



DEMENTIA

# connections



Summer 2018

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EMPOWERING  
SELF-EXPRESSION  
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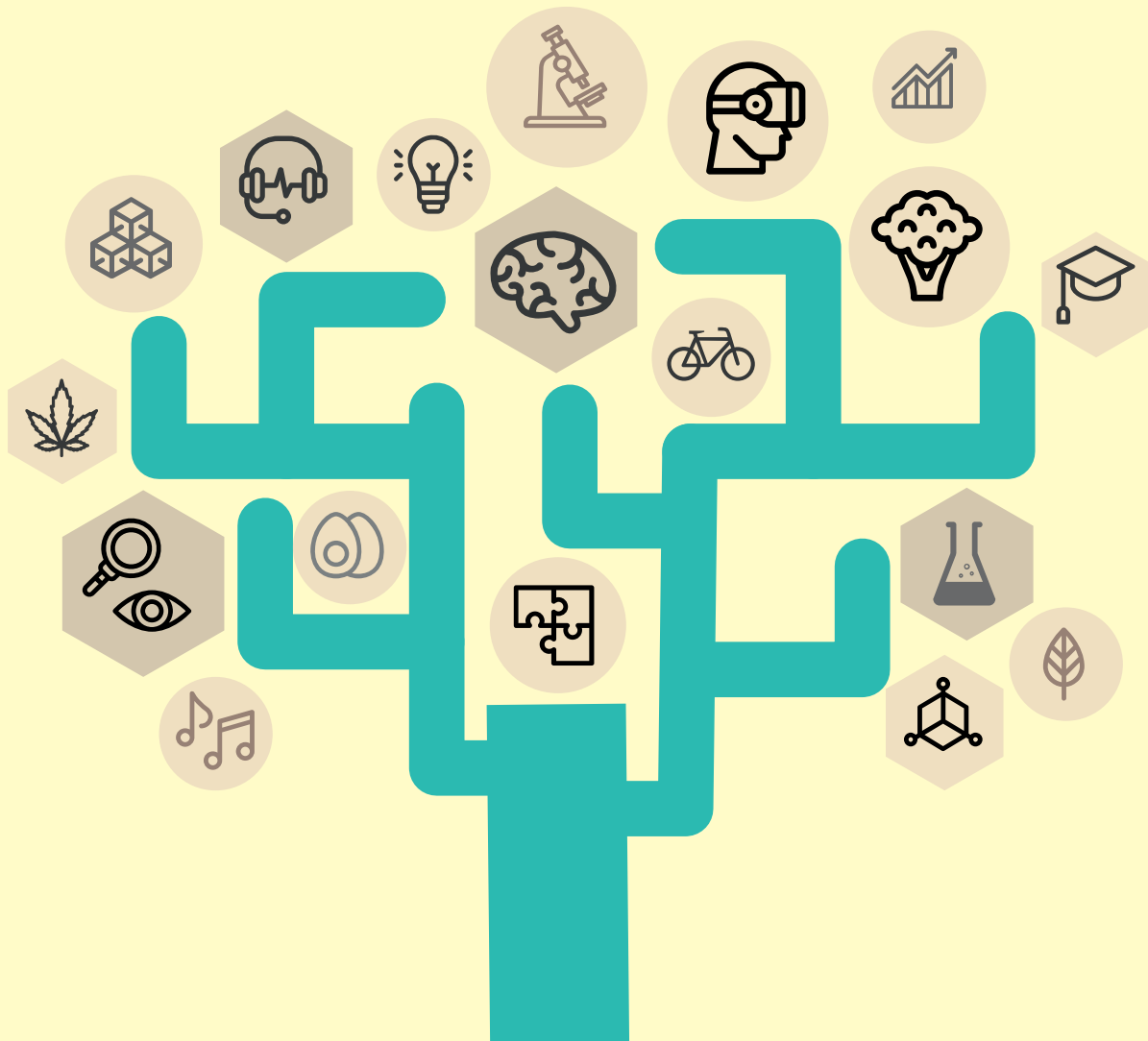
DEMENTIA-  
FRIENDLY  
INITIATIVES,  
ADVICE FOR  
CAREGIVERS,  
INVALUABLE  
RESOURCES  
AND MORE

## Strategic THINKING

*Retired business leader Mang Chan, 94, thrives on the support and love of family.*

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THE SCHOOL  
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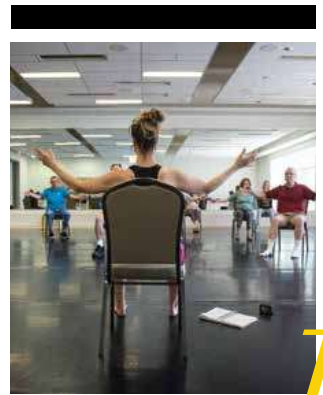




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# WELCOME

THERE IS NO “ONE SIZE FITS ALL” when it comes to dementia. Each individual with dementia has different life experiences, preferences and abilities, and there are more than 100 different kinds of dementia that

can manifest in a variety of ways—for example, not everybody with dementia experiences memory loss.

Dementia is not a normal part of aging and, in most cases, is not hereditary. Do not delay speaking to your family physician should you have questions or concerns. He or she can rule out and help treat any reversible causes of cognitive impairment, connect you to helpful support services and inform you of lifestyle measures to take that can help reduce the risk of cognitive impairment or slow the progression of symptoms.

The science and research on dementia are fascinating and promising, but equally impactful are the stories of people caring for one another and helping to create better life experiences for their friends and family who are living with dementia.

Many thanks to all of you who have written words of encouragement, provided suggestions for improvement or who have shared your own personal stories. We welcome your continued input and feedback. 

.....

**Lisa Poole**  
 Founder and Editor  
 DEMENTIA CONNECTIONS  
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Lisa Poole, shown here with her father, John. Photographed by Erin Brooke Burns.





**Hi Lisa,**

Just going through the latest edition of the magazine—LOVE, LOVE, LOVE IT!

**Bryan Gilks**



**Hi Lisa,**

I recently reviewed the Q&A done with Dr. Lorraine Venturato in *Dementia Connections* magazine. The theory offered by Dr. Venturato in relation to balancing risks so those with dementia can still have meaning in their life is so important to share; just because someone has dementia does not mean they need to live in a bubble, or a risk-free environment. We all still feel and need to live.

One thing that stuck out to me was the list of “key players” in the article; this list did not

include recreation therapists or social workers. Being a recreation therapist myself, and having been part of a very inclusive management team, I can say that recreation therapists’ and social workers’ approach to care is often overlooked. The information gained in these two roles can oftentimes provide teams with insight into the family history, and potential reasons for why those with dementia may be expressing themselves through behaviours.

Working as an inter-disciplinary team is the only way for a staff team to understand someone fully, and in a way that reaches a person in a variety of ways.

Just wanted to share this feedback. Thank you,

**Amy**

**Hi Lisa,**

Wow! Congratulations on an incredible resource for those of us who have had deal with dementia. My only wish is that I had this kind of information available to me when dealing with my husband. I know I would have been a much better caregiver.

I would love to see this magazine available in all medical offices.

Thank you Lisa,

**Carol Fisher**

**Hi Lisa,**

I just had lunch with your magazine today—it is amazing! Your magazine speaks so much to what we are going through and it is just what I needed as I am dealing with dementia with my husband’s parents and my own. It felt like someone gently grabbed my hand and said, “I can help you negotiate all this.” Having current up-to-date information and timely articles in your magazine is invaluable for negotiating the journey of dementia.

Thank you for creating such an important resource for our city. So well done.

**Trisha Mackay**

**Hi Lisa,**

What a wonderful publication. I found the first issue on the foyer of our condo building; couldn’t wait till the next issue.

I hope you can address the issue of post-surgery delirium in the future. My husband, who is 77, just had shoulder-replacement surgery on Feb. 21 of this year. On the first night of his surgery he developed what the hospital called post-surgery delirium. They gave no information on what to do after we got home, and that it could last for weeks or months.

He is still suffering with it. His doctor has prescribed medications to help, but it has been a frightening experience. We had never heard of it until we experienced it. His doctor didn’t seem that knowledgeable about it, either. Anything I found out about it was from the Internet.

Congratulations on your publication. I’m looking forward to the next issue.

**Kathy Callan**

**Hi Lisa,**

Wonderful job on the Spring 2018 issue of *Dementia Connections*. I was especially excited to see Dr. Pia Kontos featured within—I am such a fan of her work. It was also really great to see the interviews with Drs. Lorraine Venturato and Zahinoor Ismael from the University of Calgary. I think *Dementia Connections* is a great model, sharing experiences and perspectives that range from individuals to practitioners to researchers.

**Ann M. Toohey, PhD**

Scientific Coordinator,  
Brenda Stafford Centre on Aging

Share your story with us at

[feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).

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Galvin Family Fund at the Calgary Foundation

# HERE TO HELP

First Link Referral Program reaches out to those who are newly diagnosed

BY Lauren Denhartog

**A** dementia diagnosis is a lot to process, and having to figure out how to get support can add to the stress. The First Link Referral Program is here to help.

Offered province-wide thanks to a partnership between the Alzheimer Society of Calgary, Alzheimer Society of Alberta & Northwest Territories and Alberta Health, the program aims to link individuals and their caregivers with appropriate care and support as soon as possible after a diagnosis is made.

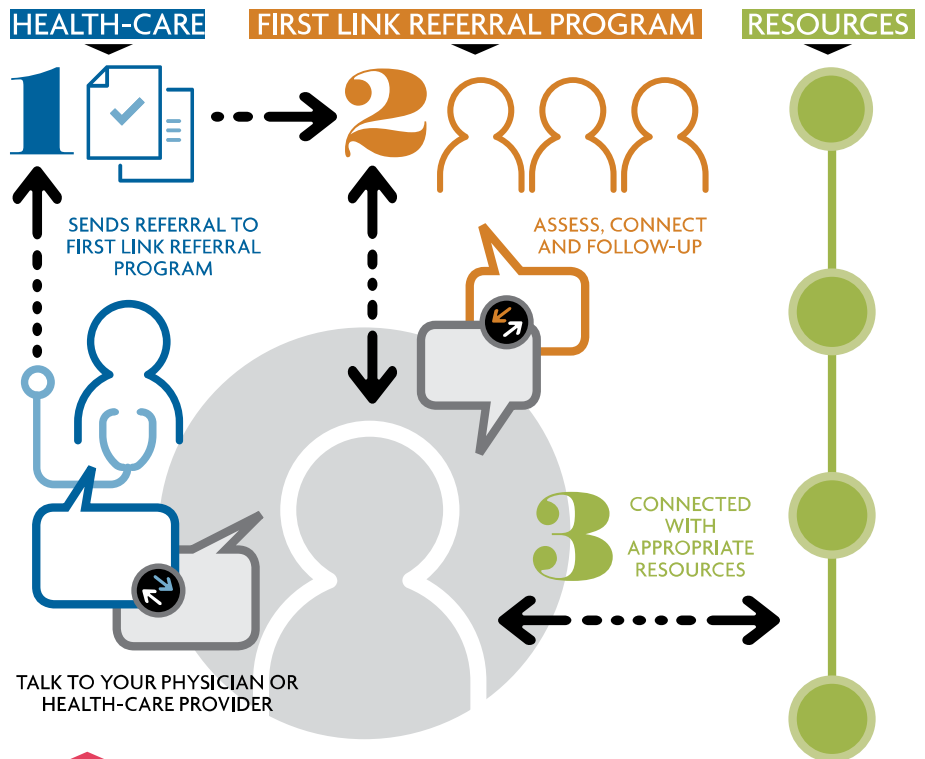
The program is unique in having trained staff make contact with those in need of support, rather than waiting for individuals to reach out themselves.

“While a lot of places will hand people a brochure for their local Alzheimer Society, people don’t always pick up the phone to call. First Link takes that step out,” explains Paul Bartel, manager of learning and support services at the Alzheimer Society of Calgary. He says when people are diagnosed with dementia, they aren’t always told what it is and how it will affect their lives.

Bartel says many of the referrals the program receives are for newly diagnosed individuals in need of some basic information. An initial conversation, he explains, might address what dementia is and touch on some of the things the person or family may want to start thinking about and planning for.

In other cases, people need emotional support. The Alzheimer Society of Calgary says individuals can often feel grief-stricken and overwhelmed, and connecting them to resources early on can help them live well with dementia.

“It’s a game-changing diagnosis for anyone,” Bartel says.



**Here’s how it works:**

Physicians, health-care professionals or community service providers send a referral to the First Link Referral Program. Referrals can be for individuals with dementia, their family members or caregivers. The Alzheimer Society then gets in touch to assess the situation, and the individual is then connected with appropriate resources and follow-up. In Calgary, a team of three social workers responds to referrals.

Bartel says many individuals contacted want information about driving and safety, so the conversation might address strategies to keep individuals safe.

For some with an early diagnosis who are

doing well, Bartel says, the program may suggest following up in six months. He emphasizes that one of the aims of the program is to build an ongoing relationship with individuals, so follow-up is relatively open-ended.

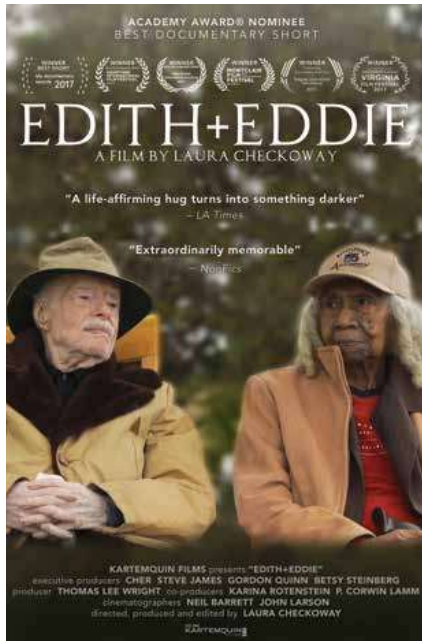
First Link also connects individuals to other community agencies in Calgary, including AHS Home Care, The Way In and the Memory P.L.U.S. (Practice, Laughter, Useful Strategies) program, which supports individuals with mild dementia and their caregivers.

The First Link Referral Program is growing fast. In the last three months of 2017, it received 61 referrals; that number jumped to 65 in just the first two months of 2018.

Meanwhile, Bartel says, individuals are always welcome to call directly. It’s free and no physician’s appointment or referral is necessary.

In Calgary, the number is 403-290-0110 or toll free 1-877-569-HELP (4357).





## THIRD ACTION FILM FESTIVAL

Celebrating the beauty of age and experience on the silver screen

BY Elizabeth Chorney-Booth

**I**t's no secret that older adults are often short-changed on the silver screen. With a few exceptions, movies usually portray seniors as one-dimensional characters and don't explore the emotional highs and lows that come with aging.

But with the senior population growing, that's beginning to change as more and more filmmakers are exploring the interior lives of older adults.

Thanks to a new film festival, Calgarians will get a chance to see some of that work.

The THIRD ACTION Film Festival focuses on


the concept of age-positive living—that is, celebrating the beauty of age and experience while also recognizing some of the challenges. Executive director Mitzi Murray says she decided to put together the festival after seeing her own parents go through the aging process and being unable to find entertaining material that dealt with both the practical and emotional impacts of aging.

Murray and her team of film reviewers combed through more than 160 submitted films to find material for the nine screenings that will make up the festival.

The idea was to feature movies that will

appeal to viewers who are currently in their so-called “third act” of life, as well as their adult children, who may be seeking some insight on their parents’ experiences with aging.

“The best way to educate is to entertain, and I love film,” Murray says. “I thought the festival would be a great way to showcase the positive aspects of aging. The third act of life can be full of vibrancy and joy, but that’s not how it’s generally portrayed. We want to show people the possibilities.”

The inaugural THIRD ACTION Film Festival takes place in Calgary June 8 through 10 at a fully wheelchair-accessible theatre in the Glenbow Museum. Film buffs who miss this year’s festival can look forward to next year’s run, which Murray plans to expand beyond Calgary. 

For more information, go to [thirdactionfilmfest.ca](http://thirdactionfilmfest.ca).



**DID YOU KNOW?** As of July 1, Alberta will have a Silver Alert system in place. Similar to the Canada-wide Amber Alert procedure that broadcasts information to the media and public when a child goes missing, the Missing Persons (Silver Alert) Amendment Act will allow authorities to trigger alerts involving missing seniors and other vulnerable adults. The Act was proposed last year by Drayton Valley-Devon MLA Mark Smith as a private member’s bill, Bill 210. Like the Amber Alert, there’s no need to sign up or opt in; police services will collect information and make decisions on when to activate a Silver Alert. Silver Alerts apply to all adults who are considered vulnerable, including those with dementia or other cognitive impairments, mental health issues, or medical conditions that put their safety at risk should they go missing.



Bruce Horak performs his play *Assassinating Thomson* as his words are interpreted into American Sign Language—another way of making live theatre accessible to everyone.

## INCLUSIVE LIVE THEATRE

BY Sean P. Young

**L**aunched in fall 2017, Good Host is an audience accessibility and inclusion program by Calgary's Inside Out Theatre group.


"The key part of it is we work with the theatre companies to relax all the traditional, strict theatre-going rules," says Col Cseke,

artistic director at Inside Out, a disability theatre company. The lights are kept up during performances, audience members can move around and make a little noise if they want, and the lobby has a designated quiet area for people who need to take a break.

In its first season, the Good Host program worked

with more than a dozen theatre companies in Calgary to host more than 40 accessible events. These performances offer people with dementia, and many others who might not otherwise attend the theatre at all, a chance to experience a live performance in a relaxed setting.

"Sitting in the dark for two hours, being silent—we just

know that's not possible for everyone," Cseke says. "It's the same show, just relaxed a bit." 

For more information and a list of upcoming Good Host Program performances, go to [insideouttheatre.com/good-host](http://insideouttheatre.com/good-host).



**DID YOU KNOW?** *The vast majority of Alzheimer's disease is not hereditary. However, young onset Alzheimer's disease, in which symptoms appear before the age of 60-65—accounting for about one to five per cent of all Alzheimer's cases—is mostly hereditary.*





This year's winning team, the Prime Suspects, featuring Calgary Flames great Lanny MacDonald.

## GORDIE HOWE C.A.R.E.S. — TEAMING UP AGAINST DEMENTIA

BY Miles Durrie

**T**wo years after his passing at age 88, hockey legend Gordie Howe remains an inspiration for Canadians. His memory is honoured through Gordie Howe C.A.R.E.S. (Centre for Alzheimer's Research and Education Society), a non-profit organization seeking to ensure dignity, support and education for caregivers and others impacted by Alzheimer's disease and other dementias.


Gordie Howe C.A.R.E.S. ([gordiehowecares.com](http://gordiehowecares.com)) hosts fundraising events including the annual Pro-Am Hockey Tournament, pairing "weekend hockey warriors" with NHL alumni to raise funds for its initiatives.

The tournament launched in 2011 and takes place each April.

