



**DEMENTIA
ALLIANCE**

of North Carolina

A STATE OF CARING

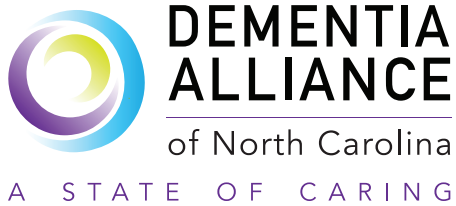
AMBASSADOR PROGRAM

DAY ONE

11:30 - 12:30	Mingle/Lunch
12:30 - 1:00	Welcome - Getting to Know Each Other
1:00 - 1:45	An Overview of Dementia Alliance and Our Impact Break
1:45 - 2:00	Break
2:00 - 3:30	A more in-depth look at DANC Programs Navigation Music and Memory Education Dementia 101: Warning Signs, Risk Reduction, What's Normal & What's Not
3:30 - 3:45	Break
3:45 - 5:00	Manual Review, Roles & Expectations, Words of Wisdom from current Ambassadors
6:00	Meet for Dinner

DAY TWO

8:30 - 9:00	Breakfast/Mingle
9:00 - 10:30	Virtual Dementia Tour with Spring Arbor Assisted Living Pre-Work Review, Day 1 Recap
10:30 - 11:30	VDT Debrief and Core Values Discussion
11:30 - 12:30	Resource and Material Review
12:30 - 1:00	Lunch
1:00 - 2:30	Check Your Knowledge, Q&A, Creating a Community
2:30	Closing



Welcome to the Dementia Alliance of North Carolina Ambassador Program!

We are thrilled to welcome you to this dedicated group of volunteer leaders and dementia advocates. Thank you for joining us in our effort to deepen our commitment and footprint in communities across North Carolina.

The goal of DANC's Ambassador Program is to provide volunteer opportunities promoting education and mindfulness of the impact of dementia, as well as building supportive relationships and partnerships in our local communities.

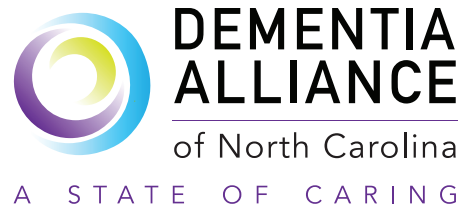
My hope is through this training and enclosed materials, our team will equip you with the knowledge and tools to be an effective ambassador in your own community.

Together, we can improve the lives of even more North Carolinians living with dementia! Thank you for your dedication to this cause and to Dementia Alliance of North Carolina.

Warm Regards,

A handwritten signature in black ink that reads "Heather Hooper". The signature is fluid and cursive, with the first and last names being more prominent.

Heather Hooper
Executive Director
Dementia Alliance of North Carolina



AMBASSADOR PROGRAM



Dementia Alliance Ambassadors are a dedicated group of volunteer leaders and dementia advocates who engage and activate awareness about Dementia Alliance of North Carolina programs, services and events. They are equipped with knowledge and tools to implement dementia awareness activities within their local communities and serve as a resource for families living with dementia.

Ambassadors help to deepen our commitment and footprint in communities across the state.

The Dementia Alliance Ambassador program is our blueprint for establishing personal connections and building supportive relationships and partnerships for our communities. The goal of the program is to provide volunteer opportunities that will help educate and promote mindfulness of the impact of dementia.





MISSION

Improving lives of caregivers and others impacted by Dementia in North Carolina, engaging and empowering them through support, education and research.

Dementia Alliance of N.C. programs are built around a foundation of **CARE** - providing *Comfort, Assistance, Resources and Education* for individuals and families living with Dementia. Through our CARE approach, we seek to help N.C. become a state of caring for caregivers and individuals living with Dementia with:

- Educational Outreach – Regional conferences and workshops for family and professional caregivers, community awareness programs, professional training for long term care providers, law enforcement, clergy and other groups
- Support – Dementia navigation services, support groups for caregivers and those living with Alzheimer's and other dementias, individual and family counseling and emergency respite
- Services - Referrals, free information packets and advocacy for research funding

FINANCIAL INFORMATION

Contributions received through grants, memorials, honoraria, combined federal, state, county and city campaigns, corporate donations, employee payroll deductions and fundraising events provide programs and services — 100% of funds received for research are allocated to research. All funds raised remain in North Carolina to assist with family services and educational programs.

CORE VALUES

Dignity & Compassion: we will treat everyone with dignity, respect and compassion.

Engagement & Connection: committed to providing engagement and connection for families throughout the state so that they know they are not alone.

Empowerment through knowledge & support: devoted to empowering caregivers by giving them knowledge and support to better care for their loved ones with confidence.

Integrity: ensure accountability and transparency within our organization and with our donors and supporters.

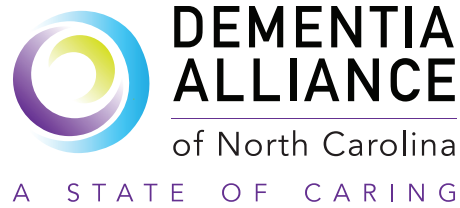
CORE FOCUS

Belief: We believe that everyone impacted by Dementia deserves the resources to have an optimal quality of life and hope until there is a world without Dementia.

Vision: A North Carolina where everyone impacted by dementia receives superior resources and care, meaningful support and an improved quality of life.

Mission: To improve the lives of all North Carolinians impacted by dementia, engaging and empowering them through support, education and research.

Niche: funded by the community for the community, personalized NC-focused dementia CARE.



Code of Conduct for Dementia Alliance of North Carolina's Volunteers

This Code of Conduct is designed to provide all DA-NC Volunteers with a set of principles and expectations for appropriate conduct and behavior.

All volunteers shall abide by and conform to these professional standards when representing Dementia Alliance of North Carolina:

- Volunteers shall act honestly and ethically while in the performance of their volunteer duties.
- All volunteers should use active listening skills, respect people's privacy, and follow confidentiality standards as set forth by DA-NC.
- Volunteers shall treat all DA-NC employees, volunteers, and community members with respect, courtesy, and dignity.
- Volunteers shall not discriminate on the basis of race, color, religion, national origin, gender, age, disability, marital or familial status, or sexual orientation in the provision of any of its services to those living with dementia or their caregivers.
- Volunteers shall not harass, bully, or mistreat staff or other volunteers.
- Volunteers shall not make derogatory comments, ridicule, challenge or attack others or their business. Discussions during presentations, town halls, etc. are meant to stimulate conversation and collaboration, not contention. All defamatory, abusive, profane, threatening, offensive or illegal materials or language are strictly prohibited.
- Volunteers shall obey all applicable local, state, and federal laws, while acting on behalf of DA-NC including all laws and regulations that govern appropriate conduct in the workplace.
- Volunteers shall deter wrongdoing and ensure accountability for adherence to the Code of Conduct.
- Volunteers shall not communicate in a way that could be construed in any way as support for or opposition to any candidate for a federal, state, or local public office while representing DA-NC.

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- Volunteers shall report violations or suspected violations of the Code of Conduct. Violations should be reported to the assigned staff partner, their manager, or Info@DementiaNC.org.
- While volunteering with DA-NC, volunteers must take into consideration the magnitude of their actions and comments while working alongside outside personnel. Although the volunteer may be an expert in a given field, they are not in any position to give medical advice or opinions, especially because it may notably affect the pre-established relationship with DA-NC.
- Volunteers are responsible for maintaining the confidentiality of all proprietary and/or privileged information to which they are exposed while serving as a volunteer.

Term of disqualification and/or removal

DA-NC is committed to providing a safe and healthy environment for both staff and volunteers. Volunteers who do not comply with the Mutual Code of Conduct may be subject to disciplinary action, including and up to disqualification and/or removal.

I understand that my volunteer effort with Dementia Alliance of North Carolina (DA-NC) contributes to its success. Therefore, I agree to abide by the rules noted above for my participation.

Signature

Date

Please print name _____

2024 ALZHEIMER’S STATISTICS



Number of
North Carolinians
aged 65 and older with Alzheimer’s

YEAR	TOTAL
2024	210,500

Unpaid Caregivers (2024)

Number of NC caregivers	373,000
Total Hours of Unpaid Care	723 Million

Dementia Navigation:

Guiding individual caregivers
Unique Families Served: 692

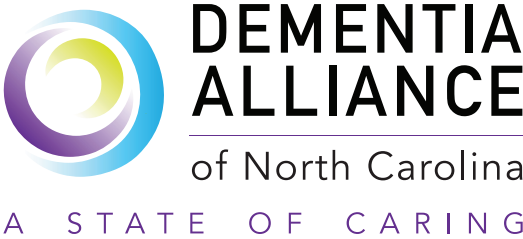


- 91% said their interaction with DANC reduced their caregiving stress.
- 83% indicated their caregiving knowledge or skills increased as a result of their interaction.
- 93% said they are likely to reach back out for further assistance.

Caregiver Assistance Fund:

Decreasing Caregiver Stress

*Hours of Respite Given: 1,438



Our mission is to improve the lives of all North Carolinians impacted by dementia, engaging and empowering them through support, education and research.

Dementia Alliance of North Carolina (DA-NC)
PRIMARY PROGRAMS:

Dementia Navigation & Care Consultation:

Our Dementia Navigators are trained to assess the specific needs of dementia caregivers and provide information, referrals and other forms of caregiver assistance, including:

- Personalized Recommendations
- Online and Phone consultations
- Information & Referrals
- Educational Materials
- Connections to DA-NC Support Groups
- Distribution of Caregiver Assistance Funds

“Throughout the conversation, the individual I spoke with was calm, reassuring, confident, and knowledgeable. I received a follow-up email shortly after our conversation and knew exactly what to do next.”

Support Groups:

A caregiver support group is a positive outlet providing caregivers a safe place where any negative emotions about caregiving can be expressed and validated (like anger, frustration and grief), helping participants feel like they are **NOT** alone. In addition, DA-NC offers ongoing training to existing support group leaders and trains new leaders to serve in their local communities.

