able to help them navigate the

health system and provide them with support as they need it.”

Health Link 811 was launched in 2000 and has contact centres in Edmonton and Calgary. Every year, the service receives around 750,000 calls.

Previously, the specialized dementia nurse support was promoted primarily to rural and northern Albertans, but the service is available throughout the entire province.

Currently, specialized dementia nurses in Alberta average around 10 referrals per week. According to Alberta Health Services, the number of dementia cases is expected to more than double in Alberta as the baby boom generation ages, so an increase in calls is anticipated.

It is hoped that access to specialized dementia nurses by phone will help prevent unnecessary trips to emergency rooms and serve as a useful resource for people impacted by dementia who are looking for support and information. 

For more information about Health Link, go to albertahealthservices.ca.

KNOW YOUR NUMBERS

 <p>Here's a rundown of other helpful numbers you can call.</p>	<p>211 For information on government and community-based health and social services in Calgary.</p>	<p>311 To connect with the City of Calgary or request a service within city limits.</p>	<p>411 For a directory of businesses and residences across Canada.</p>	<p>511 Information on road conditions, accidents, roadwork, weather, ferry services and wait times at border crossings.</p>	<p>811 For health advice and support from a registered nurse, available 24-7.</p>	<p>911 For health, safety or property emergencies.</p>
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WHAT IS PERSON-CENTRED DEMENTIA CARE?

By focusing on the individual with dementia, rather than their symptoms, care providers and families can work together to deliver respectful and empathetic care.

BY Kaitlyn Hanson

When it comes to caring for individuals with dementia, there is no one-size-fits-all solution, which is why many health practitioners advocate for person-centred dementia care.

In a person-centred scenario, a health-care provider pays close attention to the unique personal experiences and characteristics of

an adult living with dementia so that a trusting relationship can develop between the care provider and the individual. This, in turn, leads to improved quality of life. Following are the basic foundations of the approach:

Individualized focus

Person-centred dementia care begins by focusing on the individual with demen-

tia, rather than by labelling their changed behaviours. This approach fosters greater understanding of the individual, and aims to identify the reasons for certain behaviours that are believed to represent an expression of an unmet need.

Through individualized assessments, as well as ongoing monitoring of interactions with the person living with dementia, care providers can adapt their strategies in order to give personalized, tailored care for each individual.

Consistency meets flexibility

Person-centred care needs to strike a careful balance between consistency and flexibility.

Consistency, especially when it comes to building relationships with care providers, is essential for establishing trust and emotional security, as well as a sense of safety.


When strong relationships between care providers and adults with dementia develop, the person's dignity, autonomy and overall quality of life are protected and enhanced.

Care providers who are able to offer flexibility — especially surrounding mealtimes or other daily activities — also demonstrate respect and support to adults living with dementia.

Collaborative relationships

Involving close family members and friends at every stage of the care and support process is a crucial component to person-centred dementia care.

By developing collaborative relationships with those who have known the individual living with dementia throughout their life, care providers are able to develop a more holistic understanding of the person, including their likes and dislikes.

Nurturing these relationships also encourages family members to share their own observations about an individual's preferences, providing a comprehensive assessment of whether or not various care strategies are effective, and how to further improve their care. 



DID YOU KNOW? *The concept of person-centred dementia care was first introduced in the 1980s by the late professor Tom Kitwood, a pioneer in the field of dementia care.*

For more information, go to alzheimercalgary.ca.



Gail Elliot's mother, Peggy, passed away recently, but lived a quality life with dementia. Her room (pictured left) incorporated Montessori ideas, with memory cues available as needed and ready activities that connected her interests to her abilities.

person-centred," Elliot says. "We're exposing abilities, exposing potential, and helping people to be the best they can be."

Elliot is the founder and CEO of DementiAbility Enterprises Inc., which teaches DementiAbility Methods: The Montessori Way via workshops, books and online resources. Widely respected as a leading expert in the field of aging, she retired from McMaster University in 2012 to focus specifically on dementia education. She is also one of many experts inspired by the work of Dr. Cameron Camp, a U.S.-based gerontologist who first connected Montessori methods with dementia care in the 1990s.

Elliot says a person with dementia may not have forgotten how to do something completely, but they may not remember how to find things or how to do things in the right order. Preparing the environment by labelling items with arrows or pictures can work to "cue" the person to remember the order of doing things such as getting dressed or going to the bathroom.

"There's a lot of memory in the spared capacity domain called procedural memory that we can use to our benefit when working with someone with dementia," Elliot says. "[Through DementiAbility Methods: the Montessori Way], we can often teach people and reteach people to remember certain things."

Giving a person with dementia a specific activity

DEMENTIABILITY METHODS: THE MONTESSORI WAY

BY Sean P. Young

For more than 100 years, Dr. Maria Montessori's Montessori Method of Education has been practiced by educators all over the world. The approach teaches children based on their level of ability, rather than adhering to a strict curriculum. In an ideal Montessori learning environment, students learn

at their own pace and are given the freedom to move about the classroom and experience lessons through thoughtfully prepared, developmentally appropriate activities.

A growing body of research suggests Montessori's method of experiential learning can be applied to people with dementia, with positive results. Gail Elliot, a

gerontologist and dementia specialist in Burlington, Ont., has taken Montessori's idea of "preparing the environment" and combined it with her own lifetime of multidisciplinary research to develop a progressive approach to addressing the needs of people with dementia.

"This is a multidisciplinary approach that is non-pharmacological, and it's

"You have to support and enrich the daily lives [of people with dementia] by giving them things to do that add meaning, social connection, joy and purpose to each day." —Gail Elliot

or task can also uncover their true abilities, Elliot says. It can be as simple as asking them to help fold a load of laundry that sits in the same spot each day. Over time, you may see that person instinctively fold and sort the laundry unprompted, which can lead to them taking up more tasks.

“You have to support and enrich their daily lives by giving them things to do that add meaning, social connection, joy and purpose to each day,” she says. “It is important to note that most people with dementia do not have a starter button — they need us to invite them to help, or participate in activities, until routines and triggers can be used to initiate the action. Abilities are frequently lost not because of dementia, but because of disuse. So it’s important to adapt activities to the abilities of the individuals. Ultimately, the goal is to expose abilities, enhance independence and enrich lives.”

For more information on the DementiAbility methods, Elliot suggests checking out the free downloadable resources on her website: DementiAbility.com. A good starting point for better understanding a person’s dementia is the *Memory Book*, a free PowerPoint slide show you can print and then fill out with the person who has dementia.



CONNECTING ON A DEEPER LEVEL

BY Karin Olafson

In 2015, Bow Valley College and the College of Licensed Practical Nurses of Alberta began collaborating on an initiative titled “Connecting with People with Dementia: A Knowledge Translation Project.” The aim was to examine how Licensed Practical Nurses (LPNs) and Health Care Aides (HCAs) could connect with people living with dementia on a deeper, more personal level — something that, in turn, makes physical caregiving easier.

The project identified six key concepts, or actions, that can help to improve relationships with people with dementia: **respect, include, engage, listen, value and reflect**. The concepts came from an extensive literature search during the research phase of the project, followed by interviews with LPNs and HCAs in Calgary who then applied the actions and highlighted their positive impact.

Though the research project itself is now complete, its concepts continue to be highlighted via a two-sided pocket card that details the six “Connect” words. Nurses or health care aides — or anyone caring for someone with dementia — can pull this card out of their pocket and be reminded of how to best connect with an individual. (Currently, the pocket cards are distributed when the project material is presented formally, but Bow Valley College is looking into other distribution methods.)

According to Nora MacLachlan, the Dean of Bow Valley College’s School of Health and Wellness, the cards help to provide a greater level of care. “With these concepts, care can be person-centred and holistic,” says MacLachlan.



ACTIVE LISTENING

In her role as Seniors Advocate, Dr. Sheree Kwong See is committed to serving Alberta's aging population.

BY Fabian Mayer PHOTO BY Amber Bracken

When Alberta seniors are struggling to gain access to government-funded programs and services, the Alberta Office of the Seniors Advocate is a place they can turn to.

Established in 2014, the office helps seniors locate, navigate and utilize government

programs and services and assists with any other issues they may face. Dr. Sheree Kwong See is the province's current seniors advocate, appointed to the role in 2016 for a three-year term. She says her office serves the entire province and deals with a wide range of issues.

"For example, we often have family care-givers of persons with dementia contact the

office," Kwong See says. "Families contact us for help in understanding the continuing care system and how to get started. This includes helping people find and access home care and to know what resources are available in their communities."

Along with assisting seniors and their families with specific problems, the office is

also tasked with identifying systemic issues and barriers to improving dementia care in the province. As a professor of psychology at the University of Alberta, Kwong See studied how aging impacts cognitive performance, and she says she applied for the role of seniors advocate to provide a voice for seniors.

“Seniors tell us that they often feel invisible and unheard, and our office is here to help people be heard,” says Kwong See.

The office serves all of Alberta and can be reached toll-free at 1-844-644-0682.

ROOTING FOR THE ALZHEIMER'S DISEASE TEAM

Anticipation is building for the 2018 XPRIZE global challenge theme announcement. Since 1996, the U.S.-based, non-profit XPRIZE has hosted competitions that offer monetary prizes to the first research team to achieve a specific objective, often addressing some of the world's biggest problems.

Last fall, teams competed at the XPRIZE Visioneers Summit — a preliminary event held in Los Angeles that helps determine what global issue XPRIZE will focus on next in its competitions — and the Alzheimer's Disease Team took first place. This means there is a high likelihood that an entire XPRIZE competition focused solely on tackling Alzheimer's disease could happen.

Headed by Philip Edgcumbe, a young researcher at the University of British Columbia, and Dr. Ken Dychtwald, a globally respected expert on aging, the Alzheimer's Disease Team hopes exponential improvements in technologies such as brain imaging and biomarker sensing will lead to a breakthrough in the detection and treatment of Alzheimer's disease. —Jennifer Dorozio



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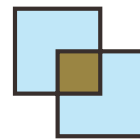
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Q+A

Dr. Lorraine Venturato shares her thoughts and insights on dementia care in Canada

BY Elizabeth Chorney-Booth PHOTO BY Jared Sych

DR. LORRAINE VENTURATO is a renowned academic who has built her career working with older populations and researching long-term care for seniors with dementia. Originally from Australia, Dr. Venturato is now an associate professor and the chair in gerontology at the Faculty of Nursing and co-lead of the Dementia and Cognitive Impairment NeuroTeam at the Hotchkiss Brain Institute at the University of Calgary. Her research focuses on the intersection between the individual needs, goals and experiences of those with dementia, and the goals and capacity of the organizations working to provide support.

Q | How do you define quality of life as it pertains to dementia?

A | What most of us describe as quality of life is when our goals and expectations align with our ability. When we have expectations that our abilities can't meet, that impacts on our quality of life.

In terms of people living with dementia, there are lots of things that impact quality of life; things like age, behavioral and psychological symptoms, and physical and cognitive function all make an impact. But we know that those things are modified by people's expectations with chronic illness. So someone from the outside might look in and say, "Oh, they must have terrible quality of life," but those living with it modify and adapt their expectations to match their ability.

Q | How would you describe an ideal model of dementia care?

A | Some of the key tenets of an ideal model is that it needs to be flexible and responsive to individual needs, and it needs to be able to adapt as that person's condition changes. I think an ideal model is one that facilitates and supports the person to live in a way that they want to live. One of the challenges for us is that we become very protective of people that we perceive as more vulnerable. We want to

reduce the risks, but life has elements of risk in it. So it is about balancing the risks so that the person still has meaning in their life.

Q | What are the advantages of an interdisciplinary team approach to dementia care?

A | The advantages are that every discipline has its particular focus and knowledge base that it brings in with it. Having an interdisciplinary approach allows you to tap into all that expertise.

But there are challenges. An interdisciplinary team approach is about more than just having six disciplines at the table each doing their own thing. If they continue to work in silos, you don't get that holistic approach. There's a potential for fragmented care if each individual player is working as an individual clinician. But a true interdisciplinary practice, where the team actually comes together, does offer that real opportunity for holistic care. Particularly if that coming together includes the family and the person with dementia.

Q | What can Canada learn about dementia care delivery from international programs in countries like Australia and England?

A | There are a few things. Taking a national strategy and a united, planned approach is really important. It allows you to have a focused goal, makes sure that the funding is going into the areas that the country has prioritized, helps to foster networks, and it builds an energy. I certainly saw that in Australia when I was part of a national dementia strategy there.

The second thing is, we've seen increasing creativity in the way we think about the spectrum of dementia care. People are staying at home longer and being cared for in the community. We're also starting to see nursing homes looking very different around the world. There are lots of different models that are coming up that are still looking to provide group living and group support for dementia that aren't quite as institutional-looking as they were in the past. I think that's really important. ▣

Share your questions with us at feedback@dementiaconnections.ca.