"Gordie was a role model for many of us who played in the NHL," says former Calgary Flames centre Perry Berezan, a member of the tournament's organizing committee. "His reputation as a caring and giving person off the ice lives to this day. He remains our inspiration." Howe lived with dementia in his final years, and his wife Colleen passed away from Pick's disease, a form of dementia, in 2009.

Says Gordie Howe C.A.R.E.S. board chair Allan Klassen: "Our namesake, Gordie Howe, said we all have a role to play to reduce the impact of dementia, that we all have to 'take a shift.'"

Last December, the Alzheimer Society of Calgary and Gordie Howe C.A.R.E.S. announced a multi-year, \$825,000 partnership to increase community knowledge and capacity to support local people affected by dementia.

Gordie Howe C.A.R.E.S. also funds enhanced activities and programming within the Club 36 Adult Day Program at Bethany Harvest Hills and AgeCare Seton, and is the presenting sponsor of "Dementia Re-imagined," a public event featuring international experts taking place at Mount Royal University on June 19. 

For more information and to register for Dementia Re-imagined: [dementianetworkcalgary.ca/get-togethers](http://dementianetworkcalgary.ca/get-togethers)

**DID YOU KNOW?** *You can ask your doctor for a prescription to get active. Surely most doctors would agree that being active is good general advice, but we're talking about a real, paper prescription that unlocks access to activities, facilities and resources. The Prescription to Get Active is a partnership between doctors, local governments and recreation providers. Those who receive a prescription can go to the website [prescriptiontogetactive.com](http://prescriptiontogetactive.com) to input their code for resources and an activity guide, and to find out which city and private recreational facilities are offering free passes. If your doctor doesn't know about the Prescription To Get Active program, he or she can go to the website to sign up as a member.*



# GIVE ME AN ‘A’...

Complex symptoms at play in dementia  
—simplified into seven terms

BY Jennifer Dorozio

*DEMENTIA CAN BE TRICKY TO DIAGNOSE because its symptoms often begin with minute changes in behaviour.*

*“Often there is a delay between first seeking medical attention and getting a firm diagnosis,” says Dr. Duncan Robertson, specialist in geriatric medicine and medical adviser to the Alberta Dementia Strategy and Action Plan.*

*This delay in diagnosis can be as long as five years—or even more. That’s because it’s easy to miss early indicators of dementia, and doubly so when loved ones and the person themselves tend to attribute symptoms of dementia to the normal aging process, Robertson says.*

*“It’s a process of elimination,” he says. “It’s a process of identifying potentially correctable causes of cognitive changes and identifying progression to a point where a diagnosis can be established clinically.”*

*In order to diagnose dementia there must be a significant presence of one or more of the following conditions in a person, with other correctable causes ruled out:*

## 1

### Abulia

“Abulia is the inability to initiate and sustain purposeful activity,” says Robertson.

Staying involved in a conversation, for instance, or participating in well-loved hobbies, may start to become difficult for a person as the result of abulia.

In earlier stages of dementia, abulia may be interpreted as depression, which may be treatable. However, in moderate to advanced dementia, abulia is even more pronounced and while it may not respond to antidepressant medication, the person with dementia may respond to physical activity, music and mental stimulation in a group setting or individually.

## 2

### Agnosia

Imagine the shape of a number four made up of much smaller number fives. A person with agnosia—in cases of moderate to severe dementia—likely wouldn’t be able to recognize the number four, only the small fives.

The brain no longer makes the same interpretive connections between what is sensed and what is understood, and this includes all major senses: taste, touch, smell, sound and sight.

“Agnosia is literally the inability to take in a stimulus from one of the senses and comprehend it in a way that they did at a previous point,” Robertson says.

# 3

## Altered Perceptions

Altered perceptions are the behavioural manifestations of agnosia. For example, a person might be unwilling to cross an uneven spot or change of pattern in the carpet, seeing a barrier where there is none.

# 4

## Amnesia

Often called the “hallmark of dementia,” amnesia can be defined as both short- and long-term memory loss.

Some memory decline in any person over time is natural, Robertson says. Differentiating amnesia associated with dementia requires observation of a change in everyday function of the person.

“Amnesia in dementia is well

beyond that seen in age-associated memory changes, well beyond mild cognitive impairment, and it has reached the point where it interferes with everyday functional abilities,” he says.

Change in function, such as a failure to complete tasks that are usually second nature, and also being unaware that he or she has not completed those tasks, indicates the possibility that an individual may be developing dementia.

# 5

## Anosognosia

When a person is no longer aware that something is wrong with him or her, the medical term for this is anosognosia.

“Essentially, anosognosia is a denial of an illness or a disability, but it’s not a denial in a cognitive sense, it’s that one doesn’t

acknowledge that there’s an issue,” Robertson says.

For example, someone may have difficulty managing household affairs like paying bills on time, but when asked about it he or she fails to recognize the bills have been neglected.

Recognition of this symptom—and many others—usually depends on the presence of a family member or caregiver who can report observations.

# 6

## Aphasia

Repetition of simple words, a lack of understanding of more complex conversation and a general decline in the “colourfulness of language” can indicate aphasia.

Aphasia, though commonly associated with stroke, also appears as dementia progresses; it is the overall loss of language

skills and the ability to express oneself.

“Within dementia it affects both receptive language and interpretation of what one hears, as well as vocabulary—people with aphasia tend to use non-specific words,” Robertson says.



## Apraxia

Coordinated activities like tying shoelaces, preparing food and driving start to become difficult with the apraxia of dementia.

Things like getting dressed, which is done in stages, are a challenge because the brain no longer recognizes the “automatic sequence of stages” required to do so.

“It results from the loss of the synaptic connections that interfere with coordinated, integrated brain function,” Robertson says.

## AGE: THE OTHER ‘A’

A new field of research is trying to understand the link between aging and dementia

### IT’S EASY TO BLAME DEMENTIA ON AGING.

And, statistically speaking, age is the biggest risk factor for dementia; one in 11 Canadians over 65 has dementia, and the older people get the more likely they are to develop dementia.

But raw numbers don’t answer all the questions—such as, why doesn’t every person who ages develop dementia?

Enter the study of epigenetics, where researchers like Dr. Benedict C. Albeni—a neuroscientist and Dementia Research Chair at the University of Manitoba—are discovering that the likelihood of dementia may have

less to do with your inherited DNA than it does with how you lived your life.

This research examines why some of an organism’s genes get switched “on” or “off” as they age, important because certain genes appear to be related to dementia.

“It is an emerging field and I think it has tremendous potential,” Albeni says. “For many years we thought we inherited a set of genetics, we got our parents’ DNA and that’s what we have to live with—and that’s only partly true.”

Epigenetics research presents the idea that lifestyle factors—for example, your level of

fitness, exposure to toxins and whether or not you smoke—affect your genes in meaningful ways.

“There’s such a huge environmental component in aging and in dementia,” Albeni says. “What genes get turned off or on are largely influenced by the way we live.”

Meaning that while aging may not be preventable, certain types of dementia may be blocked by taking measures like restricting calories and introducing exercise.

“This epigenetics thing is a whole new wrinkle; it’s a whole new angle on environmental influences,” Albeni says.





## A GLOBAL HEALTH CRISIS

WHO adopts an action plan to address dementia worldwide

BY Karen Rudolph Durrie

**T**he number of people diagnosed with Alzheimer's disease worldwide is expected to almost double every 20 years for the foreseeable future. Exponentially more individuals, families, communities and governments will be affected by Alzheimer's and other forms of dementia, putting pressure on many aspects of society.

It's a global public health crisis. So the World Health Organization has adopted an action plan that includes policies and resources for the care of people with dementia; promotion of dementia research, treatments and cures; raising public aware-

ness; creating dementia-friendly communities and making dementia a priority for national and global governments.

In many parts of the world, awareness and understanding of dementia are minimal. People living with it are often stigmatized. There are barriers to diagnosis and care, and caregivers, families and societies are impacted physically, psychologically and economically.


The annual cost of dementia worldwide is more than \$1 trillion, encompassing medical expenses, social care and informal costs such as loss of income for family caregivers. The projected annual cost by 2030 is expected to top \$2.5 trillion.

"Dementia is an inherently complex and multifaceted issue that affects us at a global and a local level," says Barb Ferguson, executive director of the Alzheimer Society of Calgary, adding she's pleased to see the WHO's priorities align with those of Dementia Network Calgary.

Created in 2013, the network is a community collaborative committed to helping local families live well with dementia, for which the Alzheimer Society of Calgary provides operational support.

"The WHO's global action plan gives us confidence that we are headed in the right direction," Ferguson says. "Our aim is to provide additional insight and support further action planning for our own region."

Mike Conroy, president and CEO of the Brenda Strafford Foundation, echoes Ferguson's thoughts, noting that recognition of dementia as a health priority is also reflected in the Alberta government's dementia strategy. The foundation is leading a Dementia Friendly Communities pilot project on behalf of the province.

"We are experiencing first-hand a groundswell of support from communities ready to take action to ensure citizens impacted by dementia are supported to maintain a high quality of life in the communities they live," Conroy says. "Together, we must find innovative and community-focused solutions to ensure that we meet the needs of individuals living with dementia and their caregivers. Everyone has a role." 

For more on the World Health Organization, go to [who.int](http://who.int). For more on Dementia Network Calgary, go to [dementianetworkcalgary.ca](http://dementianetworkcalgary.ca).



### *GLOBAL DEMENTIA EXPERT TO SPEAK IN BANFF*

*Dr. Tarun Dua, a medical officer in the Program for Neurological Diseases and Neuroscience at the World Health Organization, will be one of the featured speakers June 20-22 when Campus Alberta Neuroscience's 2018 international Conference on Promoting Healthy Brain Aging and Preventing Dementia: Research and Translation takes place at the Banff Centre. Dr. Dua leads the WHO's work on dementia, including the first WHO Ministerial Conference on Global Action Against Dementia in 2015 and the report Dementia: Public Health Priority in 2012. For more information on the conference, go to [can-healthybrains.com](http://can-healthybrains.com).*



Left: Glenbow educator Ty Lerner points out some familiar landscapes to evoke memories during a dementia-friendly guided gallery tour.


Below: Glenbow tour participant Anne Stenhouse, centre, with Aspen Care Calgary executive director Shelley McLellan and canine friend Newman.



sound, sight, smell and emotion, participants look at works of art and discover what it would be like to encounter the subject matter first-hand," Lerner says. "The art will have elements of the familiar, such as landscapes and outdoor scenes from the Historical gallery, and will hopefully elicit responses from memories of similar experiences."

After the gallery tour, participants visit the studio where they create visual and tactile sensory collages to reflect on their experiences. The initial tour in April was a success. "Participants responded with great enthusiasm, and there were a lot of smiles," Lerner says.

"I believe tours like this help to integrate our loved ones back into society where they belong," McLellan adds.

Upcoming tours will run at 2 p.m. on June 8, June 29, Aug. 10 and Sept. 15. Pre-registration is required as tours are limited to 10 participants and their caregivers. The cost is \$20 per participant; caregivers get in free. Register by calling 403-990-3837. 

# INSPIRING ART

Glenbow tours evoke memory and creativity

BY Colleen Seto

**M**aking art and culture accessible to everyone helps build an enriched and inclusive community. That's the thinking behind the Glenbow Museum's special access programs—including a new one for people with dementia.

The program got its start thanks to Shelley McLellan, executive director and owner of Aspen Care Calgary, a home care provider and long-term care home that specializes in dementia and palli-

ative care. McLellan felt museum visits would enhance her clients' quality of life, and she approached the Glenbow about a dementia-friendly tour.

"When we go to the museum, our clients are stimulated in ways we as caregivers can't give," McLellan says.

At the Glenbow, museum educator Ty Lerner was inspired by the idea, and helped develop the program using sensory learning techniques to guide participants in an exploration of gallery spaces.

"Using the concepts of touch, taste,





## A TANGLED MYSTERY

Scientists are trying to make sense of the processes that lead to Alzheimer's disease

BY Karen Rudolph Durrie

**T**he microscopic changes in the brain that are thought to lead to Alzheimer's disease can be tough to understand. The prime suspects are clumps, or amyloid plaques, of a protein called beta amyloid found in the spaces between brain cells, and tangles of another protein called tau found within damaged brain cells.

Physicians began describing these plaques and

tangles, often referred to as neurofibrillary tangles, more than a century ago after Alois Alzheimer used microscopes to examine the brains of people who had died from what we now call Alzheimer's disease. The presence of large numbers of these plaques and tangles on microscopic examination of the brain after death in someone with dementia indicates the cause was Alzheimer's disease.

These changes first appear at the bottom of the brain, in

areas important for memory and learning, before spreading into other parts of the brain, says Dr. David B. Hogan, a specialist in geriatric medicine at the University of Calgary.

"If you examine the brain of someone with Alzheimer's disease under a microscope, you will see an abnormal number of amyloid plaques—that look like dirty smudges—between brain cells. Within them are neurofibrillary tangles that really

look like twisted strands of hair, which are made up of an abnormal form of the tau protein," he says.

The plaques and tangles develop over years. They are thought to disrupt the normal function of brain cells, leading to their death, and stir up inflammation.

The damage, and the eventual death of brain cells in particular parts of the brain, are believed to lead to the thinking changes, self-care deficits and other behavioural symptoms of Alzheimer's disease.

Early on, those affected are likely to be able to cope with some damage to their brains, but once it reaches a certain threshold, the brain's ability to rewire itself and deal with these changes is overwhelmed.

Though there's plenty of scientific evidence supporting the belief that amyloid plaques and neurofibrillary tangles cause Alzheimer's, this hasn't yet been proven conclusively. More research is required on the cause of Alzheimer's disease and other dementias so they can be more effectively treated and prevented.

"At this time, we don't fully understand what's going on in the brain of someone with Alzheimer's disease," Hogan says.

Much money has been spent on developing drugs to prevent the accumulation of these proteins or to stimulate their removal from the brain. But unfortunately, none of these treatments has been shown to be effective,



making researchers continue to wonder if they truly understand this condition.

Hogan says one theory about why the drugs developed to deal with these abnormal proteins haven't worked is they may have been started too late. Possibly, treating people earlier, when the brain changes are less extensive and the person has minimal or no symptoms, would yield different results, but that has so far not been proven.

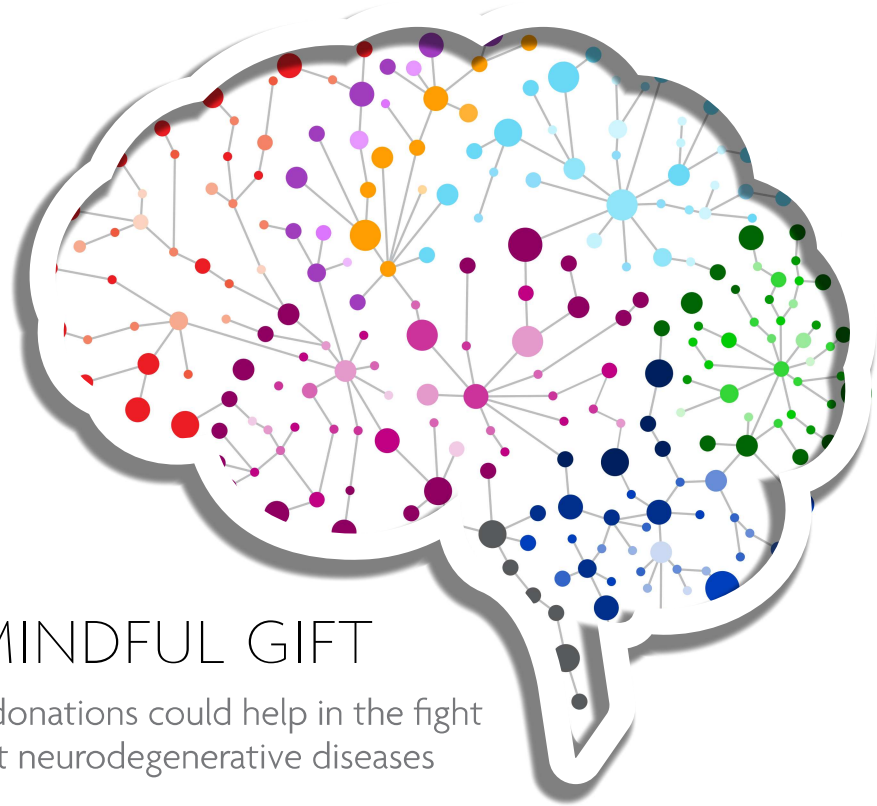
Many people live long lives with no significant cognitive problems, yet on autopsy their brains will show tangles and plaques, though usually not as widely distributed as what you'd see in someone suffering from Alzheimer's disease.

"Certain types of brain scans and other investigations like a spinal tap might be able to detect early evidence that more-than-normal amounts of these proteins are in a person's brain," Hogan says.

"These investigations might be useful in research studies, as they could be used to choose people who are at a higher risk of Alzheimer's disease for studies of drugs and lifestyle changes to prevent this condition," he says.

But, he warns, these tests at the moment are of uncertain value, and not recommended for everyday use.

"We don't fully understand what the results mean for the person, or what we should—let alone can—do about them." ■



## A MINDFUL GIFT

Brain donations could help in the fight against neurodegenerative diseases

BY Jennifer Dorazio

**A**fter you die, your brain could go on to help future generations live longer and healthier lives.

By studying donated human brains, researchers at the University of Calgary Brain Bank, part of the Hotchkiss Brain Institute, are making strides in understanding neurodegenerative diseases including Alzheimer's, multiple sclerosis and ALS, or Lou Gehrig's disease.

A brain autopsy, dissection and microscopy procedure allows pathologists to see the changes wrought by dementia and how much a brain has deteriorated due to disease. Where there was uncertainty of diagnosis in life, examining the brain can give clarity and correlate what parts of the brain are damaged with the person's clinical symptoms.

"Anybody who wants to do research on neurodegenerative disease needs to eventually bring it back to [studying] humans," says Dr. Jeffrey T. Joseph, neuropathologist at the brain bank, who has dissected or sampled all of the nearly 90 brains stored at the facility.

Brains processed by Joseph are separated into two halves; samples are removed from one half

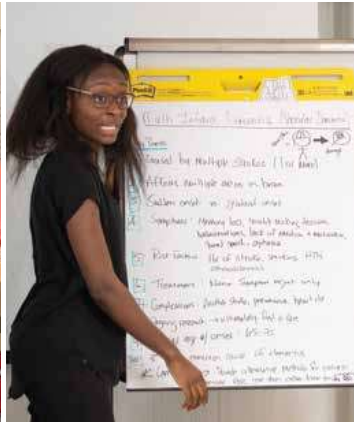
and are frozen and stored, while the other half is kept in a fluid that preserves the tissue and makes it firmer.

The brain bank needs all types of brains—those that have aged normally are used for comparison with neurodegenerative brains—but in Alberta it can be tricky to donate. Next-of-kin must sign off on brain donation since it involves an autopsy.

"You [alone] can't register to donate your brain," says Joseph. "It's important for people to be willing to donate tissue from their loved ones who have died or are near death."