Support Groups:

Building Community

Number of Groups: 155

- Groups in 61 NC Counties
- 91 New leaders trained



Education:

DA-NC provides education for families and professional caregivers. Working with partners, we bring workshops, conferences to communities across the state. Providing education helps to relieve stress and reduce caregiver burnout, providing a better quality of life for all.

Educational opportunities include:

- Community workshops & conferences
- Continuing education for professional caregivers
- Crisis Intervention Training (CIT) for law enforcement & first responders
- Support group facilitator training

"A simple Thank You to each person involved. Dementia is a disease that continues to evolve on so many levels, and practical information is always needed, particularly for caregivers.

Valuable tools and resources were shared and I look forward to future conferences."

Music & Memory at Home:

An evidence-based program which helps people living with dementia find renewed joy and connection to life through personalized musical favorites.

"We got our music kit and all I can say is a huge thank you. Thank you for putting this together and encouraging me throughout the process. My dad absolutely loves it. The healing power of music is so incredible. You and your team did an awesome job and the music is spot on. So thankful!"

Research:

DA-NC invests in funding research efforts that address important issues ranging across a broad spectrum of concerns in the field of dementia science and care.



No one should have to face dementia **ALONE!** You have the **POWER** to navigate a family through their dementia diagnosis:

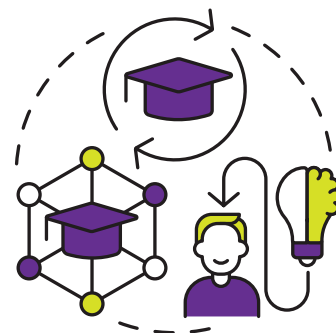


- **\$60** provides two hours of respite for an overwhelmed caregiver
- **\$100** provides personalized consultation with our Dementia Navigator
- **\$300** provides a family with a Music and Memory at Home Kit
- **\$500** provides a free educational webinar for caregivers
- **\$1,000** provides a community workshop, taking critical tools & resources across the state

Education:

Empowering Caregivers

Education Programs Held: **170**



- 6,500 attended conferences, workshops and webinars.

Music & Memory:

Improving Quality of Life

Music Kits Delivered: **103**



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9131 Anson Way, Suite 206
Raleigh, NC 27615

www.DementiaNC.org
919.832.3732

Outreach and Public Relations -- Spreading the Word

There are a number of methods that can be used to inform the public of meetings and upcoming events or activities.

You first want to call your local newspaper(s), TV and radio stations and ask who handles calendar items and/or community affairs issues and get the contact information.

These days, the media prefer to receive their news via e-mail, be sure to ask for their individual preferences. Once you have sent the release, it's important to follow up about a week later to make sure they received the information.

An important thing to keep in mind is how far in advance you need to send the release or calendar item to the media. Again, check with the local newspaper, TV or radio station—some want items two weeks in advance, others four.

Also, check when the deadline is. For instance, a weekly newspaper that comes out on Thursdays may have a deadline of Monday at the close of business to get an item published that week.

Be sure to consider non-traditional media, such as church (or synagogue, mosque, or temple) bulletins, newsletters from other non-profits, or professional and specialty journals.

The following are the types of media releases you are likely to use:

1. A **General News Release** is a short, concise factual description of an event or program that is prepared for all media. It answers the basic five W's (who, what, when, where, why) and should be double-spaced. It should also include the name and contact information of a contact person
2. **Calendar Items** are a brief, one-paragraph news release that describes an upcoming program or event and includes the time, location and cost, as well as the contact information of someone to call with questions

3. **News Advisories** are a very simple listing of the basic facts of an upcoming program, answering the 5 W's written in a memo style

4. **Public Service Announcements (PSAs)** are commercials for future meetings or events that radio and television stations will run without charging, if they are from non-profit organizations. The station's public service director can provide formatting requirements. PSAs usually are only between 10 and 30 seconds. Some stations prefer receiving just the copy and writing their own PSAs. Check with the station(s) to find out their preference

5. **Flyers** are a great way to spread the word about an upcoming workshop, special speakers, or even just your regularly scheduled support group meeting. They can be distributed at public gatherings such as health fairs, community events, etc., or posted at locations such as libraries, coffee shops, grocery stores, etc. Dementia Alliance can **provide you with branded flyer templates and social media graphics for your event**. Simply email your request to: Ambassadorprogram@DementiaNC.org



Sample Flyer Template:



Community Dementia Workshop

Warning Signs of Dementia?

What to do if you suspect something
is more than normal age changes

Enter DATE:

Enter TIME:

Enter Location:

Enter Address:

Enter City, NC Zip:

**Please pre-register by
(enter date)**

Enter phone #:

Sponsored by:

Enter Your Group name

*Note: We are happy to create this for you.
Simply email your request to
Ambassadorprogram@dementianc.org.
Please allow 2 weeks to receive your flyer.*

FREE COMMUNITY WORKSHOP

- Does Someone You Love Have MEMORY PROBLEMS?
- Are you concerned and not sure how to help?
- Are you feeling frustrated? Alone? Overwhelmed? Frightened?

Come to this workshop...

It will provide you with:

- Information
- Knowledge
- Resources
- Connections
- Hope
- Understanding



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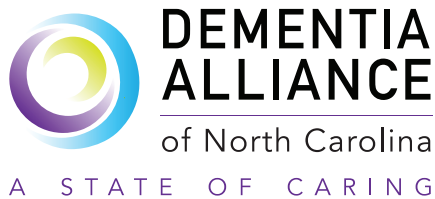
www.DementiaNC.org

Dementia Alliance of North Carolina Brand Standards

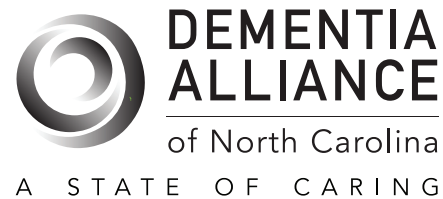
As a **Community Ambassador** you are encouraged to include official logos and to maintain color standards in all of your outreach and marketing materials. The logo, along with the updated mission-oriented tagline, A State of Caring, is available in several formats:

Logo Standards:

Horizontal Full Color



Horizontal Black & White



White on solid



Vertical Full Color



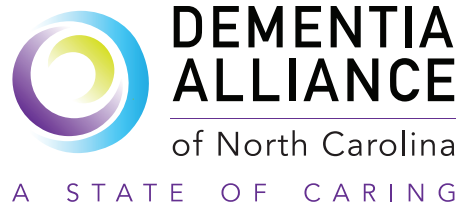
Vertical Black & White



White on solid



Contact us at Ambassadorprogram@dementianc.org for images.



PHOTO/VIDEO RELEASE FORM

I, _____, consent to the unrestricted use, by Dementia Alliance of North Carolina (and those acting with its permission and authority), of any and all media taken, in whole or in part, unlimited use, for all purposes in any form or medium, including, without limitation, its use through or on any electronic media, including the Internet.

I waive any right to inspect or approve the finished product or products or the advertising copy or printed matter that may be used with the finished media.

Further, I relinquish all rights, titles and interest I may have in the finished media, negative(s) and reproduction to any responsible business firm or publication. It is understood that Dementia Alliance of North Carolina retains copyright of media at all times under the express understanding and agreement that Dementia Alliance of North Carolina shall have exclusive reproduction rights to the media.

I hereby release Dementia Alliance of North Carolina from any and all claims in connection with the media, including any and all claims of libel.

_____ I am over the age of 18. I have read the above and fully understand its contents.

Name (please print)

Address/City/State/Zip

Telephone & Email

Signature & Date

AMBASSADOR PROGRAM



TYPES OF ACTIVITIES

- Civic Group Presentations
- Exhibiting at a Health Fair
- Distributing resources to local medical practices, libraries, or other locations in your community
- Sharing information about dementia resources and events with your network
- Working with a faith-based program or place of worship
- Have a multi-group event (ex. multiple non-profits or churches come together)
- Get trained and lead a DANC Support Group
- Coordinate logistics of a dementia workshop
- Volunteer at DANC events in your community
- Create a DANC walking team at another charitable event
- Have a Community Book Club
- Participate in State Advocacy Day
- Start a Lunch and Learn Group
- Help host a Memory Cafe social group or a Caregiver Respite Program

Exhibiting at a health fair or resource fair

includes setting up a table or exhibit of materials about DANC, Dementia, and Caregiving to include:

- DANC materials
- Info sheets about Dementia
- Newsletters and brochures
- Flyers of upcoming education and fundraising events
- Schedule of support groups in your area
- Handouts for caregiving tips, etc.
- If you are asked to bring a door prize, please talk to Rosalind about it
- You may want to add seasonal decorations – avoid religious themes (for example use spring instead of Easter or winter instead of Hanukah), unless these themes specifically apply



Tips for leaving materials at a healthcare provider's office, library, or business:

- Get permission to leave the materials
- Offer to have someone there review the material first if they prefer
- Decide which material is best depending on the focus of the practice or business
- Follow up to see if the materials have been used if the practice has received any feedback, and if they would like more materials



Helpful things to keep in mind for **leading a talk**:

- Be aware of your audience so you can speak to their needs. Are these mostly family caregivers? Is there someone in the audience living with dementia?
- Speak clearly and audibly – use a microphone

- Show concern and respect for the audience members, work towards establishing rapport
- Use slides/handouts shared by DANC, follow your own presentation style and strengths.