THE INTER-DISCIPLINARY APPROACH: KEY PLAYERS

The interdisciplinary approach to dementia care involves active, collaborative participation from a variety of professionals across several disciplines — all with the aim of ensuring an individual receives well-rounded support. Key team members can include:

- **Physician**
- **Nurse practitioner**
- **Registered nurse**
- **Psychologist**
- **Physical and occupational therapists**
- **Family members**
- **Pharmacist**
- **Administration/owners of assisted-living facility**

CARING IS A CALLING

Health care aide Nathan Tiansay says everyone just wants to be treated with respect.

BY Julia Williams PHOTO BY Erin Brooke Burns

It didn't take Brian Henson long to warm up to health care aide Nathan Tiansay. Henson, an 86-year-old resident of Wentworth Manor (a long-term care and assisted-living facility in Calgary run by the Brenda Stafford Foundation), sometimes found it challenging to adjust to new caregivers — but Tiansay's lighthearted approach and professionalism won him over.

Tiansay laughs when he remembers his first days with Henson. "You have to prove to Brian that you know what you're doing," he says.

Fortunately, Tiansay does know what he's doing. After six years as a health care aide at Wentworth Manor, Tiansay has also become its safety officer, and he helps to train casual staff.

His grandparents lived with him when he was growing up in the Philippines, and he remembers how lovingly his parents looked after them. "I'm far from home, and by working with seniors, I feel like I'm close to my parents," Tiansay says.


According to Barbara Henson, Brian's care partner and wife of 53 years, Tiansay is unfailingly patient, respectful and professional, but he also has a lightness that cheers her husband up. "[Tiansay] calls him Bri. He jokes around with him," she says.

Henson has dementia and is recovering from hemiplegia (paralysis of one side of the body), the result of a 2010 stroke. As part of an initiative by Wentworth Manor, he recently had his care plan changed so that Tiansay is his health care aide most of the time. "They said, 'We're going to make Brian happy. We'll give him Nathan full-time,'" says Barbara Henson.

Tiansay describes the caregiving profession as a calling. He makes an effort

to be patient, both with residents and co-workers, and to brighten everyone's day. "Everyone wants to be respected," he says. His career is a passion for him, one he describes as challenging but rewarding. He says he gains a lot of knowledge from the elders he works with.

Knowing her husband has a talented, dedicated care worker gives Barbara Henson peace of mind. She says she knows her husband is happy each day in a comfortable home with attentive caregivers.

"I can't say enough about how wonderful they all are. I'm just so impressed," she says. But Tiansay is her favourite — and her husband's, too. "I just love him," she says. 

["I'm far from home, and by working with seniors, I feel like I'm close to my parents." —Nathan Tiansay **]**



Nathan Tiansay says he loves to see the residents of Wentworth Manor smiling and laughing.

TALKING POINTS

Do's and Don'ts for approaching a conversation with someone who has dementia.

do

&

don't

Minimize distractions. When possible, choose a calm, quiet location to have the conversation.

Keep the exchange simple. Use clear, straightforward questions, or yes/no questions.

Remain positive. Stay patient and calm when waiting for a response to create a safe environment for communication.

Use non-verbal cues. Physical cues can help illustrate what you are trying to say. For example, grabbing a raincoat to indicate it's time to leave.

Be flexible with your approach. Rephrase your question, rather than repeat it, if the person is confused.

Use humor. Welcome laughter to bond and to move past tension or mistakes.

Speak condescendingly. Try not to use coddling speech; it can be perceived as disrespectful.

Have a short fuse. Getting visibly frustrated or annoyed can be confusing and hurtful to the person you are speaking with.

Interrupt or speak over the person. Allow longer than usual time to respond; interrupting can stop the flow of communication.

Over communicate. Asking too many questions or over-explaining can be overwhelming.

Dismiss emotions. Instead of glossing over the person's feelings, make them feel heard and respect their sentiments.

Argue. Suspicion and distrust can be side-effects of dementia. Keep that in mind, and if distrust arises, reassure the person or re-direct the conversation.

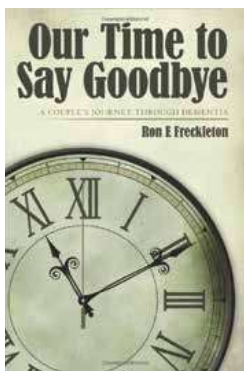
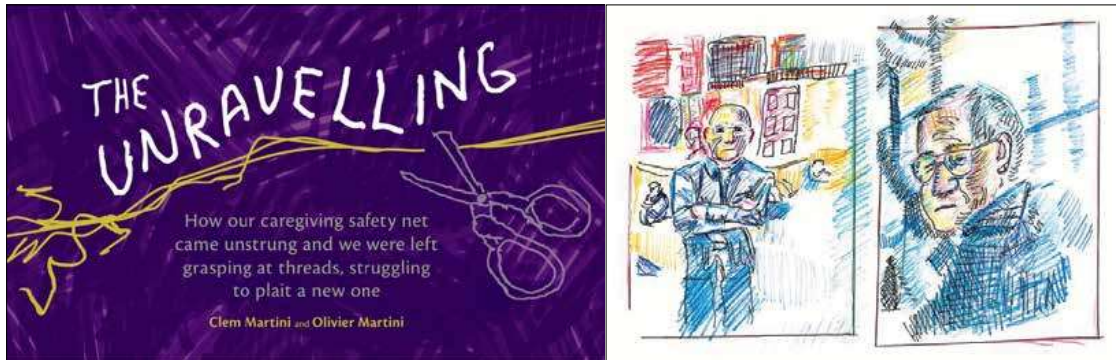
BY Jennifer Dorozio

FOUR BOOKS ON DEMENTIA AND AGING

The Unravelling: How our caregiving safety net came unstrung and we were left grasping at threads, struggling to plait a new one

by **Clem and Olivier Martini**

What happens when the caregiver needs to be cared for herself? That's what Calgary-based playwright and author Clem Martini and his illustrator brother Olivier (who has lived with his mother since his diagnosis of schizophrenia 36 years ago) explore in their latest book. Rich with Olivier's drawings and Clem's heartfelt words, *The Unravelling* tells the story of their mother's dementia diagnosis, which made her unable to continue caring for her adult son. Clem details his frustrations with finding care solutions for both his mother and his sibling, all while expressing his fierce love for them both.



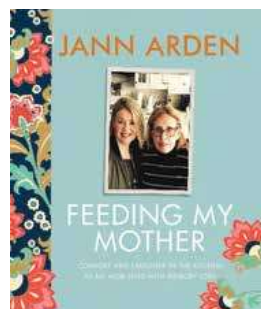
OUR TIME TO SAY GOODBYE:
A Couple's Journey Through Dementia
by **Ron E. Freckleton**

In this deeply personal volume, local writer Ron Freckleton shares stories about life with his beloved wife, Joan — from their extensive travels together and their love for Calgary, to Joan's dementia diagnosis and passing.

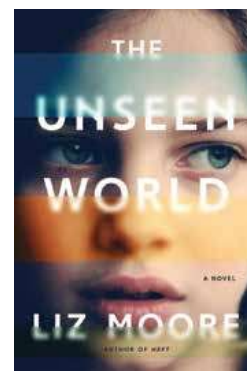
FEEDING MY MOTHER: Comfort and Laughter in the Kitchen as My Mom Lives with Memory Loss

by **Jann Arden**

Drawing from social media posts detailing her mother's experiences with Alzheimer's, Jann Arden shares honest observations about her role as her mom's primary caregiver. Spiked with family photos and recipes, this book




is punctuated with Arden's trademark warmth and humour. (Read more about Arden's journey with her mother on page 46.)



THE UNSEEN WORLD

by **Liz Moore**

This novel tells the story of a young girl watching her brilliant father lose his cognitive abilities due to dementia. Through fiction, Moore explores the complex personal histories and truths about familial relationships that can emerge as the result of the disease. 

BECOMING

DEMENTIA-FRIENDLY

Businesses and organizations in Calgary are taking steps to provide support.

BY Mae Kroeis



Going to the bank, getting groceries, grabbing a coffee — what if these routine activities were not so simple anymore? For a growing number of Calgarians with dementia, these regular daily tasks can be difficult without the support and understanding of local businesses. That's why some organizations in Calgary are taking steps toward making the city more dementia-friendly. Programs and initiatives at the following three places show how hands-on education and a commitment to apply what is learned can support those with dementia within our communities.



A 45-MINUTE TRAINING SESSION from the Brenda Stafford Foundation in August and October 2017 gave ATB staff from the West Springs and Okotoks branches a sense of what it feels like to have dementia. It also equipped them with knowledge and tools for handling certain situations.

The training gave staff the opportunity to role-play scenarios of interacting with people with dementia using skills they had learned can be helpful, such as speaking clearly and leaning in when talking. They also learned how effective it can be on a client's understanding to use a quiet space to talk and to keep music and lights low.

Vanessa Rodrigues, manager of the West Springs branch, believes that training such as this is more than just good for business — it contributes to a more dementia-friendly community overall.

"We want individuals with dementia to come into the branch knowing it's a safe place to go. Where they know our staff have been trained and can put ourselves in their shoes," she says. "We want these individuals to live and age well in

the community of their choice and feel safe in doing that."

Butch Caston, manager of the Okotoks branch, echoes that sentiment. "The most important thing is knowing how your client feels or how difficult things are for them and then making sure you are receptive to making it as easy as possible for them," Caston says.



IN 2017, the Calgary Airport Authority celebrated its 25-year anniversary with a year-long initiative that focused on community engagement. To recognize their crew's passion for volunteerism, leaders provided staff with various volunteer opportunities (or staff came up with

their own) — and one of these opportunities was with the Alzheimer Society of Calgary.

Two staff groups, including the Customer Care team — who manage airport volunteers and are responsible for ensuring positive travel experiences for passengers — attended a full-day of training hosted by the Alzheimer Society. The training involved a morning of education and an afternoon of interaction with members of the Adult Day Program for people living with dementia (called Club 36). Staff reported learning the importance of patience as well as new ways to ask questions to facilitate conversation and comfort.

"For our team to get that hands-on experience and exposure to what some of the signs of dementia are really enriched their experience," says Sarah Urbanowski, manager of corporate communications.

The Customer Care team is now looking into volunteering with the Alzheimer Society on a yearly basis. "It's important for the Customer Care team to understand what kind of impact dementia has on people who are travelling. It helps them think about the future of travel for our customers," says Mariel Higuerey, director of community engagement.

This newfound perspective will also help broaden the ways in which the airport serves the population. For example, the airport's familiarization program, which helps customers with challenges better understand airport processes, will now incorporate ways to address the needs of individuals with dementia.

["We want individuals with dementia to come into our branch knowing it's a safe place to go."]
—Vanessa Rodrigues, manager of ATB's West Springs branch



AS PART OF THE junior high school's character-building program, Rundle College has partnered with Calgary's Brenda Stafford Foundation for a two-year Dementia-Friendly Community pilot project. The project kicked off in June 2017 with a tea for Wentworth Manor residents and grade 7 students, and it was such a hit that all of Rundle College's divisions now have activities planned with Wentworth Manor for the 2017/2018 school year.

Educating students about dementia is a key component of the program. They learn the importance of things like patience, empathy and genuine connection.

"Students are now very much aware when they see a symptom of dementia and how that person may be struggling," says Beverly Ross, a science teacher at Rundle College. As a result, Ross says, the students are developing a newfound sense of confidence. "It's empowering for them. They have a sense of knowing how to handle the situation, why it's happening, what they can do about it and how to make the individual feel more comfortable."

Ross believes her students' learning will help to deepen understanding about dementia in the broader community, as well. "Once students get excited about it, parents get excited about it, and once parents get excited about it,

GATHER TOGETHER

Dementia-Friendly Gatherings are run by Dementia Network Calgary with the goal of creating a more dementia-friendly community. Gatherings typically run from 6:30 to 8:00 p.m. and consist of a speaker presentation from an expert, physician or person with lived experience. This is followed by table discussions for attendees, which then inform an Action Team on ways to provide support.

Dementia Network Calgary is planning four community gatherings for the 2018 calendar year, one in each quadrant of the city. Many of the topics are yet to be determined but may include strategies for care partners, technology aids or home care 101.

Upcoming community gatherings:


Feb. 27, 2018

Riverbend Community Association;
19 Rivervalley Dr. SE

May 29, 2018

Crossroads Community Association;
1803 14 Ave. NE

For more information, visit
dementianetworkcalgary.ca.

their businesses might get excited about it," she says. "It's all about awareness and overcoming the stigma, because there are more people with dementia every day that we run into and might not even realize it." 

DID YOU KNOW? *By 2036, it's estimated that nearly one in five Calgarians will be a senior. To help prepare for Calgary's aging population, the City of Calgary implemented the Age-Friendly Calgary initiative. Now in its third year, the initiative is working to provide new programs and services to seniors, and to improve the ones already in place. Read more about its new developments at calgary.ca.*

LOOKING AHEAD

BY Colleen Biondi

For people who have been newly diagnosed with dementia (and their loved ones), there are many issues to consider and plans to make. Having medical support and guidance is critical, as is a social support network, a safety framework, appropriate housing, and secure and protected finances. With financial issues, in particular, it is important to not only discuss your wishes and values with your loved ones, but also to have legal paperwork prepared to support those directives. Here are three important documents to have in place:



AN UPDATED WILL

A will outlines how you want your estate divested after you die. Remember to include items of sentimental value, rental properties and

any donations you'd like to make to charity. Talk to your lawyer about tax implications related to the decisions you are making

(there may be a way to mitigate the tax burden). Do this sooner than later; you must be deemed competent for a will to be legal.