Have the conversation about brain donation early, Joseph says, as it will ultimately be your family members' decision. It must be done as soon as possible after death—within two days for normal brains and four days for neurodegenerative cases—and requires family members to request and consent in writing to a brain autopsy and donation. ■

Contact the Cognitive Neuroscience Clinic at 403-944-4406 or the University of Calgary Brain Bank, [ucbb@ucalgary.ca](mailto:ucbb@ucalgary.ca) for more resources on brain donation. More information is also available at [alzheimer.ca](http://alzheimer.ca).



# SUPPORTIVE PATHWAYS

A vision for dementia care in Alberta

BY Lauren Denhartog PHOTOGRAPHY BY Don Molyneux

**C**reating supportive, homelike care environments where residents are acknowledged as unique individuals is the goal of the Supportive Pathways program.

A nationally accredited training program for dementia care, Supportive Pathways was developed in Calgary by Carewest in the late 1990s when the organization sought to challenge traditional notions of long-term care. An increase in the number of people with dementia living in Carewest facilities was a catalyst for the initiative.

Jeanine Kimura, director of operations,

quality and performance at Carewest, says Supportive Pathways is more than just a training program; it's the organization's vision for dementia care.

"The intent is to recognize residents as individuals who bring separate histories and interests to our settings," Kimura says. "We wanted that to be supported by routines that made sense to the individual, regardless of their level of cognitive ability, in environments that felt less institutional and more like home, with care provided by people who treat each of those individuals with respect, reinforcing their self-esteem and happiness."

*The program's goals are threefold:*

- 1** Developing staff with special skills and knowledge.
- 2** Providing individualized, whole-person care in a supportive environment.
- 3** Encouraging family involvement in care.

Although the training component began as an internal Carewest training program, Supportive Pathways is the AHS standard for dementia training and has been recognized by Accreditation Canada as a Leading Practice.

Carewest offers two-day training workshops four times a year for staff from other organizations in a "train-the-trainer"



Left: Participants immerse themselves in learning dementia care practices during Carewest's Supportive Pathways 'Train The Trainer' program.

approach—and now a module for physicians has been developed as well.

The program emphasizes specially designed environments, such as walking routes instead of dead-end hallways and private rooms that individuals can personalize and call home. Family members are encouraged to be involved as much as they like in the care of loved ones.

Kimura says the program also underlines key traits such as empathy, being non-judgmental, common sense, creativity, commitment and a sense of humour.

"To create the optimal environment for someone living with dementia, and to treat people as individuals, it takes a special combination of these factors—and when you think about it, they are skills that all of us should have," Kimura says. "They're just really important when you are caring for people who may be interpreting their world a bit differently from the way we do."

Over the years, the program has evolved to incorporate new research and ideas, such as reinforcing current efforts to reduce the use of antipsychotic medications. It has also broadened its focus, recognizing that people with dementia will be present in all areas of the health care system.

Kimura notes that the newly released Alberta Dementia Strategy and Action Plan reinforces some of the key principles of the Supportive Pathways program, including the emphasis on specially trained staff working with individuals affected by dementia and their families.

She says the Supportive Pathways program will continue to evolve as society moves toward environments that are accessible to all people, regardless of cognitive or physical limitations. 

For more information, go to [carewest.ca](http://carewest.ca).



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Dr. Janet Dawson on how to talk  
to your doctor about dementia

BY Elizabeth Chorney-Booth PHOTOGRAPHY BY Jager & Kokemor Photography

**DR. JANET DAWSON** is a member of the Dementia Network Calgary and a clinical assistant professor of medicine at the University of Calgary. A family physician with a focus on seniors' health, Dr. Dawson

is also interested in ethics, chronic disease and integration of medical problems. Here, she gives some examples of a conversation with your doctor about a potential dementia diagnosis.

That first conversation about possible dementia between doctor and patient can be difficult. Many people and families fear a dementia diagnosis and would rather ignore the problem; others may not know how to describe symptoms like memory loss or confusion. Talking to your doctor can help build understanding of what to expect.

**Q |** Is it possible that the symptoms are caused by a treatable condition?

**A |** There are several diagnoses that can cause cognitive impairment and, unlike dementia, might be treatable. Sometimes a medical condition such as depression or delirium can affect cognition. Patients should be assessed by a health practitioner who takes a medical history, does a physical examination and organizes tests before settling on a dementia diagnosis.

**Q |** What tests are available?

**A |** Lab tests are ordered to rule out conditions such as a low-functioning thyroid. Further investigation based on symptoms and signs, called the clinical presentation, may lead to diagnostic imaging—a CT scan or MRI—to look for structural abnormalities such as a stroke, tumour or normal pressure hydrocephalus (NPH). In a small number of patients, a PET scan or a SPECT scan might be ordered to look at patterns of abnormal neurological function which can assist with diagnosis. In some cases, neuropsychological testing is done.

**Q |** What kinds of changes should I expect to experience? How quickly will the dementia progress?

**A |** There are some common patterns, but in general doctors can't predict exactly which brain functions will decline when. This can be frustrating for patients and families. We talk to patients and families about how dementia gets worse over time, but we don't know how quickly that will happen, and we don't know which cognitive abilities will be impacted most.

**Q |** Is there anything that can be done to slow the progression of symptoms?

**A |** Most people understand that there is so far no cure for dementia, but it's important to have a discussion about what you can do to help. It is important to treat risk factors that might increase the risk of stroke, such as high blood pressure and diabetes. Exercise, social interaction and mental stimulation are helpful to mitigate symptoms. Avoid harmful substances to the brain such as alcohol. For some of the dementias, such as Alzheimer's disease, medications called cholinesterase inhibitors are sometimes offered to help treat symptoms or stabilize the decline, which can improve quality of life for a year or so.

**Q |** What kind of support is available and how do I access it?

**A |** Your first contact should be with your family doctor. If indicated by the clinical presentation, your doctor can refer you to specialized services such as geriatric assessment services, neurologists or geriatric psychiatrists. Specialists usually do not provide continuing care. Helpful resources such as Home Care, support groups, day programs and educational services are available. The Alzheimer's Society has a program called First Link for patients with a new diagnosis. Dementia advice is available through Health Link; dial 811.

Sometimes it's uncomfortable to talk about cognitive concerns, but a trusting relationship with doctors and health care providers can lead to understanding. It is helpful to have a family member or significant other accompany you to discuss issues. "As a primary care physician, when people raise concerns you try to see what their worries and fears are," Dr. Dawson says. "In practice, most of the time their family and friends are also aware of cognitive changes. One has to balance the autonomy of the individual, if they are not ready to share information, with safety concerns." ■

## DIFFERENTIATING THE DOCTORS

### GERONTOLOGIST

A specialist in the psychological, social and biological aspects of aging. Gerontologists may be caregivers, policy-makers or researchers.

### GERIATRICIAN

A medical doctor specializing in the health problems of the elderly.

### NEUROLOGIST

A medical doctor who specializes in the central nervous system, specifically the brain and the spinal cord.

### NEUROPSYCHOLOGIST

Deals with how the brain influences cognition and behaviour.

### GP, or GENERAL PRACTITIONER

Your family physician, who can refer you to any of the above specialists and services. Some GPs have extra training in care of the elderly.

Share your questions with us at [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).



## 10 THINGS ABOUT CAPACITY AND CONSENT

*Most of us want to maintain our right to consent and the capacity to make decisions as long as possible. Dr. Jasneet Parmar, an associate professor in the Department of Family Medicine at the University of Alberta, tells us what we need to know.*

**1** Decision-making capacity, as defined by the Government of Alberta, is “the ability to understand the information that is relevant to the decision and to appreciate the reasonably foreseeable consequences” of making, or failing to make, the decision.

**2** Adults are all assumed to have the capacity to make their own decisions until the contrary is declared.

**3** If there is a genuine concern about your ability to make safe decisions, an assessment will be performed by a physician or psychologist (or a designated capacity assessor in special circumstances).

**4** Being diagnosed with symptoms of dementia does not automatically strip you of your capacity to make decisions. “There are people in our community with dementia making decisions with the support of their families,” Dr. Parmar says.

**5** Removing capacity changes your legal status, which is why decision-making capacity should be assessed if situations progress to the point where it’s absolutely necessary.

**6** Making unwise decisions isn’t enough to remove capacity—a lack of understanding of the context and consequences of decisions must also be evident. “We assess capacity when a person is making a decision that’s putting them in harm’s way and they appear to have impaired decision-making capacity, but not when the person is clearly taking risks by choice,” Dr. Parmar says.

**7** There are eight areas of authority when it comes to decision-making capacity: accommodation, health care, finances, choice of associates, social and leisure activities, personal legal matters, employment and education. Losing capacity in one area does not mean you’ll immediately lose it in others.

**8** If decision-making capacity is removed, decision-making power is passed over to the agent named in your personal directive (a legal document covering personal matters) or enduring power of attorney (covering financial matters).

**9** It’s important to have those documents in order—once you lose your legal decision-making capacity you can no longer sign them and friends or family will have to seek out legal trusteeship or guardianship, which can be a lengthy process.

**10** Let the agent named in your personal directive know what you envision for your future care so your wishes can be carried out accordingly.

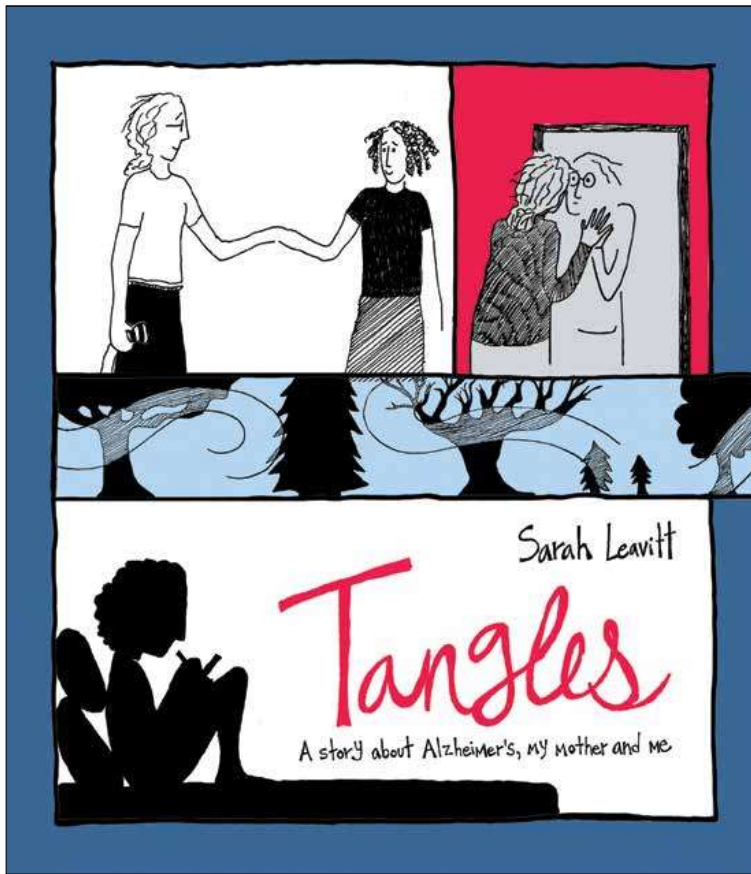


BY Elizabeth Chorney-Booth

Photo: Thinkstock



## FOUR BOOKS FOR YOUR SUMMER READING LIST



### TANGLES: A Story About Alzheimer's, My Mother and Me

by Sarah Leavitt

*Caring for a loved one with dementia can be difficult. Canadian cartoonist Sarah Leavitt works out her feelings about her mother's declining memory and eventual death in this intensely personal graphic memoir. Leavitt's black-and-white sketches document life with her mother, capturing playful, joyous highs as well as heartbreaking lows. The result: a tender and funny document to which many caregivers will relate.*

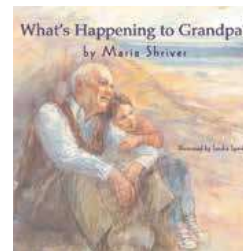


### WHAT THE HELL HAPPENED TO MY BRAIN?:

*Living Beyond Dementia*

by Kate Swaffer

A dementia diagnosis can be difficult to accept at any age, but young-onset dementia offers unique challenges. Kate Swaffer was only 49—with teenage sons—when she was diagnosed. Swaffer details her journey with dementia in this powerful memoir. She discovers the empowerment of advocating for herself and others with dementia, and talks first-hand about life with a cognitive condition.

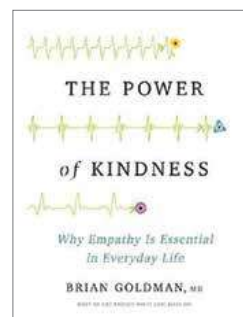


### WHAT'S HAPPENING TO GRANDPA?

by Maria Shriver,

illustrated by Sandra Speidel

Seeing symptoms of dementia in loved ones can be particularly confusing for young children. Maria Shriver provides a starting point for talking to kids about dementia in this heartfelt picture book about a young girl and her grandfather, who is dealing with Alzheimer's. Shriver's protagonist learns that while Grandpa's memory may be fading, their relationship and his love for her will endure.



### THE POWER OF KINDNESS: Why Empathy Is Essential in Everyday Life

by Dr. Brian Goldman

Many readers will know Dr. Brian Goldman from CBC Radio's *White Coat, Black Art*, on which he talks about his experiences as an MD. In this book, Goldman examines the concept of kindness as it relates to health care and regular life. Goldman tells tales of empathetic people that he's met through his travels, including a kind nursing-home therapist in Pennsylvania who brings relief to patients in the late stages of dementia. **📖**

BY Elizabeth Chorney-Booth

# A SPECIAL PLACE IN MY *Heart*

Caregiver Vinnette Morgan treats her clients like family

BY Colleen Seto PHOTOGRAPHY BY Jared Sych

**O**ver the past 10 years, private caregiver Vinnette Morgan has cared for clients and their loved ones as though they were members of her own family. And that was particularly the case with Naomi Lacey.

Morgan first cared for Lacey in her own home, then later at Maison Senior Living, a Calgary assisted-living facility that also provides memory services. Lacey had dementia, and she spent her days at Maison with Morgan.

Morgan connected deeply with Lacey. “I call Naomi my princess. She was such a beautiful person, not just outwardly, but within. She has a special place in my heart. She’s family.”

Morgan took the time to really get to know Lacey and what made her happy. So, when Lacey was no longer able to express her needs, “I still knew what to do,” she says.

Not only did Morgan perform essentials like choosing Lacey’s meals and administering medication, but she also put together special outfits and did her hair and makeup the way Lacey liked it.

“I would take her to the mall because she loved to go shopping. I’d take her for walks, go for an ice cream, just those little things we all enjoy.”

Morgan recognized the importance of her role to Lacey’s family, too.

“It is very hard for the family, so you have to be there for them and give them good encouragement. John [Naomi’s husband] would come on a daily basis and sometimes Naomi didn’t realize he was there. That was hard.”


For John, who was married to Naomi for 61 years, the family feeling is mutual. “A good caregiver becomes part of the family. Vinnette put a lot into taking care of Naomi. I always made it a point to recognize that.”

John knew he needed help with Naomi as her dementia progressed, especially as he was fighting a fourth

about with cancer himself. He found three wonderful caregivers to provide around-the-clock care, with Morgan as the primary day caregiver.

“The thing that a good caregiver gives is assurance,” he says. “You’re not worried if she’s being looked after; you know she is. When you find the right caregiver, you get an enormous sense of relief. You can share the burden.”

Being a caregiver is not a job for everyone, Morgan says. “You have to have a lot of patience and empathy. It’s a very trying job, especially when dealing with dementia. But it’s not the person; it’s the condition.”

Though Naomi passed away in January of 2017, John and Morgan remain close. Like family, “she still finds me once a week to see how I’m doing,” John says. “I’m very lucky.” 

“A good caregiver becomes part of the family. Vinnette put a lot into taking care of Naomi.” —John Lacey





Dr. John Lacey and Vinnette Morgan, who cared for Lacey's wife, Naomi, when she went through dementia. They're pictured here during a visit at Lacey's home.





# TRANSFORMING *Outcomes*

Dr. Annette Liebing sees a global attitude shift on the prevention front, while Sienna Caspar's vision of person-centred care is becoming a reality.

BY Sean P. Young PHOTOGRAPHY BY ◀ Jared Sych and Jaime Vedres ▶

## THE NEW DEMENTIA

**D**ecades of dedicated research have given medical anthropologist Dr. Annette Leibing a panoramic global view of current attitudes and treatments for dementia. And those attitudes are shifting from a focus on reacting to symptoms to one of prevention.

“There’s been a rather astonishing turn since 2007 that suggests prevention may actually be possible,” Leibing says.

On a recent stop in Calgary, Leibing gave a presentation titled *Situated Prevention—Studying the New Dementia* to medical staff, researchers and students. She told her audience that dementia treatment has shifted globally, from using reactive measures to early detection and prevention.

“As a researcher, one should know about what I call ‘the new dementia’—the turn toward early detection and prevention.”

Leibing’s career has been spent studying how different cultures interpret and use the same medical research on Alzheimer’s. Born and raised in Hamburg, Germany, her

first academic position was in the Institute of Psychiatry at Federal University of Rio de Janeiro, Brazil. An interest in the psychiatry of aging brought her to the position in 1995.

Leibing says she quickly realized how different social and political factors were influencing individual dementia treatment outcomes in Brazil.

“We heard terrible stories,” she says. “Stories of families who had to work and could not take care of the older person. At the time, Alzheimer’s disease was still relatively unknown to the general public.”

Leibing founded Brazil’s first public specialized dementia research centre. There, “families could not only get treatment, but they could also leave their elderly during the day so they could go to work,” she says.

Later, after a postdoctoral fellowship at McGill University in Montreal, she became a professor of medical anthropology at the Université de Montréal.

In addition to publishing dozens of papers and several books on the anthropological aspects of treating dementia, she continues to travel the globe, conducting field work



Strategies used in Western European nations include not smoking, avoiding alcohol, maintaining a healthy diet, reducing stress, getting ample exercise and sleep, and interacting socially through activities such as volunteering. In the Netherlands and France, the incidence of dementia has actually decreased among certain privileged groups.

and participating in large studies on the subject with international research groups looking at the social aspects of medications, gerontology and public health.

The shift toward proactive treatment changes in meaning and effectiveness from country to country because of the different social and political systems at play, Leibing says. In the United States, for example, treatment has long focused on drug-related intervention, including the recent move toward measuring biomarkers—specific molecules’ concentration in brain or biological fluids—to detect and predict future impairment.

But Leibing says biomarkers are still unreliable, despite years of research.

On the other end of the spectrum, Western European nations have largely adopted an intensive, lifestyle-based approach to dementia prevention, she says. The strategies used include not smoking, avoiding alcohol, maintaining a healthy diet, reducing stress, getting ample exercise and sleep, and interacting socially through activities such as volunteering.