Introduce yourself, briefly share about yourself, your “why”, and introduce DANC:

- Time permitting, have audience members introduce themselves
- Pick up on things said in introductions. Listen, reflect back on what was said, acknowledge and thank them for sharing
- Do not make a diagnosis or give medical or legal advice
- Be flexible yet organized with your talk

Provide the opportunity for people to ask questions:

- It is all right to not have all of the answers, you can always ask the audience for their thoughts and offer to get the answers and share back later
- Summarize your talking points at the end, and find themes and commonalities where possible
- Refer them to the DANC Dementia Navigators



Work with a faith-based organization to start an event:

- Have a health/resource fair
- Start a lending library
- Plan a “caregiver day out” type program
 1. These events offer activities and support for people living with dementia while their caregivers have time for a break or to do other activities
 2. Often a home health company will also be included in this partnership to help provide trained care

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- Consider space, resources, and the number of volunteers you will need to participate
- Consider combining with another existing event
- Keep in mind a promotional strategy; is this open to just the organization or the community at large, too?



Hosting a workshop or education event:

- Consider who your target audience will be, base your topic, accommodations, and length of talk on this
- Plan the date and time around your focus audience, consider daytime or evening, weekday or weekend
- Pay attention to your location, parking, entry and exit access, accessibility, and seating
- Someone who needs ongoing support might first come to an education event, be ready to speak with people “off-line”, encourage support group participation, refer to Dementia Navigators, and always thank people for attending

Choose a speaker who is knowledgeable and personable:

- Not all content experts are good speakers; provide specific expectations, clear timelines and over-communicate so there are no miscommunications.
- Be sure there is enough time planned in the agenda for questions. A 30-minute talk might really mean 5 minutes of introduction, 15 minutes of talk time, and 10 minutes for Q&A
- Keep in mind it's not all about numbers, having 10 people attend might be more meaningful for those 10 than having a 40-person event

Plan for audio-visual needs:

- Ask that everyone speaking use a microphone
- Will the speaker use visual aides (Powerpoint)
- Will there need to be a laptop/TV/Screen/or other equipment

Develop a flyer and press release:

- Be clear in your title, fun titles are great, but you want to be sure you are telling people exactly what they will be hearing
- Target your specific audience
- Be inviting, and tell people why they should attend

Spread the word:

- Community Calendars, libraries, faith-based bulletins, senior centers, service & community groups, attorney & physician offices, health department, adult day programs, get creative!

Before the meeting:

- Verify all arrangements
- Organize any food, drinks, a/v equipment
- Plan for educational material distribution
- Decide about registration, name tags, and room setup
- Greet people as they arrive, make introductions, and encourage them to take materials
- Begin and end on time



Get trained to lead a support group:

- Online training held quarterly (free for Ambassadors)
- Become a group facilitator or co-facilitator
- Have ongoing support from DANC Navigators

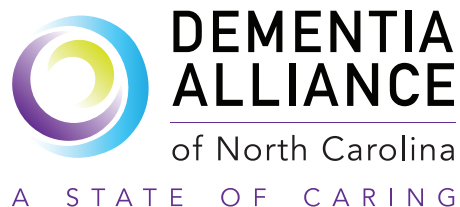


APPENDIX

THE BILL OF RIGHTS

All individuals experiencing memory loss deserve the following rights:

- To be informed of one's diagnosis and to be involved in one's medical plan
- To be productive in work and play as long as possible
- To be treated like an adult and not like a child
- To be able to share and express feelings that are then taken seriously
- To make decisions for him/herself as long as he/she can
- To be a vital part of society just as we always have been
- To have our voice heard
- To be treated with respect and dignity as anyone else
- To have my strengths continue to be recognized
- To be free from psychotropic medications, if possible
- To live in a safe, structured and predictable environment
- To enjoy meaningful activities that fill each day
- To be outdoors on a regular basis
- To have physical contact, including caressing and hand-holding
- To be with individuals who know one's life story, including cultural and religious traditions
- To be cared for by individuals who are well-trained in dementia care



Source:

Individuals of Memory Loss, "Forget-Me-Nots" Support Group 2011
The Best Friends Approach to Alzheimer's Care by Virginia Bell and David Troxel, p. 38.

Become a Better Listener:

ACTIVE LISTENING

By JOHN M. GROHOL, PSY.D.

Most people go through their daily lives engaging in many conversations with friends, co-workers, and our family members. But most of the time, we don't listen as well as we could or sometimes should. We're often distracted by other things in the environment, such as the television, the Internet, our cell phones, or something else. We think we're listening to the other person, but we're really not giving them our full attention.



Enter a skill called "active listening." Active listening is all about building rapport, understanding, and trust. By learning the skills below, you will become a better listener and actually hear what the other person is saying, not just what you think they are saying or what you want to hear. While therapists are often made fun of for engaging in active listening, it is a proven technique that helps people talk and feel free to continue talking even if the person they are talking to doesn't have a lot to offer the other person (other than their ear).

Are you as good a listener as you think you are?

13 STEPS TO BETTER ACTIVE LISTENING SKILLS

Below you will find 13 different skills that help people be better active listeners. You do not have to become adept at each of these skills to be a good active listener, but the more you do, the better you'll be. If you even just use 3 or 4 of these skills, you will find yourself listening and hearing more of what another person is saying to you.

1. Restating

To show you are listening, repeat every so often what you think the person said — not by parroting, but by paraphrasing what you heard in your own words. For example, "Let's see if I'm clear about this. . ."

2. Summarizing

Bring together the facts and pieces of the problem to check understanding — for example, "So it sounds to me as if . . ." Or, "Is that it?"

3. Minimal encouragers

Use brief, positive prompts to keep the conversation going and show you are listening — for example, "umm-hmmm," "Oh?" "I understand," "Then?" "And?"

4. Reflecting

Instead of just repeating, reflect the speaker's words in terms of feelings — for example, "This seems really important to you. . ."

5. Giving feedback

Let the person know what your initial thoughts are on the situation. Share pertinent information, observations, insights, and experiences. Then listen carefully to confirm.

6. Emotion labeling

Putting feelings into words will often help a person to see things more objectively. To help the person begin, use "door openers" — for example, "I'm sensing that you're feeling frustrated. . . worried. . . anxious. . ."

7. Probing

Ask questions to draw the person out and get more meaningful information — "What do you think would happen if you. . .?"

8. Validation

Acknowledge the individual's problems, issues, and feelings. Listen openly and with empathy, and respond in an interested way — for example, "I appreciate your willingness to talk about such a difficult issue. . ."

9. Effective pause

Deliberately pause at key points for emphasis. This will tell the person you are saying something that is very important to them.

10. Silence

Allow for comfortable silences to slow down the exchange. Give a person time to think as well as talk. Silence can also be very helpful in diffusing an unproductive interaction.

11. "I" messages

By using "I" in your statements, you focus on the problem not the person. An I-message lets the person know what you feel and why — for example, "I know you have a lot to say, but I need to. . ."

12. Redirecting

If someone is showing signs of being overly aggressive, agitated, or angry, this is the time to shift the discussion to another topic.

13. Consequences

Part of the feedback may involve talking about the possible consequences of inaction. Take your cues from what the person is saying — for example, "What happened the last time you stopped taking the medicine your doctor prescribed?"



7 COMMUNICATION BLOCKERS

These roadblocks to communication can stop communication dead in its tracks:

1. "Why" questions. They tend to make people defensive.
2. Quick reassurance, saying things like, "Don't worry about that."
3. Advising — "I think the best thing for you is to move to assisted living."
4. Digging for information and forcing someone to talk about something they would rather not talk about.
5. Patronizing — "You poor thing, I know just how you feel."
6. Preaching — "You should. . ." Or, "You shouldn't. . ."
7. Interrupting — Shows you aren't interested in what someone is saying.



5 SIMPLE CONVERSATION COURTESIES

1. "Excuse me..."
2. "Pardon me...."
3. "One moment please..."
4. "Let's talk about solutions."
5. "May I suggest something?"

THE ART OF QUESTIONING

The four main types of questions are:

1. Leading Questions

For example, "Would you like to talk about it?" "What happened then?" "Could you tell me more?"

2. Open-ended Questions

Use open-ended questions to expand the discussion — for example, lead with: "How? What? Where? Who? Which?"

3. Closed-ended Questions

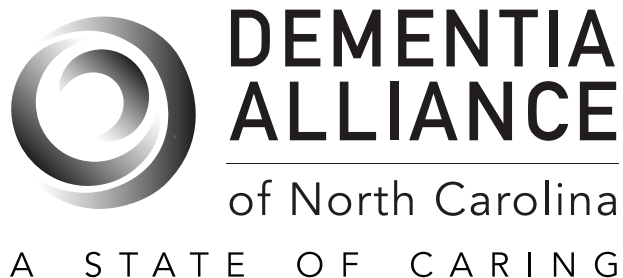
Use closed ended questions to prompt for specifics — for example, lead with: "Is? Are? Do? Did? Can? Could? Would?"

4. Reflective Questions

Can help people understand more about what they said — for example, someone tells you, "I'm worried I won't remember. . ." Reflective Q: "It sounds like you would like some help remembering?"

Source: Grohol, J. (2007). Become a Better Listener: Active Listening. <http://psychcentral.com/lib/2007/become-a-better-listener-active-listening/>

*National Aging Information
& Referral Support Center*



Self-Review of Active Listening Techniques

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you maintain eye contact? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you try to paraphrase what has been said before you respond? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you ask questions at the end of the speaker's statement in order to completely understand what has been said? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you make an effort to understand the speaker's point of view? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you give people the opportunity to finish what they are saying before you speak? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Do you consciously watch other's body language for additional clues as to how they feel about the topic under discussion? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you maintain eye contact with the person who is speaking at least 90% of the time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Does your facial expression, posture, and body language indicate your interest in what the speaker is saying? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you put aside preconceived opinions to really listen with an open non-judgmental mind? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Do you refrain from offering advice? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do you periodically assess your listening skills by reflecting on your listening strengths and weaknesses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Have you created a "warm", confidential, and safe environment for caregivers to openly share their emotions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Has trust been developed between you and the person/people to whom you are speaking? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Common Dementias Explained

Overview

Dementia can be caused by a number of different conditions; it is a symptom of neurodegenerative diseases like Alzheimer's, frontotemporal dementia or corticobasal degeneration. The term "dementia" describes a progressive, degenerative decline in cognitive function that gradually impairs memory and the ability to learn, reason, make judgments, communicate and carry out daily activities. While it often includes memory loss, memory loss by itself does not mean that a person has dementia. Dementia affects more than 50 million people worldwide.