3

A LIST OF YOUR BANK ACCOUNTS AND STOCK HOLDINGS

First, make sure all accounts are joint in nature so that the person who is your power of attorney can access them, when or if it's necessary. Keep this list (it is also a good idea to include insurance policies and credit card, loan or mortgage information) in a secure spot and let him or her know where it is and how to access it. 📌

2

AN ENDURING POWER OF ATTORNEY DOCUMENT

This will outline your wishes regarding how you want your financial matters handled and who will take charge of doing that in the event you are unable to. Indicate what priorities you have for your money — for example, is your comfort and care the most important thing as your condition progresses? Is an inheritance for your children or grandchildren of somewhat less importance now?



Facing page photo courtesy Rundle College; this page istockphoto.com



DID YOU KNOW? *Canadians with dementia are eligible to qualify for the disability tax credit, as are family members supporting a person with the disease. Learn more at canada.ca/en/services/taxes.html.*

STAYING SAFE THROUGH TECHNOLOGY

Technology-focused devices are helping people with dementia live independently and avoid emergencies, while also offering caregivers peace of mind.

BY Karin Olafson

From live-monitoring technology and movement sensors to securely storing one's unique scent, easy-to-use technologies are now seen as essential, proactive safety measures to help people with dementia — and their caregivers — feel more independent and in control.

Good Samaritan TeleCare Monitoring Products

Good Samaritan TeleCare is an Edmonton-based not-for-profit organization that provides total home monitoring and sells and rents a range of devices designed to keep someone with dementia safe.

“Our products prevent

damage caused from things such as flooding or unattended stoves, and they keep loved ones from getting in harm's way when wandering,” explains Jackie Lovely, Good Samaritan TeleCare's sales development associate.

Among the organization's most popular devices are

CookStop, a motion sensor that turns off the stove when it has been left unattended, and bed occupancy sensors that trigger an alarm when an individual doesn't return to bed. Other TeleCare products include flood detectors and temperature detectors.

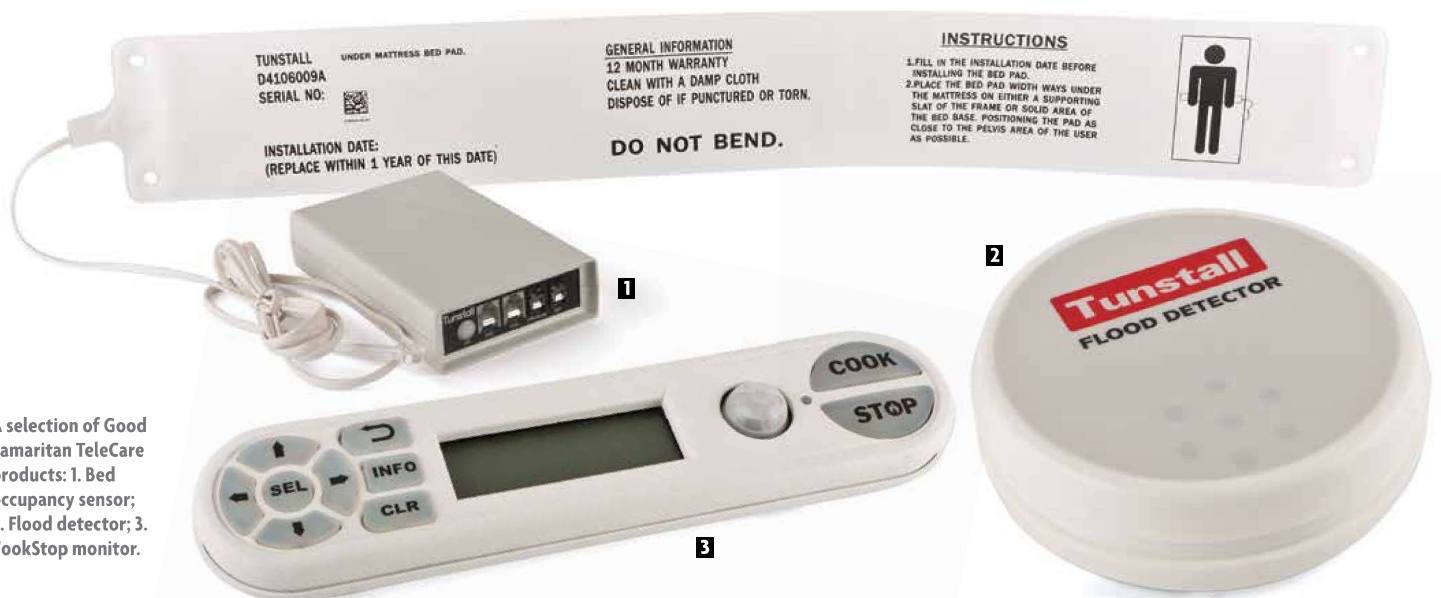
Lovely explains that the TeleCare units are plugged into the telephone line, and once a sensor is triggered, a TeleCare operator is notified who can then contact first responders.

“As well as keeping individuals with dementia safe, TeleCare products allow caregivers to rest easy,” says Lovely. “They are designed to bring peace of mind.”



HOW TO BUY THEM

Purchase Good Samaritan TeleCare products by calling 1-800-676-8397 or emailing telecareinfo@gss.org. More information on the various Good Samaritan TeleCare products can be found at goodsamaritantelegcare.com.



A selection of Good Samaritan TeleCare products: 1. Bed occupancy sensor; 2. Flood detector; 3. CookStop monitor.

Paul Coley, creator of Scent Evidence K9, poses with his dog, Nancy Drew.



scent, helping law enforcement agencies and their detection dogs quickly track down someone who has gone missing. Already, these kits have received international interest based on their success rate — last fall, a Florida woman with dementia, who had been missing for almost two hours, was found by a police dog in minutes because she had preserved her scent using a SEK9 kit.

Preparing a scent preservation kit is quick and easy. Each kit contains a jar, sterile gauze pad, label, tamper-proof seal and detailed instructions. An individual collects their unique scent by wiping the gauze on their armpit and then sealing it in a specialized jar to preserve that scent. According to Coley, these kits can hold scent for up to 10 years. Unlike items of clothing, these kits ensure scents are uncontaminated, reducing the find-time for missing individuals. [7]

SEK9 Scent Preservation Kits

According to the Alzheimer's Association, six in 10 individuals with dementia will wander away from their home at

some point. Should that happen, having a prepared scent preservation kit can help track down your loved one quickly and effectively.

Scent Evidence K9 pres-

ervation kits were created in 2012 by Paul Coley, a Florida-based forensic canine handler. The kits are scientifically proven to preserve and store an individual's unique

HOW TO BUY THEM

The SEK9 Scent Preservation Kits can be purchased online at scentevidencek9.com or amazon.com. Kits are US\$18.99 each.



DID YOU KNOW? Last December, Alberta's Legislative Assembly introduced Bill 210, the Missing Persons (Silver Alert) Amendment Act 2017. This piece of legislation will enable police to activate a "silver alert" when adults listed under the Adult Guardianship and Trusteeship Act or adults with a reduced mental capacity or a serious medical condition go missing — much like the Canada-wide amber alert system that broadcasts information about missing children.

HELPING HANDS

BY Shannon Cleary

Providing care for loved ones can have many benefits, but it can also take a tremendous toll; extreme stress is a normal part of dementia caregiving. Thankfully, there are many programs that provide caregivers with education, practical tools and, perhaps most importantly, a network of support for a role that is very challenging. Here are three to consider:

1

CAREGIVERS OF ALZHEIMER'S AND DEMENTIA WELLNESS RETREAT

Melissa Smith Yoga

For many caregivers, a dementia diagnosis can disrupt our sense of connection with our loved one, our community and ourselves. Melissa Smith, an accomplished yoga instructor, started the annual Caregivers of Alzheimer's Retreat to give caregivers an opportunity to recharge, and to find ways to feel connected.

"The day is really just meant to nourish everyone," says Smith. "To give them respite and hopefully some tools."



Smith's stepmother recently passed away from early-onset Alzheimer's. For 10 years, her father was a primary caregiver. With her father in mind, Smith designed these annual retreats, offered free of charge, to turn the focus back on the caregiver — if only for a day.

This year's event will

take place at a retreat centre just north of Calgary on April 28, 2018. The session will explore healing and expression through activities such as restorative yoga, meditation, music, writing and mantra chanting.

For more information, go to melissasmithyoga.com.

3

CAREGIVER STRATEGIES

Alzheimer Society of Calgary

This program helps caregivers build a tool box of coping strategies. Offered monthly, the workshop consists of two three-hour sessions and teaches the C.L.E.A.R. communication technique (Contact, Listening Actively, Explore Meaning, Avoid Arguing, Respond Appropriately). Samantha Reay is a registered social worker and a support services coordinator for the Alzheimer Society of Calgary. She says using the C.L.E.A.R. communication tools can greatly improve everyone's outlook, and points to avoiding arguments as an example.

"Someone who has dementia still wants to feel like what they say matters," she says. So, if your loved one with dementia insists that the sky is pink, perhaps avoid the temptation to correct them. Some days, Reay says, the sky *is* pink.

Alzheimer Society of Calgary
alzheimercalgary.ca 

2

MEMORY P.L.U.S. Alberta Health Services

Memory P.L.U.S. (Practice, Laughter, Useful Strategies) is a 12-week program for people living with dementia and their primary care supporters. Offered by Alberta Health Services, the weekly, two-hour classes held throughout the city are facilitated by a recreation therapist who covers practical coping strategies such as managing sleep, nutrition and social connections.

Charlene Retzlaff is a registered social worker

who works at the Family Caregiver Centre and helps to facilitate the classes. She says the large group setting for the sessions creates a supportive network for caregivers, and normalizes the experience for those who are struggling.

"It's a very social environment where we focus on connecting people," says Retzlaff. "When we're in a room where everyone else is feeling similar stuff, it reduces the stigma, it reduces the isolation."

For more information, call the Family Caregiver Centre, Alberta Health Services, at 403-955-1674.



BREAKING New GROUND

Two Canadian researchers are challenging stereotypes and offering new innovations in dementia diagnosis and care.

BY Kaitlyn Hanson

PHOTOGRAPHY BY

◀ Jared Sych and Reynard Li ▶



ELDER-CLOWNS INTEGRATE THE ARTS INTO DEMENTIA CARE

Toronto-based researcher Dr. Pia Kontos is passionate about challenging stereotypes.

Kontos, an associate professor in the Social and Behavioural Sciences Division at the University of Toronto's Dalla Lana School of Public Health, as well as a senior scientist with the Toronto Rehabilitation Institute - University Health Network, believes that the arts — and, in particular, a unique

Above: Dr. Pia Kontos studies the effects of elder-clowning. Right: An elder-clown connection.

“Elder-clowning can help reduce stigma associated with dementia by highlighting the creative, emotive and deliberative playfulness of older adults living with dementia.” —Dr. Pia Kontos

form of artistic interaction known as elder-clowning — have a powerful role to play in humanizing dementia care.

“Elder-clowning can, I think, help to reduce stigma associated with dementia by highlighting the imaginative, creative, emotive and deliberative playfulness of older adults living with dementia,” she says.

“The more I learned about elder-clowning, the more excited I became about how it resonated with so many aspects of my work and my commitment to making this a better world for older adults living with dementia.”

Between 2012 and 2014, Kontos carried out an evaluation of a 12-week elder-clowning program in a long-term residential care home in urban Ontario. Her research

noted that older adults living with dementia who interacted with elder-clowns experienced a significant improvement in their quality of life, as well as a reduction in neuropsychiatric symptoms, such as agitation.

Publications from the study, which were released in 2016 and 2017, showed equally important qualitative findings, she says.

Kontos observed that older adults living with dementia engaged with the elder-clowns in imaginative and emotive ways, expressing feelings of joy and sadness.

This, she says, is an extremely important finding regarding the impact of elder-clowning.

A commonly held misconception about people living with dementia is that they are all



unaware of their surroundings and are unable to pursue meaningful activities and relationships, Kontos explains. But watching older adults with dementia being deliberately funny, playful, and creative in their interactions with elder-clowns powerfully challenges this assumption.

Unlike the traditional, heavily made-up clowns that most people are familiar with, elder-clowns work in long-term care, and are specifically trained to interact with older adults living with dementia.

Although they wear the red noses associated with other types of clowns, elder-clowns usually keep their faces natural, with minimal makeup, and wear clothing that evokes an earlier era, such as 1950s swing dresses, because older-style clothing can be familiar and comforting to older adults living with dementia, Kontos says.

Elder-clowns also use information provided by health care staff or family members to customize their interactions with older adults. “This could include social and familial details, like what their hobbies and preferences are, or what their past vocation was,” Kontos says.

She describes the resulting interactions — which can include physical and verbal humour, surprise, dramatic movement, music and storytelling — as tremendously meaningful.