And in developed European jurisdictions including the Netherlands and France, the incidence of dementia has actually decreased among certain privileged groups.

Cultural differences play a role, too, she says. In Brazil, for example, she’s observed a tendency even among doctors to blame people for engaging in unhealthy behaviours that may be related to dementia. This can make access to prevention and treatment difficult. “Some of prevention is individual choice,” Leibing says. “However, a lot of it is very social and political.”



## TURNING RHETORIC INTO REALITY

Changing behaviours starts with education—but education alone will rarely produce positive results, says Sienna Caspar, an assistant professor at the University of Lethbridge.

This concept is key to anyone trying for positive change in care facilities, Caspar says. “My entire career has been focused on how to

make person-centred care a reality, not just rhetoric, in long-term care facilities,” she says.

Caspar reviewed 87 studies where new practices were introduced to staff working with residents, many of whom had Alzheimer’s and other dementias, at long-term care centres. Goals included improved oral hygiene, bathing, mealtimes and recreation.

In 2016, she co-published a paper concluding that in almost 60 per cent of the studies examined, staff members were given information on new practices, but not



the strategies to apply it.

“They’ve been told this is best practice, this is the way you should provide care, this is what we know...and then they get put back out onto the floor with no ability to implement change,” she says. This can create moral distress in the staff.

“The worst thing that can happen is you disempower the people you’re meaning to empower with the education,” Caspar says.

“They’ve chosen this job for a reason, and if you galvanize them, they’re unstoppable.”

Education is definitely necessary for change, but it’s most successful when supported by enabling and reinforcing factors, she says.

Enabling factors allow caregivers to put into action the new skills and knowledge they’ve learned, while reinforcing factors support them in keeping the changes in place—follow-up, feedback, rewards and recognition, celebration of successes and peer support.

### **Empowering Staff**

To test this theory, Caspar and a team of research assistants conducted the Stakeholder Inclusion in Practice Change Project in 2017. The project was funded by an Enhancing Lives of People with Dementia Grant sponsored by the Alberta Health Services: Seniors Health Strategic Clinical Network.

“My entire career has been focused on how to make the provision of person-centred care a reality, not just rhetoric, in long-term care facilities.”

—Sienna Caspar

The project aimed to improve mealtimes at St. Michael’s Health Centre in Lethbridge.

Work began with a four-hour meeting between health care aides, licensed practical nurses, a recreation therapist, family members of residents, dietary staff and the facility’s administrator. After being presented with information on best practices by Caspar’s team, this group—the process improvement team—determined which strategies were likely to improve mealtimes at the facility.

“We recognized them as the experts,” Caspar says. “I have a PhD after my name, but I’m not the expert in how to improve mealtimes in the facility—they are.”

Staff members were empowered to implement the change, and they quickly set out to adjust the physical and social environment during mealtimes. Adequate lighting was provided, tables were rearranged to allow six residents to a table rather than four, and cafeteria trays were removed in favour of formal table settings.

The staff also sat with residents during mealtimes for the first time.

A second four-hour meeting, which focused on further enabling and reinforcing the change, kept the improvements in place, Caspar says. “We transformed mealtime and sustained it for more than six months.”

Caspar is currently retesting and refining the model, now called the Feasible and Sustainable Culture Change Initiative, or FASCII, with Dr. Shannon Spenceley, an associate professor at the University of Lethbridge. The new study will focus on reducing moral distress in staff at long-term care centres—Spenceley’s area of expertise.

When the model is solidified, Caspar will create a toolkit that will show anyone wanting to implement effective change in centres a more complete way to do it. “It’s really having amazing outcomes,” she says.

“I think this model could be used for any practice change you are looking to implement.”

**DID YOU KNOW?** Canada is one step closer to a National Dementia Strategy. A diverse group of stakeholders from across Canada gathered May 14–15 in Ottawa to provide perspectives on priority areas including research and innovation, care and support, public education, raising awareness and reducing stigma. Convening a national conference is an essential component of the National Strategy on Alzheimer’s Disease and Other Dementias Act. An expert advisory board, which includes two people with lived experience, will help guide the strategy. The conference’s host, federal Health Minister Ginette Petitpas Taylor, called the event a crucial milestone: “Through collaboration, and with the best available evidence and advice, we will continue to improve the quality of life for those living with dementia as well as their families and caregivers.”

## SELF-MANAGED CARE

BY Lauren Denhartog

*A provincial program puts control into the hands of those receiving care services*



**F**or people who require in-home support and want to have some control over how and when care is provided, Alberta Health Services' Self-Managed Care program might be a viable option.

It's a novel approach that provides funding to individuals so they can manage and pay directly for personal and home support services.

Once approved, individuals or their legal representatives enter

into a self-managed care agreement—a contract between AHS and the client. Agreements are signed for a one-year term and govern the terms and conditions of the self-managed care funding.

Dr. Jim Silvius, a geriatrician and the provincial medical director for seniors' health with Alberta Health Services, says self-managed care is all about providing appropriate care and addressing the requirements of each individual.

In his practice, Silvius works

primarily with individuals with dementia and other forms of cognitive decline. He says many of his patients receiving home care services are now looking at self-managed care as a real possibility.

“One of the things we know about clients with dementia is that they actually do better if they have some consistencies in terms of the care provider who's coming in to work with them,” Silvius says.

To qualify, individuals must have unmet health care needs within AHS Provincial Home Care Service guidelines and have stable and predictable care needs. Individuals who qualify for the program are responsible for hiring their own care providers, submitting reports to AHS each quarter outlining how funds were spent and meeting Alberta employment standards for all employees.

Under the Self-Managed Care program, friends, family members and informal care providers cannot be hired as paid caregivers. ▣

For more information, go to [ahs.ca/homecare](http://ahs.ca/homecare)

**! DID YOU KNOW?** *The University of Calgary is part of the nationwide COMPASS-ND study on risk factors and earlier detection of dementia. The study needs participants with all types of dementia and mild cognitive impairment. To learn more go to [ccna-ccnv.ca/compass-nd-study/](http://ccna-ccnv.ca/compass-nd-study/); to volunteer as a participant call 403-944-1594.*

# INNOVATIVE BUSINESSES, SUPPORTIVE TECHNOLOGIES

Tech tools that can help people with dementia are more accessible and affordable than ever

BY Karin Olafson

## The Alzheimer's Store Canada

James Busby's mother always loved listening to music. But as she developed dementia symptoms, she began to struggle with her music player's controls, and stopped listening to the songs that used to make her happy.

Busby looked for a product to support his mom's love of music, and discovered the Simple Music Player. It's easy to use: lift the lid to play music; close to stop.

"She really enjoyed it," says Busby. "But soon, she was having trouble with the TV remote—then other technologies. This got me researching other products."

He found there were no businesses in Canada dedicated to selling products for people with dementia and their caregivers, so, in 2017, Busby launched the online Alzheimer's Store Canada, based in Edmonton. Shown here are four of the store's more popular items.

### Dementia Day Clock

Reduces confusion: Instead of showing the specific time, the clock shows it's Monday morning or Tuesday night, for example.

### Joy For All Companion Cats

Respond with soothing purrs, meows and movement.

### Memory Picture Phone

Trouble remembering phone numbers? Simply press the photo of the individual you want to call.

### Blaney, Musical Teddy Bear

Inside is a player with up to 1,000 songs. Squeeze the bear's paw to play; squeeze again to stop.



#### HOW TO BUY

Shop online: [alzstore.ca](http://alzstore.ca)  
Call 1-888-258-6659



## Super Fly Adaptive Apparel

Jacqueline Cameron searched for products to help her husband, Jack, who was diagnosed with a rare disease called inclusion body myositis. It had him in a wheelchair, and Cameron found it difficult to dress him—he preferred trousers, button-up shirts and vests to baggy casual attire that's easier for caregivers.

Cameron wanted Jack to wear clothes that made him look and feel good. In 2012, she began adapting his clothing: "I took his clothes, cut them open and installed zippers," she says.

An occupational therapist encouraged Cameron to share the idea. In 2013, she founded Super Fly Adaptive Apparel.

Dressing can be frustrating for individuals with dementia. Super Fly's apparel makes it easier. Cameron believes the clothing can improve self-esteem and encourage socialization. "And hearing that you look amazing brings a smile to anyone's face," she says.

#### HOW TO BUY

Shop online: [super-fly.com](http://super-fly.com) | Call 1-888-816-0081







INCLUSIVE

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

BY Mae Kroeis

ENVIRONMENTS

*Being open and friendly to all is not only a healthy way of life—it's also good for business. Several Calgary groups and enterprises are focusing more intentionally on creating a welcoming atmosphere for people living with dementia. Here are a few:*



Taking care: Manoj and Ritu Agarwal at the Good Earth Coffeehouse in Strathcona.



AT THE GOOD EARTH COFFEEHOUSE in the southwest community of Strathcona, owners Ritu and Manoj Agarwal strive to make their café a welcoming place for all, with games, clear signage, an open floor plan and lots of natural lighting.

During their weekly Memory Cafés, all of these features help to make people living with dementia, their families, friends and caregivers feel comfortable meeting, relaxing and socializing in a public place.

The Memory Cafés, part of The Brenda

Stafford Foundation Dementia Friendly Communities initiative, take place at the coffeehouse Mondays from 5 to 7 p.m.

With many elderly customers, the Agarwals recognize that dementia is a prominent issue and they want to help.

“It’s a well-known condition and we all may face it one day. Taking care of them—it’s probably a good idea,” Manoj says.

The coffeehouse remains open to the public during the Memory Cafés, which Manoj believes helps reduce any awkwardness. “In order for the stigma to

go away, we need to mingle more with people impacted by dementia. I think the Memory Café concept, regardless of where it is, helps.”

The staff at the Strathcona Good Earth have received training on how to interact with people living with dementia. Ritu emphasizes the importance of being kind and patient.

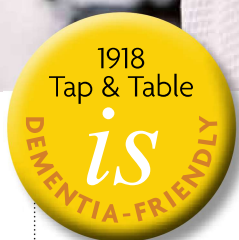
“You need to slow down when talking to people living with dementia, and be friendly with them. We have to try to understand what they’re going through.”

Good Earth Coffeehouse, 555 Strathcona Blvd. S.W.





More and more inclusive: Kelly Palmer at 1918 Tap & Table in Kensington.



AT THE 1918 TAP & TABLE, the Kensington Legion's public restaurant, things work a little differently. As part of the Royal Canadian Legion, its primary mandate is to support Canadian military veterans—but the not-for-profit establishment is also involved in a range of community programs.



One such initiative is the Conversation Cafe, which was suggested by

Dementia Network Calgary. It's an opportunity for those living with dementia, their families and caregivers to socialize in a public place.

"We do have a few members and families that are affected by dementia, and so we figured that it would be a really good fit for the Legion to be involved in something like that," says assistant general manager Kelly Palmer.

The Conversation Cafes run from

2 to 4 p.m. the second Tuesday of each month. Attendees connect over their shared experiences. "The whole idea behind it is to become more and more inclusive and to hopefully bring together more and more people. It's part support group, part social activity," Palmer says.

Palmer hopes to see more businesses offer similar programs. "For both those living with dementia and family members, life can be fairly daunting. Where can they go to experience normal day-to-day activity and not feel overwhelmed or threatened or misunderstood? Those places should become more and more accessible."

1918 Tap & Table, 1918 Kensington Rd. N.W.

"We do have a few members and families of members that are affected by dementia, and so we figured that it would be a really good fit for the Legion to be involved in something like that."





Music Links: Students help a senior friend discover her favourite music using a tablet and headsets.

High, who received specialized training on dementia, visit seniors at Bethany Harvest Hills. “I hear lots of people talk about how people suffering with dementia must be so confused. Like they are not really a whole person anymore, and more of just a condition. However, when I sit and talk to them, I feel nothing but joy,” says Natalie Toltesi, a Grade 8 student at Ascension of Our Lord.

Music Links, a pilot program run in 2016, focused specifically on seniors living with mid- to late-stage dementia. Youth created and shared music playlists for seniors based on their past or genre preferences.

“Music appears to engage a part of the brain which functions fully despite the onset of dementia,” says Ruby Lecot, interim executive director of LINKages. The program had seniors who were nonverbal, and struggling with their cognition, singing along with the songs, word for word, she adds. “The response was incredible.”

For more information, go to [link-ages.ca](http://link-ages.ca).



LINKages strives to create intentional, inclusive, healthy communities where seniors feel a sense of belonging and connection. It does this by providing school programs, community events and programs like Digital Connections, where youth teach seniors about technology.

To give all seniors the opportunity to participate, LINKages staff and volunteers focus on abilities.

LINKages works with students in grades 5 to 12 from 14 schools, which are paired with seniors’ residences based on geographic location. Students in the program from Ascension of Our Lord Junior



## LOVE LOCKS

EVERY DAY FOR A MONTH, starting last Valentine’s Day, the staff at *espy*, a fashion boutique in the Inglewood community, rolled a red heart-shaped structure out onto the sidewalk.

Slowly, the heart was covered in small padlocks, each one symbolizing a donation of \$10 or more to the Alzheimer Society of Calgary.

The sculpture, inspired by the “love locks” that line some bridges in Europe, was designed to raise awareness and funds for Alzheimer’s disease and other dementias.

Social responsibility is important to *espy*, says Mick Reaman, the company’s marketing coordinator.

“The heart has been able to expose and get the message out to a whole new group of people,” he says.



# LIVES WELL LIVED

These care facilities let their residents feel independent and purposeful

BY Karin Olafson

**I**n a quiet, tree-lined street in Calgary's southeast neighbourhood of Ogden sits Silvera Beaverdam, a residential community for seniors. One of 25 Silvera for Seniors communities across Calgary's four quadrants, this is the only one for individuals with dementia.

Silvera Beaverdam has been operating since the early 1970s; it became a memory care-specific facility in 2011, says Fred Burrill, one of three regional man-

agers for Silvera. And with its unique, lodge-style funding model, it offers care specifically to low-income seniors.

"Silvera Beaverdam is a lodge that's owned by the Government of Alberta, and it's been operated by Silvera since opening," Burrill explains. "We operate on a rent-geared-to-income revenue model, meaning neighbours might have different rents."

The care facility offers a base rent of \$1,248 per month, and is currently

home to 58 individuals with dementia. There are also cottages at Silvera Beaverdam for "independent living" seniors without memory issues. Altogether, Silvera Beaverdam is home to just under 100 seniors.

There's one staff member for every three residents, creating a close-knit environment—one that Wayne Smith (not his real name) says makes Silvera Beaverdam feel like home for his mother, who has lived there for almost six years.

"I visit often and I see the staff participating with the residents—they get involved and they joke with them like they're family members," Smith says.

Here, residents' independence is supported. Couples can live together in a unit and residents are free to walk outside around the facility—and even outside of the building.

"This is not a locked facility," says Jane Van Santen, the community manager at Silvera Beaverdam. "The lodge is a

"I visit often and I see the staff participating with the residents—they get involved and they joke with them like they're family members."



**Supporting independence:** Silvera Beaverdam offers a family atmosphere and income-adjusted rent rates.

one-storey building that has three wings, and at the end of each wing there's a fenced-in patio so even those who aren't able to go walking on their own are able to spend some time outside."

Located across the road from two schools, Silvera Beaverdam also works to form meaningful connections between residents and members of the community. Linda Lee's father is a Silvera Beaverdam resident who benefits from the intergenerational friendships that are fostered here.

"Jane arranges frequent visits from schoolchildren. Last Christmas they had a wonderful party for the residents where the kids gave personalized gifts to everyone. Dad was thrilled, even though he did not remember the details," says Lee, adding that this is just one example of how Silvera Beaverdam goes the extra mile to support its residents.

### **Encouraging socialization**

Across the Rocky Mountains in B.C.'s Lower Mainland is the site of a soon-to-open care facility for seniors. It's currently under construction, but when it opens in June 2019, The Village will not look or operate like any other facility in Canada.

The Village is located on 2.8 hectares of land in Langley, B.C. It will include a barn with animals, vegetable and flower gardens and a bustling community centre that will act as the facility's town square, complete with a grocery store, a hair salon, recreation facilities and a café.

This is Canada's first dementia village, a private care centre that's been the dream of Elroy Jespersen, the facility's project lead, for a long time. Jespersen has worked in the seniors' living business since 1989, and was deeply inspired by care environments like Hogeweyk in the Netherlands, the first dementia village in the world.

Jespersen wanted to create a better care environment for seniors in Canada—one where they can live the life they choose.



The facility's design will encourage independence and socialization. There are six single-storey cottages that each house up to 13 individuals.

Each resident or couple gets a private bedroom and washroom, with a kitchen, dining room, living room and family room shared between housemates. This design encourages togetherness and prevents isolation—there will be family-style dining, shared household responsibilities and perhaps even pets.

Residents can come and go as they please, walking out the front door to experience all the facility offers.

Helped by a 2.5-metre fence around the property's perimeter designed to blend into the natural surroundings, on-site staff will support residents and ensure their safety.

Karen Tyrell, founder of Personalized Dementia Solutions Inc., a business that educates caregivers on compassionate dementia care techniques, was contracted to help with the design of The Village. She says there will be specially trained staff to support residents' day-to-day life.

"There will be nurses and care aides, and we're having a homemaker in each household," Tyrell says. "Each homemaker will learn how to engage the residents in daily living. It's the residents' home and the homemaker will allow them to take part as much as possible."

When The Village opens, it will have a total capacity of 78. The financial details are still being worked out, but Jespersen says fees will likely be between \$6,000 and \$7,500 a month.