Alzheimer's Disease (AD)

Alzheimer's disease is a progressive, degenerative brain disease that slowly erodes memory and thinking skills, and eventually even the ability to carry out simple tasks. It is the most common cause of dementia. Alzheimer's may occur in combination with vascular dementia, or other dementias.

Frontotemporal Dementia (FTD)

Frontotemporal dementia is a group of related conditions resulting from the progressive degeneration of the temporal and frontal lobes of the brain. These areas of the brain play a significant role in decision-making, behavioral control, emotion and language. Common forms of FTD:

Primary Progressive Aphasia (PPA)

Is caused by degeneration in the areas of the brain that control speech and language. This type of aphasia begins gradually, with speech or language symptoms that will vary depending on the brain areas affected by the disease.

Progressive Supranuclear Palsy (PSP)

A degenerative disease of the brain leading to difficulties with walking and balance, problems with eye movements, changes in behavior, difficulty with speech and swallowing, and dementia.

Corticobasal Degeneration

A progressive neurological disorder that affects nerve cells that control walking, balance, mobility, vision, speech and swallowing.

Behavioral Variant FTD (bvFTD)

Involves changes in personality, behavior, judgment. Behavior and poor judgment go unnoticed by the individual. Inappropriate and impulsive behaviors are common along with apathy and loss of initiative. Memory generally not affected.

Lewy Body Dementias

Lewy body dementias include dementia with Lewy bodies (DLB) and Parkinson's disease with dementia (PDD) and are the second most frequent cause of dementia in elderly adults. Common symptoms include problems with movement, visual hallucinations, and fluctuations in thinking skills or attention.

Mild Cognitive Impairment

In contrast to Alzheimer's where other cognitive skills are affected, mild cognitive impairment (MCI) is defined by deficits in memory that do not significantly impact daily functioning. Memory problems may be minimal to mild and hardly noticeable to the individual.

Vascular Dementia

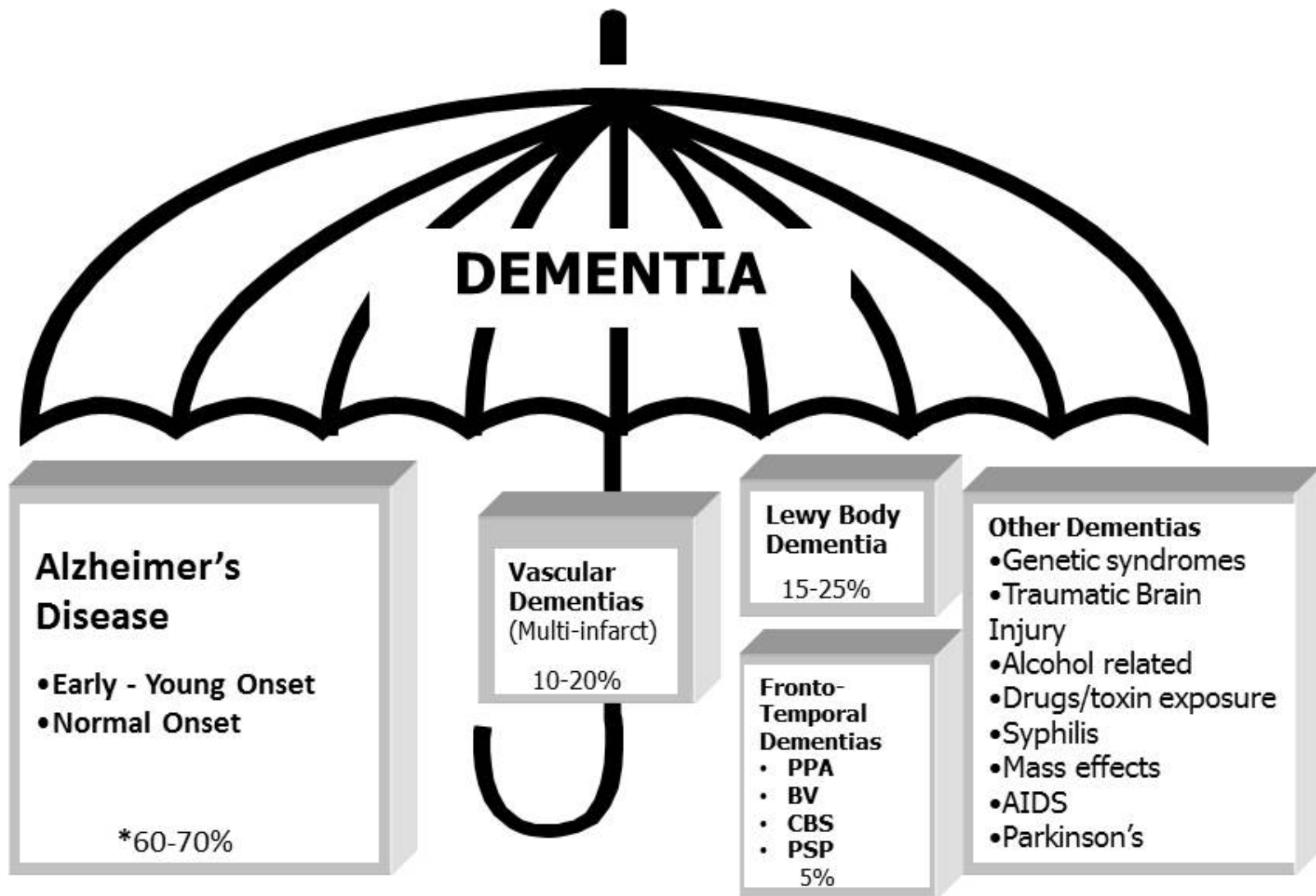
Vascular dementia is a subtly progressive worsening of memory and other cognitive functions due to chronic, reduced blood flow in the brain, eventually resulting in dementia. Clinically, patients with vascular dementia may look very similar to patients with Alzheimer's, and the two diseases are very difficult to distinguish from each other. Vascular dementia may occur in with Alzheimer's disease.

(<http://memory.ucsf.edu/education/diseases>)



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*Percentages from D. Kaufer, MD, UNC-CH, Carolina Alzheimers Network, Aug. 2010

Alzheimer's Disease (AD): What Everybody NEEDS to Know

What is Dementia?

Dementia is a non-specific term used to describe a person having changes in brain function that interfere with ability to function and do everyday activities.

The person with dementia has problems in multiple areas of brain function. These problems can include; memory, language, impulse control, ability to do things for self, personality, understanding of time, etc.

Common types of dementia include: Alzheimer's disease, vascular dementia, Lewy body dementia, frontal-temporal dementia (FTD) and mixed dementia (more than one type of dementia occurring in the same brain). Different types of dementia impact the brain in different ways, have different symptoms, cause changes in different abilities...in different orders...and at different rates.

What is Alzheimer's Disease?

Alzheimer's disease is one type of dementia. It is a progressive and terminal disease. The changes typically occur slowly, over months and years, not hours and days.

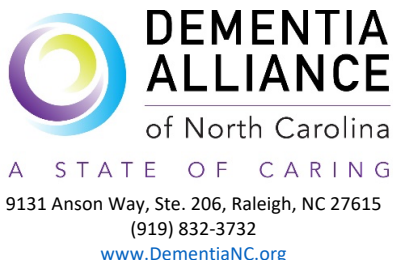
If the person has a sudden change in health status, living situation or caregiver system (for example, death of a spouse) he or she may APPEAR to change quickly. The brain has actually been changing slowly but since the person was in a routine, the person's abilities weren't being challenged and he or she was relying on OLD patterns and memories to function.

The pattern and progression of the disease is predictable BUT the experience is individual and ultimately, the person's entire life is affected by Alzheimer's disease.

What are the early signs?

Early signs might include:

- Memory loss of recent events and information
- Confusion about place and time
- Familiar tasks become challenging
- Trouble finding words, finishing thoughts and sentences, following directions
- Decreased reasoning ability and altered judgment
- Changes in mood and personality, frequent mood swings, disinterest or withdrawal, suspicion
- Difficulty with complex mental tasks, planning, problem solving



How is Dementia Different from Aging and Forgetfulness?

- Aging happens to everyone. Dementia is ALWAYS a disease; it DOESN'T happen to everyone.
- With forgetfulness, new information can be stored; it may take more effort or practice, but new information can “stick”. With dementia, new information cannot be predictably retained.
- Forgetful people can use reminders, calendars, lists and to be able to DO. With most dementias, these prompts CANNOT help after the earliest stages.
- Being forgetful makes an independent life *difficult*; having dementia makes independent life *impossible*.

What is “Normal Aging”?

Normal aging includes:

Being more forgetful

Taking longer to learn new information

Requiring more practice to learn new skills or technologies (you can do it, just have to try harder than you used to)

Having more trouble recalling people's names (more than you used to have)

Knowing the word you want but hesitating, eventually finding the word (more often than you used to)

Diagnosis makes a difference!

Early diagnosis is important and accurate diagnosis is critical!

Why?

1. Early treatment is more effective than waiting.
2. Early and accurate diagnosis allows for **better** planning and opportunity to **include** the person with dementia in the process. Planning makes a difference in options the person may have as the disease leads to changes in abilities and needs.

How is Alzheimer's disease diagnosed?

Diagnosis is complicated and includes gathering lots of information, including:

1. History of the changes
2. Health history
3. Medication review
4. Physical exam (especially focusing on neurological and cardiovascular systems)
5. Laboratory studies
6. Imaging study of the brain (MRI, CT, PET)
7. Cognitive assessment (what's working well and what's not working well)
8. Emotional assessment
9. Other tests (ECG, EEG etc. as indicated)



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What is Normal and What is Not?