“I found that older adults living

with dementia are not just responding to the elder-clowns, but they are co-constructing beautifully imaginative stories with them,” Kontos says. “They’re offering their own moments of fantasy, availability and laughter through reciprocal play.”

In the long-term, Kontos says that integrating the arts into dementia care can provide enriching experiences for older adults. It can also be part of a broader approach to reducing the stigma associated with dementia, especially surrounding an individual’s emotional responses to arts-based interactions.

“This work, I think, is really well-positioned to respond to urgent calls to address stigma, and to create environments that are more supportive of the rights of older adults living with dementia to live well,” she says.

Kontos is currently looking for funding to support the development of a documentary film about elder-clowning, which would raise awareness of the potential of this art form to enrich lives and foster more humanistic dementia care.

“Not only am I learning more and more about the richness of the lives of older adults living with dementia through my research on elder-clowning, but it’s also helping me to challenge those negative perceptions of dementia, and ultimately to create a more supportive society.”



EARLY DEMENTIA DIAGNOSIS AND PREVENTION — A COMPREHENSIVE APPROACH

Behavioral changes — including those involving mood or personality — could be the key to more effective dementia diagnosis and prevention, says Calgary-based clinician scientist Dr. Zahinoor Ismail.

Ismail, an associate professor of psychiatry, neurology and epidemiology at the University of Calgary’s Hotchkiss Brain Institute, believes that the fields of psychiatry and behavioural neurology need to be blended together

“[They’re] not just responding to the elder-clowns, but are co-constucting beautifully imaginative stories with them.” —Dr. Pia Kontos

[“To look at dementia from just a neurological or from just a psychiatric perspective probably isn’t the whole picture.” –Dr. Zahinoor Ismail]

to create a more effective framework for identifying dementia at earlier stages.

Along with a team of international researchers, Ismail worked to develop criteria for the Mild Behavioural Impairment (MBI) Checklist, which was published in January 2017 and has been implemented in clinical studies around the world to identify individuals who may be at risk of developing dementia.

“To look at [dementia] from just a neurological or from just a psychiatric perspective probably isn’t the whole picture,” he says. “So this is a way to step back and look at it perhaps more comprehensively.”

Ismail explains that changes in behaviour and personality are often observed alongside a diagnosis of cognitive impairment. Sometimes, he adds, these changes can even present themselves before cognitive impairment can be detected, as in the case of some of the earliest patients to be diagnosed with Alzheimer’s disease more than a century ago.

“We’re resurrecting that idea and saying, ‘Hey, we should be screening for later-life emergent changes in behaviour and personality,’” Ismail says. “Those [who display such changes] are people who you might then screen more thoroughly.”

The MBI checklist, which has been translated into 14 different languages, assesses a number of

behavioural changes that might indicate the need for further testing.

“Historically, people with neuropsychiatric symptoms have been excluded from dementia clinical trials, but in contrast, maybe they are the exact same people who should really be assessed more closely, and enrolled in clinical trials for dementia prevention,” says Ismail.

Changes in drive and motivation, emotional regulation, impulse control, agitation, changes in social cognition or social appropriateness, and changes in strongly held beliefs and perceptions are all criteria screened by the MBI Checklist.

Specialized cognitive neurosciences clinics at the Foothills Hospital and the South Health Campus in Calgary are already using the checklist, and it is also being utilized in a number of longitudinal observational studies.

While the wide-scale application of this screening tool is still in “early days,” Ismail hopes that one day, the checklist could be routinely completed during primary care visits, preferably by a close family member of a patient experiencing behavioural changes.

“They know the baseline,” he says. “They invariably will describe symptoms long before they ever become apparent in a family doctor’s office.”

He says changes in behaviour, personality and mood emerge in older adults as a “warning sign.”

“What we realize is that other things can happen in advance of this impairment in cognition,” Ismail explains.

“You can get changes in neurological function, like eye tracking, and hearing, and smell. You can get changes in gait. But those things aren’t really easily measured in a family doctor’s office,” he says. “Cognition alone just isn’t enough to give us the big picture.”



QUICK PEEK

The MBI Checklist focuses on five domains:

1

Interest, motivation and drive

2

Mood and anxiety symptoms

3

Control of behaviour

4

Social graces, tact and empathy

5

Strongly held beliefs and sensory experiences

FEELS LIKE HOME

Assisted living facilities are creating thoughtful environments for people with dementia and their loved ones.

BY Lauren Denhartog



As the number of Canadians with dementia increases each year, so, too, does the number of assisted living facilities that are incorporating dementia-friendly concepts into their architectural design, decor and programming — all with the aim of keeping residents safe and improving their quality of life. Here, we present three of these noteworthy facilities.

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1 United Active Living
 LOCATED IN THE COMMUNITY OF MIDNAPORE, United Active Living's Fish Creek North Assisted & Memory Care residence takes a unique approach to supporting people with dementia. Rather than being segregated based on cognitive or physical abilities



Art classes, pleasant outdoor spaces and gardening activities are some of the dementia-friendly initiatives on offer at United Active Living's Fish Creek North Assisted & Memory Care residence.

(which is common at other older-adult communities), residents with dementia at Fish Creek North Assisted & Memory Care occupy the same floors and shared spaces as everyone else, and they are actively encouraged to participate in the greater community.

Director Gail Hinchliffe explains that the aim at United Active Living is to get to know each resident personally, find out what their interests are and help them determine what programs and services might appeal to them. Through an additional service called United Minds, those with dementia or other cognitive conditions have the option of choosing from small group activities or one-on-one interactions, depending on their abilities and interests. Some of the options include Armchair Travel, Movement with Music, Baking and Journey through Art.

Hinchliffe says her staff could see a dozen residents with the same medical diagnosis, yet each will live differently with their disease, so it's important to offer a variety of options — many of which emphasize creativity and the arts.

Asked about the benefits of this type of programming for individuals with dementia, Hinchliffe uses the example of an almost non-verbal resident who regularly attends the storytelling group. "If she is in our storytelling program, she absolutely comes alive, almost to the point you wouldn't know she has

dementia," Hinchliffe says. Another resident, trained at the Royal Conservatory of Music, can no longer identify family members but can still play the piano without much difficulty.

"We do see the difference with people having the ability to be part of the overall community and engage with things they've always engaged in," says Hinchliffe.

The community also offers a large outdoor space, complete with walking trails, raised garden beds, a putting green and a fruit orchard. All staff,

“We do see the difference with people having the ability to be part of the overall community and engage with things they’ve always engaged in.”
—Gail Hinchliffe, director at Fish Creek North Assisted & Memory Care

including housekeeping and serving staff, receive specialized training in dementia care.

"It's about finding those moments," says Hinchliffe. "There is no cure for dementia, but knowing the resident well enough and having a staff trained in this [inclusive] philosophy gives [staff] the opportunity to build their tool kit of helpful approaches."

2 Auburn Heights Retirement Residence

LOCATED IN AUBURN BAY, near the South Health Campus, the Auburn Heights Retirement Residence offers a 40-room memory-care unit on its second floor. The unit was designed to include several areas meant to evoke a sense of nostalgia and trigger positive memories for residents.

According to the Alzheimer Society of Canada, a familiar environment can help individuals with memory loss connect with the past and preserve a sense of who they are. As such, the memory-care unit features design elements that include a millinery with 1920s-style hats, necklaces and fashion magazines; an office with a manual typewriter, radio and coat rack; and a TV screen surrounded by sports memorabilia.

"I think all of us feel that we have made accomplishments, we have made contributions to society and to our families by the different things we do, and [the items throughout the unit] can trigger memories for [our residents] that are positive," says Michele Bailey, director of care at the residence.

The unit also has a toy department with toys from long ago, and a laundry room with a non-functioning washer and dryer. "For those who are in that repetitive stage, they have something meaningful to do," explains Bailey, who also points out the murals throughout the unit, which feature different scenes including mountains and a bus stop. "It's quite realistic and memory-invoking."

"If you're not working from the heart, it shows. Our team is very focused on resident-centred care." —Michele Bailey, director of care at Auburn Heights Retirement Residence

Bailey says the design of the unit can help redirect residents who might be having a bad day. "Maybe they're emotional for whatever reason, or exhibiting more agitation. We as staff can utilize these vignettes and help pull them out of — or redirect them from — whatever they're focused on," she explains.

The unit offers a combination of single bedroom and studio suites, each with private bathroom. The residence also allows couples to live together. Individuals don't need to be separated based on care needs — one couple on the unit recently celebrated their 71st wedding anniversary.

There is also a big emphasis on music in the unit, as well as other programming meant to stimulate cognition; participants in a recent session were asked to name as many cities as they could that start with the letter "K."

Bailey emphasizes that all staff hired to work on the memory care unit must have a caring nature. "Many people can do tasks, but if you are not working from the heart, it shows," she says. "Our team is very focused on resident-centred care, letting residents make the choices and maximize as much independence as they can, and then we support where they need the help."



At many All Seniors Care Living Centres, including Auburn Heights Retirement Residence in Auburn Bay, residents with memory loss are encouraged to connect with the past through a variety of design elements that nod to earlier times.

“I wanted to create a place that people with dementia could feel good about, and that their families could feel good about.” —Ashley Kwong, owner and director of operations at Memory & Company Health Club and Overnight Respite Resort



Having worked in long-term care facilities for many years, Kwong would often see people with memory loss treated poorly or put in less-than-ideal surroundings. She would also come across families who didn't want to place their loved ones in assisted living, but felt forced to do so. She vowed to do something to change that. “I knew a lot of caregivers who weren't ready for institutionalization for their loved one, but didn't really have many options out there in the community,” Kwong says.

So she decided to create a day-program facility, and was adamant about making it into a place where everybody felt comfortable and welcome. “I toured a lot of day programs that were available, and they weren't necessarily places I would want to spend the day,” she says. “I wanted to create a place that people with dementia could feel good about, and that their families could feel good about, and that's where the idea for Memory & Company came from.”

Opened in May 2015, Memory & Company offers extensive programming (yoga, tai chi, pet therapy, drawing, gardening, woodworking and baking are just a handful of activities available), and Kwong says some individuals taking part in the various programs have shown improvement in their cognitive assessments. Others have been able to reduce their antipsychotic and antidepressant medications.

The response from individuals and caregivers has been overwhelmingly positive. “It's about keeping them engaged and active,” Kwong explains. “Families are quite happy.”

At Memory & Company in Markham, Ont., guests can expect large, open spaces that make them feel at home.

3 **Memory & Company Health Club and Overnight Respite Resort**

IN MARKHAM, ONT., individuals with dementia (and their caregivers) who are looking for shorter-term support can turn to Memory & Company Health Club, which offers day programs as well as evening, weekend and overnight respite for people living with memory loss. According to owner and direc-

tor of operations Ashley Kwong, the 11,000-square-foot facility is among the first of its kind. It can accommodate up to 50 guests at one time and incorporates dementia-friendly design principles throughout the property. This includes the use of soft colours to create a calming effect; bright but soothing lighting; the absence of reflective surfaces; and a circular, open-concept space that helps customers feel less confined.



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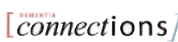
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PARTNERS *in Care*



Nurse practitioners work tirelessly to improve quality of life for seniors with dementia and their families.

BY Shannon Cleary

PHOTOGRAPHY BY Jager & Kokemor Photography

FOR JULIE BERTRAM, A NURSE PRACTITIONER at Sage Hill Retirement Residence (an integrative supportive living facility in Calgary’s northwest), learning the stories and personalities of her patients is one of the most rewarding — and important — aspects of her job. It’s by being present and getting to know a patient on a daily basis, she says, that rapport and trust are built.

“I have one patient, Mrs. D, who has dementia, and she is quite dear to me,” says Bertram. “She is a lady of few words, but she gets very agitated with change or with a lot of commotion.”

Bertram says that, over time, Mrs. D has come to engage with her in a familiar way, like someone would with a close friend. But, one day, while Bertram was in her office at Sage Hill, she heard a commotion at the nurses’ desk. She went out to find Mrs. D upset and anxious, pointing at another Sage

Julie Bertram,
on-site at Sage
Hill Retirement
Residence.



practitioners that work in Integrated Supportive and Facility Living (ISFL) in the Calgary zone, and she has certification and extensive specialization in geriatrics. A nurse practitioner (NP) is a registered nurse who holds a master's degree in nursing, has additional intensive clinical training, and has the ability to assess, diagnose and prescribe both medication and non-pharmacological treatments. Because of these enhanced nursing duties and responsibilities, NPs can act as the primary care provider in their specialized scope of practice, such as geriatrics.

ISFL is a relatively recent, collaborative effort between Alberta Health Services and the private care industry to use on-site NPs at seniors' residences in order to reduce hospitalization, reduce or manage medication, and provide more proactive care for residents.

The ISFL environment and mission is one that Bertram embraces. "Personally, I'm not the kind of person who wants to work in the ICU or the ER," she says. "In those situations, you're dealing with acute, stressful issues, and you don't always see the outcomes. I like to see the outcomes, and I like to experience them with my patients and their families."

"I like to see the outcomes, and I like to experience them with my patients and their families."—Nurse Practitioner Julie Bertram

Hill resident who was holding one of the unit's new therapy dolls.

Bertram tried to explain that the dolls belonged to everyone, but Mrs. D was still angry.

So, Bertram took her for a walk to calm her. They headed down a corridor with pictures on the wall, where Mrs. D usually liked to point out things in the images with a word or two. This time, however,

when they stopped to rest, Bertram got a surprise. Mrs. D turned to her and said, "Standing with the baby is dangerous."

"I was shocked, I had never heard her say so many words," recalls Bertram. "I reassured her that, from then on, I would have people sit when holding the baby, and she smiled, happy."

Bertram is one of only 16 nurse



Debra Vermunt,
on-site in Okotoks.

AN ESCALATING NEED

The use of geriatric NPs in Calgary has grown as the demand for elder care has grown — considering dementia cases alone, there are at least 13,000 people in the Calgary area living with dementia, and that number is expected to double by 2030, according to the Alzheimer Society of Calgary. NPs have become an

important part of a large team of seniors' care providers to address the resulting strain on the health-care system. In their roles, NPs can work with and coordinate multidisciplinary teams (registered nurses, licensed practical nurses, health-care aides, pharmacists, physicians, and allied health professionals such as recreational therapists and dietitians).

Like Bertram, Debra Vermunt is

“NPs work very autonomously, but we also work with a great group of physicians who are very open-minded about what a nurse practitioner can do.” —Nurse Practitioner Debra Vermunt

an NP within ISFL. She balances her time between two supportive living facilities in Okotoks and High River and believes that one of the key necessities of her role is being accessible — it's important to build trusting relationships with residents and their families, caregivers and physicians.

“[NPs] work autonomously,” she says, “but we also work with a great group of physicians who are very open-minded about what a nurse practitioner can do.”

Another key necessity for NPs to be able to do their jobs well is peer support and collaboration. “The NP group we have developed within ISFL has been extremely supportive of each other,” says Vermunt, who goes on to explain that most of the 16 NPs throughout the Calgary zone meet formally every month, and also hold frequent education sessions. “That peer support has made a huge difference working in this environment. You can phone up a colleague [in the ISFL group] and say, ‘I have this situation, what do you think?’”

According to Vermunt, among the most frequent situations or challenges that arise for NPs is managing patient medication in such a medically complex population. Clients can have not just one chronic disease, such as Alzheimer's, but often multiple conditions.

“Medications are not the same for someone who is 40, as someone who is 80 or 90,” she says. “Metabolism is different, the doses are different.”

As such, Vermunt performs a med review for all incoming

clients and works closely with the geriatric pharmacist and physicians to reduce unnecessary prescriptions. Patients with dementia can exhibit aggression, irritation and disorientation, but wherever possible, Vermunt uses non-pharmacological treatments to manage these behaviours. In the secured unit just outside her office door at the Okotoks facility — the unit where patients with the most complex cases of dementia reside — the atmosphere is calm and quiet.

“It’s not because they’re sedated. We have recreational therapy, we have staff that know what they’re doing, and we try everything before we would ever, ever sedate,” says Vermunt. “One of our goals when people get into supportive living is to support them, rather than use medication.”

MEASURING SUCCESS

Behaviour management can be a challenge for NPs in a hospital setting, as well. Rishma Rhemtulla is one of just two NPs in Calgary who work in acute care in geriatric services. In her role at South Health Campus, Rhemtulla consults on cases ranging from early signs of dementia to palliative care. She receives referrals from physicians or emergency admissions, and works with geriatricians to thoroughly diagnose, treat and transition her clients.

Rhemtulla sees a significant number of cases with complex behaviours. Her team uses preventative strategies to try to understand what might be triggering the behaviours, and then provides music that may be therapeutic for the client.

“There is always possibility of things improving. You always want to pursue a good outcome.”
—Nurse Practitioner Rishma Rhemtulla

“I had an individual who was getting increasingly agitated, and he threw a glass of water at me,” recalls Rhemtulla, without judgment or alarm. “That’s not to say [the non-drug strategies] didn’t work, it was just not the right time for him. He just needed time.”

Rhemtulla works closely with health-care providers and family members to provide quality — not

just quantity — support, and to reduce harm to both the patient and staff. NPs take the time to understand who the individual is, their medical and biopsychosocial history

“There is always possibility of things improving,” she says. “You always want to pursue a good outcome.”

Measuring outcomes and

Rishma Rhemtulla,
on-site at South
Health Campus.



DEFINING NURSING ROLES

Nurse Practitioner (NP)

NPs are registered nurses with advanced education and training. NPs assess, diagnose and prescribe medications or therapeutic interventions. Nurse practitioners can act as a primary care provider in their stream of practice.

Minimum requirements:

4,500 hours of experience as a Registered Nurse

Master's degree in advanced nursing practice

National Nurse Practitioner Exam in stream of practice

Registered Nurse (RN)

RNs coordinate, implement and evaluate patient care as part of a health care team. RNs may specialize in a particular type of care (i.e. emergency) or in a type of patient. RNs also develop and deliver health education programs.

Minimum requirements:

Baccalaureate degree in nursing

Canadian Registered Nurse Exam

Licensed Practical Nurse (LPN)

LPNs care directly for patients and their families in collaboration with other members of a health care team. They offer practical care, record vital signs, collect blood or urine samples, assess needs, and provide treatment.

Minimum requirements:

Approved Practical Nursing Program

Canadian Practical Nurse Registration Exam (CPNRE)

Health Care Aide (HCA)

HCAs provide direct support to patients who are ill, elderly or disabled. They assist patients with bathing, grooming, dressing and toileting. They may also help with feeding, exercise and helping patients take medications.

Minimum requirements:

Recognized Health Care Aide program

HELLO, WELLO

Mobile medical health care is now available in Calgary

Albertans now have an innovative new service option for personalized health care. Wello is a Calgary-based mobile health care company that provides urgent care and long-term health guidance using home visits and telemedicine.

Wello clients connect with a nurse practitioner (NP) in person, over the phone, or via video and secure messaging — ideal for a person with dementia who might have difficulty waiting in a doctor's office or doesn't like getting in a car.

Services include general health advice, prescription renewals, treating infections or minor injuries, and specialist referrals such as dermatologists or pediatricians. All information is confidential.

Wello's service is not covered by Alberta Health Services. Individuals and families can choose from three fee options, varying from pay-per-visit, monthly, or an annual plan that includes unlimited home visits.

Visit wello.ca for more information.

Sources: Alberta Health Services, College and Association of Registered Nurses of Alberta (CARNA), College of Licensed Practical Nurses of Alberta (CLPNA), *alis Alberta*

success for NPs in a geriatric role can be difficult — it's all about building relationships with clients and caregivers, gaining the trust of physicians, communicating with and supporting nurses or solving an urgent matter on a busy day.

Rhemtulla says one of her biggest rewards as an NP is improving a patient's quality of life, whether that's by mitigating complex behaviour, provid-

ing a seamless transition back to that patient's community, or helping family members understand and cope with their loved one's journey. It's because of the complexities, not despite them, that Rhemtulla has always gravitated toward working with seniors.

"I've always loved it," she says. "I can't think of working anywhere else." ■

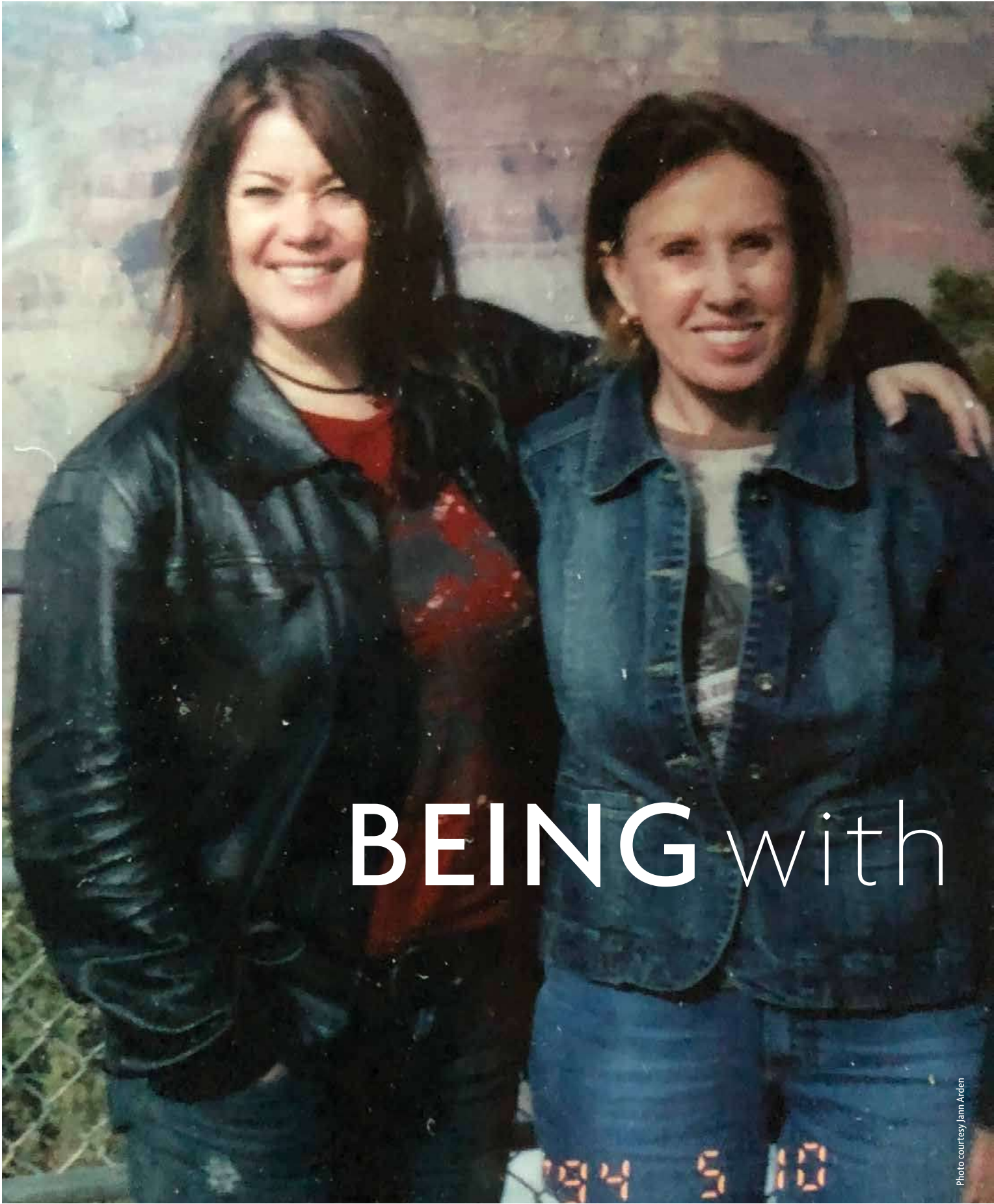


Photo courtesy Jann Arden

I hate what's happening to my mother. I don't know what other word to use. I hate it.

Often, I feel down and confused and filled with angst.

Alzheimer's is a thief, and it is stealing my mother, one memory at a time.

Eight hundred thousand people are affected with memory loss diseases in Canada alone. That estimate, they say, is probably low — Alzheimer's has a lot of shame and loss that encircles it, so people are reluctant to talk about it or discuss it at any length. We are embarrassed by it.

I know I was. And I still am, in many ways.

Why am I embarrassed by my mother's illness?

I think it's because I have a really hard time understanding how it makes me feel. I lie in bed at night and stare up at the ceiling, hoping that some kind of clarity will pour

["I see now how naive I was, how misinformed and how completely unaware I was of what the disease was doing to her, each and every day."]

into my head. I spend a lot of time swatting away the fear and the anxiety and the grief that come with losing someone you love, an inch at a time.

Alzheimer's is cruel. Everybody knows that. If we don't have our consciousness, then what are we?

My mom was a vibrant, smart, funny, wonderful woman. When I was growing up, every kid I ever brought home after school for snacks and an episode of *Star Trek* happily proclaimed, "You have the best mom!"

I knew I did. She was empathetic and understanding and easy to talk to. My friends would often pour out their problems to her over one of her "Crock Pot" suppers, and, by the time they left to go home, they were a little bit taller.

That made me so proud.

Mom was always kind and accepting of everyone, no matter what they'd done or where they came from. She was fair and understanding and tolerant — all things I learned to be, because of her. It always struck me to the core of my being how non-judgmental she was. "You don't know what people have gone through, Jann," she'd say. "You can't make assumptions."

When it first started happening, the loss of her memory, I was so judgmental.

I was wound up in a tight ball of anger and accusations. I corrected

my mom all the time. I battled with her hour after hour, hoping beyond hope that she would snap herself out of whatever she was going through. I honestly thought it was her fault that all of this was happening. It must have been something she'd done, or something she wasn't doing. I kept being the memory police, trying to jar her recollections, get her "back online."

I see now how naive I was, how misinformed and how completely unaware I was of what the disease was doing to her, each and every day.

Seeing her being unkind was probably the most shocking thing for me these past few years. That steely glare that seemed to burn into the back of my head — I felt it etch itself onto the inside of my skull, and it made me want to sit in the middle of our gravel driveway and cry.

It wasn't her. It wasn't the person I'd known from the beginning of time. She seemed possessed by some sort of demon who made her do and say unthinkable things.

"I hope you get Alzheimer's," she'd say flatly. "You're a terrible person to do this to me — for having those homeless women flop themselves in my house, going through my things and robbing me blind. I would never do this to you!"

Every day, month after month, she'd talk about her caregivers

Mom

Jann Arden writes about her own journey as a family member caring for a loved-one with Alzheimer's disease.



Recent snapshots of Jann Arden and her mother, Joan, who is living with Alzheimer's disease.



like they were literally the devil's spawn: crazy and untrustworthy, dirty and dishonest. She didn't want them in her house, and that was the end of it. She'd nearly spit the words into my face; her anger was that palpable.

I had never seen my mother express this kind of rage, ever. Even toward my difficult father, who was an alcoholic most of the time I was growing up. He just got the silent treatment — slow and steady and tedious. I, on the other hand, was receiving the full-blown wrath of my mother's alter ego,

and my heart kept breaking into tiny shards of glass that I doubt I will ever be able to reassemble.

Alzheimer's is ugly.

Alzheimer's is persistent.

Alzheimer's is patient. It doesn't care how long it has to linger; it will wait in the shadows until it has taken every single memory and recollection and shred of consciousness from the human being it has moved into.

There are many levels, stages and symptoms for Alzheimer's, and my mother's most volatile symptom is her paranoia. It is as fierce as it is defiant.

"They've stolen my big bag of change! There were thousands of dollars in there! That was my money and now I have nothing!"

She repeated that sentence for two solid weeks, over and over again every few minutes, and I wanted to throw myself off of a very high bridge.

Why? Because of one stupid reason: I refused to "go with her." I was a fool.

I was paralyzed with fear.

But I can truthfully tell you, that's not who I am anymore. There is a light at the end of the tunnel, and it's not a train coming.

I came to realize I had to learn and change and accept what was happening if I was

ever going to be able to find any kind of peace or calm in my life again. I had to let go of who she was and start figuring out who she was becoming.

I've learned a lot about myself because of Mom's illness. They weren't easy lessons, but the good ones never are. My shoulders are broader than I thought they were. My heart is bigger. My mind is sharper, and my laugh is louder.

Surrender is never easy, but it can be liberating, indeed. Especially when it comes to dementia and Alzheimer's. The very moment I chose to go where she goes, everything changed for the better.

Now, if she sees people in the yard, I see people in the yard. If she says she drove to Germany with my dad last week, I ask her all about the time they had. I've stopped fighting the disease that I'm not going to beat.

My mom is happier and less agitated. She's more compliant and jolly and calm — all because I live in the world she lives in and not the other way around. It seems so simple, because it *is* simple — and maybe that's why it's so easy to overlook.

My mom always told me that I was the only person who was freaking out, and she was right. Giving in isn't always giving up. I've learned that lesson, and so I want to pass it on.

Go with it.

Surrender.

Agree.

Go where they go. You'll be happier — and so will they.

I asked Mom if she thought she'd ever forget me and she paused in her tracks as we were wandering down our road one morning. "Well," she said, "my mind might forget you, but my heart won't." ■

"I came to realize I had to learn and change and accept what was happening if I was ever going to find any kind of peace of mind or calm in my life again."

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- Determination of the best-fit residential Memory Care facilities if required



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SUCCESS IN THE RIGHT HOME

- Stay at home or downsize successfully with modifications and support
- Determination of your best-fit retirement residence
- Supporting seniors in the development of a shared home with shared support services



SUPPORT *Systems*



John and Cindy McCaffery enjoy a winter walk with their dog, Scruffy. John was diagnosed with young onset dementia at the age of 48.

How Alberta families are managing, and changing, the experience of young onset dementia.

BY **Julia Williams** PHOTO BY **Erin Brooke Burns**

BERNIE TRAVIS WAS RELIEVED when her 61-year-old husband, Clarence, was diagnosed with dementia in 2011. It was devastating news, but at last they had an answer — the couple had been seeking an explanation for Clarence’s symptoms for four years.

Clarence had been struggling with memory and focus, surrendering pieces of his life and identity one by one — his work, his volunteer commitments — without understanding why. He’d undergone a range of brain and heart/stroke-related tests that never seemed conclusive. “His purpose for living was really challenged,” Bernie says.

Dementia is called “young onset” or “early onset” when its symptoms begin in someone who is less than 65 years old. Young onset accounts for between five and eight per cent of dementia cases in Canada, which amounts to about 16,000 Canadians. The condition is more likely to be caused by hereditary diseases or disorders when it appears in younger people, but this isn’t always the case. It often comes as a surprise.

The first challenge of young onset dementia is figuring out you have it; in many cases — including Clarence’s — the diagnosis process takes years. Dementia symptoms are so idiosyncratic (and younger people tend to get rarer forms of dementia) that the condition is easily confused with other problems, from depression to brain injury.

Bernie says medical departments tend to operate separately, which makes it even more difficult to find answers.

“Brain injury was a silo at that time. Dementia was way out there — it’s an ‘old person’s’ disease. It wasn’t something anyone would look at,” she says.

Mackenzie Douglas says people thought her family was crazy for testing her 42-year-old mother, Brenda, for dementia. Mackenzie was a grade 10 student in Calgary when her mother, the vice president of a large company, forgot how to cook. The family teased Brenda at first, but, when she lost her mastery of numbers and began to struggle at work, they became increasingly alarmed.

“Her boss actually reached out to my dad to find out if she was okay,” Mackenzie says. Many tests and MRIs later, Brenda was diagnosed with young onset dementia. “When [the tests] came back positive, no one could really believe it because she was so young,” Mackenzie says.

SEEKING ASSISTANCE

Because dementia is more common in older adults, Alberta Health Services categorizes it as a seniors’ health issue, meaning the medical professionals, services, caregiving resources and education devoted to this condition are aimed at people over 65. But this cut-off age is meaningless to the diseases and disorders that cause dementia.

“When the tests came back positive, no one could believe it because she was so young.”

—Mackenzie Douglas

The care requirements of a 45-year-old person with dementia can be very different from the needs of an 80-year-old person with dementia. Those with young onset dementia are more likely than seniors to still be working, to be physically active, and to be caregivers to their children or to their own parents. These circumstances add unique challenges to managing the condition, yet resources for younger people with dementia are limited.

Mackenzie says after her mother’s diagnosis, it was a big change for her father to balance work, parenting his daughters and caregiving. She believes it would be extremely difficult for any working person to look after a spouse at home, even with home care services. “The spouse would have to completely quit their job,” she says. “It would be a full-time job on a daily basis.”

For Mackenzie, whose mother is now in long-term care, it was a difficult time. It was hard to listen to friends complain about their own mothers and almost impossible for peers to understand the changes her family was experiencing.

Calgarians Cindy and John McCaffery knew they would need help after John’s cognitive

difficulties caused him to give up his banking job in 2007. They made a point of requesting resources from every doctor and practitioner they encountered. John’s neuropsychologist found him a 10-month cognitive rehabilitation program aimed at people with brain injuries (this program has been discontinued, but CBI Health Group provides

some cognitive rehabilitation services). John, who was 48 at the time, worked with an interdisciplinary team including an occupational therapist, psychologist and nutritionist to maximize his brain power and organize his time. John and Cindy agree that the program was invaluable — it made them feel less isolated.

The McCafferys, whose children were 12 and 17 when John was diagnosed, were eventually assigned an Alberta Health Services case manager who assessed their situation and connected them with home care services. The case manager also assigned a social worker to Cindy to help her manage her new role as care partner.

John describes the case manager as the linchpin. “They’re the ones who can open the door to whatever services are needed,” he says.

The Traveses, however, had more difficulty accessing services and resources in their area. Bernie says no one explained Clarence’s condition adequately. “We started right from zero,” Bernie says. “We were self-taught.”

Based in Edmonton, Bernie conducted internet research and contacted the Alzheimer Society of Alberta and Northwest Territories, which serves the Edmonton area. “[At the time], it was the only place you could go to get any answers,” Bernie says. She found a young onset dementia support group through the Society, which remains an important source of information exchange and emotional support for her.

Like the McCafferys, the Traveses used home care services, but this ended when Clarence broke his femur and was admitted to acute care. Navigating the system

to have her husband placed in long-term care, then back in acute care, was frustrating. Bernie had to advocate for Clarence to case managers, social workers and caregivers from different departments and facilities.

TAKING ACTION

In 2011, Bernie started Early Onset Dementia Alberta, which became a foundation in 2016. The organization, based in Edmonton, supports dementia research and advocates for the needs of younger people with dementia, including home care services, long-term care and day programs. It provides a monthly financial awareness clinic for care partners and holds an annual awareness-raising conference where everyone, from physicians and care partners to patients and children, has a voice. Families learn what supports are available, share information and find out about new developments in dementia research.

“They come and listen, and after that, they start talking,” Bernie says. “If we don’t connect people, we can’t build change.”

Bernie is also one of seven members of the EODAF Dementia Smart Life Line, a hotline-style mentorship program that began informally in 2013 and has operated as an official program since 2017. Bernie provides one-on-one advice and counsel to the care partners of people with young onset dementia at any time of the day or night.

“Once you find out you are not alone, it makes a world of difference,” she says.

Cindy has also been working to address gaps in the health-care

Clarence Travis visits with his family at Villa Caritas in Edmonton.



“Once you find out you are not alone, it makes a world of difference.” —Bernie Travis

system for those with young onset dementia. After being laid off from her energy sector job in 2015, she and social entrepreneur Myrle Bulman created an organization called YouQuest, a wellness community for active people with young onset dementia. Cindy was inspired by the dementia village, a care model that has existed in Holland for more than 10 years. It’s a custom residential environment — more neighbourhood than care facility — that focuses on inclusion, connectedness, safety and comfort.

This phase of YouQuest will provide recreation therapy expertise to support people in choosing their own interests and goals in a recreation centre.

“Participants don’t want to be in long-term care facilities. They want to be in the community, active,” Cindy says.

John, who was very active

before his symptoms began, has become an avid disc golfer, an activity that provides exercise, focus and a supportive social circle. Cindy says it gets him outside and encourages him to set goals (he plays every day, regardless of the weather), which contributes to his quality of life. She thinks being active and engaged may even be slowing the progression of John’s dementia. It helps Cindy, too, to know that her husband is doing something he enjoys; she feels other care partners would benefit from knowing their loved ones were involved in an active, appealing routine.

Mackenzie Douglas believes programs that focused on activity — even something as simple as walking — could have helped her mother maintain her memory for longer. Mackenzie would have welcomed a program that

Right: John McCaffery enjoys his regular disc golf game.



“Participants don’t want to be in long-term care facilities. They want to be in the community, active.”—Cindy McCaffery

engaged the whole family, especially during the years when her mother was living at home. “There was really nothing that we knew of that we could do to help her,” Mackenzie says. “If there were [activity-based] courses that were more available, that would have been better.”

YouQuest’s board, of which John is a member, includes a recreation therapist who is advising on the pilot design. Support for the project is building. The Trico Centre for Family Wellness has offered to host the day program as of January 2018. Local nursing, social work and sport and recre-

ation management students from Mount Royal University are interested in doing practicums with YouQuest. In addition,

Dr. Pamela Roach, a health service researcher from the University of Calgary, is an advisor to the pilot and is coordinating a research team to assist with evaluation of it. YouQuest is currently in the process of seeking charitable status.

MOVING FORWARD

As part of a pilot project, YouQuest recently invited members of the dementia community to a Thursday morning disc golf game in the snow. A 54-year-old participant with dementia showed up.

“When he returned home, he

told his wife he didn’t want to go to the care facility with the seniors anymore,” John says. “He liked being outside.”

Clarence Travis, meanwhile, is enjoying the care facility he now calls home — Villa Caritas is an Edmonton facility where staff provide enhanced dementia person-centred care. Bernie says the environment has exceeded her expectations and eased her concerns.

“Our children go to see him, and their dad is happy,” she says.

Bernie believes it’s possible to live a beautiful life with dementia, and gradual changes in the culture of care for young onset dementia patients may bring that beautiful life within reach for more families. But the path remains a challenging one — especially for younger care partners.

“We wear about 25 hats, and all the balls are in the air,” Bernie says. “You manage as best you can.”

Brenda Douglas passed away on January 9, 2018. Our condolences to her family.

YOUNG ONSET DEMENTIA RESOURCES

There are several support groups and resources in the province for families managing young onset dementia. These are good places to connect with the community and start asking questions.

Alzheimer Society of Calgary
alzheimercalgary.ca

Young Onset Dementia Support Group, Calgary
cindy@youquest.ca

Alzheimer Society of Alberta and Northwest Territories
alzheimer.ca/en/ab

YouQuest
youquest.ca

EODAF Building Dementia Awareness Conference
October 4 – 6, 2018
DoubleTree by Hilton Hotel
West Edmonton
eodaf.com

BOOK YOUR TABLE TODAY!

GORDIE HOWE C.A.R.E.S. PRO-AM LUNCHEON APRIL 6, 2018 | TELUS CONVENTION CENTRE



Our mission at Gordie Howe C.A.R.E.S.

is to improve the lives of those impacted by Alzheimer's disease and dementia by providing education, offering respite care, caregiver support, direct services, and funding for critical research.

Gordie Howe C.A.R.E.S. protects the dignity, provides support, & delivers education to caregivers and those effected by Alzheimer's disease and other related dementias ensuring they are never alone on their journey.

PARTY LIKE IT'S 1988

The luncheon is an opportunity for the Calgary business community to be part of hockey history. Listen to personal family stories, see videos and articles that have never been shared with the public while enjoying a first class lunch with some of hockey's greatest players. This year, we will be celebrating the 30th Anniversary of the Calgary Olympics and will have the pleasure of listening to Olympics stories from two of Team Canada's architects, Dave King and Sean Burke.

**LET'S
PACK
THE
SEATS**



PRO-AM TOURNAMENT APRIL 7TH

Saturday, April 7th - All Star Game - 1:30 pm, Winsport, Arena A
See the Top 16 Fundraisers compete against the NHL Alumni including Lanny McDonald, Gary Roberts, Matthew Barnaby and many many more

**COME OUT AND CHEER
FOR THE PLAYERS IN YOUR
FAVOURITE TEAM JERSEY.**

Current numbers suggest that over 40,000 people in Alberta have some form of dementia and the numbers will continue to grow. Given these alarming statistics, Gordie Howe C.A.R.E.S. will be well positioned to support this ever increasing population. This initiative will be focused on Calgary and surrounding area.

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Peace of Mind
ADULT DAY PROGRAM

We care for our clients and their families.

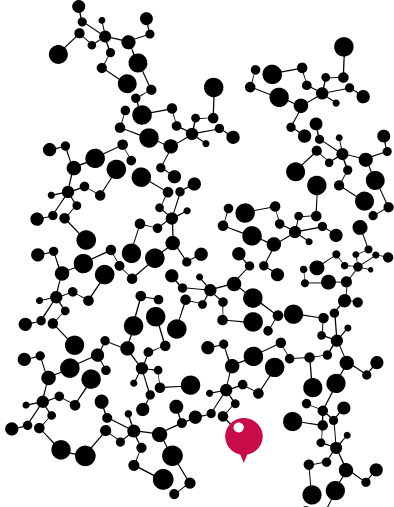
Peace of Mind enhances the lives of adults that require care or support by providing a fun, safe and engaging environment throughout the day, allowing our clients and their families to maintain their independence.

Launching soon in North West Calgary

Learn more and register at:
www.peaceofmindcare.ca

or call: (587) 887-4900

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Vulnerable Person Self-Registry

In the event of an emergency
the Registry provides important information to first responders when special attention may be required.



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For more information or to register,
visit www.calgary.ca/disabilityvpr



RESIDENTIAL





FACILITY NAME 	CONTACT INFO 	PRIVATE	SUBSIDIZED	PRICE 	CARE APPROACH 	NOTEWORTHY 
AgeCare Glenmore 1729 90 Avenue SW	agecare.ca 403-253-8806	●	●	\$	Eden Alternative Method	
AgeCare Midnapore 500 Midpark Way SE	agecare.ca 403-873-2600		●	\$	Supportive Pathways	Intergenerational Childcare Program
AgeCare Seton 4963 Front Street SE	agecare.ca 587-349-8444		●	\$	Supportive Pathways	Intergenerational Childcare Program
AgeCare SkyPoint (opening May 2018) 179 Skyview Circle NE	agecare.ca		●	\$	Supportive Pathways	Intergenerational Childcare Program
AgeCare Walden Heights 250 Walden Drive SE	agecare.ca 403-873-4700		●	\$	Supportive Pathways	Intergenerational Childcare Program
Aspen Care Home 3437 6th Street SW	aspencarecalgary.com 403-990-3837	●		\$\$\$	Best Friends Approach™	Home-Like Setting
Auburn Heights Retirement Residence 21 Auburn Bay Street SE	allseniorscare.com 403-234-9695	●		\$-\$		Couples Live Together
Beaverdam 2012 66 Avenue SE	silvera.ca 403-279-4623		●	\$	Best Friends Approach™	
Bethany Calgary 916 18A Street NW	bethanyseniors.com 403-284-6000		●	\$	Complex Dementia Care	Secure Outdoor Area
Bethany Harvest Hills 19 Harvest Gold Manor NE	bethanyseniors.com 403-226-8200		●	\$	Specialized Advanced Dementia Care	Secure Outdoor Area; Dementia-Specific Design
Bethany Riverview (opening 2018) 2945 26 Avenue SE	bethanyseniors.com		●	\$	Specialized Dementia Care	
Bow Crest Care Centre 5927 Bowness Road NW	reveralliving.com 403-288-2373		●	\$	Dementiability Methods	
Bow View Manor 468 Montgomery Boulevard NW	thebsf.ca 403-288-4446	●	●	\$-\$\$\$		
Carewest Colonel Belcher 1939 Veteran's Way NW	carewest.ca 403-944-7800		●	\$	Supportive Pathways	Priority to Veterans

Subsidized: Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1

Private Pay: Please contact facility for pricing and availability

\$ = Less than \$2,500/month \$\$ = \$2,500-5,000/month \$\$\$ = More than \$5,000/month *Confirm pricing with individual facilities

RESIDENTIAL

FACILITY NAME 	CONTACT INFO 	PRIVATE	SUBSIDIZED	PRICE 	CARE APPROACH 	NOTEWORTHY 
Carewest Garrison Green 3108 Don Ethell Boulevard SW	carewest.ca 403-944-0100		●	\$	Supportive Pathways	
Carewest George Boyack 1203 Centre Avenue NE	carewest.ca 403-267-2750		●	\$	Supportive Pathways	
Carewest Rouleau Manor 2208 – 2nd Street SW	carewest.ca 403-943-9850		●	\$	Supportive Pathways; P.I.E.C.E.S.; Complex Care	Smoking Permitted
Carewest – Signal Pointe 6363 Simcoe Road SW	carewest.ca 403-240-7950		●	\$	Supportive Pathways; Complex Care	Dementia-Specific Design
Chartwell Eau Claire Care Residence 3017 Street SW	chartwell.com 587-287-3944 x13090	●	●	\$-\$		
Clifton Manor 4726 – 8 Avenue SE	thebsf.ca 403-272-9831		●	\$		
Edgemont 80 Edenwold Drive NW	reveraliving.com 403-241-8990		●	\$-\$	Teepa Snow's Positive Approach to Care	
Evanston Grand Village 40 Evanston Way NW	evanstongrand.ca 403-274-6416		●	\$		
Evergreen 2220 162 Avenue SW	reveraliving.com 403-201-3555	●	●	\$-\$		
Extencare Cedars Villa 3330 – 8th Avenue SW	extencarecedarsvilla.com 403-249-8915		●	\$		
Extencare Hillcrest 1512 – 8th Avenue NW	extencarehillcrest.com 403-289-0236		●	\$		
Father Lacombe Care Centre 270 Providence Boulevard SE	fatherlacombe.ca 403-256-4641		●	\$		
Holy Cross Manor 70 Evanspark Manor NW	covenantcare.ca 587-230-7070		●	\$	Supportive Pathways	
Intercare Brentwood Care Centre 2727 – 16th Avenue NW	intercarealberta.com 403-289-2576		●	\$		
Intercare Chinook Care Centre 1261 Glenmore Trail SW	intercarealberta.com 403-252-0141		●	\$		

RESIDENTIAL






Intercare Southwood Care Centre 211 Heritage Drive SE	intercarealberta.com 403-252-1194	●	\$	Butterfly Approach	
Maison Senior Living 750 49th Avenue SW	maisonseniorliving.com 403-476-8992	●	\$\$\$	Best Friends Approach™	
Manor Village at Varsity 40 Varsity Estates Circle NW	themanorvillage.com 403-286-7117	●	\$-\$		
Manor Village at Fish Creek (opening 2018) 14623 Shawnee Gate SW	themanorvillage.com 403-918-2127	●	\$-\$		Secure Outdoor Area
Mayfair Care Centre 8240 Collicutt Street SW	mayfaircarecentre.com 403-252-4445	●	\$		
McKenzie Towne Continuing Care 80 Promenade Way SE	reveraliving.com 403-508-9808	●	\$	Dementiability Methods	
McKenzie Towne Retirement Residence 20 Promenade Park SE	reveraliving.com 403-257-9331	● ●	\$-\$		Secure Outdoor Area
Millrise Place 14911 5th Street SW	retirementconcepts.com 403-410-9155	● ●	\$		
Monterey Place 4288 Catalina Boulevard NE	retirementconcepts.com 403-207-2929	●	\$		
Mount Royal Care Centre 1813 9 Street SW	reveraliving.com 403-244-8994	●	\$	Dementiability Methods	
Newport Harbour Care Centre 10 Country Village Cove NE	parkplaceseniorsliving.com 403-587-5100	●	\$-\$	Supportive Pathways; Best Friends Approach™	Multi-Sensory Robotics
Prince of Peace Harbour 285030 Luther Rose Boulevard NE	verveseniorliving.com 403-285-5080	●	\$-\$	Supportive Pathways; Best Friends Approach™	Secure Outdoor Area
Providence Care Centre 149 Providence Boulevard SE	fatherlacombe.ca 587-393-1350	●	\$		Secure Outdoor Area
Rocky Ridge Retirement Community 10715 Rocky Ridge Boulevard NW	rockyridgeretirement.com 403-879-1748	●	\$		
Sage Hill Retirement Residence 6 Sage Hill Gardens NW	allseniorscare.com 403-455-2273	●	\$-\$		
Scenic Acres Retirement 150 Scotia Landing NW	reveraliving.com 403-208-0338	● ●	\$-\$	Teepa Snow's Positive Approach to Care	Secure Outdoor Area

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RESIDENTIAL

FACILITY NAME 	CONTACT INFO 	PRIVATE	SUBSIDIZED	PRICE 	CARE APPROACH 	NOTEWORTHY 
St. Marguerite Manor 110 Evanspark Manor NW	covenantcare.ca 403-943-1920		●	\$		
St. Teresa Place 10 Redstone Place NE	covenantcare.ca 587-619-7116		●	\$	Butterfly Approach	Secure Outdoor Area
Staywell Manor Village at Garrison Woods 174 Ypres Green SW	themanorvillage.com 403-242-4688		●	\$-\$	Best Friends Approach™	
Swan Evergreen Village 2635 Eversyde Avenue SW	originswanevergreen.ca 587-481-6638		●	●	\$-\$	
United Active Living at Fish Creek 51 Providence Boulevard SE	unitedactiveliving.com 587-481-7907		●	\$-\$-\$	United Minds	Secure Outdoor Area
United Active Living at Garrison Green 3028 Don Ethell Boulevard SW	unitedactiveliving.com 403-685-7200		●	\$-\$-\$	United Minds	
Wentworth Manor 5717 14th Avenue SW, Calgary	thebsf.ca 403-686-8605		●	●	\$-\$	
Westman Village Journey Club (opening 2018) 3132 – 118 Avenue SE	TheJourneyClub.ca 403-723-8411				Butterfly Approach	Secure Outdoor Area
Whitehorn Village 5200 – 44 Avenue NE	whitehornvillage.com 403-271-2277		●	\$	Butterfly Approach	
Wing Kei Care Centre 1212 Centre Street NE	wingkeicarecentre.org 403-277-7433		●	\$		Chinese Language & Culture
Wing Kei Greenview 307 35 Avenue NE	wingkeicarecentre.org 403-520-0400		●	\$		Chinese Language & Culture

OUT OF TOWN RESIDENTIAL

Agecare Sagewood Seniors Community 140 Cambridge Glen Drive, Strathmore	agecare.ca 403-361-8000		●	\$	Supportive Pathways	Intergenerational Childcare Program
Aspen Ridge Lodge 1100 20 Avenue, Didsbury	mvsh.ca 403-556-2957		●	\$		
Bethany Didsbury 1201 15 Avenue, Didsbury	bethany seniors.com 403-335-4775		●	\$		Secure Outdoor Area

OUT OF TOWN RESIDENTIAL







Meadowlark 203 Hillcrest Boulevard, Strathmore	meadowlarkcare.com 403-934-5294	●	\$-\$		Secure Outdoor Area; Age in Place
Origin at Spring Creek 808 Spring Creek Drive, Canmore	originspringcreek.ca 403-678-2288	●	\$\$\$	Best Friends Approach™; Teepa Snow's Positive Approach To Care; Supportive Pathways	Secure Outdoor Area
Silver Willow Lodge 2007 22 Avenue, Nanton	mosquitocreekfoundation.ca 403-646-2660	●	\$		
Strafford Foundation Tudor Manor 200 Sandstone Drive, Okotoks	thebsf.ca 403-995-9540	●	\$	Resident-First Approach	Secure Outdoor Area; Age in Place
Sunrise Village High River 660 7 Street, High River	sunrisevillages.com 403-652-1581	●	\$	C.A.R.E.S. Approach	Secure Outdoor Area

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Private Pay: Please contact facility for pricing and availability

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HOME CARE

AGENCY 	CONTACT INFO 	STAFFING Qualifications 	STARTING RATE \$ 	CARE APPROACH 	DEMENCIA EDUCATION 
Alberta Health Services	albertahealthservices.ca 403-943-1600	OT, RN, HCA	Free		Referral Required
All About Seniors	allaboutsensors.ca 403-730-4070	RN, LPN, HCA	\$30/hr 2 hour minimum	Best Friends Approach™	In-house Based Training; Case-by-Case Support
Bayshore Home Health	bayshore.ca 403-776-0460	RN, LPN, HCA	\$32/hr 2 hour minimum		In-House Three-Hour Training and Certification; Case-by-Case Support
CBI Home Health	cbi.ca 403-232-8770	RN, LPN, HCA	\$33.76/hr 1 hour minimum		Education Days and Online Resources for Certification
Care to Share Senior Services	caretosshare.ca 403-567-1923	HCA	\$28/hr 2 hour minimum	Teepa Snow's Positive Approach to Care	Online Dementia Education
Caring Hands Calgary	caringhandscalgary.ca 403-999-3336	RN, LPN, HCA	\$29.95/hr 3 hour minimum	"Treat clients as family would"	In-House Dementia Training
Classic LifeCare Calgary	classiclifecare.com 403-242-2750	RN, LPN, HCA	\$31.75/hr 2 hour minimum	Teepa Snow's Positive Approach to Care	Online Dementia Education





HOME CARE

AGENCY 	CONTACT INFO 	STAFFING Qualifications 	STARTING RATE 	CARE APPROACH 	DEMENTIA EDUCATION 
Comfort Keepers Home Care	calgary.comfortkeepers.ca 403-228-0072	RN, LPN, HCA	\$30.95/hr 2 hour minimum	Best Friends Approach™	
Compassionate Caring Home Health Care Service	compassionate-caring.com 587-888-1428	RN, LPN, HCA	\$29.95/hr 3 hour min HCA 2 hour min LPN		Web-Based and Video Training
Enhanced Health Services	enhancedhealthservicesinc.com 403-547-5859	RN, LPN, HCA	\$29.99/hr 2 hour minimum		Past Experience Only
Focus On Caring	focusoncaring.com 403-264-3839	RN, HCA	\$28/hr 4 hour minimum		In-House Dementia Training
Global Senior Care	globalseniorcareservices.com 403-452-4555	RN, LPN, HCA	\$28/hr 3 hour minimum	Best Friends Approach™	In-House Dementia Training Manual
Granddaughters Personal Care	granddaughters.ca 403-828-0550	LPN, HCA	\$28/hr 2 hour minimum	Best Friends Approach™, Teepa Snow's Positive Approach to Care	
Heritage Nanny	heritagenanny.com 403-978-9884	HCA	4% of nanny yearly income		Outside Training
Home Care Assistance	homecareassistanceofcalgary.ca 403-350-2773	RN, LPN, HCA	\$29/hr 2 hour minimum	Cognitive Therapeutic Method	Minimum 2 Years Dementia Experience; Music and Memory Certified Care Organization
Home Instead Senior Care South	homeinstead.com/calgary 403-984-9225	Caregivers	\$31.95/hr 3 hours, twice a week	Dementia CARE Curriculum	In-House Dementia Training Program Using CARE
Home Instead Senior Care North	homeinstead.com/calgary 403-910-5860	LPN, HCA	\$32/hr 2 hour minimum	Dementia CARE Curriculum	In-house Dementia Training Program Using CARE
Max Home Care	www.maxhomecare.ca 587-352-1010	HCA	\$27/hr 2 hour minimum		In-House Dementia Continuing Education
Miraculum Homecare	miraculumhomecare.com 403-452-6399	RN, LPN, HCA	\$28/hr 3 hour min	Family Care Focus	Experience-Based
Nurse Next Door	nursenextdoor.com 403-454-1399	RN, LPN, HCA	\$33/hr 3 hour min		
Ohana Care Health Services 403-755-6289	ohanacare.ca	LPN, HCA \$55/Hr	\$30/hr 2 hour minimum	Best Friends Approach™	

HOME CARE

ParaMed	paramed.com 403-228-3877	RN, LPN, HCA	1 hour minimum	Client-Centred	In-House Training; AHS Outside Training
Qualicare Calgary	homecarecalgary.com 403-209-2210	RN, LPN, HCA			
Right At Home	rightathomecanada.com/calgary 403-869-8294	RN, LPN, HCA	\$30.95/hr 3 hour minimum	Supportive Pathways; Best Friends Approach™	Experience Required
Senior Homecare by Angels	seniorhomecarecalgary.com 403-862-0129	LPN, HCA	\$29.95/hr 2 hour minimum		Formally trained or experienced with dementia care
The Mad Tasker	thematasker.com 403-988-2471	LPN, HCA	\$30/hr 1 hour minimum	Person-Centred Care Approach	Best Friends Approach™ ; Online Dementia Training; BrainXchange
Supportive Outings and Services	soscaregiver.ca 403-816-0428	RN, LPN, HCA			

OVERNIGHT RESPITE - Assessment Required

FACILITY 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	SUBSIDIZED	PRIVATE
AgeCare Glenmore	1729 90 Avenue SW	403-253-8806	agecare.ca	●	
Auburn Heights Retirement Residence	21 Auburn Bay Street SE	403-234-9695	allseniorscare.com		●
Carewest Colonel Belcher	1939 Veteran's Way NW	403-944-7800	carewest.ca	●	
Carewest Sarcee	3504 Sarcee Road SW	403-686-8140	carewest.ca	●	
Carewest Signal Pointe	6363 Simcoe Road SW	403-240-7950	carewest.ca	●	
Chartwell Eau Claire Residence	3001 7 Street SW	587-287-3943	chartwell.com		●
Evergreen	2220 162 Avenue SW	403-201-3555	reveraliving.com		●
McKenzie Towne Retirement Residence	20 Promenade Park SE	403-257-9331	reveraliving.com		●
Wentworth Manor	5717 14 Avenue SW	403-242-5005	straffordfoundation.org		●

Subsidized: Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1

Private: Please contact facility for pricing and availability







ADULT DAY PROGRAMS

FACILITY 	PROGRAM NAME 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	SUBSIDIZED 	PRIVATE 
AgeCare Glenmore	AHS Adult Day Program	1729 90 Avenue SW	403-640-8748	agecare.ca	●	
AgeCare Midnapore	AHS Adult Day Program	500 Midpark Way SE	403-873-2852	agecare.ca	●	
AgeCare Seton	Club 36 Adult Day Program	4963 Front Street SE	403-255-0700	alzheimercalgary.ca	●	
Auburn Heights Retirement Residence	Young Onset Dementia Day Program	21 Auburn Bay Street SE	403-234-9695	allseniorscare.com		●
Bethany Harvest Hills	Club 36 Adult Day Program	19 Harvest Gold Manor NE	403-226-8201	alzheimercalgary.ca	●	
Bow View Manor	AHS Adult Day Program	4628 Montgomery Blvd. NW	403-286-6166	straffordfoundation.org	●	
Calgary Chinese Citizens Elderly Association	Wing Kei Dementia Day Program *Intended for clients who speak Chinese	111 Riverfront Avenue SW	403-277-7433	wingkeicarecentre.org	●	
Carewest Beddington	Comprehensive Community Care (C3)	308, 8120 Beddington Blvd. NW	403-520-3350	carewest.ca	●	
Carewest Colonel Belcher	Wellness Day Program	1939 Veteran's Way NW	403-944-7854	carewest.ca	●	
Carewest Glenmore Park Day Hospital	Living with Dementia	6909 14 Street SW	403-640-6480	carewest.ca	●	
Carewest Sarcee	Comprehensive Community Care (C3)	3504 Sarcee Road SW	403-686-8140	carewest.ca	●	
Carewest Signal Pointe	AHS Adult Day Program	6363 Simcoe Road SW	403-240-7953	carewest.ca	●	
Clifton Manor	AHS Adult Day Program	4726 8 Avenue SE	403-204-9969	straffordfoundation.org	●	
Peace of Mind	Peace of Mind Adult Day Program	NW Calgary	587-887-4900	peaceofmindcare.ca		●
St. Andrew's United Church	Side by Side Fellowship	703 Heritage Drive SW	403-861-0781	standrewscalgary.ca		●
Varsity Acres Presbyterian Church	Side by Side Fellowship	4612 Varsity Drive NW	403-288-0544	vapc.ca		●
Wentworth Manor	AHS Adult Day Program	5717 14 Avenue SW	403-242-5005	straffordfoundation.org	●	
Trico Centre for Family Wellness	YouQuest Young Onset Dementia Daytime Wellness Program	11150 Bonaventure Drive SE	403-255-7018	youquest.ca		●

Subsidized: Please seek referral from Alberta Health Services Community Care Access at (403) 943-1920 or 8-1-1

Private: Please contact facility for pricing and availability

CARE-PARTNER SUPPORT

PROGRAM 	PROGRAM DETAILS 	PHONE NUMBER 	E-MAIL 	HOURS 	DATES 
Alzheimer Society of Calgary	NW location SW location Varsity location	403-290-0110	findsupport@alzheimercalgary.com	10 a.m.-11:30 a.m. 7 p.m.-8:30 p.m. 10:30 a.m.-12 p.m.	2 nd & 4 th Wed Monthly 1 st of Each Month 3 rd of Each Month
Calgary N.E. Dementia Support Group	Dementia-specific support	403-273-2371		Times Vary	Dates Vary
Calgary South Dementia Support Group	Dementia-specific support	403-271-9570		10 a.m.-11:30 a.m.	2 nd & 4 th of Each Month
Memory P.L.U.S.	Safe, fun, social activities for those with mild dementia and their care partners	403-955-1674	charlene.retzlaff@ahs.ca	2 hr Sessions	Fall/Spring Sessions 12-week Program
Movement P.L.U.S.	Fall prevention, exercise and social program for those with mild dementia and their care partners	403-955-1674	rene.engel@ahs.ca	75-minute Sessions, Day and Times Vary 12-week Program	Fall/Spring Sessions
Dementia Support	Dementia-specific support. Southwood United Church, 10690 Elbow Dr. SW	403-253-2979	southwoodchurch.ca	1 p.m.	1 st Mon of Each Month
Active Wellness Community for Young Onset Dementia	Open to those affected by young onset dementia. Southwood United Church 10690 Elbow Dr. SW	403-975-6685 403-283-9537	cindy@youquest.ca	7 p.m.-8:30 p.m.	1 st & 3 rd Tue of Each Month

***Confirm dates and times with individual programs**

Listings compiled by Proactive Seniors.



Questions? Feedback? Stories to Share?

Write to us: feedback@dementiaconnections.ca

Connect with us online at
dementiaconnections.ca


An adventure-lover, Margaret McKeown has travelled to more than 30 countries over the course of her life.



I've travelled a lot. I've got all kinds of pictures to prove it. I've been to Italy two or three times at least, been to more than 30-some countries. I also enjoyed skiing when I was younger, but I'm a poor skier now, and besides that, I'm a little hard-pressed to get somewhere where I could ski.

I try to keep in touch with friends, but sending letters in the mail is hard because I forget my words, forget what the subject is. It's [hard] having this juggling around in my head.

I was always happy if I could find a book to read. I like people, but sometimes books are much better. I miss going to the market but I watch the news and read the paper every day. That's my life now. But I've also been busy since I retired from my job as a lab technician for Ogilvie Mills at 65. I haven't been sitting around wasting my time.

Since I've been retired, I've become more philosophical. I'm a little more giving than I used to be. 'We get too soon rich and too late smart' — I read that somewhere. Another thing I like to say is 'growing old is not for the faint of heart,' but it beats the alternative." 

MARGARET'S *Story*

[AS TOLD TO] Mae Kroeis

Margaret Patricia McKeown has spent most of her life in Montreal, but she moved to Calgary four years ago to live closer to two of her six children, when confusion made it difficult for her to live alone. She was diagnosed with mild cognitive impairment in 2013, and it has since progressed to dementia.

Though she adored her life in Quebec, 91-year-old McKeown now revels in the Alberta mountain views and in watching the sunrise through her kitchen window. Known as Pat by most and "Patricia Delicia" by her children, she talks here about her experience living with dementia, marked by her upbeat attitude and deadpan humour:

"Some days are not good days, but others are good days. A good day is when we go out for lunch and laugh a lot."



I lived most of my life in Montreal.

When I moved to Calgary, it wasn't the first time I had come here, but it's different when you're being taken care of, and that's what I've had to adjust to. My two children who live in Calgary do a lot for me. My daughter Mary does her best to look after me and take me places.

My diagnosis is where I get fuzzy. It just happened. Some days are not good days, but others are good days. A good day is when we go out for lunch and laugh a lot. Otherwise, it feels like we'd all be crying.

Share your story with us at feedback@dementiaconnections.ca.



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