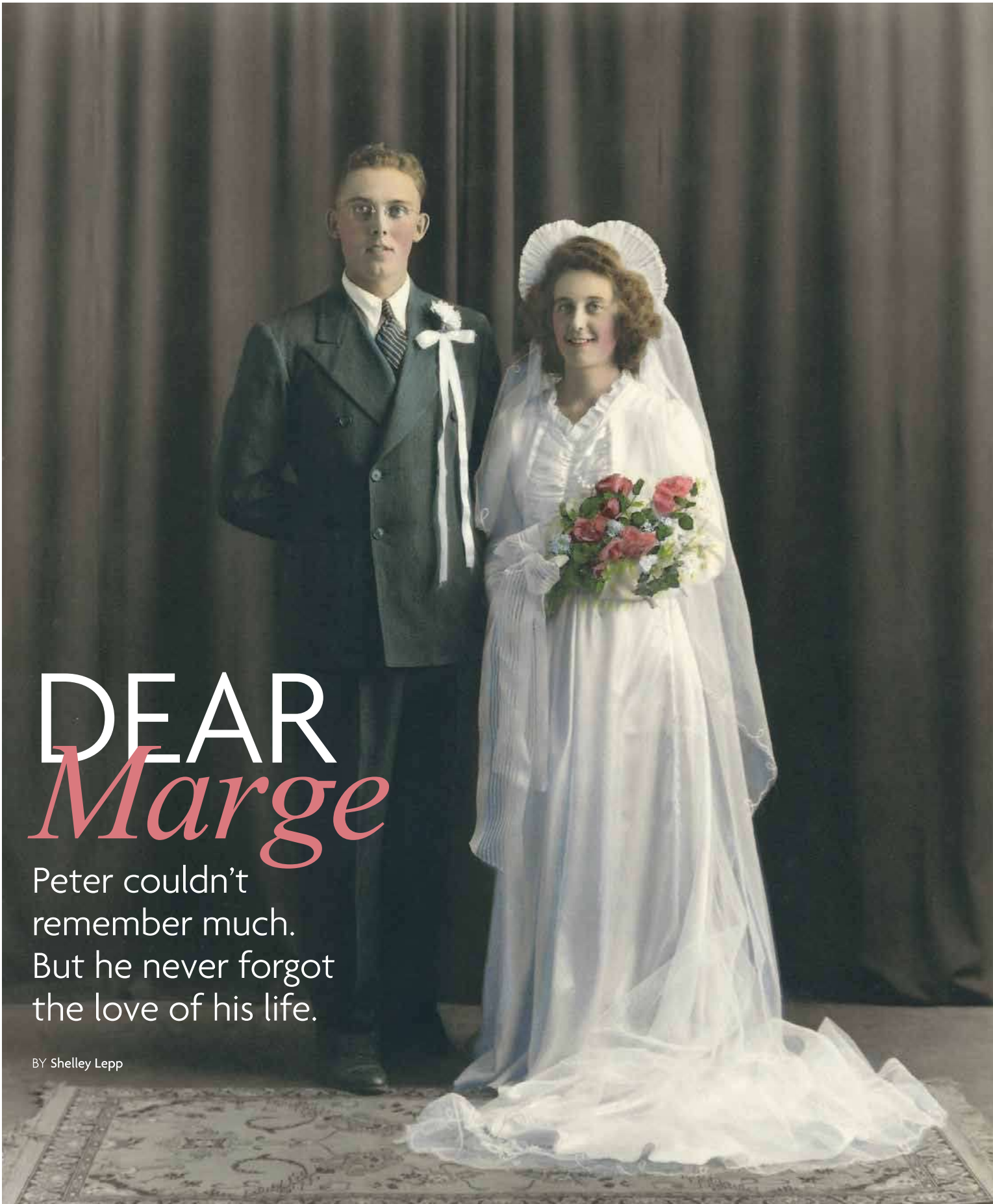
While The Village doesn't have any permanent residents yet, plenty of interest has been expressed. For example, Myrna Norman of Maple Ridge, B.C., who has early symptoms of dementia, is excited about this new style of facility.

When she saw its plans, Norman said it was better than anything she'd ever seen before—it made her want to cry happy tears. Already, Norman is imagining herself and her husband walking their dog around the property, visiting the barn and just enjoying being outside.

"In my mind, The Village allows people to not just exist, but to live," she says. "And that makes us feel purposeful." ■

**An artist's rendering of The Village, a lifestyle-focused dementia care facility in Langley, B.C., being readied to open in June of 2019.**





# DEAR *Marge*

Peter couldn't  
remember much.  
But he never forgot  
the love of his life.

BY Shelley Lepp

*Dear Marge.*

**I**t was written in his tiny, precise scrawl. Penmanship from a different era when people actually took note of things and found them worthy of recording.

*Marge: I love you.*

*Sorry that you are not here. 10:25am*

*I will try to catch you at a later time.*

*I'll be in my room later. I'll try to get some sleep there this pm & hope to see you then. I love you.*

*I'm on the main floor. I don't know the room number.*

*I love you very much.*

*And I miss you.*

*Love and kisses,*

*Your Peter*

He couldn't quite recall when he had seen her last. Was it Tuesday after exercise class? Maybe Monday after that nice lady had come to visit and deliver his new slippers? Was that Monday? Peter retrieved the small notebook he kept at the ready in his shirt pocket and slowly flipped through the pages looking for clues. It was something he had always done, even before remembering had become so difficult. He wrote things down to help recall things of importance about people, about cars. He was especially mindful of cars. He liked to keep track of people's comings and goings and how, exactly, they were getting there. He had a soft spot

for Chevys. Old Chevys, heavy on chrome, easy on the eyes. He wrote down stories he had heard, quotes worth sharing and jokes worth retelling. He studied each page carefully. As it was, despite every effort to remember, he couldn't quite recall when or where he had last seen her.

*Marge:*

*I'm looking for you. Plan to spend the night here. I've registered on main floor.*

*Looking for you. I have a guest room on main floor. I will keep on looking for you.*

*Love, Peter*

It was after he finally passed away that we found the notes. Dozens of them. Notes scattered in drawers, tucked into books, buried in pockets. Each a failed attempt in a personal quest to find his Marge.

*Marge:*

*I love & miss you. I went back and forth on most streets but have lost sight of you. I am finished my third round but no luck. I'm on my last legs. If I don't find you I'll go back to my room and hope to connect with you at a later time. I love you very much and will continue to look and ask friends if they have any news of where you are. I'm still looking and will keep on looking and asking about you.*

*Love, Peter.*

All of the notes seem ironic because, at the time, I didn't consider

it a particularly noteworthy love.

They were never rich. In fact, poor as church mice was as fitting an expression as one could find for a pair of missionaries. A preacher and a preacher's wife.

They weren't overly educated but believed everyone should pursue an education and valued wisdom above all else. It is worth pointing out that as he aged and his soft, wrinkled skin began to droop, his eyes began to resemble those of an old owl.

For the food before them, the family beside them and the love between them, they gave thanks. They were typical of an era when marriages lasted a lifetime and silver wedding anniversaries were to be expected. Golden, too, if health prevailed. When in sickness and in health, in good times and in bad, were covenants of Biblical proportion and spoken with a committed and unwaveringly clear voice.

The exchanges of vows gave way to more simple expressions of gratitude and love for one another. The little things that often go unnoticed. A meal prepared. A newspaper shared. A memory recounted. A hand resting on a shoulder. Gentle glances. Simple jest.

But at the end, it was in the form of notes. Attempts to stay connected as the four walls that used to house them together evolved to eight. She, still of sound mind and able body, residing in a tiny apartment connected by a corridor to him. He, in an even smaller space with access codes and nursing staff to keep him safe, not from the world outside, but from the confusion inside his forgetful mind.

“I love you very much and will continue to look and ask friends if they have any news of where you are. I'm still looking and will keep on looking and asking about you.”

Peter and Marge: An all-powerful love that lived vibrantly to the very end.

The Alzheimer's that took his memory made his notepad more necessary than before but never touched his gentle soul or generous heart. It is noteworthy that his heart continued to beat so strongly because it had already been repaired more than once from the damage of attacks and near failure. Yet it seemed to be growing stronger as time ticked and trickled and tricked him along.

You can feel sadness that his memory was disappearing. You can feel the frustration and pain of a family that wasn't recognized from day to day. But it's hard to feel anything but envy for that heart. In a time when Peter couldn't remember much, he never forgot her. His Marge. The Marge he really didn't know how to live without.

Unbeknownst to those who loved him most—each day in that locked-down ward had been a journey he had painfully navigated equipped with little more than a notebook, a pen and a mind that no longer recalled much of anything useful. At a time when he couldn't remember if he had eaten, he woke up each day feeling a hunger to find her.

And in the end the fact that he had lost many of his memories was probably for the best, because it



protected him from knowing he had also lost his Marge. He didn't remember standing beside her coffin, or standing at her grave. He didn't remember the prayers he had offered as he stared at her in that fabric lined box. As they lowered her into the ground he kept asking whose funeral this was.

Beautifully protected from the knowledge that Marge was no longer anywhere to be found, Peter spent the last year and a half of his life searching for her. He wandered the halls of that care home ward that he believed to be a hotel. Those halls he believed were streets and alleys and laneways that would

eventually lead him to her. He looked for clues. He hunted for her. And he wrote his notes.

We protected him when we could.

Played along. Made excuses as to why she wasn't coming to visit. Fictitious appointments. Simple colds that she didn't want to spread. Reassured him when he believed he had upset her. Talked

about her like she was still down the hall when we could. Trying to fill that massive void with memories that lived like the present for him. But there were days it agitated him, her absence, to the point where we had to tell him. Again. His persistence was so unwavering and, while we never wanted to hurt him, from time to time we had to remind him that she was gone. That he wasn't going to find her here anymore. And then he would have to grieve her again. And that was hell for us all. He lost her not just once but over and over and over again. He lost his cognitive ability. He lost his love. And that heart kept on beating and fuelling his search until finally it gave up, too.

It's amazing what you can recall when you can't quite remember anything at all.

He may have lost his memory, but it's his heart I envy. And that love. That noteworthy love...because she left notes, too. And he kept those tucked beside his own.

*Peter:*

*I love you, even when I'm not here.*


*Your Marge*

He underscored "love" and then left his own etchings on that worn and torn scrap of paper.

*I will keep on looking.*

*-Peter*

This story was submitted by Shelley Lepp via the Contact Us page at [dementiaconnections.ca](http://dementiaconnections.ca).

Peter and Marge were the writer's grandparents. 

He may have lost his memory, but it's his heart I envy. And that love. That noteworthy love...because she left notes, too.





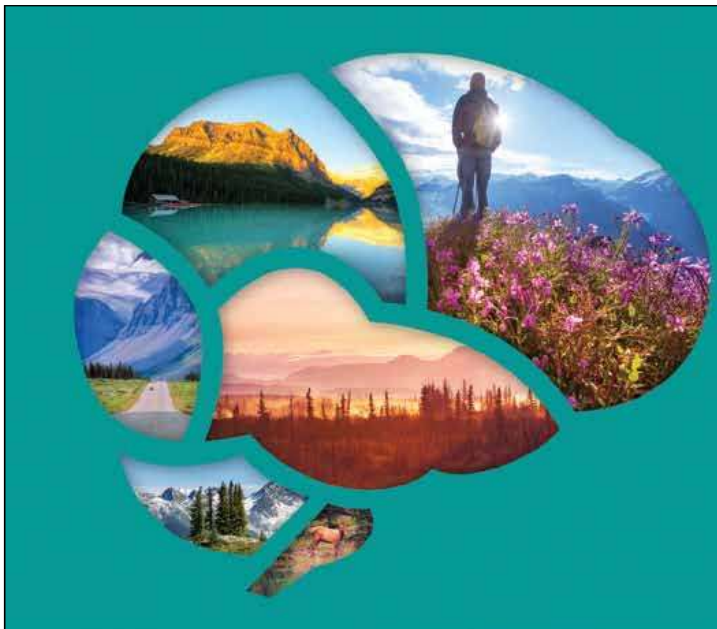
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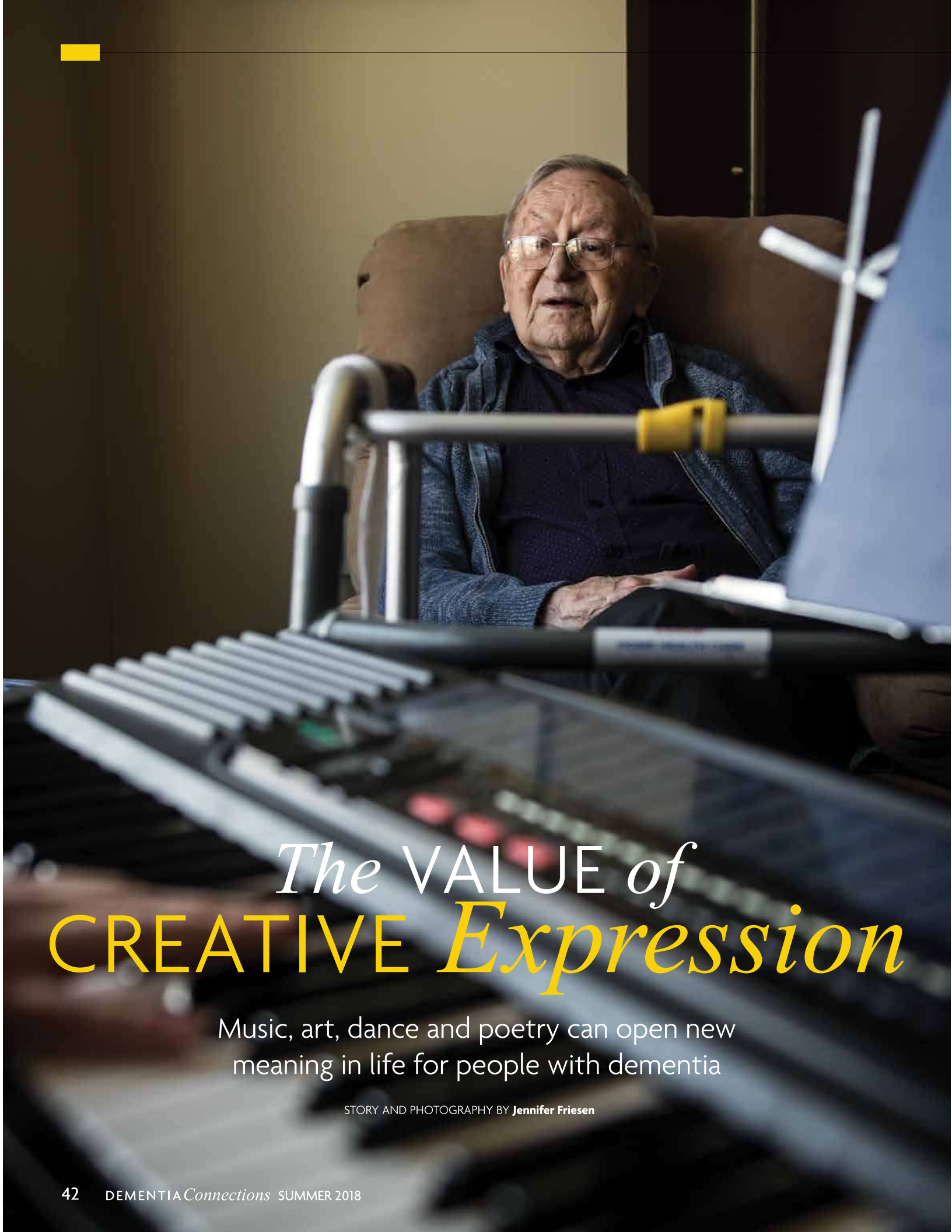
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# *The* VALUE of **CREATIVE** *Expression*

Music, art, dance and poetry can open new  
meaning in life for people with dementia

STORY AND PHOTOGRAPHY BY **Jennifer Friesen**

# M

USIC FILLED THE AIR at Walter Mitson's 95th birthday celebration, and the

atmosphere was right in tune with his lifelong passion.

Mitson joined his first band at age 16, playing the accordion at Calgary's Palliser Hotel. His daughter, Denise Still, says music was part of life in her childhood home, as musicians dropped in for jam sessions featuring piano, banjo—and, of course, accordion.

Father and daughter have faced hurdles over the past few years, but music bonds them.

"There was always music in our house—always," Still says. "I still remember coming home to him playing the heaviest Bach or the most amazing Mozart."

Mitson was diagnosed with dementia five years ago, but "he's never lost his love of music," she says. As his hearing deteriorated and he moved into a full-time care facility in Okotoks, Still noticed that her father wasn't enjoying music in the same way he always had, so she enlisted the help of JB Music Therapy.

Therapist Rebecca Woodruff recalls walking into Mitson's room for their first session in the summer of 2016. He was sitting quietly in an easy chair when Woodruff introduced herself: "I heard you were a musician. What instrument do you play?"

He looked up, smiled and told her all about his love of jazz.

"Anytime we start talking about being a musician you can see that spark come back to him," Woodruff says. "Music is such a won-

derful part of his life, and he can share that with you."

Jennifer Buchanan founded JB Music Therapy 25 years ago to help people facing challenges from anxiety to injury to memory loss. She says music is universal: even if memory fades, it triggers feelings of "when we were our best."

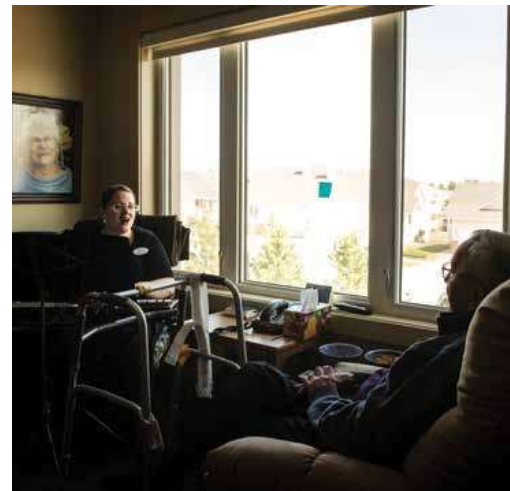
"When we hear music, there's an immediate reaction of it going straight to our limbic system, and it's interesting because that's where our emotions, memory and motivation reside," Buchanan says.

Recent studies have shown that creative activities like music and other art forms can ease depression and isolation by engaging various parts of the brain and allowing people to make choices and decisions.

## NONVERBAL COMMUNICATION

Music moves us both emotionally and physically. Melissa Tafler is the coordinator of arts and health at Baycrest Health Services, which supports innovation in brain health and aging. Based in Toronto, Tafler and her team have run a special dance program for people with dementia since 2014.

As a form of nonverbal communication and self-expression, Tafler says, dance can improve emotional



Lifelong musician Walter Mitson, 92, was diagnosed with dementia five years ago. Today, music still engages him. Above, he visits with therapist Rebecca Woodruff.

health—particularly vital for those with dementia.

"It's so important when the capacity for language is not what it once was," she says.

"There's also potential for relationship-building through the experience of dancing together. I've seen it time and time again, and it's what keeps reminding me of the importance of this work."

The dance program is in the process of expanding across Canada, and Baycrest has developed an online training curriculum so the program can be run anywhere.

"Anytime we start talking about being a musician you can see that spark come back to him."  
—Therapist Rebecca Woodruff.





Participants get moving during a Dancing Parkinson's YYC session at Decidedly Jazz Danceworks.

## CHALLENGING ASSUMPTIONS

“There’s an assumption that life is over (when one is diagnosed)—that there’s nothing people can do, or that they can’t learn, or there isn’t a need for high-quality

programming because it isn’t appreciated so it doesn’t matter,” Tafler says. “Those assumptions are challenged when people see the program in action.”

While there aren’t any dance classes in Calgary specifically designed for people with demen-

tia, Decidedly Jazz Danceworks (DJD) runs a program for people with Parkinson’s disease called Dancing Parkinson’s YYC. Vicki Adams Willis, founder of DJD and director of the program, says dance integrates several brain functions, including the rational,



emotional, kinesthetic and musical, increasing neural activity.

The activity that comes with dance has been shown to have anti-aging effects on the hippocampus, which affects memory, learning and balance. A 2017 study showed that dance stimulates the

brain and correlates to a noticeable improvement in behaviour.

“I always like to say that scientists are now discovering what dancers have known for years,” Willis says with a laugh. “Dancing isn’t just good for the body; it’s good for the brain as well.”