Normal Aging Changes:

- Slower to think
- Slower to do
- Hesitates more
- More likely to 'look before you leap'
- Know the person but not the name
- Pause to find words
- Reminded of the past
- For you, it's harder than before...
- Prompts help! (reminders)
- You can learn NEW Things – It takes longer!

Not Normal Aging Changes:

- Can't think the same
- Can't do like before
- Can't get started
- Can't seem to move on
- Doesn't think it out at all
- Can't place the person
- Words won't come – even later
- Confused about past versus now
- For you it's TOTALLY DIFFERENT
- Reminders DON'T Help!
- You can't hold onto NEW stuff

Ten Warning Signs:

- 1 – memory loss for recent or new information – repeats self frequently
- 2 – difficulty doing familiar, but difficult tasks – managing money, medications, driving
- 3 – problems with word finding, mis-naming, or mis-understanding
- 4 – getting confused about time or place - getting lost while driving, missing several appointments
- 5 – worsening judgment – not thinking thing through like before
- 6 – difficulty problem solving or reasoning
- 7 – misplacing things – putting them in 'odd places'
- 8 – changes in mood or behavior
- 9 – changes in typical personality
- 10 – loss of initiation – withdraws from normal patterns of activities and interests

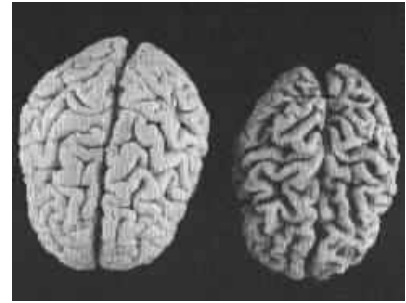
What Could It Be... It Might NOT be Dementia

- Worsening of another medical condition
- Medication side-effect
- Undetected hearing loss or vision loss
- Depression
- Acute illness
- Untreated emotional or physical pain
- Other things...

SO... Get it CHECKED OUT ... Carefully & Thoroughly

What is Dementia?

- ◆ It is NOT part of normal aging! It is a disease!
- ◆ It is more than just forgetfulness - which is part of normal aging
- ◆ It makes independent life impossible



Dementia

- ◆ is an umbrella term that includes many cognitive loss conditions
- ◆ includes some reversible conditions - so should be checked out carefully

Alzheimer's Disease -

- ◆ is the most common type of dementia
- ◆ is caused by damage to nerves in the brain and their eventual death
- ◆ has an expected progression with individual variations - about 8-12 years
- ◆ will get worse over time - we can't stop it!
- ◆ is a terminal disease - there is NO known cure at this time!

Vascular Dementia (Multi-Infarct) -

- ◆ is caused by damage to the *blood supply* to the nerves in the brain
- ◆ is spotty and *not* predictable
- ◆ may *not* change in severity for long periods, then there are sudden changes

Lewy Body Dementia -

- ◆ problems with movement – falls & stiffness
- ◆ visual hallucinations & nightmares
- ◆ fluctuations in performance – day/day

Frontal-Temporal Dementias -

- ◆ Problem behaviors – poor impulse control
- ◆ Difficulty with word finding
- ◆ Rapid changes in feelings and behaviors

Symptoms Common to Most Dementias... Over time...

- ◆ It affects a person's entire life...It causes the brain to shrink & stop working
- ◆ It steals memories - the most recent first, but eventually almost all...
- ◆ It steals your ability to use language ... leaves you with some 'skills'
- ◆ It steals your ability to understand what others mean & say
- ◆ It steals reasoning and logic
- ◆ It robs you of relationships
- ◆ It makes even the 'familiar' seem odd and scary
- ◆ It steals your ability to care for yourself and move around safely
- ◆ It robs you of impulse control - takes away emotional and mood control

Drug Treatment for Alzheimer's

- ◆ Drugs to improve chemicals in the brain so nerve activity might happen
- ◆ Drugs to treat depression
- ◆ Drugs to control distressing hallucinations, severe paranoia, or unprovoked violence
- ◆ No vaccines or cures...yet
- ◆ No way to stop the disease...yet

Prevention –

Have a good family history for staying alert and 'with it' – genetics do play a part

- ◆ Eat healthy & moderately (Heart-Smart)
- ◆ Exercise your body --- 100 minutes/wk ***
- ◆ Exercise your brain --- challenge yourself
- ◆ Eat fish --- 1 time a week
- ◆ Control your BP & sugar & weight
- ◆ ** consult your MD first

Interacting with Someone Living with Dementia

1. **Knock** on door or table - to get attention - signal your approach
2. **Stop moving** at the boundary between public & personal space – **6 ft out** - get permission to enter or approach
3. **Open hand motion near face and smile** – look friendly and give the person a visual cue – make eye contact – open hand near face – cues eyes to look there
4. Call the person by preferred **name** OR at least say “**Hi!**” – avoid endearments
5. Move your hand out from near your face to a greeting **handshake** position – make sure they notice you hand out to shake – then stand tall and move forward **SLOWLY**
6. Approach the person from the **front** – come in within 45 degrees of center - visual
7. **Move slowly** – one step/second, stand tall, don't crouch down or lean in as you move toward the person
8. Move toward the right **side of the person** and offer your hand - give the person time to look at your hand and reach for it, if s/he is doing something else – offer, don't force
9. Stand to the side of the person at arm's length – respect intimate space & be supportive not confrontational – but don't go too far back' – stay to the front - visual
10. **Shake hands** with the person – make eye contact while shaking
11. Slide your hand from a 'shake' position to **hand-under-hand** position – for safety, connection, and function
12. Give your name & greet – “I'm (name). It's good to see you!”
13. **Get to the person's level** to talk – sit, squat, or kneel if the person is seated and stand beside the person if s/he is standing
14. NOW, deliver your message...

Approaching When the Person is DISTRESSED! -Some CHANGES –

1. *Look concerned* not too happy, if the person is upset
2. *Let the person move toward you*, keeping *your body turned to the side* (supportive – not confrontational) –
3. *If the person is seated & you DON'T get permission to enter personal space* – turn sideways & kneel at 6' out – offer greeting & handshake again – look for an OK to come into their personal space – it will usually come at this time (submissive posture)
4. After greeting... try one of *two options*...
 - a. “Sounds like you are (give an emotion or feeling that seems to be true)???”
 - b. Repeat the person's words to you... If s/he said, “Where's my mom?” you would say “You're looking for your mom (pause)... tell me about your mom...” If the person said “I want to go home!”, you would say “You want to go home (pause)... Tell me about your home...”.

BASIC CARD CUES – WITH Dementia

- Knock – Announce self
- Greet & Smile
- Move Slowly – Hand offered in 'handshake' position
- Move from the front to the side
- Greet with a handshake & your name
- Slide into hand-under-hand hold
- Get to the person's level
- Be friendly -make a 'nice' comment or smile
 - Give your message... simple, short, friendly



Communicating - Talking

First -

ALWAYS use the **positive physical approach!**

Then -

- Pay attention to the **THREE** ways you communicate

1 - How you speak

- **Tone** of voice (**friendly** not bossy or critical)
- **Pitch** of voice (**deep** is better)
- **Speed** of speech (**slow and easy** not pressured or fast)

2 - What you say

THREE basic reasons to talk to someone

1 - **To get the person to DO something (5 approaches to try)**

- 1 - give a short, direct message about what is happening
 - 2 - give simple choices about what the person can do
 - 3 - ask the person to help you do something
 - 4 - ask if the person will give it a try
 - 5 - break down the task - give it one step at a time
- ** only ask "Are you ready to..." If you are willing to come back later ****

2 - **Just to have a friendly interaction - to talk to the person**

- ♦ go slow - Go with Flow
- ♦ acknowledge emotions - "sounds like..., seems like..., I can see you are..."
- ♦ use familiar words or phrases (what the person uses)
- ♦ know who the person has been as a person what s/he values
- ♦ use familiar objects, pictures, actions to help & direct
- ♦ be prepared to have the same conversation over & over
- ♦ look interested & friendly
- ♦ be prepared for some emotional outbursts
- ♦ DON'T argue... - BUT don't let the person get into dangerous situations

REMEMBER - the person is doing the BEST that s/he can

AND GO with the FLOW!

3 - **Deal with the person's distress or frustration/anger**

- ♦ Try to figure out what the person really **NEEDS or WANTS**
("It sounds like..." "It looks like..." "It seems like..." "You're feeling...")

- ♦ Use **empathy** not forced reality or lying
- ♦ Once the person is listening and responding to you **THEN** -
 - **Redirect** his attention and actions to something that is OK **OR**
 - **Distract** him with other things or activities you know he likes & values

Always BE CAREFUL about personal space and touch with the person especially when s/he is distressed or being forceful