“Dancing isn’t just good for the body; it’s good for the brain as well.”

—Vicki Adams Willis, Decidedly Jazz Danceworks

## A WARM ENVIRONMENT

Music in general has been shown in scientific studies to lower heart rate, reduce anxiety and alleviate depression. Calgary-based music therapist Sara Pun says this is important for seniors with dementia in care homes, “because they’re disconnected from their loved ones and facing a very difficult disease.”

As dementia progresses, it’s common to face difficulty with communication. But when words fail us, the arts offer a way to express ourselves.

“We live in such a verbal world that we sometimes think that the only way we can connect is through talking,” Pun says. “But music provides a warm environment where you can hold hands with someone, look into their eyes and feel the presence of that person. A lot of loved ones might be used to conversation verbally, but it’s nice to introduce a different way of connecting.”

As Still recalls her father’s first music therapy session, the connection Pun describes is apparent. As he sang *Fly Me to the Moon* or *Release Me*, she saw the father she always knew again. Looking into his eyes brought her back to those early days in her childhood home.

“When I see him sing wholeheartedly, I’m so grateful that I get to share that moment and that memory with him.”





## 'WE WERE ALL BORN ARTISTS'

Although science has yet to find a way to reverse dementia, creative activities may allow those affected to maintain skills and access memories. Since Ali Cada brought the Opening Minds Through Art (OMA) program to Calgary in 2014, he has used art to connect

“Individuals with dementia sometimes can't express themselves, but art, music, dance and poetry give them a voice again.”

—Ali Cada, Opening Minds Through Art

with more than 200 people with dementia in the city. The program has expanded throughout the province.

Cada says tapping into creativity can enhance memory and offer a sense of independence.

“When we are in our mother's womb, her heartbeat is the first form of music we hear,” he says. “So we were all born artists.”

Leeanne Stringer of Calgary-based Ware on Earth arts studio has recently begun teaching painting to people with dementia. She says seeing the joy and engage-

ment of participants can be very emotional for her.

“It's beautiful to see them looking at their artwork with pride, despite any early hesitation about ‘not being an artist,’” Stringer says.

For people living with dementia, someone else may make decisions about daily living, from mealtimes and clothing to activities. Creating art allows for independent choices, from the colour of paint to the size and shape of a subject.

“Individuals with dementia sometimes can't express themselves, but art, music, dance and poetry give them a voice again,” Cada says.





Facing page: OMA participant Cathy Sherwood, left, and her sister Barb Schultz discuss the art on display at Club 36.  
 This page: One of the paintings being admired by Sherwood and Schultz.

Barb Schultz’s sister Cathy Sherwood, diagnosed with Alzheimer’s disease and mixed dementia in 2016, is an OMA participant.

“Cathy could have been an interior decorator if she wanted,” Schultz says. “Her time at OMA has been invaluable.”

### LIFE-CHANGING EXPERIENCE

Similar to music, poetry has been shown to boost memory for people with dementia. Gary Glazner started the Alzheimer’s Poetry Project

after his mother’s memory faded near the end of her battle with terminal cancer. One day when his mom was agitated, Glazner tried to soothe her by reciting a rhyme from her elementary-school days.

“Can she bake a cherry pie, Billy boy, Billy boy?” she used to ask her childhood sweetheart Billy, who later became her husband and Glazner’s father.

“My father’s name is Billy and she used to tease him with this when they were childhood sweethearts,” he says. “I said that line to my mom and she began to sing it back to me. My dad was there and

it felt like we were all connected.”

He calls it a life-changing experience, one that pushed him to “counteract the stigma around getting a diagnosis of dementia, which can be isolating.”

Now 20-plus years later, the U.S.-based project ([alzpoetry.com](http://alzpoetry.com)) has expanded to seven countries including Canada.

### TRANSPORTED BACK

Walter Mitson celebrated his 95th birthday in 2017, surrounded by his family. The entire room sang *Happy Birthday*, and his daughter Denise Still saw the emotion in his eyes. Her father thanked everyone for being there. “You have no idea how much I love each of you,” he said through tears.

Woodruff, Buchanan and Still were there again this year for Mitson’s 96th, a more intimate celebration this time. He sat in his easy chair and sang along to jazz favourites.

Rebecca Woodruff, his music therapist, had learned to play *Happy Birthday* on the accordion just for him.

Says Woodruff: “Watching someone see music bring their loved one back and draw them out of their shell again—it’s wonderful.”

“Cathy could have been an interior decorator if she wanted. Her time at OMA has been invaluable.”

—Barb Schultz

## HOW TO GET IN TOUCH:



**Alzheimer’s Poetry Project**  
[alzpoetry.com](http://alzpoetry.com)

**Baycrest Health Sciences  
 Dance Program**  
[baycrest.org](http://baycrest.org)

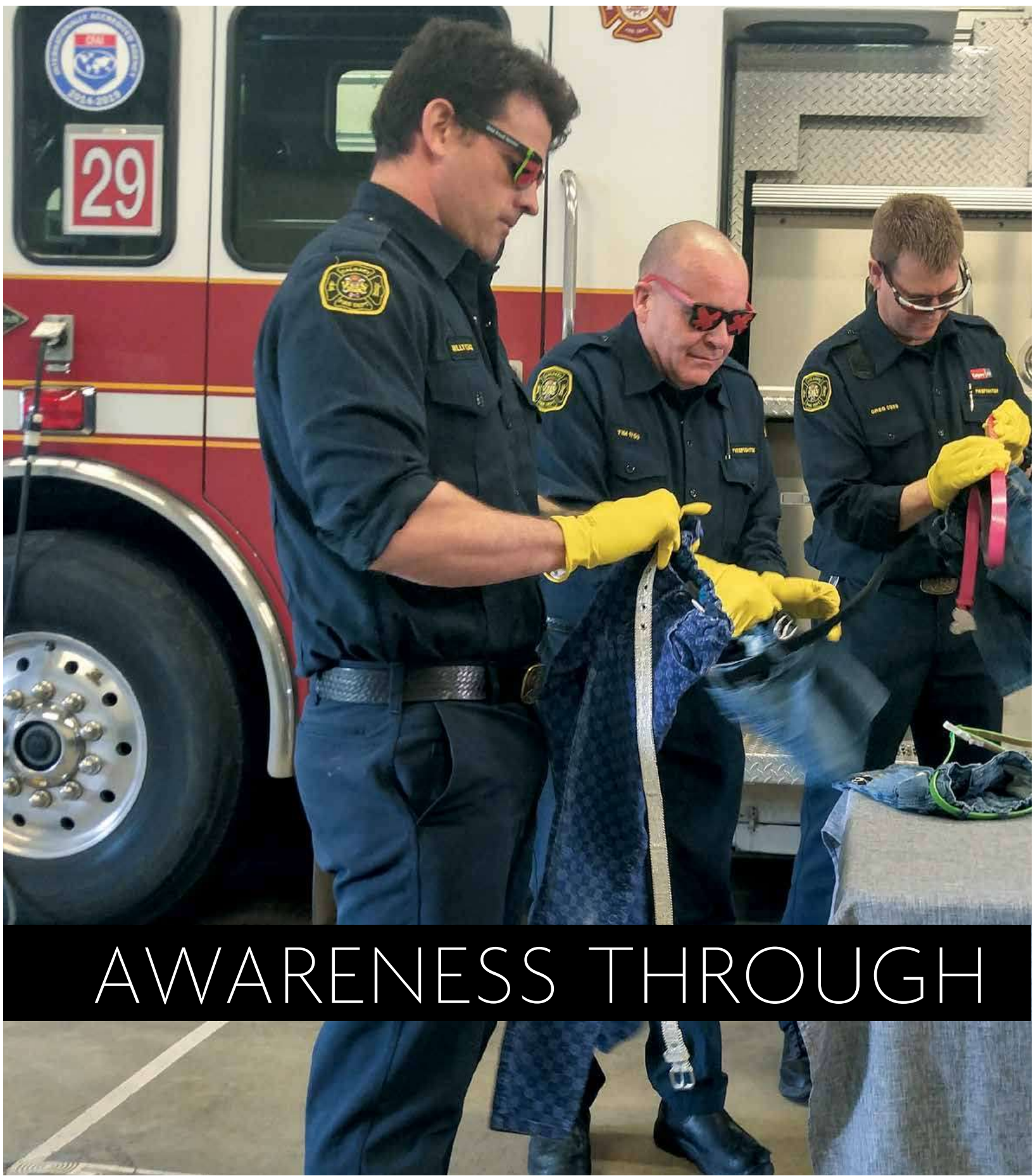
**Decidedly Jazz Danceworks**  
[decidedlyjazz.com](http://decidedlyjazz.com)  
 403-245-3533

**JB Music Therapy**  
[jbmusictherapy.com](http://jbmusictherapy.com)  
 403-240-3877

**Opening Minds Through Art**  
[alzheimercalgary.ca](http://alzheimercalgary.ca)  
 403-290-0110

**Sarah Pun**  
[sworldmusic.com](http://sworldmusic.com)

**Ware On Earth Studio**  
[wonearth4@gmail.com](mailto:wonearth4@gmail.com)



# AWARENESS THROUGH





# Understanding

Emergency responders are receiving special training to help people with dementia

STORY AND PHOTOGRAPHY BY Karen Rudolph Durrie

**I**NSIDE FIRE STATION 29 in the southwest Calgary community of Coach Hill, five firefighters are concentrating on performing a few simple tasks. But there's a twist: they're wearing sunglasses, and they've got knotted rubber gloves on their hands and little bags of lentils in their shoes.

It's all part of a dementia awareness training event held by the Calgary Fire Department and the Brenda Strafford Foundation, as part of the foundation's Dementia Friendly Community pilot project.

The Calgary Fire Department's goal is to help people living with dementia remain in their own homes and communities by ensuring that anyone in distress will be reached by first responders within seven minutes.

"The exercise was to be able to pick up on signs and symptoms, and provide awareness and tools for these individuals to feel safe," says Navjot Virk, research and innovative practice coordinator with the Brenda Strafford Foundation.

Fire department members' responses to the training have been "incredible," says Jeff Budai, community safety coordinator for the City of Calgary.

Online training has been delivered to all 1,400 fire department members, and the 20 at Station 29 have also done the hands-on simulation. "Everybody has a personal story," Budai says. "A lot of firefighters have family members with dementia and want to understand what they're going through."



## EVERYDAY ACTIONS

During the hands-on cognitive impairment simulation exercise, the sunglasses were intended to represent blurred vision, the gloves to simulate arthritis, and the lentils in the shoes to mimic foot pain—a typical symptom of neuropathy. These conditions are common in people with dementia.

The firefighters were tasked with everyday actions: threading belts through pants, pouring water and reading lists.

Derek Arthurs, community safety officer with the fire department, says firefighters respond to many calls involving seniors, some of whom have dementia. Aside from fires and motor vehicle accidents, calls may involve people who have forgotten how to use their oxygen or to take their medication.

Some people with dementia may tend toward hoarding, which is a fire hazard. And several times a year, firefighters respond to calls where a senior has become lost.

The firefighters said the exercise made them keenly aware of how much more challenging daily life can be for someone with dementia, and how a stressful situation such as a car accident might exacerbate symptoms.

The department anticipates an increase in calls involving people with dementia and wants members to know how to interact with those in distress, Arthurs says.

Because the Coach Hill fire station resides in the Dementia Friendly Community pilot area of Calgary Westhills (encompassing the neighbourhoods of Signal Hill Strathcona, Christie Park and Aspen), the hands-on simulation exercise was implemented there first. Dementia Friendly Communities is a two-and-a-half-year pilot project bringing together community groups, businesses, schools and volunteers to de-stigmatize

dementia and increase understanding of how people living with it experience the world.

## SPECIALIZED KNOWLEDGE

As more Canadians are affected by dementia, all first responders will be faced with an increase in calls involving those living with it. In 2011, there were 750,000 Canadians affected by dementia; the number is expected to rise to 1.4 million by 2031.

Alberta Health Services Community Paramedics frequently tend to seniors with dementia and receive specific training.

Community Paramedics is a program giving high-need patients with chronic health concerns timely access to health care through on-site assessment, physician consultation and clinical treatment. The intention is to provide in-place care and reduce the need for 911 calls and emergency department admissions.

Above: Firefighters, City staff and representatives from the Brenda Stafrford Foundation stand together in Station 29 after a dementia awareness training exercise, part of the Dementia Friendly Communities partnership between the organizations.



“Everybody has a personal story. A lot of firefighters have family members with dementia and want to understand what they’re going through.” —Jeff Budai

Supported-living facilities that support memory care units are frequent stops for community paramedics. Calls to assist those with dementia require more specialized knowledge of the condition. Sometimes a medical issue isn’t obvious, but a resident’s behaviour changes, signalling something is going on that he or she can’t express, says Claire Ruzsvanszki, team lead, AHS Community Paramedic Program.

“When we get called it could be they’ve got an apparent fever, but a lot of the time it’s changing behaviour. Something medical, like a urinary tract infection or pneumonia, triggers staff to notice they are more aggressive, they are not acting normally—or something just isn’t right.”

## GENTLE APPROACH

She says a gentle approach is often key to de-escalating a heightened situation. After speaking with staff, Ruzsvanszki will introduce herself, distract the individual by discussing innocuous things around the room, use gentle touch and look for nonverbal cues that the person is in pain, such as facial expressions. She will crouch to their level or next to the bed so as not to appear threatening.

“They are receptive to touch, gently touching their hand and stroking fingers, explaining what you are doing—it’s important to gain a relationship with the patient

and ask permission before undertaking any physical care. A gentle approach needs to be made.”

She says it’s important for first responders to realize the people they are dealing with could have once been engineers, lawyers, pilots or professors, and to treat them with dignity.

## COLLABORATION AND COMMUNICATION

It’s the “soft skills” such as empathy and compassion that Stacy Goulder, senior staff development officer with AHS EMS and learning development lead for Mobile Integrated Health, Community Paramedicine, says she’s keen to include in all training.

Community paramedics also collaborate with other caregivers to provide care that will help people with dementia remain in a stable situation. “If they end up in hospital, that can be detrimental to their lifespan,” Goulder says. “You want to effectively help them at home. If they do go to hospital and come back, it also affects the care staff at the sites, and it can impact everything from the individuals’ eating and relationships to their disease process.”

Community paramedics are not emergency responders, so they have time to build relationships, not just with patients but also family members, and have access to the Alberta Netcare Portal, a confidential electronic record of Albertans’ health information.

This can show what has happened before, what issues may spark changes in an individual’s behaviour and other key details.

“I would like to see the paramedic profession truly afford the time required to focus on the soft skills,” Goulder says. “We are so focused on the emergent side of paramedicine and typically are not able to delve into the more intricate details, and unfortunately this is when misunderstandings occur.”

For more information on Community Paramedics, call 1-855-491-5868.

## SCENARIO TRAINING

At the Calgary Police Service, the Police and Crisis Team (PACT) is trained to offer mental health assessments, support and consultation in crisis situations in partnership with AHS.

Scenario training for officers can take a number of forms, says Sgt. Kevin Zeh.

“We deal daily with people with mental health issues, so we provide officers with scenarios that allow us to take them through a typical day. They will probably deal with somebody displaying behaviours not of the norm, and we cover how to communicate, gain information to make a decision—are we looking at a lost person, or someone having a mental health crisis who needs to go to the hospital?” Zeh says.

People with dementia and their caregivers may also use the Calgary Police Service’s Vulnerable Person Self-Registry ([calgary.ca/disabilityvpr](http://calgary.ca/disabilityvpr)) to indicate that they may need special attention in an emergency. ■

# DOME *of* Confidence



The Dementia Opportunities for Mindfulness Education program equips caregivers with effective strategies

BY Lynda Sea  
PHOTOGRAPHY BY Jared Sych



**L**

AST YEAR, Jackie's 73-year-old mother was diagnosed with dementia. Even though her mom had already been showing signs before the diagnosis, Jackie (not her real name) was left not knowing where to turn.

"It's scary as a child to know your mom has dementia. When a doctor tells you this, there's not an 'A, B, C or D, here's what you're supposed to do,'" she says.

While she has three siblings, Jackie is the only one living in the same city as her parents.

"My dad is the primary caregiver, so I wanted to support him better—and to understand how to best support my mom. I also want to take some of the fear out of it."

When a friend told her about a course for caregivers called DOME (Dementia Opportunities for Mindfulness Education), Jackie was on board right away.

DOME is an interactive workshop for caregivers of people living with dementia, offering strategies to continue meaningful relationships with their loved ones. DOME was developed and is taught by nurse practitioner Kimberly Shapkin and advanced practice nurse specialist Lorelee Fox. Between them, Shapkin and Fox have more than 50 years' nursing experience, much of which has involved individuals living with dementia and their care partners.

"Lorelee and I both work in areas where we see people in crisis, and it's there we hope to have an impact with our education," says Shapkin, an instructor in the

University of Calgary's Faculty of Nursing and a member of the seniors' health team in Supportive Living. Fox is a clinical associate with the University of Calgary and works in Specialized Geriatric Services for AHS.

"The stimulus for the course development stemmed from numerous conversations we had with care partners where a common theme was a desire to learn more skills and feel empowered to support the person living with dementia," Shapkin says.

## PARTICIPATORY SESSIONS

The first DOME course was held last fall as a pilot, and earlier this year it was offered again at the Alzheimer Society of Calgary. The sessions are highly participatory and interactive. Shapkin and Fox team-teach their classes, which cover everything from a "brain tour," communication tools and practical approaches to being present, resilience tactics and information about community resources and continuing care.

Jackie recalls how in one exercise, Shapkin and Fox used a rope with knots to visualize how it takes longer for a person with dementia to process information.

"It showed me it takes longer for information to go in and come back out. I might ask a question and expect a response in a few seconds. If someone with dementia asks something 10 times, it's

easy on the 10th time, to say 'I've already told you.' But you just have to keep answering," Jackie says. "I learned that the tone I use to respond to my mom is almost more important than the words."

Dementia looks different for everyone, but Shapkin says individuals are typically diagnosed three or four years after onset. As was the case with Jackie's mom, most people with dementia have symptoms for a number of years before it's officially labelled. "Someone who is healthy and well could have it for 10 to 12 years."

Following a diagnosis, people with dementia can experience apathy, depression, anxiety and denial. And because people may live with dementia for a long time, as a family member or friend, building resilience is paramount.

"With dementia, you get a diagnosis and then, as a care partner, you seem to lose that person as they walk beside you—it's an ambiguous loss," Fox says.

"The person may seem healthy physically, but, as their cognition is impacted, they lose memories, the ability to communicate and the ability to function independently, and relationships may be significantly impacted. There may even come a time when they may no longer recognize a loved one. As a care partner your identity might alter for the person living with dementia—they may see a spouse as a parent or a child as a spouse. Their recognition of you might shift, but your idea of them remains unchanged."

[ "It's scary as a child to know your mom has dementia. ...There's not an 'A, B, C or D here's what you're supposed to do.'" —Jackie ]

Kimberly Shapkin, left, and Lorelee Fox developed and teach the DOME program.

“The biggest thing is that it has allowed me to love my mom even more.” –Jackie

## CHANGING ROUTINES

Fox emphasizes being aware of what we’re bringing into the picture as caregivers. “We contribute [to communication] through our own body posture, tone, language, responses and understanding of what’s going on in the person with dementia’s brain.”

And understanding what’s happening in the brain is a first step. Dementia causes tissue loss and chemical changes in the brain, affecting memory, speech comprehension and the ability to articulate.

“People living with dementia often manage better in conversations that include short sentences with single topics,” Shapkin says. For example, people with mild to moderate dementia may understand a five-word sentence. As the disease progresses they may only recognize two of the same five words. At the end stage, comprehension may be lost completely.

Daily routines for individuals with dementia will often change as the condition advances, which

can be challenging. For example, a pattern called “sundowning” can occur at any point, but tends to peak in the middle stages.

“The term ‘sundowning’ describes a symptom of dementia that often presents as increased confusion, anxiety, impulsivity, pacing and restlessness in the late afternoon and early evening. This often collides with the care partner’s desire to help prepare the person with dementia for the evening meal or bed,” Fox says. All this comes at a time of day when care partners themselves are tired.

Eating together can be another challenge. Shapkin says people with dementia may not have as much interest in sitting down for a meal. They might not sense that they are hungry, and they may not recognize that their loved one has prepared a special meal.

This can cause frustration, but try to focus on the time spent together. Create meals that are simple and rich in protein and fibre, and small nutritious options that can be eaten on the go. Ideally, continue sharing meals together, as your loved one may see you

eating and “mimic” you.

Another challenge is discussing driving and safety with a person with dementia. “Talking about no longer driving is difficult because it challenges our access to independence and our societal belief that driving is a right,” Shapkin says. Strategies include normalizing the change; after all, everyone in Alberta must have a driver medical at age 75.

## EMOTIONAL EXPERIENCE

Jackie remembers being nervous walking into her first DOME class, but she immediately met others like her. “You almost had this instant network of people saying, ‘well, I’ve tried this or I’ve tried that.’ You end up sharing stories a lot.”

Jackie says she can now talk about her mom’s dementia more easily. “I have an appreciation of what she’s going through, and how I can best support her. She spent her whole life supporting me,” Jackie says. “The biggest thing is that it has allowed me to love my mom even more than before.”

For more information on DOME, go to [dementiadome.com](http://dementiadome.com).

## 5 TIPS AND STRATEGIES FOR CAREGIVERS

- 1** Practice self-care. Simple things like deep breathing and consciously accepting your feelings can be amazingly effective. Give yourself permission to do things you enjoy.
- 2** Build your community. A common estimate is that when one person is diagnosed with dementia, up to 12 people’s lives will be affected. Don’t feel you have to tackle it alone.
- 3** Create new normals. Eating habits will change, so adjust how you will manage meals and accept that lunch and dinner may look different going forward.
- 4** Be present. Don’t multi-task and let busy schedules and other obligations take you out of the moments happening right now with your family member.
- 5** Have a plan. Arm yourself early on with knowledge about what to expect and have a plan. Try to anticipate what may arise. Talk about goal-setting and advance care planning.



# DEMENTIA-RELATED Services and Resources

*for Calgary and Surrounding Area*

## GLOSSARY OF TERMS

### **Best Friends Approach™**

Based on the concept of friendship; easy to practice and to understand.

### **Butterfly Household Model**

Based on the concept of treating people with dementia as feeling beings.

### **C.A.R.E.S.**

Incorporates U.S. national dementia care recommendations, features real-life scenarios, recognized by the U.S. Alzheimer Society.

### **Dementiability Methods**

Methods are applied to help people with dementia function at the highest level they're capable of.

### **Eden Alternative**

Animals, plants and children are incorporated into the environment to provide engagement, meaningful activity and loving companionship.

### **Gentle Persuasive Approach**

An evidence-based training program that helps care providers deliver person-centred, compassionate care with a focus on four key areas: personhood, the brain and behaviour, the interpersonal environment and gentle persuasive techniques.

### **Managing Dementia with Ease (MDE) Program**

Use of specialized approaches for individuals with complex behaviours associated

with dementia. The goal is to stabilize behaviours and enable resident to move to a less-structured living environment.

### **Person-Centred Approach**

Individual interests and abilities are the primary focus of care.

### **P.I.E.C.E.S.**

Based on the belief that responsive behaviours are words, gestures or actions that people with dementia use to express unmet needs.

### **Positive Approach to Care (PAC)**

Care strategies and techniques integrate what is known about brain function and changes with therapeutic

approaches to foster positive outcomes. Emphasizes the value of human connection when verbal communication and interaction skills are altered.

### **Supportive Pathways**

Provides individualized, whole-person care in a supportive environment.

### **United Minds**

Dedicated program facilitators tailor activities to abilities and interests to promote socialization and active participation.

### **WanderGuard**

A tracking application designed to prevent persons at risk from leaving a building.

### **For more information**

**Best Friends Approach™** [bestfriendsapproach.com](http://bestfriendsapproach.com) | **Butterfly Household Model** [dementiacarematters.com](http://dementiacarematters.com) | **C.A.R.E.S.** [hcinteractive.com/CDS](http://hcinteractive.com/CDS) | **Dementiability Methods** [dementiability.com](http://dementiability.com) | **Eden Alternative** [edenalt.org](http://edenalt.org) | **Gentle Persuasive Approach** [ageinc.ca](http://ageinc.ca) | **Managing Dementia with Ease (MDE)** [bethany.com](http://bethany.com) | **P.I.E.C.E.S.** [pieceslearning.com](http://pieceslearning.com) | **Person Centred Approach** [albertahealthservices.ca/assets/about/scn/ahs-scn-srs-ua-person-centred.pdf](http://albertahealthservices.ca/assets/about/scn/ahs-scn-srs-ua-person-centred.pdf) | **Positive Approach to Care** [teepasnow.com](http://teepasnow.com) | **Supportive Pathways** [carewest.ca](http://carewest.ca) | **United Minds** [unitedactiveliving.com](http://unitedactiveliving.com)

**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 
<b>AgeCare Glenmore</b> 1729 – 90 Avenue SW	agecare.ca 403-253-8806	●	●	\$	Eden Alternative Method	
<b>AgeCare Midnapore</b> 500 Midpark Way SE	agecare.ca 403-873-2600		●	\$	Supportive Pathways	Intergenerational Childcare Program
<b>AgeCare Seton</b> 4963 Front Street SE	agecare.ca 403-349-8444		●	\$	Supportive Pathways	Intergenerational Childcare Program
<b>AgeCare SkyPointe</b> 179 Skyview Circle NE	agecare.ca 587-619-1900		●	\$	Supportive Pathways	Intergenerational Childcare Program
<b>AgeCare Walden Heights</b> 250 Walden Drive SE	agecare.ca 403-873-4700		●	\$	Supportive Pathways	Intergenerational Childcare Program
<b>Aspen Care Home</b> 3437 – 6th Street SW	aspencarecalgary.com 403-990-3837	●		\$\$\$	Best Friends Approach™	Home-Like Setting
<b>Auburn Heights Retirement Residence</b> 21 Auburn Bay Street SE	allseniorscare.com 403-234-9695	●		\$-\$		Couples May Live Together
<b>Beaverdam</b> 2012 – 66 Avenue SE	silvera.ca 403-279-4623		●	\$	Best Friends Approach™	
<b>Bethany Calgary</b> 916 – 18A Street NW	bethanyseniors.com 403-284-6000		●	\$	Supportive Pathways; Gentle Persuasive Approach; P.I.E.C.E.S.; Managing Dementia With Expertise (MDE) Program	Referral Required; Secure Outdoor Area
<b>Bethany Harvest Hills</b> 19 Harvest Gold Manor NE	bethanyseniors.com 403-226-8200		●	\$	Supportive Pathways; Gentle Persuasive Approach; P.I.E.C.E.S.	Secure Outdoor Area; Purpose-built for people with moderate to severe dementia.
<b>Bethany Riverview</b> (opening 2018) 2945 – 26 Avenue SE	bethanyseniors.com 403-272-8615		●	\$	Supportive Pathway Gentle Persuasive Approach; P.I.E.C.E.S.	Purpose-built for people with complex dementia care needs.
<b>Bow Crest Care Centre</b> 5927 Bowness Road NW	reveraliving.com 403-288-2373		●	\$	Dementiability Methods	
<b>The BSF Bow View Manor</b> 4628 Montgomery Boulevard NW	theBSF.ca 403-288-4446	●	●	\$-\$\$\$	Supportive Pathways	WanderGuard



## RESIDENTIAL

<b>The BSF Clifton Manor</b> 4726 – 8 Avenue SE	theBSF.ca 403-272-9831	●	\$	Supportive Pathways	Secure Outdoor Area; Smoking Permitted
<b>The BSF Wentworth Manor</b> 5717 – 14th Avenue SW, Calgary	theBSF.ca 403-242-5005	●	●	\$-\$	Supportive Pathways Age in Place (multi levels of care)
<b>Carewest Colonel Belcher</b> 1939 Veteran's Way NW	carewest.ca 403-944-7800	●	\$	Supportive Pathways	Priority to Veterans Secure Outdoor Area
<b>Carewest Garrison Green</b> 3108 Don Ethell Boulevard SW	carewest.ca 403-944-0100	●	\$	Supportive Pathways	
<b>Carewest George Boyack</b> 1203 Centre Avenue NE	carewest.ca 403-267-2750	●	\$	Supportive Pathways	
<b>Carewest Rouleau Manor</b> 2206 – 2nd Street SW	carewest.ca 403-943-9850	●	\$	Supportive Pathways; P.I.E.C.E.S.	Smoking Permitted
<b>Carewest Signal Pointe</b> 6363 Simcoe Road SW	carewest.ca 403-240-7950	●	\$	Supportive Pathways; Complex Care	Dementia-Specific Design
<b>Chartwell Eau Claire Care Residence</b> 301 - 7 Street SW	chartwell.com 587-287-3943 x13090	●	●	\$-\$	WanderGuard
<b>The Edgemont</b> 80 Edenwold Drive NW	reveraliving.com 403-241-8990	●	\$-\$	Teepa Snow's Positive Approach to Care	
<b>Evanston Grand Village</b> 40 Evanston Way NW	evanstongrand.ca 403-274-6416	●	\$		
<b>Evergreen</b> 2220 – 162 Avenue SW	reveraliving.com 403-201-3555	●	●	\$-\$	
<b>Extendicare Cedars Villa</b> 3330 – 8th Avenue SW	extendicarecedarsvilla.com 403-249-8915	●	\$		
<b>Extendicare Hillcrest</b> 1512 – 8th Avenue NW	extendicarehillcrest.com 403-289-0236	●	\$		
<b>Father Lacombe Care Centre</b> 270 Providence Boulevard SE	fatherlacombe.ca 403-256-4641	●	\$		
<b>Holy Cross Manor</b> 70 Evanspark Manor NW	covenantcare.ca 587-230-7070	●	\$	Supportive Pathways	
<b>Intercare Brentwood Care Centre</b> 2727 – 16th Avenue NW	intercarealberta.com 403-289-2576	●	\$		

The BSF = The Brenda Strafford Foundation

## RESIDENTIAL

FACILITY NAME 	CONTACT INFO 	PRIVATE	SUBSIDIZED	PRICE 	CARE APPROACH 	NOTEWORTHY 
<b>Intercare Chinook Care Centre</b> 1261 Glenmore Trail SW	intercarealberta.com 403-252-0141		●	\$		
<b>Intercare Southwood Care Centre</b> 211 Heritage Drive SE	intercarealberta.com 403-252-1194		●	\$	Butterfly Approach	
<b>Maison Senior Living</b> 750 – 49th Avenue SW	maisonseniorliving.com 403-476-8992		●	\$\$\$	Best Friends Approach™	
<b>Manor Village at Varsity</b> 40 Varsity Estates Circle NW	themanorvillage.com 587-393-9999		●	\$-\$		
<b>Manor Village at Fish Creek Park</b> 22 Shawnee Hill SW	themanorvillage.com 403-918-2127		●	\$-\$		Secure Outdoor Area
<b>Mayfair Care Centre</b> 8240 Collicutt Street SW	mayfaircarecentre.com 403-252-4445		●	\$		
<b>McKenzie Towne Continuing Care</b> 80 Promenade Way SE	reveralliving.com 403-508-9808		●	\$	Dementiability Methods	
<b>McKenzie Towne Retirement Residence</b> 20 Promenade Park SE	reveralliving.com 403-257-9331		●	●	\$-\$	Secure Outdoor Area
<b>Millrise Seniors Village</b> 14911 – 5th Street SW	retirementconcepts.com 403-410-9155		●	●	\$	
<b>Monterey Seniors Village</b> 4288 Catalina Boulevard NE	retirementconcepts.com 403-207-2929		●	\$		
<b>Mount Royal Care Centre</b> 1813 – 9 Street SW	reveralliving.com 403-244-8994		●	\$	Dementiability Methods	
<b>Newport Harbour Care Centre</b> 10 Country Village Cove NE	parkplaceseniorsliving.com 403-567-5100		●	\$-\$	Supportive Pathways; Best Friends Approach™	Multi-Sensory Robotics
<b>Prince of Peace Harbour</b> 285030 Luther Rose Boulevard NE	verveseniorliving.com 403-285-5080		●	\$-\$	Supportive Pathways; Best Friends Approach™	Secure Outdoor Area
<b>Providence Care Centre</b> 149 Providence Boulevard SE	fatherlacombe.ca 587-393-1350		●	\$		Secure Outdoor Area
<b>Rocky Ridge Retirement Community</b> 10715 Rocky Ridge Boulevard NW	rockyridgeretirement.com 403-930-4848		●	\$		

## RESIDENTIAL

<b>Sage Hill Retirement Residence</b> 6 Sage Hill Gardens NW	allseniorscare.com 403-455-2273	●	\$-\$		
<b>St. Marguerite Manor</b> 110 Evanspark Manor NW	covenantcare.ca 587-955-9788	●	\$		
<b>St. Teresa Place</b> 10 Redstone Place NE	covenantcare.ca 587-619-7116	●	\$	Butterfly Approach	Secure Outdoor Area
<b>Scenic Acres Retirement</b> 150 Scotia Landing NW	reveraliving.com 403-208-0338	● ●	\$-\$	Teepa Snow's Positive Approach to Care	Secure Outdoor Area
<b>Staywell Manor Village at Garrison Woods</b> 174 Ypres Green SW	themanorvillage.com 403-242-4688	●	\$-\$	Best Friends Approach™	
<b>Swan Evergreen Village</b> 2635 Eversyde Avenue SW	originway.ca 587-481-6638	● ●	\$-\$		
<b>United Active Living at Fish Creek</b> 51 Providence Boulevard SE	unitedactiveliving.com 587-481-7907	●	\$\$-\$\$\$	United Minds	Secure Outdoor Area
<b>United Active Living at Garrison Green</b> 3028 Don Ethell Boulevard SW	unitedactiveliving.com 403-685-7200	●	\$\$-\$\$\$	United Minds	
<b>Westman Village Journey Club</b> 100 – 3132 – 118 Avenue SE	westmanvillage.com 403-723-8411			Butterfly Model	Secure Outdoor Area
<b>Whitehorn Village</b> 5200 – 44 Avenue NE	whitehornvillage.com 403-271-2277	●	\$	Butterfly Model	
<b>Wing Kei Care Centre</b> 1212 Centre Street NE	wingkeicarecentre.org 403-277-7433	●	\$		Chinese Language & Culture
<b>Wing Kei Greenview</b> 307 – 35 Avenue NE	wingkeicarecentre.org 403-520-0400	●	\$		Chinese Language & Culture

## OUT OF TOWN RESIDENTIAL

<b>Agecare Sagewood Seniors Community</b> 140 Cambridge Glen Drive, Strathmore	agecare.ca 403-361-8000	●	\$	Supportive Pathways	Intergenerational Childcare Program
<b>Aspen Ridge Lodge</b> 1100 – 20 Avenue, Didsbury	mvsh.ca 403-335-9848	●	\$		
<b>Bethany Didsbury</b> 1201 – 15 Avenue, Didsbury	bethany seniors.com 403-335-4775	●	\$		Secure Outdoor Area






The BSF = The Brenda Strafford Foundation



## OUT OF TOWN RESIDENTIAL

<b>Meadowlark</b> 203 Hillcrest Boulevard, Strathmore	meadowlarkcare.com 403-934-5294	●	\$-\$		Secure Outdoor Area; Age in Place
<b>Origin at Spring Creek</b> 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
<b>Seasons Village High River</b> 660 – 7 Street, High River	seasonsretirement.com 403-652-1581	●	\$	C.A.R.E.S. Approach	Secure Outdoor Area
<b>Silver Willow Lodge</b> 2007 – 22 Avenue, Nanton	mosquitocreekfoundation.net 403-646-2660	●	\$		
<b>The BSF Tudor Manor</b> 200 Sandstone Drive, Okotoks	theBSF.ca 403-995-9540	●	\$	Supportive Pathways; Person Centred Care	Secure Unit and Outdoor Area; Supportive Living

## HOME CARE

AGENCY 	CONTACT INFO 	STAFFING Qualifications 	STARTING RATE 	CARE APPROACH 
<b>Alberta Health Services</b>	albertahealthservices.ca 403-943-1600	OT, RN, HCA	Free	
<b>All About Seniors</b>	allaboutseniors.ca 403-730-4070	RN, LPN, HCA	\$30/hr 2 hour minimum	Best Friends Approach™
<b>Aspen Care Home</b>	aspencarecalgary.com 403-990-3837	LPN, HCA	\$40/hr 4 hour minimum	Best Friends Approach™, Palliative Care
<b>Bayshore Home Health</b>	bayshore.ca 403-776-0460	RN, LPN, HCA	\$32/hr 2 hour minimum	
<b>CBI Home Health</b>	cbi.ca 403-232-8770	RN, LPN, HCA	\$33.76/hr 1 hour minimum	
<b>Care to Share Senior Services</b>	caretoshare.ca 403-567-1923	HCA	\$28/hr 2 hour minimum	Teepa Snow's Positive Approach to Care
<b>Caring Hands Calgary</b>	caringhandscalgary.ca 403-999-3336	RN, LPN, HCA	\$29.95/hr 3 hour minimum	"Treat clients as family would"
<b>Classic LifeCare Calgary</b>	classiclifecare.com 403-242-2750	RN, LPN, HCA	\$31.75/hr 2 hour minimum	Teepa Snow's Positive Approach to Care