3 - **How you respond** to the person

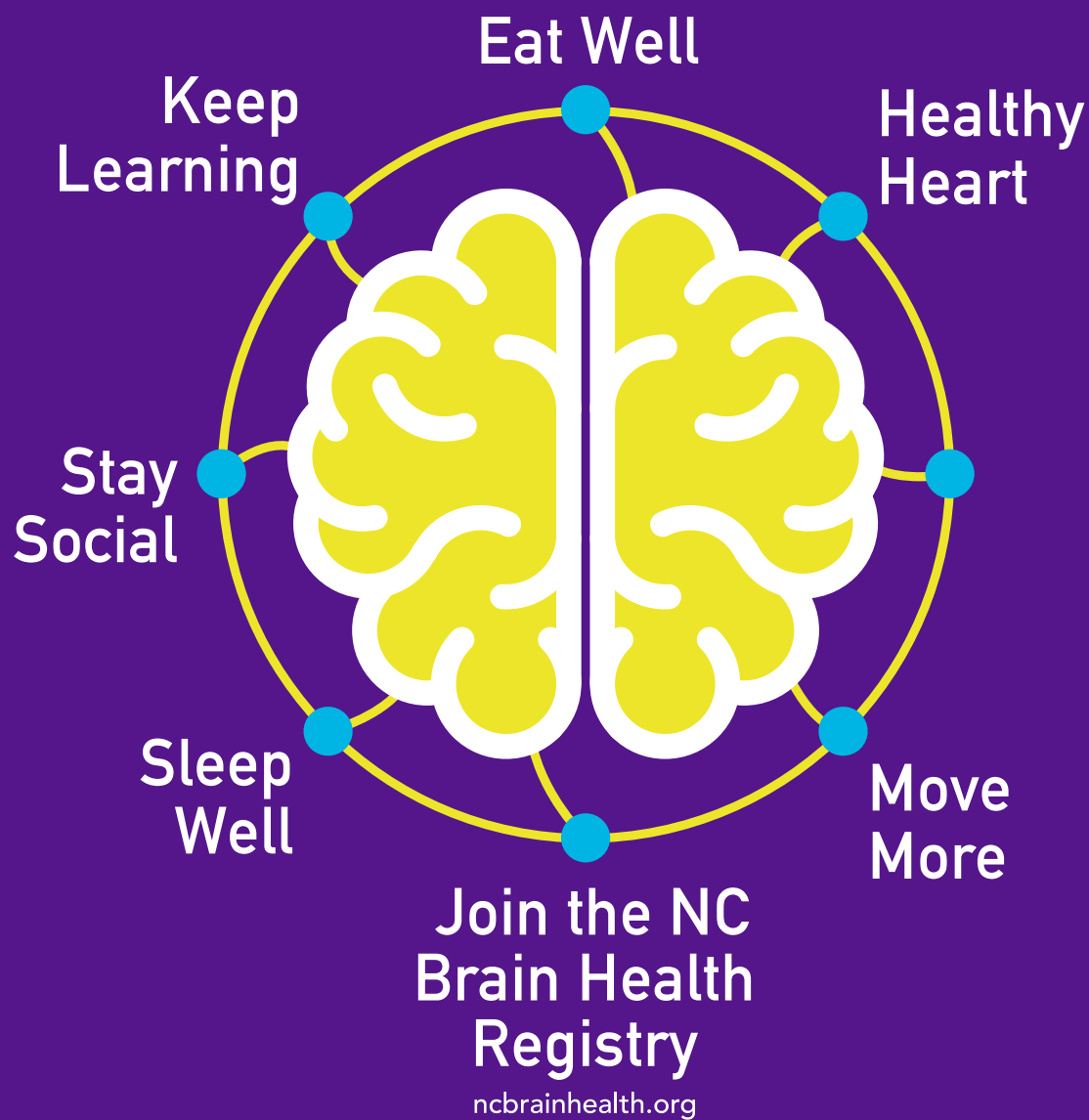
- ♦ use positive, friendly approval or praise (short, specific and sincere)
- ♦ offer your thanks and appreciation for his/her efforts
- ♦ laugh with him/her & appreciate attempts at humor & friendliness
- ♦ shake hands to start and end an interaction
- ♦ use touch - hugging, hand holding, comforting **only IF** the person wants it

If what you are doing is NOT working -

- **STOP!**
 - BACK OFF - give the person some space and time
 - Decide on what to do differently...
 - **Try Again!**

Key Points About 'Who' the person Is....

- preferred name
- introvert or extrovert
- a planner or a doer
- a follower or a leader
- a 'detail' or a 'big picture' person
- work history - favorite and most hated jobs or parts of jobs
- family relationships and history - feelings about various family members
- social history - memberships and relationships to friends and groups
- leisure background - favorite activities & beliefs about fun, games, & free time
- previous daily routines and schedules
- personal care habits and preferences
- religious and spiritual needs and beliefs
- values and interests
- favorite topics, foods, places
- favorite music and songs - dislike of music or songs
- hot buttons & stressors
- behavior under stress
- what things help with stress?
- handedness
- level of cognitive impairment
- types of help that are useful



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WHAT IS BETTER BRAIN HEALTH?



Dementia starts with small, unnoticeable changes in the brain that can begin 20 years or more before symptoms appear. While there is no cure in sight, there is strong evidence that you can potentially prevent or reverse those changes by taking steps towards better health today:

EAT WELL focusing on vegetables, fruits and lean protein, particularly protein sources containing omega-3 fatty acids.

HEALTHY HEART lifestyle to reduce vascular risk factors, high blood pressure, high cholesterol and diabetes.

STRESS LESS to calm blood pressure, lower cortisol levels and maintain positive mental health.

MOVE MORE every day including some aerobic exercise

SLEEP WELL to aid your body in flushing toxic beta-amyloid proteins from the brain

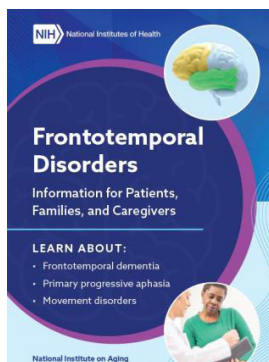
STAY SOCIAL and engaged with family, friends & community.

KEEP LEARNING and developing cognitive skills throughout entire lifetime

ADDITIONAL DEMENTIA RESOURCES:

A wide variety of booklets, fact sheets and videos are available from National Institute of Health at:
<https://order.nia.nih.gov/view-all-alzheimer-pubs>

Below are a few booklets that are great to have on hand:



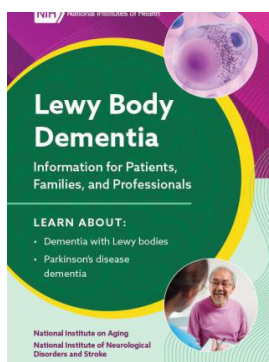
Frontotemporal Disorders: Information for Patients, Families & Caregivers

<https://order.nia.nih.gov/publication/frontotemporal-disorders-information-for-patients>



Caring for a Person with Alzheimer's Disease

<https://order.nia.nih.gov/publication/caring-for-a-person-with-alzheimers-disease-your-easy-to-use-guide>



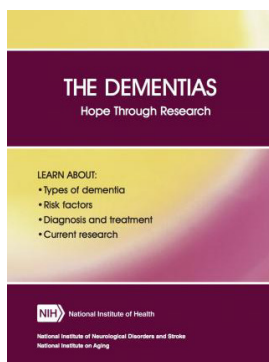
Lewy Body Dementia: Information for Patients, Families, and Professionals

<https://order.nia.nih.gov/publication/lewy-body-dementia-information-for-patients-families-and-professionals>



Legal and Financial Planning for People Living With Dementia

<https://order.nia.nih.gov/publication/legal-and-financial-planning-for-people-living-with-dementia>



The Dementias: Hope Through Research

<https://order.nia.nih.gov/publication/the-dementias-hope-through-research>

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ADDITIONAL DEMENTIA RESOURCES:



www.lbda.org

LBD Caregiver Link: 800.539.9767

The Lewy Body Dementia Association (LBDA) is a 501(c)(3) nonprofit organization dedicated to raising awareness of the Lewy body dementias (LBD), supporting people with LBD, their families and caregivers and promoting scientific advances. The Association's purposes are charitable, educational, and scientific.

Our Vision: A cure for Lewy body dementias and quality support for those still living with the disease.

Our Mission: Through outreach, education and research, we support those affected by Lewy body dementias.

History: LBDA was formed by a group of caregivers who met in an online LBD caregiver support group. Discussions about the need of support for LBD caregivers and the lack of public awareness about LBD led to the organization's incorporation. The directors of the LBDA Board are located throughout the United States, and LBDA volunteers are from the United States, Canada, and the United Kingdom. The association consists of a dedicated group of people from all walks of life who understand the struggles of other caregivers due to their personal LBD experiences.



www.theaftd.org

866-507-7222 (toll free/ Helpline)

We envision a world where FTD (frontotemporal degeneration) is understood, effectively diagnosed, treated, cured and ultimately prevented.

Our mission is to:

- Promote and fund research into finding the cause, therapies and cures for FTD (frontotemporal degeneration)
- Provide information, education and support to persons diagnosed with an FTD disorder, and for their families and caregivers
- Educate physicians and allied health professionals about frontotemporal degeneration and how to improve patient care
- Bring about greater public awareness of the nature and prevalence of frontotemporal degeneration and the needs of those who are coping with it
- Advocate with public officials and promote public and private programs that provide appropriate, affordable and high-quality, long-term health care and social services
- Facilitate the international exchange of ideas.

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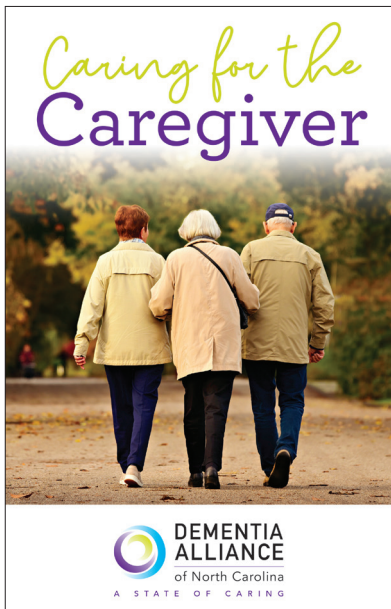


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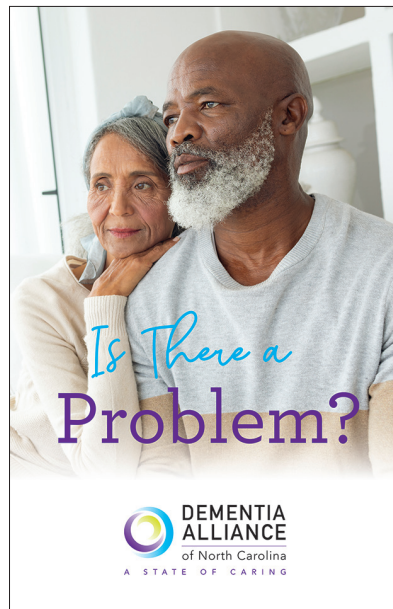
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A STATE OF CARING

It is Our Mission to Provide FREE Materials & Resources for Patients in Your Practice.