## HOME CARE

<b>Comfort Keepers Home Care</b>	calgary.comfortkeepers.ca 403-228-0072	RN, LPN, HCA	\$30.95/hr 2 hour minimum	Best Friends Approach™
<b>Compassionate Caring Home Health Care Service</b>	compassionate-caring.com 587-888-1428	RN, LPN, HCA	\$29.95/hr 3 hour min HCA 2 hour min LPN	
<b>Enhanced Health Services</b>	enhancedhealthservicesinc.com 403-547-5859	RN, LPN, HCA	\$29.99/hr 2 hour minimum	
<b>Focus On Caring</b>	focusoncaring.com 403-264-3839	RN, HCA	\$28/hr 4 hour minimum	
<b>Global Senior Care</b>	globalseniorcareservices.com 403-452-4555	RN, LPN, HCA	\$28/hr 3 hour minimum	Best Friends Approach™
<b>Granddaughters Personal Care</b>	granddaughters.ca 403-828-0550	LPN, HCA	\$28/hr 2 hour minimum	Best Friends Approach™, Teepa Snow's Positive Approach to Care
<b>Heritage Nanny</b>	heritagenanny.com 403-978-9884	HCA	4% of nanny yearly income	
<b>Home Care Assistance</b>	homecareassistanceofcalgary.ca 403-350-2773	RN, LPN, HCA	\$29/hr 2 hour minimum	Cognitive Therapeutic Method
<b>Home Instead Senior Care North</b>	homeinstead.com/calgary 403-910-5860	LPN, HCA	\$32/hr 2 hour minimum	Dementia CARE Curriculum
<b>Home Instead Senior Care South</b>	homeinstead.com/calgary 403-984-9225	Caregivers	\$31.95/hr 3 hours, twice a week	Dementia CARE Curriculum
<b>The Mad Tasker</b>	thematasker.com 403-988-2471	LPN, HCA	\$30/hr 1 hour minimum	Person-Centred Care Approach
<b>Max Home Care</b>	www.maxhomecare.ca 587-352-1010	HCA	\$27/hr 2 hour minimum	
<b>Miraculum Homecare</b>	miraculumhomecare.com 403-452-6399	RN, LPN, HCA	\$28/hr 3 hour min	Family Care Focus
<b>Nurse Next Door</b>	nursenextdoor.com 403-306-0180	RN, LPN, HCA	\$33/hr 3 hour min	
<b>Ohana Care Health Services</b>	ohanacare.ca 403-300-2273	LPN, HCA \$55/Hr	\$30/hr 2 hour minimum	Best Friends Approach™
<b>ParaMed</b>	paramed.com 403-228-3877	RN, LPN, HCA	\$55/hr	Client-Centred

The BSF = The Brenda Strafford Foundation

## HOME CARE

<b>Qualicare Calgary</b>	homecarecalgary.com 403-209-2210	RN, LPN, HCA	\$33/hr 3 hour minimum	Nurse Managed Care; Best Friends Approach™
<b>Right At Home</b>	rightathomecanada.com/calgary 403-869-8294	RN, LPN, HCA	\$30.95/hr 3 hour minimum	Supportive Pathways; Best Friends Approach™
<b>Senior Homecare by Angels</b>	seniorhomecarecalgary.com 403-862-0129	LPN, HCA	\$29.95/hr 2 hour minimum	
<b>Supportive Outings and Services</b>	soscaregiver.ca 403-816-0428	RN, LPN, HCA		
<b>Vinnette Morgan</b>	vinnettemorgan@yahoo.ca 403-919-4052	Nursing Attendant	\$25/hour	Client dignity; Help clients stay at home

## OVERNIGHT RESPITE - Assessment Required

FACILITY 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	SUBSIDIZED	PRIVATE
<b>AgeCare Glenmore</b>	1729 – 90 Avenue SW	403-253-8806	agecare.ca	●	
<b>Aspen Care Home</b>	3437 6th Street SW	403-990-3837	aspencarecalgary.com		●
<b>Auburn Heights Retirement Residence</b>	21 Auburn Bay Street SE	403-234-9695	allseniorscare.com		●
<b>The BSF Clifton Manor</b>	4726 – 8 Avenue SW	403-272-9831	theBSF.ca	●	
<b>The BSF Wentworth Manor</b>	5717 – 14 Avenue SW	403-242-5005	theBSF.ca		●
<b>Carewest Colonel Belcher</b>	1939 Veteran's Way NW	403-944-7800	carewest.ca	●	
<b>Carewest Sarcee</b>	3504 Sarcee Road SW	403-686-8140	carewest.ca	●	
<b>Carewest Signal Pointe</b>	6363 Simcoe Road SW	403-240-7950	carewest.ca	●	
<b>Chartwell Eau Claire Residence</b>	3001 – 7 Street SW	587-287-3943	chartwell.com		●
<b>Evergreen</b>	2220 – 162 Avenue SW	403-201-3555	reveraliving.com		●
<b>McKenzie Towne Retirement Residence</b>	20 Promenade Park SE	403-257-9331	reveraliving.com		

**The BSF** = The Brenda Strafford Foundation



## ADULT DAY PROGRAMS

FACILITY 	PROGRAM NAME 	BUILDING ADDRESS 	PHONE NUMBER 	WEBSITE 	SUBSIDIZED 	PRIVATE 
<b>AgeCare Glenmore</b>	AHS Adult Day Program	1729 – 90 Avenue SW	403-253-8806	agecare.ca	●	
<b>AgeCare Midnapore</b>	AHS Adult Day Program	500 Midpark Way SE	403-873-2852	agecare.ca	●	
<b>AgeCare Seton</b>	Club 36 Adult Day Program	4963 Front Street SE	587-349-8444	alzheimercalgary.ca	●	
<b>Auburn Heights Retirement Residence</b>	Young Onset Dementia Day Program	21 Auburn Bay Street SE	403-234-9695	allseniorscare.com		●
<b>Bethany Harvest Hills</b>	Club 36 Adult Day Program	19 Harvest Gold Manor NE	403-226-8201	alzheimercalgary.ca	●	
<b>The BSF Bow View Manor</b>	AHS Adult Day Program (including Dementia Program)	4628 Montgomery Blvd. NW	403-286-6166	theBSF.ca	●	
<b>The BSF Clifton Manor</b>	AHS Adult Day Program (including Early Onset and Dementia Programs)	4726 – 8 Avenue SE	403-204-9969	theBSF.ca	●	
<b>The BSF Wentworth Manor</b>	AHS Adult Day Program	5709 – 14 Avenue SW	403-686-8602	theBSF.ca	●	
<b>Calgary Chinese Citizens Elderly Association</b>	Wing Kei Dementia Day Program *Intended for clients who speak Chinese	111 Riverfront Avenue SW	403-277-7433	wingkeicarecentre.org	●	
<b>Carewest Beddington</b>	Comprehensive Community Care (C3)	308 – 8120 Beddington Blvd. NW	403-520-3350	carewest.ca	●	
<b>Carewest Colonel Belcher</b>	Wellness Day Program	1939 Veteran's Way NW	403-944-7854	carewest.ca	●	
<b>Carewest Sarcee</b>	Comprehensive Community Care (C3)	3504 Sarcee Road SW	403-686-8140	carewest.ca	●	
<b>Carewest Signal Pointe</b>	AHS Adult Day Program	6363 Simcoe Road SW	403-240-7953	carewest.ca	●	
<b>Peace of Mind</b>	Peace of Mind Adult Day Program	NW Calgary	587-887-4900	peaceofmindcare.ca		●
<b>St. Andrew's Presbyterian Church</b>	Side by Side Fellowship	703 Heritage Drive SW	403-255-0001	standrewscalgary.ca		●
<b>Trico Centre for Family Wellness</b>	YouQuest Young Onset Dementia Daytime Wellness Program	11150 Bonaventure Drive SE	403-255-7018	youquest.ca		●
<b>Varsity Acres Presbyterian Church</b>	Side by Side Fellowship	4612 Varsity Drive NW	403-288-0544	vapc.ca		●

## CARE-PARTNER SUPPORT

PROGRAM 	PROGRAM DETAILS 	PHONE NUMBER 	E-MAIL 	HOURS 	DATES 
<b>Active Wellness Community for Young Onset Dementia</b>	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 <sup>st</sup> & 3 <sup>rd</sup> Tue of Each Month
<b>Alzheimer Society of Calgary</b>	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 <sup>nd</sup> & 4 <sup>th</sup> Wed Monthly 1 <sup>st</sup> Thurs of Each Month 3 <sup>rd</sup> Thurs of Each Month
<b>Calgary N.E. Dementia Support Group</b>	Dementia-specific support	403-273-2371		Times Vary	Dates Vary
<b>Calgary South Dementia Support Group</b>	Dementia-specific support	403-271-9570		10 a.m.-11:30 a.m.	2 <sup>nd</sup> & 4 <sup>th</sup> Thurs of Each Month
<b>Dementia Support</b>	Dementia-specific support. Southwood United Church, 10690 Elbow Dr. SW	403-253-2979	southwoodchurch.ca	1 p.m.	1 <sup>st</sup> Mon of Each Month
<b>Living with Dementia</b>	12 topics by professional facilitators Carewest Glenmore Park Day Hospital, 6909 – 14 St. SW	403-640-6480		9:30 a.m.-2 p.m.	Wednesdays 12-week Program
<b>Memory P.L.U.S.</b>	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
<b>Movement P.L.U.S.</b>	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

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

## Questions? Feedback? Stories to Share?

Write to us: [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca)  
Connect with us online at: [dementiaconnections.ca](http://dementiaconnections.ca)

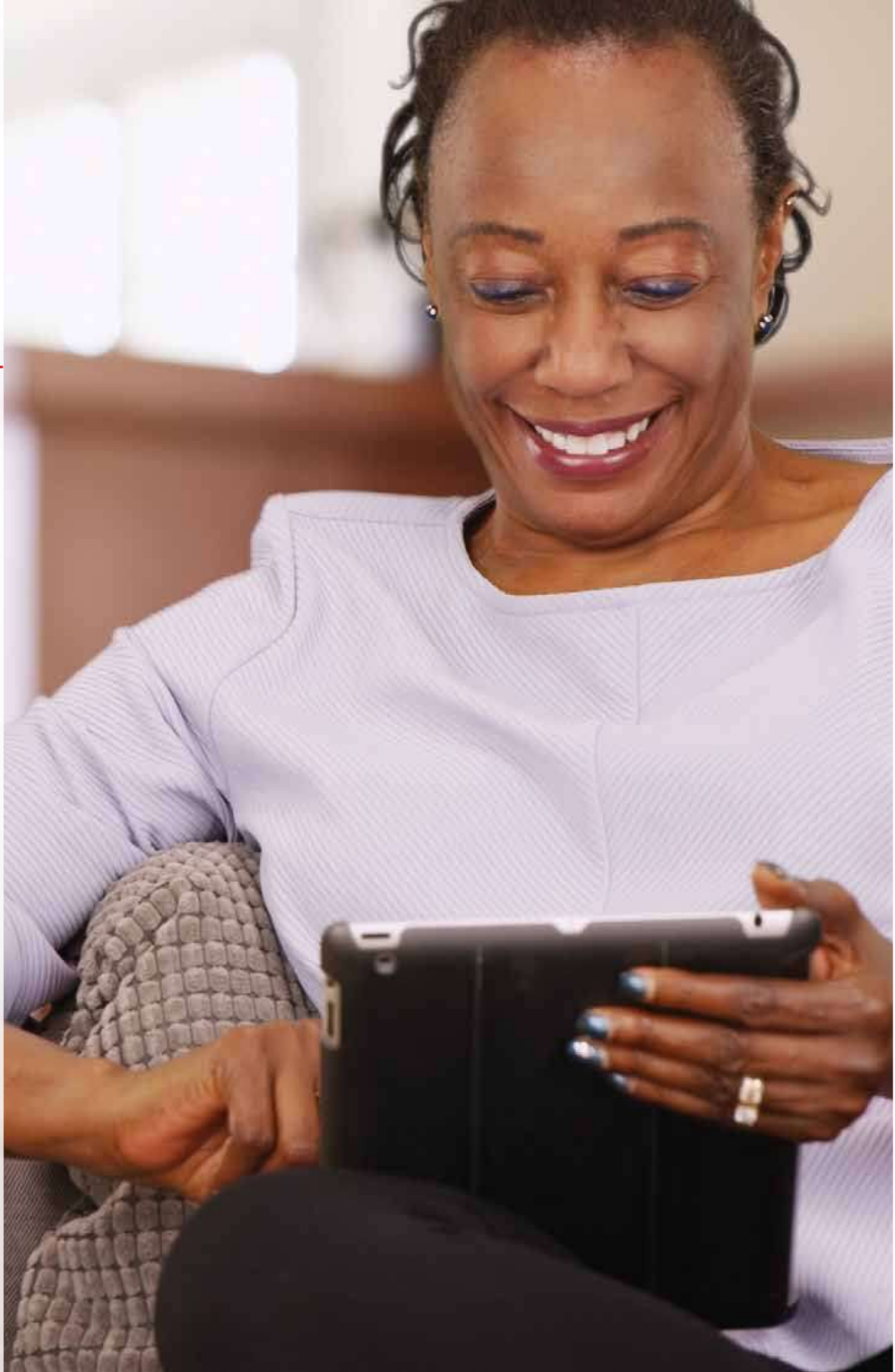


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## MANG'S *Story*

[AS TOLD TO] Mae Kroeis PHOTOGRAPHY BY Jared Sych

*Mang Q. Chan was born in Hong Kong and immigrated to Canada with his wife and four children in 1980. His aptitude for planning, numbers and human resources helped him thrive in his career as a business leader both in China and in Canada.*

*Chan, now 94, was diagnosed with Alzheimer's disease in 2014. He and his wife, Sau Hing Chan, have been married for more than 70 years and are looking to move to a care facility where Chan can receive care for his dementia. His condition has progressed over the last year and he stays close by his wife's side. He enjoys reading newspaper headlines, going out for coffee and attending the Wing Kei Care Centre's Adult Day Program.*

"I especially appreciate when I feel cared for and am given the opportunity to participate in regular activities."



I was born in Hong Kong. My wife and I married in 1945 and had four children in China before the family immigrated to Canada in 1980. Taking care of my family has always been extremely important to me.

With a career in business management, I was a strong strategic thinker, very good with numbers and at managing people. This thinking mindset is what made it so hard for me when I first started to lose my thoughts about five years ago. I was becoming forgetful, having trouble with directions and repeating myself.

It felt like I was walking around with a cloud over my

head. This really scared me as I was always a planner and a thinker, taking care of everything for my wife. I began to worry about what would happen to us.

My wife took me to the doctor, and I was diagnosed with Alzheimer's disease. I take medication to help slow the progression of symptoms but they have worsened in the last year. Sometimes this gets me depressed. My daughter helps get my spirits up when this happens. She reminds me that everything and everyone is being cared for. It is reassuring when I know what the plan is and that my family is taken care of. Being with my wife also brings me great comfort.

My wife and I live in a seniors' residence in Chinatown where we have been for the last 15 years. We always enjoyed helping others in the Chinese community and were involved in volunteer organizations that I helped manage.

Now, I like to do things to keep my mind sharp. I come to the Wing Kei Care Centre's Adult Day Program twice a week. I enjoy doing puzzles. I like to read and do math competitions with my wife—sometimes I even win! I especially appreciate when I feel cared for and am given the opportunity to participate in regular activities. My favourite thing is going out for coffee with my wife and daughter. 📌

Share your story with us at [feedback@dementiaconnections.ca](mailto:feedback@dementiaconnections.ca).



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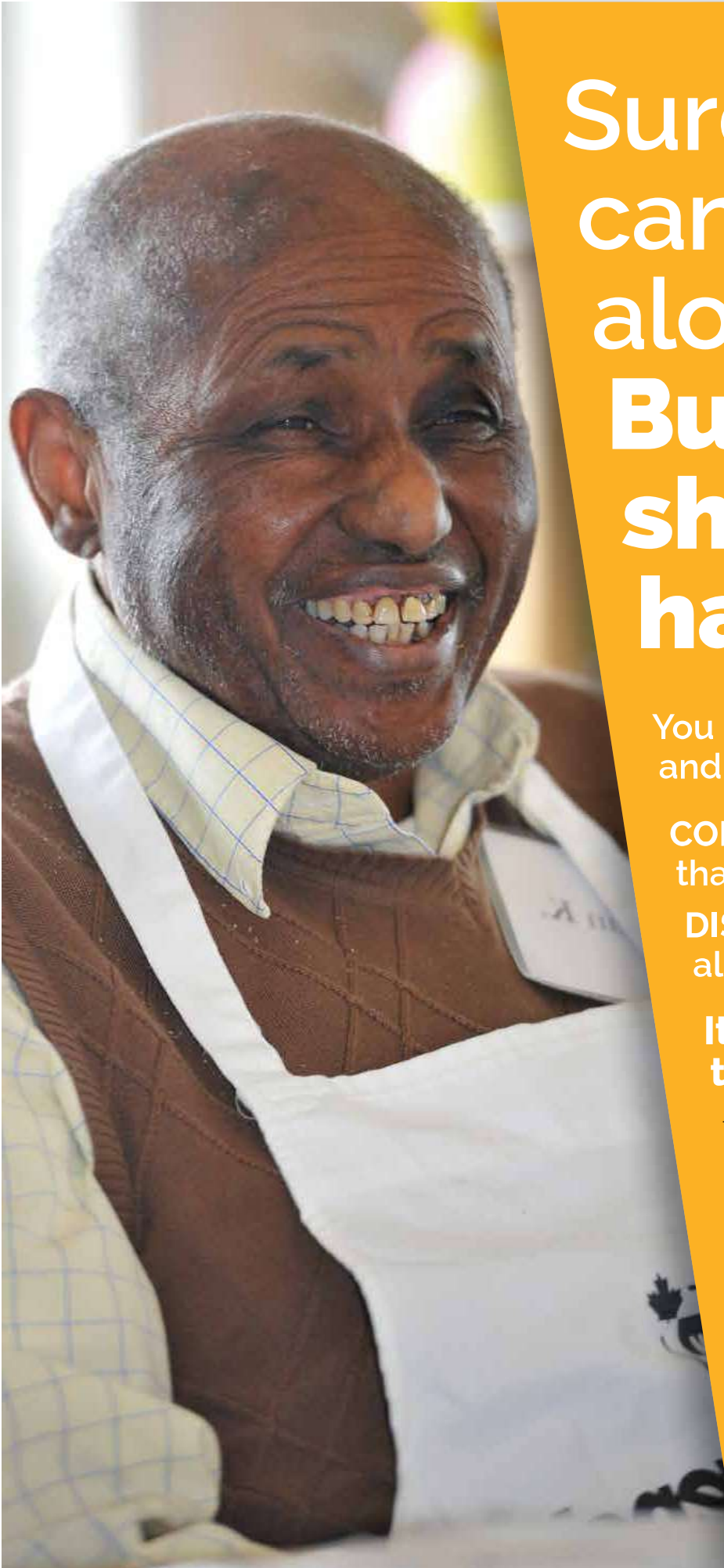
E: [cehealth@mtroyal.ca](mailto:cehealth@mtroyal.ca)

P: 403.440.6867 or 1.888.392.3655

[mru.ca/Dementia](http://mru.ca/Dementia)







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