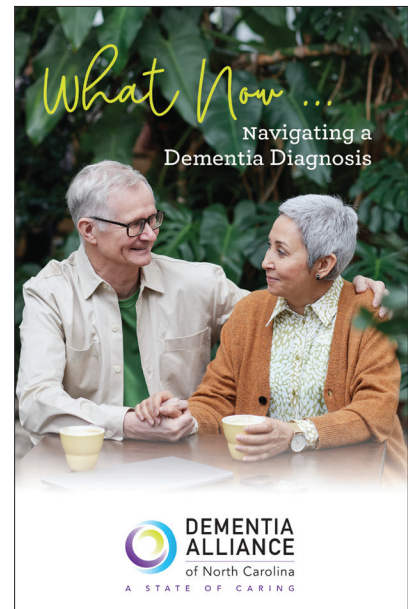
Simple fill out the form on the reverse side and mail back to us. Allow 2-3 weeks to receive your materials.



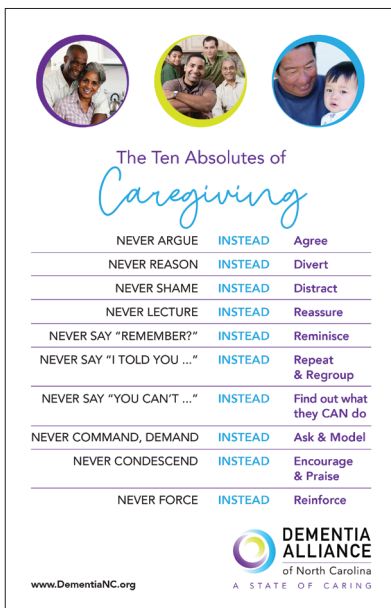
Caring for the Caregiver,
8 page booklet focused on
self-care for caregivers.



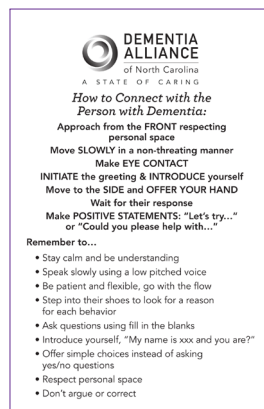
Is There a Problem?,
8 page booklet comparing
dementia to normal aging.



What Now ...,
8 page booklet for those newly
diagnosed with dementia.



Ten Absolutes,
2 sided information card.



Connect Card,
Pocket size, laminated
card with helpful tips.



*Individual Memory
Loss Cards,*
Business card sized,



*Companion Memory
Loss Cards,*
Business card sized,

Order Form on Reverse >>>



DEMENTIA ALLIANCE

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Educational Materials Reorder Form

You can also reorder materials online at
www.dementianc.org/orderform

Please print clearly:

PRACTICE NAME

CONTACT NAME

TITLE

STREET ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Check both material and quantity requested:

Please call if you need larger quantities for a special event

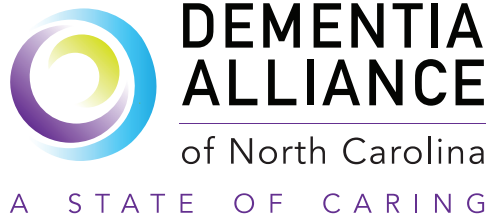
- | | |
|--|---|
| <input type="checkbox"/> Caring for the Caregiver Booklets | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> Is There a Problem? Booklets | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> What's Next ... Booklets | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> Ten Absolutes Cards | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> Connect Cards | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> Individual Memory Loss Cards | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |
| <input type="checkbox"/> Companion Memory Loss Cards | <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 50 |

Mail completed form to: Dementia Alliance of North Carolina
9131 Anson Way, Suite 206
Raleigh, NC 27615

Or Call Us at: **919-832-3732**

You can also reorder materials online at www.dementianc.org/orderform

Please allow 2-3 weeks for delivery



FEEDBACK & EVALUATION

1. How would you rate this event overall?

☐ Poor ☐ Fair ☐ Good ☐ Great ☐ Excellent

2. Did this event meet your expectations?

☐ Yes ☐ No

Other (please specify): _____

3. Would you recommend this event to others?

☐ Yes ☐ No

Comments: _____

4. My understanding of this topic is now:

☐ Not improved ☐ Somewhat improved ☐ Greatly improved

5. What areas were the most helpful during this training?

6. What areas need more time or further explanation?

7. Are there any topics we didn't touch on that you would liked to have been included?

What is MUSIC & MEMORY AT HOME?



Music & Memory at Home is a unique program for North Carolinians living with dementia to find renewed joy, wellbeing and connection through access to musical favorites.

- Applicants must be living at home and have a diagnosis of dementia.
- All services and equipment are offered free of charge thanks to the generosity of individual donors and program sponsors.

Proven benefits of personalized music:

IMPROVED:

Health & Wellbeing
Mood
Quality of Life

REDUCED:

Depression
Agitation & Anxiety
Rejection of Care



When you can use personalized music?

- Around mealtime
- Before bathing
- Before appointments
- Before family visits
- Before bed time
- Dance Party!
- Instead of TV
- On walks
- Hospice
- When traveling

INTERESTED?

Visit: www.DementiaNC.org/Music

Email: musicandmemory@dementianc.org

Call: (919) 832-3732

What is involved:

1. Complete an application form
2. Music detectives create a draft playlist
3. Zoom music listening party
4. You receive playlist, equipment & tech support

Presented by



Sponsored by



Dementia Alliance of NC Music and Memory at Home Application

Program Listener (name of person living with dementia):

Caregiver Applicant Name:

Does the caregiver live in the same household as the program listener?

☐ Yes or ☐ No

What is the relationship between the caregiver and program listener:

☐ spouse/partner ☐ parent ☐ in-law ☐ sibling ☐ friend ☐ other _____

Caregiver phone:

Caregiver email address:

Mailing Address for Kit:

Town/City:

Zip:

County:

Program listener's date of birth: ____/____/____

Please list any known places of residence from childhood through early adulthood:

Example: Childhood - Greensboro, NC

Race & Ethnicity (check all that apply)

☐ Black / African-American ☐ Native American ☐ White ☐ Asian

☐ Pacific Islander ☐ Hispanic or Latino ☐ Other _____

Native Language(s) if other than English: _____

Dementia Diagnosis (check all that apply.)

☐ Alzheimer's ☐ Dementia ☐ Lewy Body ☐ Vascular ☐ Frontotemporal

☐ Other _____ ☐ I'm unsure

Estimated Year of Diagnosis (Month, Year) _____

Other Medical Conditions (list) _____

(over please)



Please answer the following questions and check N/A for any that do not apply:

Did the program listener enjoy singing, perform in singing groups or at religious services? (Please specify denomination) _____ ☐ N/A

Did the program listener play a musical instrument either solo or as part of a band? What kind of music did they perform (orchestral, marching band, jazz, rock 'n roll etc)? _____ ☐ N/A

Did the program listener enjoy dancing? Did they ever perform in public or frequent social dances? _____ ☐ N/A

Does the program listener have any military history (Branch, Dates of Service and Location)? _____ ☐ N/A

What to expect next: After receiving this application, our team will create a draft playlist of 80-100 songs for inclusion in your music kit. Our playlists are focused on the artists/favorite tunes you will list on pages 3-4 as well as others our “music detectives” imagine your loved one may have enjoyed around the ages 10 to 30. This is a time of life known as the “reminiscence bump” where neural activity is strongest and musical favorites are more deeply felt by people living with dementia.

Next, we will reach out to schedule a one-hour virtual “music party” to fine-tune your playlist based on your loved one’s reactions to our selections. If a zoom meeting is not possible for your family, we can arrange for an in-person listening session instead.

Once the final playlist is determined, we will load it onto a digital mp3 player and ship it to your home along with high-quality headphones and a bluetooth speaker. This will allow you to share music with your loved one as well as offer them the solitary pleasure of enjoying it on their own.

Thank you for joining us to bring the unique and therapeutic joy of personalized music into the lives of people living with dementia. We are grateful to the many donors and sponsors who make this program free of charge for residents of North Carolina.

Caregiver Consent

I, as the caregiver, grant permission to Dementia Alliance of NC the use of photographs, videos and any feedback I share with program staff, for presentation under any legal condition, including but not limited to: publicity, copyright, illustration, advertising, web content and research.

Printed Name (First and Last)

Return by Email:
musicandmemory@DementiaNC.org
Subject Line: Music and Memory Application

Signature Date

Return by Mail:
Dementia Alliance of North Carolina
9131 Anson Way, Suite 206
Raleigh, NC 27615



DEMENTIA ALLIANCE

of North Carolina

Music & Memory at Home

TOP 10 SONGS: Please list specific song names with artists, if known. Focus on the music recipient's all-time favorite songs. If there are any "must have" songs, this is the place to let us know! Do not list genres here, instead use the genre listing to the right >

Example:

✓ *O Sole Mio* by Pavarotti

✗ *Italian Music*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FAVORITE ARTISTS OR GENRES: Select up to 15 artists from the list below who the Music Recipient was a big fan of, especially between the ages of 10-30. If you are unsure of specific preferences, or the recipient loves a particular genre, select ☐ Mix.

Country 50s

- ☐ Chet Atkins
- ☐ Faron Young
- ☐ George Jones
- ☐ Hank Williams
- ☐ Jim Reeves
- ☐ Johnny Cash
- ☐ Kitty Wells
- ☐ Marty Robbins
- ☐ Patsy Cline
- ☐ Patti Page
- ☐ Ray Price
- ☐ Mix

Country 60s

- ☐ Buck Owens
- ☐ Conway Twitty
- ☐ Glen Campbell
- ☐ Loretta Lynn
- ☐ Merle Haggard
- ☐ Roger Miller
- ☐ Tammy Wynette
- ☐ Mix

Country 70s

- ☐ Charley Pride
- ☐ Dolly Parton
- ☐ Emmylou Harris
- ☐ Hank Williams Jr.
- ☐ Kenny Rogers
- ☐ Waylon Jennings
- ☐ Willie Nelson
- ☐ Mix

Country 80s

- ☐ Alabama
- ☐ Randy Travis
- ☐ Reba McEntire
- ☐ Mix

Pop 40s

- ☐ Bing Crosby
- ☐ Frank Sinatra
- ☐ Judy Garland
- ☐ Mills Brothers
- ☐ Perry Como
- ☐ Vaughn Monroe
- ☐ Mix

Pop 50s

- ☐ Bobby Darin
- ☐ Connie Francis
- ☐ Dean Martin
- ☐ Doris Day
- ☐ Edith Piaf
- ☐ Jim Reeves
- ☐ Johnny Mathis
- ☐ Kingston Trio

- ☐ Nat King Cole
- ☐ Rosemary Clooney
- ☐ Tony Bennett
- ☐ Mix

Pop 60s

- ☐ Andy Willaims
- ☐ Barbara Streisand
- ☐ Bobby Vinton
- ☐ Burt Bacharach
- ☐ Dionne Warwick
- ☐ Englebert Humperdinck
- ☐ Jimmy Roselli
- ☐ Joni Mitchell
- ☐ Judy Collins
- ☐ Righteous Brothers
- ☐ Simon & Garfunkel
- ☐ The 5th Dimension
- ☐ The Monkees
- ☐ Tom Jones
- ☐ Mix

Pop 70s

- ☐ ABBA
- ☐ Carly Simon
- ☐ Carole King
- ☐ Gordon Lightfoot
- ☐ Jackson 5
- ☐ James Taylor
- ☐ Jim Croce
- ☐ Jimmy Buffet
- ☐ John Denver
- ☐ Neil Diamond
- ☐ Paul Simon
- ☐ Rod Stewart
- ☐ The Carpenters
- ☐ Mix

Pop 80s

- ☐ Billy Joel
- ☐ Gloria Estefan
- ☐ Kenny G
- ☐ Lionel Ritchie
- ☐ Michael Jackson
- ☐ Rick Astley
- ☐ Whitney Houston
- ☐ Mix

Rock 50s

- ☐ Bill Haley
- ☐ Buddy Holly
- ☐ Chuck Berry
- ☐ Elvis Presley
- ☐ Everly Brothers
- ☐ Fats Domino
- ☐ Jackie Wilson

- ☐ James Brown
- ☐ Little Richard
- ☐ Ritchie Valens
- ☐ Sam Cooke
- ☐ The Drifters
- ☐ The Platters
- ☐ Mix

Rock 60s

- ☐ Beach Boys
- ☐ Beatles
- ☐ Bee Gees
- ☐ Bob Dylan
- ☐ Chubby Checker
- ☐ Creedence Clearwater
- ☐ Crosby, Stills, Nash
- ☐ Eric Clapton
- ☐ Frankie Valli/
Four Seasons
- ☐ Jerry Lee Lewis
- ☐ Linda Ronstadt
- ☐ Mamas & Papas
- ☐ Rolling Stones
- ☐ Roy Orbison
- ☐ The Band
- ☐ The Velvet
Underground
- ☐ Mix

Rock 70s

- ☐ Aerosmith
- ☐ Bob Segar
- ☐ Boston
- ☐ Bread
- ☐ Bruce Springsteen
- ☐ Chicago
- ☐ David Bowie
- ☐ Doobie Brothers
- ☐ Eagles
- ☐ Elton John
- ☐ Fleetwood Mac
- ☐ Heart
- ☐ John Lennon
- ☐ Led Zeppelin
- ☐ Lynyrd Skynyrd
- ☐ Pink Floyd
- ☐ Queen
- ☐ Steve Miller Band
- ☐ The Allman Brothers
- ☐ Three Dog Night
- ☐ Tom Petty
- ☐ Mix

Rock 80s

- ☐ Air Supply
- ☐ Bon Jovi

TURN OVER FOR MORE MUSIC SELECTION POSSIBILITIES

Rock 80s cont.

- ☐ Daryl Hall & John Oates
- ☐ Dire Straits
- ☐ The Cars
- ☐ ZZ Tops
- ☐ Mix

Folk

- ☐ Bob Dylan
- ☐ Clancy Brothers
- ☐ Doc Watson
- ☐ Irish Rovers
- ☐ Joan Baez
- ☐ Pete Seeger
- ☐ Peter, Paul, & Mary
- ☐ Mix

R&B/Soul

- ☐ Aaron Neville
- ☐ Al Green
- ☐ Aretha Franklin
- ☐ Barry White
- ☐ Ben E King
- ☐ Commodores
- ☐ Diana Ross
- ☐ Four Tops
- ☐ Gladys Knight
- ☐ Lou Rawls
- ☐ Martha Reeves
- ☐ Marvin Gaye
- ☐ O'Jays
- ☐ Otis Redding
- ☐ Percy Sledge
- ☐ Ray Charles
- ☐ Smokey Robinson
- ☐ Stevie Wonder
- ☐ The Temptations
- ☐ Mix

Latin

- ☐ Celia Cruz
- ☐ El Gran Combo de Puerto Rico
- ☐ Javier Solis
- ☐ Julio Iglesias
- ☐ Leo Dan
- ☐ Los Panchos
- ☐ Roberto Carlos
- ☐ Tito Puente
- ☐ Willie Colon
- ☐ Mix

Blues/Reggae

- ☐ B.B. King
- ☐ Bob Marley
- ☐ Muddy Waters
- ☐ Mix

Gospel/Hymns

- ☐ Alan Jackson
- ☐ Albertina Walker
- ☐ Andrae Crouch
- ☐ Aretha Franklin
- ☐ Bill & Gloria Gaithers
- ☐ CeCe Winans
- ☐ Edwin Hawkins Singers

- ☐ Elvis Presley
- ☐ George Beverly Shea
- ☐ Mahalia Jackson
- ☐ Mormon Tabernacle Choir
- ☐ Randy Travis
- ☐ Rev James Cleveland
- ☐ Shirley Caesar
- ☐ The Canton Spirituals
- ☐ The Cathedrals
- ☐ The Williams Brothers
- ☐ Walter Hawkins
- ☐ Zion Harmonizers
- ☐ Mix

Jazz Vocal

- ☐ Billie Holiday
- ☐ Dinah Washington
- ☐ Ella Fitzgerald
- ☐ Etta James
- ☐ Julie London
- ☐ Louis Armstrong
- ☐ Nancy Wilson
- ☐ Nat King Cole
- ☐ Nina Simone
- ☐ Pearl Bailey
- ☐ Sarah Vaughan
- ☐ The Ink Spots
- ☐ Mix

Jazz Instrumental

- ☐ Art Tatum
- ☐ Charlie Parker
- ☐ Dizzy Gillespie
- ☐ Gene Krupa
- ☐ George Shearing
- ☐ Herb Alpert
- ☐ Herbie Mann
- ☐ John Coltrane
- ☐ Lionel Hampton
- ☐ Miles Davis
- ☐ Quincy Jones
- ☐ Thelonious Monk
- ☐ Mix

Broadway/Movies

- ☐ Camelot
- ☐ Cats
- ☐ Fiddler on the Roof
- ☐ Grease
- ☐ Guys & Dolls
- ☐ Les Miserables
- ☐ Mary Poppins
- ☐ My Fair Lady
- ☐ Oklahoma
- ☐ Phantom of the Opera
- ☐ Pippin
- ☐ Sound of Music
- ☐ South Pacific
- ☐ The King and I
- ☐ The Music Man
- ☐ Westside Story
- ☐ Mix

Big Bands/Swing

- ☐ Artie Shaw
- ☐ Benny Goodman
- ☐ Cab Calloway
- ☐ Count Basie
- ☐ Duke Ellington
- ☐ Glenn Miller
- ☐ Lawrence Welk
- ☐ Tommy Dorsey
- ☐ Mix

Classical

- ☐ Bach
- ☐ Beethoven
- ☐ Boston Pops
- ☐ Chopin
- ☐ Handel
- ☐ Haydn
- ☐ Leonard Bernstein
- ☐ Mahler
- ☐ Mozart
- ☐ Schumann
- ☐ Tchaikovsky
- ☐ Vivaldi
- ☐ Vladimir Horowitz
- ☐ Yo-Yo Ma
- ☐ Mix

Opera

- ☐ Andrea Bocelli
- ☐ Luciano Pavarotti
- ☐ The Three Tenors
- ☐ Mix

Disco

- ☐ Barry White
- ☐ Bee Gees
- ☐ Donna Summer
- ☐ Earth, Wind & Fire
- ☐ KC & the Sunshine Band
- ☐ Kool & the Gang
- ☐ Village People
- ☐ Mix

Beach

- ☐ Chairmen of the Board
- ☐ The Embers
- ☐ Mix

MULTICULTURAL & OTHER

GENRES: We have music from many cultures, religions, languages, and decades in our library and can fulfill most requests.

OTHER ARTISTS: If there are any artists that the music recipient is a fan of other than those listed on this form, please list them here (not to exceed 15 on the entire form).

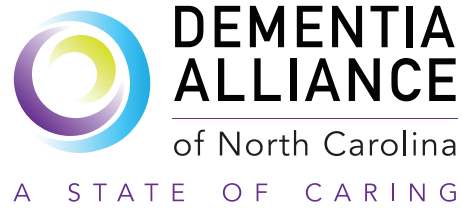
Wedding Song:

Favorite TV/Movie Theme Songs:

Memorable Concerts:

OTHER MIXES:

(specify additional genres, not exceeding 3 on the entire form).



Emergency Contact Form

Participants Name: _____

Emergency Contact's Name: _____

Relationship to Participant: _____

Emergency Contact's Phone Number: _____

Emergency Contact's Address: _____

Notes: Please list allergies and other medical conditions:
