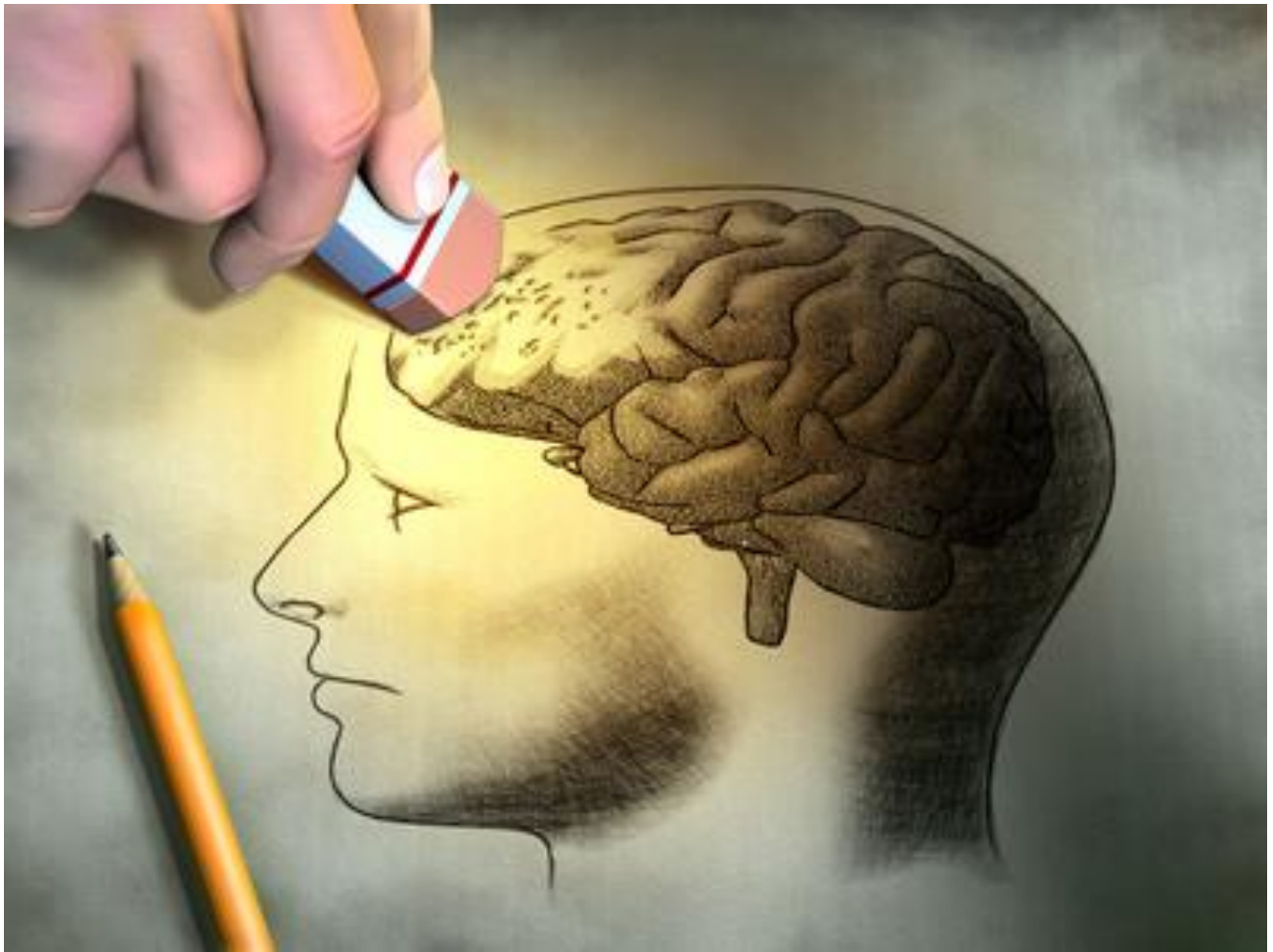


A Snapshot on Aging and Dementia

Student's Manual



“Changing our minds about people whose minds have changed.” –G. Allen Power

The Texas Health and Human Services, Quality Monitoring Program dementia curriculum has been reviewed by the Alzheimer’s Association and meets the Alzheimer’s Association Dementia Care Practice Recommendations in the following topics:

- Alzheimer’s and Dementia Disease Awareness
 - Communications and Behaviors
- Strategies for Caring for the Person with Dementia
 - Social Needs and Activities

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For more information go to www.alz.org

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Module 1:

Ageism in America



Ageism in America¹:

History: The term ageism was coined in 1969 by Robert Neil Butler and is the prejudice or discrimination against people of a particular age. This is seen most often in the elderly population². Although the term was coined in 1969, ageism has existed since long before that time. Aging is an inevitable part of life and chronological age is a dimension on which individuals categorize others rather automatically. People receive their cues to aging based on physical appearance, as well as verbal and nonverbal aspects of communication. When presented with these different cues, someone may perceive age readily, often times unconsciously. These perceptions then dictate the way our interactions take place. In some instances, the younger generation may use stereotypes associated with advanced age to make inferences regarding the older individual's intentions, goals, wishes, etc. The same is true of the perceptions that the older generation has of younger individuals.

The largest population that is discriminated against, based on age, are the elderly. As the number of Americans over the age of 60 grows, one would think that society would have embraced the aging population, however, that is not the case. Ageism against the elderly can be manifested in many different ways, often leading to the stereotypes of older individuals being slow, forgetful, mentally incompetent, and weak. This ageist attitude is often perpetuated in many different ways. Just take a look around you, the terms that are often used to describe older people include "over the hill", "old maid", "one foot in the grave", "geezer", "old fogey", "worn-out", "wrinkled" and many others.

Ageism in the American Culture: So why does ageism exist in the American culture? Ageism may seem easy to define; however, there are many factors that play a part in it. For example, the aging process is viewed by many as counter to the highly valued attributes of youth, beauty, and vitality. One of the more common stereotypes of aging is that one loses his/her good health, and good health is something on which many Americans place a significant amount of value. Because so much value is placed on good health, people fear the aging process; they start to fear that the more they age, the closer that they are to death. When someone is able to put distance between themselves and aging, the fear of dying is alleviated.

In many other countries, the elderly are still very much esteemed; in America, ageism has become ingrained in the culture and is passed on to children from their parents who may hold ageist stereotypes. Because ageism is ingrained in the culture, it has become acceptable to make comments and jokes about growing old that only perpetuates the negative stereotypes about aging and the older individual.

¹ Encyclopedia of Aging: Ageism. <http://www.encyclopedia.com/topic/Ageism.aspx>

² Merriam-Webster Dictionary: Ageism. <http://www.merriam-webster.com/dictionary/ageism>

This is not to say that everyone thinks/feels the same about aging, as most people interact with others who are at different stages in their lives on a consistent basis. These interactions take place in families, religious communities, at school, community events, etc. and are often very positive experiences for those involved.

There are however many myths related to aging that are very pervasive in the American Culture. These myths are not only completely inaccurate, but tend to devalue the abilities of older adults. Below you will see a table that shows both the myths and the facts as they relate to aging.

Myth	Facts
Most older people are pretty much alike.	As with any generation of individuals, the older generation is a very diverse age group.
Older people are generally alone and lonely.	The opposite is quite true, as this generation maintains close contact with family
Physical and mental capacity will decline with biological aging.	Being old doesn't necessarily mean frail. The impact of the physiological changes on the capacity of individuals to function in society is quite minimal.
They become more difficult and rigid with advancing years.	One's personality remains relatively consistent throughout the lifespan.
Older people barely cope with the declines associated with aging	Most older people successfully adjust to the challenges of aging.

Ageism can also easily be found in the way that we define what is “old” and what is not. Encyclopedia Britannica³ defines old age as the final stage of the normal life span, frequently placing the age of 60 or 65 years or older as the benchmark. There is no universally accepted age however that is considered to be old among or within societies, as the age at which a person is considered “old” changes depending on the country or society. The definition of old age may also change depending on who is asked. Someone in their 60's may define old age as 80 years of age or older, whereas someone in their 20's or 30's may define old age as 60 years of age or older. The dramatic increase in the number of people who are living to the age of 65 and older, as well as the increased life expectancy, has led researchers to identify three sub-populations of “old” age. These sub-populations include

- “young-old”: those aged 65-74
- “old”: those aged 74-84

³ Encyclopedia Britannica: Old Age. <http://www.britannica.com/science/old-age>

- “old-old”: those aged 85+

It is important to understand that individuals, although considered “old” based on their chronological age, may actually still be fully functional members of society and should not all be lumped into one specific category.

Reducing Ageism: There are many ways in which ageism in America can be reduced. One way, is by recognizing the ageist stereotypes that one holds and working to overcome them by remembering to treat each person as an individual. Education is another essential aspect of reducing ageism. It is important that individuals receive education about identifying and preventing ageist attitudes and practices. A display of more positive images of older adults and of aging in the media would also help in reducing the amount of ageism that is seen in the American culture. If images of active, healthy, productive, and successful older people were presented in the media, it would counteract the negative perceptions that people have about aging and the elderly. You can help reduce ageism by understanding the myths about aging and knowing the facts. If the issue of ageism is not addressed at its core, then discrimination against older adults will continue in all areas of their lives. One question that people can ask themselves, that would likely help reduce ageism, is “How would I like to be treated when I become an older adult”?

Medical Professions in Aging: As Americans age, not only may they need more care, but they may need more expert care for the different types of health conditions and concerns that they are likely to face. Because of this, geriatrics is a fast-growing area of the medical field.

Geriatrics is the medical field that is dedicated to the care of older adults. Nearly any area of healthcare can specialize in geriatrics. Some careers in geriatrics that may be of interest include:

- Audiologist: experts in the nonmedical diagnosis and management of disorders of the auditory and balance systems.
- Dental Lab Technician: communicates and collaborates with the dentist to plan, design and fabricate dental prostheses for individual patients.
- Dietician: experts on good nutrition and the food choices that can make us healthy, whether it’s a proper diet or eating to manage the symptoms of a disease or chronic condition.
- Geriatric Nurse Practitioner: works with elderly patients, diagnosing illness, conducting exams, and prescribing medication.
- Geriatric Pharmacist: specializes in dispensing medication and counseling older patients about those medications. Some don’t dispense medications at all; instead, they work in long-term care settings to ensure the best management of medications to foster better patient health.

- Geriatric Psychiatrist: specializes in the diagnosis and treatment of mental health issues that occur more commonly in older patients, such as Dementia, depression, anxiety, late life addiction disorders and schizophrenia.
- Geriatric Staff Nurse: is educated to understand and treat the often complex physical and mental health needs of older people. These nurses help their patients protect their health and cope with changes in their mental and physical abilities, so older people can stay independent and active as long as possible.
- Geriatrician: an allopathic or osteopathic health care provider who is specifically trained to evaluate and manage the unique health care needs and treatment preferences of older people.
- Occupational Therapist: helps individuals to fully engage in their daily lives, from their work and recreation to activities of daily living like getting dressed, cooking, eating and driving.
- Physical Therapist: provides services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients with injuries or disease.
- Physician Assistant: medical providers who are licensed to diagnose and treat illness and disease and prescribe medication for patients.
- Podiatrist: specializes in the prevention, diagnosis, and treatment of foot disorders, diseases and injuries.
- Social Worker: helps people function as best they can, given the challenges of their personal situation or environment.

The field of aging is very diverse, offering many different employment opportunities as listed above. The relative newness of the field means that there are opportunities for innovative ideas and new programs. People who work in aging often report great satisfaction in addressing the challenges of those who are growing older; helping to maintain the quality of their lives; and enjoying the wit, wisdom, and creativity of the older persons with whom they come in contact.

Module 2:

The Brain



The Brain

Brain Basics: The brain is one of the most complex and magnificent organs in the human body. It is the boss of the body, running the show and controlling pretty much everything that we as humans do, right down to functioning while we sleep. Our brain gives us an awareness of ourselves and of our environment, processing a constant stream of sensory data. It controls our muscle movements, the secretions of our glands, and even our breathing and internal temperature. Every creative thought, feeling, and plan is developed by our brain. The brain's neurons record the memory of every event in our lives. There are many different parts that work together to achieve this. The different parts of the brain, along with their functions will be discussed below.

Anatomy / Functions of the Brain⁴:

The main parts of the brain include:

1. Cerebrum: the biggest part of the brain. Making up 85% of the brain's weight, the cerebrum is the thinking part of the brain which controls the voluntary muscles. Anytime that someone is thinking hard, the cerebrum is in use. There are 5 lobes in the cerebrum and they include:
 - a. Frontal lobe that controls several elements, which include thoughts, problem solving, intellect, judgement, behavior, attention, abstract thinking, movements, smell, and many other functions
 - b. Parietal lobe in which the focus is concentration. Additional functions of the parietal lobe include language, reading, tactile sensation, internal stimuli, and sensory comprehension.
 - c. Temporal lobe which controls visual and auditory memories. This area is where speech and hearing capabilities are managed as well as behavioral elements and language.
 - d. Occipital lobe that controls vision.
 - e. Limbic lobe (limbic system) that controls emotions like happiness and sadness.The cerebrum is also where memory lives, both the short term and the long term memories.
2. Hypothalamus: this region of the brain controls mood, thirst, hunger, and temperature. In addition, it also contains the glands which control the hormonal processes in your body.
3. Pituitary gland: a small part of the brain, approximately the size of a pea. The pituitary gland is responsible for the production and release of hormones into the body. These hormones are responsible for puberty in boys and girls, and increased growth into adulthood.
4. Brain stem: all of our basic life functions originate in the brain stem. These functions include the heartbeat, blood pressure, and breathing. The medulla, midbrain, and the pons are all located in the brain stem.
5. Spinal Cord: the spinal cord is the main pathway for information, connecting your brain and your peripheral nervous system (the part of the nervous system that consists of the nerves and ganglia on the outside of the brain and spinal cord). It is connected to your

⁴ Kids Health: Your Brain & Nervous System. <http://kidshealth.org/kid/htbw/brain.html>

brain and is about the diameter of one of your fingers. From your brain, your spinal cord descends down the middle of your back and is surrounded and protected by the bony vertebral column. It is surrounded by a clear fluid called cerebral spinal fluid (CSF), that acts as a cushion to protect the delicate nerve tissues against damage from banging against the inside of the vertebrae (bones).

6. Cerebellum: this area of the brain is commonly referred to as the “little brain” and controls essential body functions such as balance, posture, and coordination, allowing humans to move properly and maintain their structure.
7. Pineal gland: a small, pinecone shaped gland of the endocrine system. The pineal gland is responsible for producing the hormone melatonin. This gland is involved in several functions in your body, in addition to the secretion of melatonin, including: regulation of your endocrine functions; conversion of nervous system signals to endocrine signals; causes you to feel sleepy; and influencing your sexual development.
8. Hippocampus: the part of the brain that is involved in memory forming, organizing and storing. It is a limbic system structure that is particularly important in forming new memories and connecting emotions and senses, such as smell and sound, to memories.
9. Prefrontal cortex (PFC): the area of the brain that is the most evolved and intelligently regulated our thoughts, actions, and emotions.

In order to function properly, the brain must receive food and oxygen. This occurs through many different blood vessels. These vessels are found on the surface as well as deep within the brain. The brain receives about 20-25% of the body’s total blood supply which carries the oxygen necessary for the brain cells to remain alive, a priority for the brain. Blood is supplied to your brain by 2 pairs of arteries: the internal carotid arteries and the vertebral arteries.

Brain Changes in Healthy Aging⁵: There are many different changes that occur in the brain as individuals age. Many times, there are no outward signs of these changes until a person starts to demonstrate problems with their cognition, such as forgetting where they left their keys. Some of the specific changes that may occur in the brain as an individual ages include:

- Certain parts of the brain shrink, most importantly the prefrontal cortex and the hippocampus. Both of these areas are important to an individual’s ability to learn, remember, plan, and perform other complex mental activities.
- In some people, structures called plaques and tangles may develop, however they may not necessarily show any symptoms of disease.
- Inflammation increases, although in a mild form.
- Blood flow is reduced.

Due to some of the physical changes that are seen in the brain, mental capacity and functional ability is often compromised. As individuals age, they might slow down a little with thinking and memory and may have some minor physical changes to the brain including challenges in their ability to learn new things, recall information, and function with the latest technology, however these changes should not interfere in a major way with their health and everyday life.

⁵ Alzheimer’s Disease: Unraveling the Mystery – The Changing Brain in Healthy Aging.
<https://www.nia.nih.gov/alzheimers/publication/part-1-basics-healthy-brain/changing-brain-healthy-aging>

Risks to Brain Health⁶: As they age, people for the most part, do what they can to maintain their health. This should be no different when it comes to the brain. There are some risks to brain health that cannot be changed, such as genetic make-up; however, many of the most common risks to brain health can be reduced. These risks include: diabetes; obesity; high blood-pressure; smoking, alcoholism; high cholesterol; head injuries; and depression. If you have any of these risk factors, it is up to you to try and reduce them and increase the health of your brain.

Alzheimer's Disease and Dementia⁷: Dementia is a general umbrella term for a group of symptoms that describe a decline in a person's mental ability that is severe enough to interfere with their daily life. There are over 100 different types of Dementia, with Alzheimer's Disease being the most common. Some additional facts about Dementia include the following:

- Over 46 million people worldwide were living with Dementia in 2015, with this number almost doubling every 20 years. The expected number of individuals affected by the year 2050 is over 131 million people.
- Around the world, one person every 3 seconds develops Dementia.
- The total estimated cost of Dementia worldwide in 2015 was \$818 billion with an anticipated rise to \$2 trillion by the year 2030.
- There is no cure at the present time for Dementia.

Most Common Types of Dementia⁸: There are many different disorders and conditions that can lead to Dementia. There are also many different types of Dementia, with some being significantly more common than others. The three most common types of Dementia are:

- Alzheimer's Disease: the most common type of Dementia which accounts for approximately 60-80% of cases;
- Vascular Dementia: a less common form of Dementia, accounting for about 10% of the Dementia cases; and
- Dementia with Lewy bodies: a far less common form of Dementia, accounting for approximately only 4% of cases.

Brain Changes in Alzheimer's Disease and Dementia: Knowing how the different types of Dementia affect the brain will help to explain why some people with Dementia may behave in a certain way. Until recently, the only way to determine what changes happened in the brain of someone with Dementia was to wait until they died. Now brain scans are able to show us where there may be areas of reduced brain activity or loss of brain tissue, while a person is still alive. When it comes to the specific changes to the brain in Dementia, the most common types all begin with shrinkage of the brain. Depending upon the area of the brain that is affected, different symptoms may be present and these may help diagnose the specific type of Dementia that the individual is experiencing. As the damage spreads in the brain, the symptoms of the different types of Dementia tend to become similar. Let's discuss the changes to the brain that happen in the most common types of Dementia:

⁶ Healthy Brains: Medical Health – Useful Tips for a Healthy Brain. <https://healthybrains.org/pillar-medical/>

⁷ Alzheimer's Association: What is Dementia? <http://www.alz.org/what-is-dementia.asp>

⁸ Alzheimer's Association: Types of Dementia. <http://www.alz.org/dementia/types-of-dementia.asp>

- Alzheimer’s Disease: the brain changes most commonly seen are damage to the hippocampus and its connected structures. In addition, the cortex of the brain becomes thinner. Damage is also noted to the left hemisphere as well as the temporal lobe and potentially the right parietal lobe.
- Vascular Dementia: the damage is generally caused by diseases of the blood supply to the brain. This can occur after a person has a stroke, due to one side of the brain dying when the blood supply is suddenly cut off.
- Dementia with Lewy bodies: in this type of Dementia, there is often less shrinkage of the brain, however tiny deposits of protein (Lewy bodies) are seen in several areas of the brain such as the cerebral cortex, the limbic system and the brain stem.

Signs and Symptoms of the most common types of Dementia⁷: Because different types of Dementia affect the brain differently, the signs and symptoms may also be vastly different. The following are the signs and symptoms of the most common types of Dementia:

- Alzheimer’s Disease: Individuals with Alzheimer’s Disease often have trouble remembering things, including conversations, names, what they had for breakfast, familiar objects, etc. In addition, these individuals may also have impaired communication (this can mean talking, understanding, writing, and reading, for example: being unable to talk, saying the wrong words, and unable to understand what they hear), poor judgment (dressing for summer in the cold winter, inability to pay their bills, walking down the middle of a busy road), disorientation (not knowing where they are, whether it’s day or night, not recognizing familiar faces), confusion, behavior changes, and difficulty speaking, walking (balance problems, shuffling of feet, spontaneous falls in late stage), and swallowing (changes in the digestive system make swallowing difficult and eventually not possible which increases the chances of choking).
- Vascular Dementia: The symptoms that may be seen in individuals with this type of Dementia may include: impaired judgment, problems with planning (unable to put together a grocery shopping list, follow a recipe, complete work assignments if still working), concentrating and thinking.
- Dementia with Lewy bodies: Those who suffer from this type of Dementia often have memory loss and thinking problems (ability to focus or concentrate on a topic, process and understand information). These individuals are also likely to have issues with sleep disturbances (vivid dreams that seem real; difficulty staying asleep), visual hallucinations, and muscle rigidity.

Stages of Alzheimer’s Disease⁹: Because there is no cure for Alzheimer’s Disease not only will the symptoms worsen over time, but the rate at which the disease progresses will also vary. The average time a person lives with Alzheimer’s is four to eight years, however, depending on other factors, a person can live for as long as 20 years with the disease. The Alzheimer’s Association details that Alzheimer’s Disease typically progresses in three general stages. Since this disease affects people in different ways, their experience with the symptoms, or progression through the disease, will also be different. The three stages of Alzheimer’s Disease and some of the related symptoms include:

⁹ Alzheimer’s Association: Stages of Alzheimer’s. http://www.alz.org/alzheimers_disease_stages_of_alzheimers.asp

- Mild Alzheimer's (the early stage): in this stage, you may find that a person is still able to function independently, still engaging in social activities and performing complex tasks such as driving. Even though the individual is "functioning" they may struggle with memory lapses and forgetfulness which family and friends may begin to notice. Some of the common symptoms that one may notice in the individual are: problems coming up with the right word; trouble remembering someone's name; losing or misplacing a valuable object; and increasing trouble when trying to plan or organize, just to name a few.
- Moderate Alzheimer's (the middle stage): for most individuals, this is typically the longest stage and can last for many years. Those individuals who are in this stage may begin to require more care as they become less independent. One may start to notice that the individual in this stage confuses words more frequently; gets easily frustrated or angry; or acts in ways they would not typically act, for example refusing to perform daily activities of living like bathing and dressing. You may see very specific symptoms in this stage that include: forgetfulness of events or one's own personal history; no longer participating in social activities, or withdrawn when they do; confusion to time, for example not remembering what day it is; the need for assistance with simple tasks such as choosing clothing that is suitable for the season; an increase in getting lost or wandering without a purpose; and changes to their personality and/or behavior including becoming suspicious, delusional, or compulsive.
- Severe Alzheimer's (the late stage): For individuals in the late stage of Alzheimer's, you may find that they have lost their ability to respond in the environment around them, no longer carrying on a conversation and being unable to control their movements. They may say words or phrases that are not consistent with what is going on around them, as their cognitive skills continue to worsen. Extensive assistance with daily activities also becomes necessary. The following are symptoms one might see in individuals at this stage: the requirement of full-time, around-the-clock assistance with their daily care needs; loss of awareness of recent experiences; eventual changes in their physical abilities, being unable to walk, sit, and swallow; and become at an increased risk for infections.

As mentioned previously, the symptoms of Alzheimer's disease present differently in everyone with the disease, as does the progression. It is important to continue to allow someone with Alzheimer's Disease or any other Dementia related condition to continue to function to their full capacity.

Changes in behavior: As with any disease process that affects the brain, there are bound to be behavioral issues. The same is true when discussing the behavioral changes noted in someone with Dementia. As their condition progresses, these individuals may start to display behaviors that are out of their normal character. These behaviors are often the result of the individual being unable to effectively communicate a need such as hunger, thirst, use of the bathroom, hot, cold, or many others. The behaviors that may be seen as a result of these unmet needs include: aggression, agitation, confusion, depression, hallucinations, suspicions, repetition in speech or actions, and wandering. Understanding these behaviors is the first step in being able to assist someone with possible unmet needs, and could potentially decrease the behavior or eliminate it altogether.

When an individual with Alzheimer’s Disease or another Dementia related condition starts to display behaviors that are out of character, they are at an increased risk for instances of abuse, neglect, or exploitation. This can come in many forms and includes physical abuse, verbal abuse, isolation, the inappropriate use of medications such as antipsychotics which can significantly decrease the individual’s quality of life, intimidation, humiliation and/or ridicule, and neglect in the form of malnutrition and dehydration, just to name a few.

Assessing a person with Dementia¹⁰: Direct caregivers are often the first people to notice the changes in an individual with Dementia. It is important that anyone who is caring for someone with Dementia works to understand the resident’s abilities as well as their backgrounds in order to provide them with the highest level of care possible, tailored to their specific needs at the various times of the day. In determining their abilities, there are several areas that should be assessed, including:

- Cognitive health
- Physical health
- Physical functioning
- Behavioral status
- Sensory capabilities
- Decision-making capacity
- Communication abilities
- Personal background
- Cultural preferences
- Spiritual needs and preferences

When working to obtain information, it is best to obtain the information directly from the individual if possible, or a family member. A review of medical records may also be beneficial to obtain necessary information to care for the individual. In an effort to ensure that an individual with Dementia is provided high quality care on a consistent basis, it is important that the individual is assessed periodically to determine if there are any changes in their condition that would necessitate changing the way in which they are cared for.

¹⁰ Alzheimer’s Association Campaign for Quality Residential Care. Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes.

Module 3: Caring for someone with Alzheimer's Disease / Dementia

forget
me
not

Caregiving: There may be a point in time when you are asked to assist in providing the care to someone with Alzheimer’s Disease or other Dementia related condition. The first thing that you should know about caring for an individual with one of these disease processes is that it can, at times be challenging and possibly overwhelming. You should however know that caring for someone with a diagnosis of Dementia is critical to the quality of life that they will receive. As you read through this module, there will be many different ways in which you will be able to provide care to your loved one without the feeling of frustration.

Person-Centered Care¹¹: Person-centered care is a care concept that recognizes that individuals have unique values, personal histories and personalities and that each person has an equal right to dignity, respect, and to participate fully in their environment. In person-centered care, it is important to remember that all individuals are typically the same now as they were when they were younger, in that most often they still have the same goals for their lives of being independent, self-sufficient, active, maintaining personal relationships, and wanting to continue to have fun. The goal of person-centered care honors the importance of this by keeping the person at the center of their care and decision making process. In this care model, those providing the care must actively listen and observe to be able to adapt to each individual’s changing needs, regardless of their condition or disease process.

People with Dementia make up a significant proportion of the older adult population. The person-centered care approach is extremely important when caring for these individuals; seeing everyone as individuals and not placing the focus on their illnesses or on their abilities or inabilities. Making sure that people are involved and central to their care is now recognized as a key component of providing for a high quality of healthcare. There are many aspects of person-centered care that should be taken into account, including:

- Respecting one’s values and putting them at the center of care;
- Taking into account someone’s preferences and expressed needs;
- Coordinating and integrating care;
- Working together to make sure there is good communication with the individual and that information and education is effectively passed along;
- Making sure people are physically comfortable and safe;
- Providing emotional support;
- Involving the individual’s family and friends;
- Making sure there is continuity between and within the services that the person is receiving; and
- Making sure people have access to appropriate care when they need it.

Put simply, being person-centered is about focusing care on the needs of the person rather than the needs of the service.

Strategies for Providing Care for those with Dementia¹⁰: It is important to understand that even though someone may be diagnosed with Dementia, they, like everyone else still need to participate in meaningful social relationships. Participating in meaningful activities is important

¹¹ Advancing Excellence: Person-Centered Care. <https://www.nhqualitycampaign.org/goalDetail.aspx?g=pcc>

to their care, as these activities can help to address underlying needs which ultimately may help them maintain control over their daily activities, reduce their behavioral symptoms, and improve their overall quality of life.

- **Personal Care:** As Dementia progresses, individuals affected may have less and less ability to care for themselves. In order to maintain a high quality of care, caregivers may need to assist by prompting or providing little help; however, eventually, the person may require assistance with all of their needs. When providing care to these individuals, it is important that you assist them in maximizing their own abilities and independence, by allowing them to accomplish the tasks the way in which they want to, as long as the task is getting done.
- **Nutrition:** Those with Dementia may end up having a reduced food or fluid intake for several reasons, a decreased recognition of hunger and thirst; a decline in smell and taste; swallowing difficulties; an inability to recognize dining utensils; and the loss of functional ability to feed oneself. In order to increase an individual's intake, you want to try and find ways to engage them in the mealtime experience and stimulate their appetite. Also, as with personal care, you want to be sure to allow the individual to do as much for themselves as they are able, in order to maintain the highest level of independence possible.
- **Pain Management:** Pain is an individual's unpleasant sensory or emotional experience. Pain is highly subjective, meaning that whatever the individual says is their pain, is their pain. The difficulty with trying to assess for pain in someone with Dementia is that they often have difficulty communicating about their pain. However, being able to ease the pain of someone with Dementia allows them to have an improved quality of life. Pain management in those with Dementia should begin with non-pharmacological treatments that will be discussed later in this module.
- **Wandering:** This is a term that is used to describe the behavior of people with Dementia who move about in ways that may seem aimless to others. Wandering, however, serves a purpose for the individual. It is most important that the individual who is wandering is provided with support, as moving around and exploring is beneficial to the individual. Additionally, it is important that the individual who is wandering is kept safe from any injuries and from leaving the premises and entering unsafe areas.
- **Falls:** Individuals who suffer from Dementia are at increased risk for falls due to issues with the following: the loss of physical functioning; a history of falls; issues with incontinence; prolonged immobility; confusing environment; floors or ground that are uneven, slippery, or have a glare; inadequate lighting; and many other reasons. It is important to understand that if you are caring for someone with Dementia that you must ensure that their physical environment is free from unsafe conditions. Additionally, you should be aware of the individual's physical capabilities, prior to assisting them with getting out of bed or walking around.
- **Physical Restraint-Free Care:** Physical restraints are devices or practices that restrict an individual's freedom of movement or access to his/her body and which the individual cannot easily remove. Some examples of restraints include: side rails on beds; hand mitts; chairs or recliners in which the individual is unable to get up on his/her own, and involuntary confinement to a room, except when medically indicated. Having Dementia is not an indication for the use of restraints that are generally harmful to the individual,

increasing the risk for injuries, physical de-conditioning, incontinence, malnutrition, skin tears, pressure ulcers, worsening agitation, anxiety, and terror to name a few. You should understand that any time a person with Dementia is facing a problem, it is best to assist them using restraint-free methods, unless in an emergency situation in which case, the physical restraint should only be used temporarily.

Alternative Therapies versus Medications¹²: Alzheimer's Disease and other Dementia related conditions currently have no cure. However, there are treatments that can be provided to someone experiencing cognitive symptoms and out of character behaviors.

There are very specific drugs that can lessen the cognitive symptoms that one would deal with, including the drugs Aricept and Namenda; however, these medications are not a cure for the disease process. As mentioned, these medications only lessen the symptoms that someone would experience; they are not a cure and cannot stop the disease from progressing.

The cognitive effects of the disease process can progress so rapidly that the individual may be unable to express his/her needs effectively and may often times display out of character behaviors. It is important when working with these individuals to understand what it is that is causing the behavior before starting any treatment. Unless indicated, medications should not be the first line of treatment for these individuals in situations where the only change is a behavior. It is important to determine the reason behind any behavior that is exhibited, in addition to determining if there were any specific triggers that caused the behavior and how best to prevent it in the future. Alternative therapies, better known as non-pharmacological therapies, are the best way to manage these situations as they can be used to possibly prevent the behaviors before they happen. Some of the different alternative therapies include (not an all-inclusive list):

- **Art Therapy:** It has been known for a while now that the process of creating and/or enjoying art opens up both cognition and communication that was otherwise thought to be lost in individuals with Dementia. There are many ways in which art therapy can be integrated into the life of someone with some form of Dementia, such as outings to art museums, as well as incorporating painting and other arts and crafts as part into the activity's program.
- **Music Therapy:** Music therapy is somewhat of a type of art therapy with the individual involved in making music as well as enjoying it. Listening to familiar music is the ideal way to practice this type of therapy for these individuals. The key to music therapy is ensuring that the music that the person is listening to is not only familiar to them, but is also music that they like. For example, a country music song that one individual knows may be playing in the common area, as a form of music therapy, however, another person gets agitated when it starts playing. The reason for the agitation may be due to the fact that he/she doesn't like country music, or maybe it is the specific song that is playing that excites a bad memory. With music therapy it is most important to ensure that the music provided is music that each individual prefers. A very specific program that can be used to provide music to someone with Alzheimer's Disease or other forms of Dementia is

¹² Best Alzheimer's Products: Alternative Therapy for Alzheimer's Disease. <http://www.best-alzheimers-products.com/alternative-therapy-for-alzheimers.html>

through the Music and Memory program¹³. This program was created by Dan Cohen after he noticed that there was no personalized music for residents in a nursing facility that he had visited. Through the Music and Memory program, nursing facilities are trained how to create personalized playlists using iPods that will enable those individuals struggling with Alzheimer’s Disease, Dementia, or other cognitive or physical challenges to reconnect with the world through music-triggered memories. Think for a minute about how listening to music makes you feel. Does it allow you to de-stress after a long day at school? Does it help you to do your homework more effectively? It has long been said that engaging in music and musical activities appears to be very stimulating to the brain and the body.

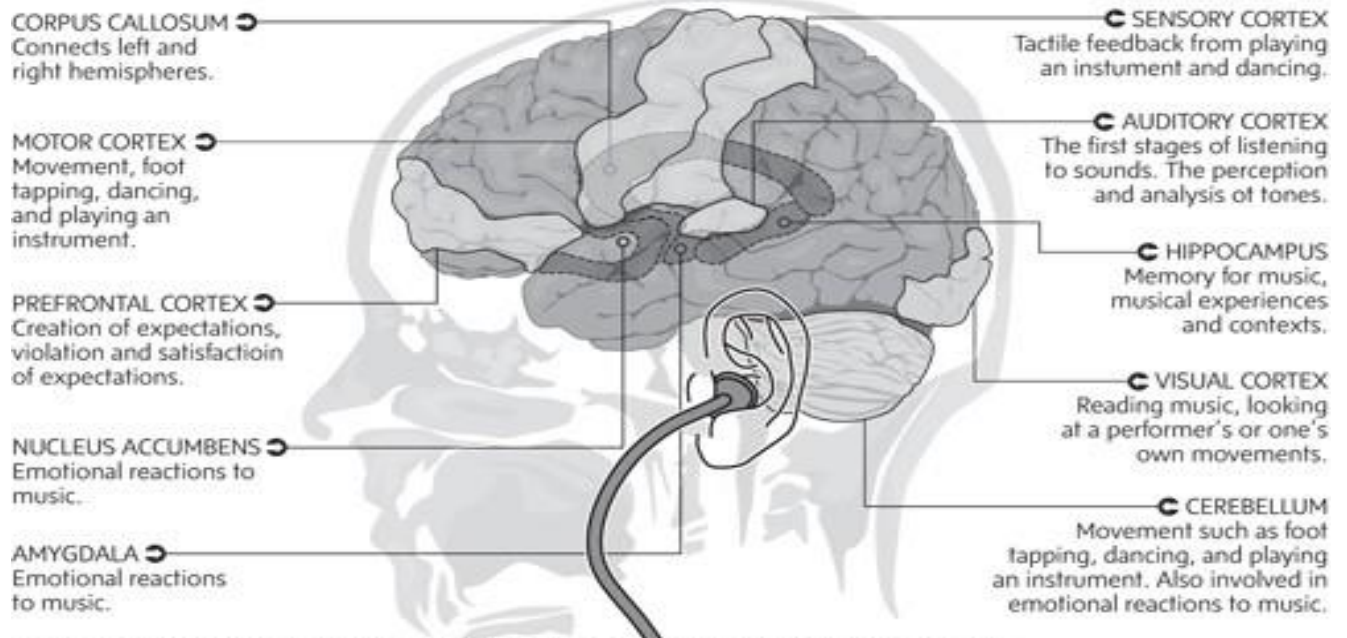
Research has found that there are many benefits to listening to music, for example, it can alleviate pain, thereby reducing the need for pain medication; reduce blood pressure, heart rate, and anxiety; lift the spirits of those who suffer from depression; and stimulate memories that may be unreachable for those individual who have a diagnosis of Alzheimer’s disease or other Dementia related conditions.

Music has been shown to be most effective when it is personalized to the type of music that an individual enjoys.

As you can see below, music affects all of the different regions of the brain in different ways:

Music on the mind

When we listen to music, it’s processed in many different areas of our brain. The extent of the brain’s involvement was scarcely imagined until the early nineties, when functional brain imaging became possible. The major computational centres include:



MIKE FAILLE/THE GLOBE AND MAIL SOURCE: THIS IS YOUR BRAIN ON MUSIC: THE SCIENCE OF A HUMAN OBSESSION

¹³ Music and Memory: About Us. <http://musicandmemory.org/about/mission-and-vision/>

By providing personalized music to individuals with Alzheimer’s Disease or other forms of Dementia, there is the assurance that this therapy is highly person-centered and appropriate for the individual. You can see how personalized music can reconnect someone with Alzheimer’s Disease back to their memories by watching Henry at <https://www.youtube.com/watch?v=Hlm0Qd4mP-I>. You can see the entire documentary *Alive Inside*, from which this clip was taken, on Netflix if you are interested in seeing how personalized music can help people with all sorts of challenges.

- **Reminiscence Therapy:** Individuals who have Alzheimer’s or other Dementia related conditions often have little recollection of their most recent memories and will often talk about events that took place long ago, since long-term memories are the last to be affected by the disease. Reminiscence therapy involves discussing and sharing memories, reviewing and evaluating those memories and re-capturing the emotions and/or feelings that were part of the memory. This is a therapy that can be done as a one-on-one activity or in a group setting to allow for more people to possibly discuss their feelings related to a specific memory.
- **Doll therapy:** Doll therapy is quickly becoming an alternative therapy that shows an increase in the positive behaviors and a decrease in the negative behaviors seen in individuals with Alzheimer’s Disease or other Dementia related conditions. This form of therapy allows the individual to provide love and affection to a doll that he/she thinks is a real person. These are instincts that the individual has that are very strong and powerful and can drive their interaction with the doll in a positive way.

Providing care for an individual with Alzheimer’s Disease or other Dementia related condition may be rather challenging at times, therefore it is important to have a variety of different activities and treatment options to be able to provide them with the highest level of care possible. If one activity or treatment doesn’t work with one person, it may work with someone else.

Therapeutic Communication¹⁴: This form of communication is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of an individual. Communicating with an individual with Alzheimer’s Disease or other Dementia related condition may be quite stressful at times and requires a great deal of patience, understanding, and good listening skills. These individuals often lose their ability to effectively communicate due to the disease process, depending on what stage of the disease that they are currently experiencing. Some of the changes that may be seen include:

- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily losing his/her train of thought
- Reverting back to a native language
- Having difficulty organizing words logically
- Speaking less often

¹⁴ Alzheimer’s Association: Communication and Alzheimer’s. <https://www.alz.org/care/dementia-communication-tips.asp>

Regardless of the change you see in the individual, it is important that you are still able to communicate effectively with him/her. Because these individuals often have more difficulty expressing their thoughts and emotions, and understanding others, it may take more time than usual when communicating with them. The following are some ways (not all-inclusive) that you can help a person with Alzheimer’s Disease or other Dementia related conditions to communicate:

- **Be patient and supportive:** This requires you letting the person know that you are listening and trying to understand them. You can best show that you care by not interrupting them while they are trying to talk.
- **Offer comfort and reassurance:** If you see that the individual is having difficulty communicating, let them know that it is okay and encourage them to continue to explain his/her thoughts to you.
- **Avoid criticizing, correcting, or arguing:** Because these individuals may not have the same level of cognition as they did prior to their disease, they may incorrectly say “normal” things. When communicating with them, avoid correcting them if they say something “wrong”, instead listen more carefully to what they are trying to say and try to find the meaning in what is being said. This goes the same with arguing, if they say something that you don’t agree with, it is best to just let it be. By arguing with them, you may actually make things worse, possibly even heightening their level of agitation or anxiety.
- **Focus on their feelings and not facts:** There are times that what they say is less important than the emotions that are being expressed. Listen carefully to their tone of voice and observe for any other actions that may provide you clues into their feelings.

Community Resources: There are many different resources available that can assist families who are dealing with a diagnosis of Dementia (regardless of the type). These resources include the Alzheimer’s Association, the Texas Department of Aging and Disability Services, Respite services (facilities where those with Dementia can spend time while the caregiver is unable to provide care), Day Activity Health Centers, and many others.

At the end of the day, you want to make sure that you understand that communicating is not always about talking and that often non-verbal communication can be more important to the individual. Always remember that if you are trying to communicate with someone with Alzheimer’s Disease or other Dementia related condition and you are unsuccessful, you should walk away and try again later as there may be other factors that are influencing their ability to communicate at that moment.

Module 4:

Intergenerational Programs



What is an Intergenerational Program¹⁵: An intergenerational program is one where younger and older generations are offered the opportunity to interact and achieve specific goals together. Intergenerational programs allow for individuals of all ages to share their talents and resources and be a support system for each other, all while dispelling the inaccurate and negative stereotypes that are placed on these individuals. In this program model, the young and old are viewed as being assets to their communities and not problems that must be solved. In today's world, children and older people often have limited opportunities for any kind of meaningful interaction.

Why an Intergenerational Program: The generations, due to the misconceptions or stigmas associated with them, are divided along emotional, physical, and social lines, missing the opportunities to learn and share with one another. This program model has been “shown to improve the physical and mental health of elders, the academic performance of youth and children, the economic viability of providing some social services, the coping skills of families and the building of the community”¹⁶.

There are many studies available that point to a lack of generational interaction as having negative consequences for all involved. These studies show that children who do not have enough interaction with their grandparents tend to have negative feelings about being old and often perceive older individuals based on their physical characteristics. On the other hand, when children have a substantial amount of contact with older people, they will usually feel more comfortable being around them and will have more of an understanding about aging. Additionally, studies show that when older people do not have enough contact with others, regardless of the age, that they feel lonely and depressed.

Benefits of Intergenerational Programs: The benefits that intergenerational programs offer are innumerable. Not only do the older adults and children benefit from this program model, but the community as a whole does as well. The following are the benefits of this program model:

- **Benefits to the older adults:** There are many studies that show that active and engaged older adults remain in better health. Those who volunteer are shown to live longer with both better physical and mental health than those who do not volunteer.
 - Enhance socialization: Many older adults want the opportunity to remain productive and engaged in the community. Statistically, it has been shown that 45% of Americans who work in retirement express the desire to work with the youth.
 - Stimulate Learning: The younger generations are able to teach the older adults new innovations and technologies.
 - Improve Health: Older adults who regularly volunteer with children are said to burn up to 20% more calories per week, experience fewer falls, are less reliant on adaptive aids like canes, and perform better on memory tests than their peers who do not engage in volunteer activities.

¹⁵ Generations United: The Benefits of Intergenerational Programs.

<http://www.gu.org/LinkClick.aspx?fileticket=71wHEwUd0KA%3D&tabid=157&mid=606>.

¹⁶ New York City Department for the Aging: Good Practices in Intergenerational Programming.

http://www.nyc.gov/html/dfta/downloads/pdf/publications/good_practices.pdf.

- Improved Dementia care: Older adults who have Dementia or other cognitive impairments experience more positive effects during interactions with children than with other activities.
- **Benefits to the youth:** Volunteering and civic engagement among the youth is very strong in today's culture. Community involvement has many benefits for the youth including developing skills, values, and a sense of empowerment, leadership, and citizenship.
 - Improve Academic Performance: In schools where older adults were regularly present, children had more improved reading scores than their peers at schools without older adults present.
 - Enhanced Social Skills: Interaction with older adults enables youth to develop social networks, communication skills, problem-solving abilities, positive attitudes towards aging, and a sense of purpose and community service. Volunteering has also been shown to promote good self-esteem for children.
 - Decreased negative behaviors: Statistics show that youth who volunteer in intergenerational mentoring programs are 46% less likely to begin using illegal drugs, 27% less likely to begin using alcohol, and 52% less likely to skip school.
- **Benefits to the community:**
 - Strengthen Community: The concept of intergenerational programs is to bring together diverse groups and networks to help dispel all of the inaccurate and negative stereotypes that are placed on the different generations of people. By sharing talents and resources these programs help to create a unified group identity. These programs are also able to help preserve a community's historical and cultural traditions, enhance the spirit and strengthen partnerships among organizations and individuals.
 - Maximize Human Resources: Intergenerational community service programs can multiply human resources by engaging older adults and youth as volunteers in different types of opportunities and populations.
 - Encourage Cultural Exchange: Intergenerational programs promote the transmission of cultural traditions and values from the older generations to the younger ones which help to build a sense of personal and societal identity while also teaching and encouraging tolerance.

Examples of Intergenerational Programs¹²: There are many different types of intergenerational programs across the nation. These programs fall under one of three different types of programs:

- Youth Serving Elders: In these programs, the youth often visit nursing homes, senior living facilities, or home services and assist in teaching the elders computer skills or English as a second language. Some of the programs that fall under this areas include:
 - DOROT Teen Volunteer Programs
 - Isabella Caring Partners
 - Intergenerational Work Study Program
 - STACK / Students Teach Adults Computer Knowledge
 - VISIONS Intergenerational Volunteer Program

- Elders Serving Youth: these programs often consist of mentoring programs, childcare centers with older adult staff or volunteers; teen parenting guidance; tutoring and telephone reassurance. Some programs that fall under this category include:
 - Retired Faculty School Initiative
 - Open Book Program: RAIA (Reading Aloud is Ageless)
 - Prejudice Reduction Program
 - SMART / Students and Mature Adults Read Together
- Joint/Shared Programs: In these programs, you will often see the youth and older adults serving together and often consist of performing/visual arts programs; family support programs; environmental preservation and community service. Examples of programs under this category include:
 - ComNET at Beacon Centers
 - Generating Community, Elders Share the Arts
 - Harriet Tubman School Senior Food & Intergenerational Programs
 - Project Noisee (Naturally Occurring Interaction in a Share Environment Everyday)
 - Millennium Pearl Initiative

Research shows that when the generations come together, everyone benefits. Intergenerational programs help to dispel age-related myths and stereotypes. These programs can also address societal concerns such as literacy, environmental issues, health, crime prevention, and many more. You as a student have the power to positively change the way that the older and younger generations are seen, just by volunteering and encouraging those around you to do the same.

One way that you can get involved with older adults is by volunteering your time at a nursing home in your community. Often the residents in these facilities may not have anyone to talk to or visit with, and you could provide them much needed companionship. One very specific way that you could get involved in the nursing home is through the Music and Memory program; assisting the facility staff in determining a resident's favorite songs, loading their iPod with those songs and assisting the resident in the use of the iPod. You could also assist the facility by hosting or promoting an iPod donation drive in which you could collect used iPods that could be donated to the residents of the facility. Ultimately, there are many different opportunities available to you to volunteer your time and talents to assisting the older adults in your community.

Social Needs and Activities¹⁰: Individuals who have Alzheimer's disease or a diagnosis of Dementia still require the same amount of social interaction as you would, sometimes they may even require more. Meaningful activities are the foundation of dementia care, as it allows individuals suffering from the disease to maintain their functional abilities, they assist the individual in feeling connected to normal life, can maximize choice and control, something that these individuals often lose as a result of the disease, and most notably, enhance their quality of life. Every time you interact with a person who has dementia, that may be considered an activity, for example, dining is a meaningful opportunity for the individual to socialize with others, feel enjoyment, satisfaction, and self-fulfillment. Activities can be formal or informal, depending on the setting and what the individual wants and it is important that the individual's

needs be considered when planning for activities. If you are assisting in designing activities, be sure that they are activities that the individual enjoys doing, and can be done with the individual and not to or for them, as their participation in the activity is key.

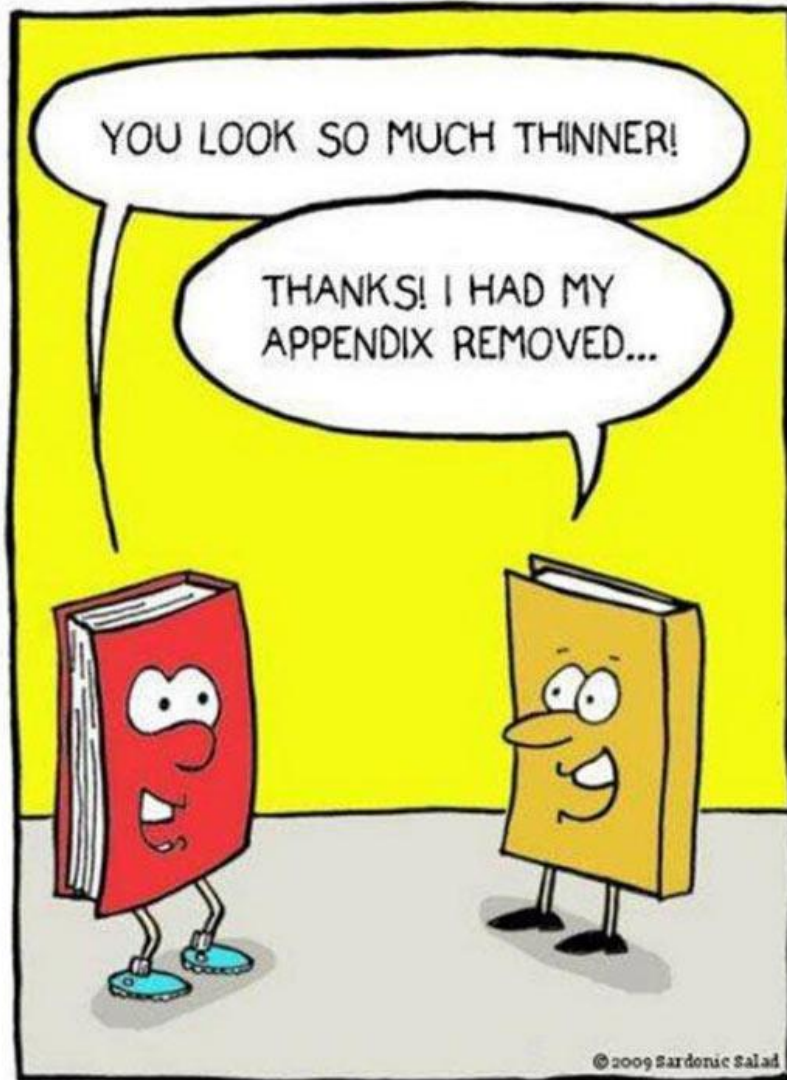
Because our brains are wired to manage many social relationships, it is important that individuals with dementia socialize and continue to have meaningful encounters with others, even as the disease progresses. Socialization has been known to help prevent or slow down the progression of dementia and it also helps prevent feelings of isolation and depression. Those with dementia can sense the attention and feelings they get from others as they socialize.

Activities that can increase socialization include (but are not limited to):

- **Conversation:** this is a good example of a simple activity that is meaningful and beneficial for someone with dementia. It can take place in any setting, and with most people. It can be a good way for younger family members to engage with the person with dementia, and can have a positive impact on their wellbeing. Even if the individual with dementia is having difficulties with verbal communication, non-verbal communication (eye contact, gestures and touching) can be just as meaningful. The important thing is to have a connection through the social interaction.
- **Exercise:** Exercise could include gardening, walking or swimming. Exercising together will be beneficial to the person with dementia and anyone accompanying them. Some exercises are appropriate for people with limited mobility, for example chair aerobics or a seated game of bowls.
- **Puzzles and games:** People with dementia may enjoy activities that keep their mind active such as crosswords, jigsaw puzzles, cards, board games and electronic games. If the person with dementia struggles with these, it may be possible to simplify them, for example choosing easier card games.
- **Music:** Even when other abilities are severely affected, many people still enjoy activities relating to music. Musical memory is often retained when other memories are lost. There are many ways to enjoy music, including listening, singing, following the rhythm and moving to the music. Evidence suggests that music can improve someone's mood, behavior and wellbeing. Physically responding to the music (through dance or movement to rhythm) can offer a chance for exercise and non-verbal communication. Favorite songs or pieces of music can also be powerful prompts for reminiscence as previously mentioned.
- **Reminiscence:** People with dementia can often remember the distant past more easily than recent events. Activities focusing on reminiscence can help improve mood and wellbeing, and promotes social inclusion and seeing the person as an individual with a unique life experience. It is a good way of helping relatives and friends stay connected as well.

It is noted to be highly beneficial for those with dementia to be allowed to socialize with their peers as well as build more relationships.

Appendices



Appendix A: T-Chart Handout

Ageism in America

Name: _____ Date: _____

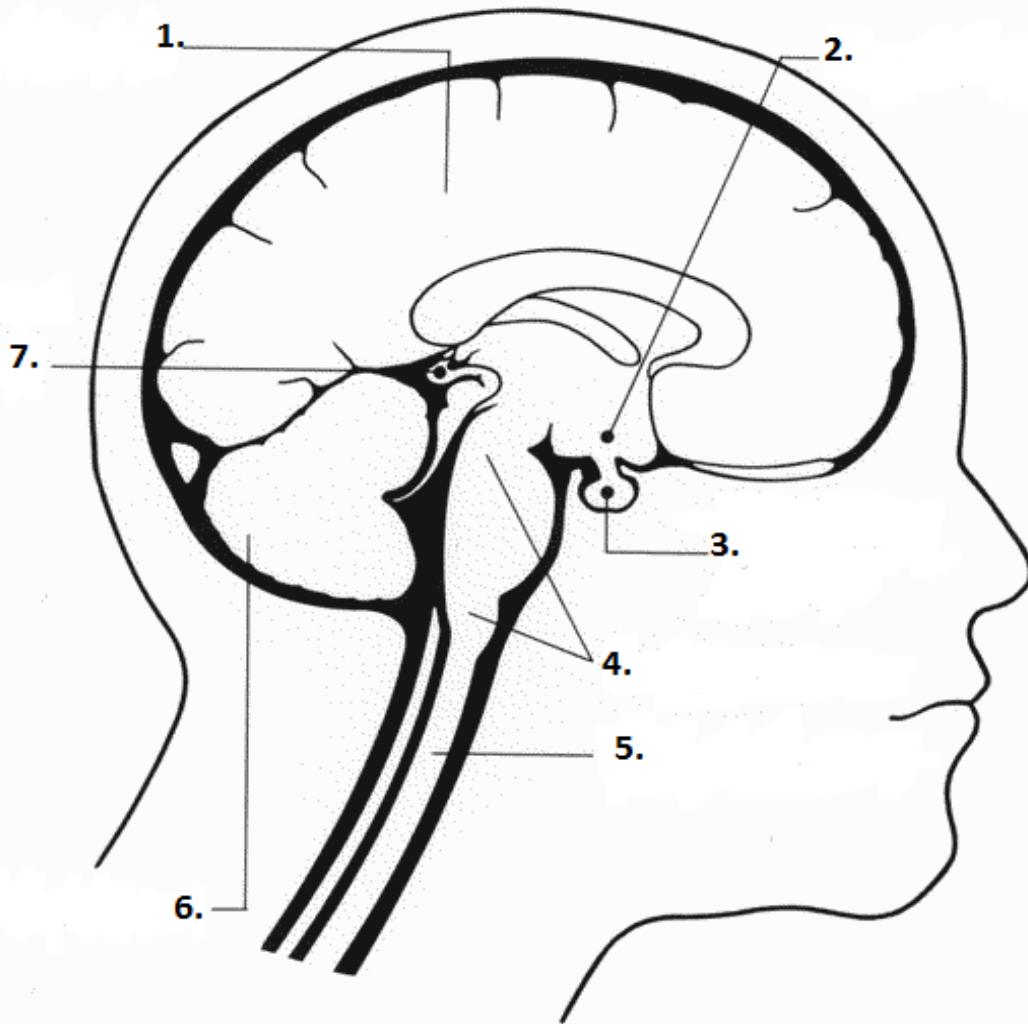
Fact	Opinion



Appendix B:

Brain Parts Color and Label

Brain Regions Color and Label



Label and color each part of the Brain:

1. _____

5. _____

2. _____

6. _____

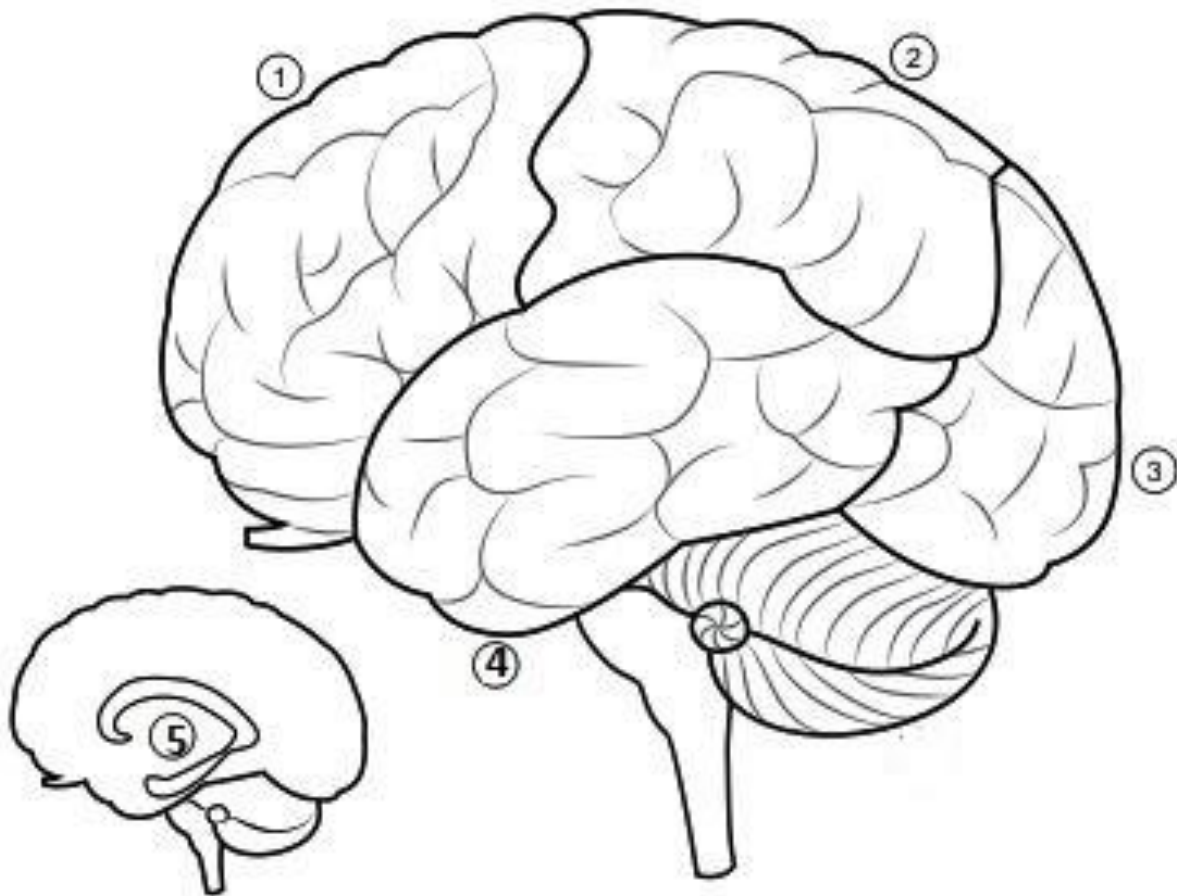
3. _____

7. _____

4. _____



Label and color each of the different regions of the Brain:



1. _____

4. _____

2. _____

5. _____

3. _____



Appendix C: All About Me Worksheet



All About Me

Instructions:

You are to create a poster (no bigger than a legal size piece of paper) that must include all of the following components:

1. Name
2. My best friends are
3. Embarrassing stories my friends tell about me
4. Things my friends love about me
5. Favorite things
 - a. Band/Musical group
 - b. Teachers
 - c. Holidays
 - d. Music
6. Important information about me
 - a. My age
 - b. Shoe size
 - c. Hair color
 - d. Nickname
 - e. Height
 - f. Favorite sport
 - g. Birthday
 - h. Favorite subject
 - i. Favorite food
7. Best Day Ever
 - a. Where are you
 - b. Who are you with
 - c. What happens first
 - d. Next
 - e. Next
 - f. How does the day end
8. Bad day
 - a. Where are you
 - b. Who are you with
 - c. What happens
 - d. How does the day end
9. Important birthdays
10. When I grow up
 - a. My dream house is
 - b. My dream job is
11. Really, really annoying things
12. Secret things (for our eyes only in very small letters)



Appendix D: Data Match Worksheet



Data Match Worksheet

Name: _____ Date: _____

You		Older Adult
	Favorite Color	
	Birth Month	
	Favorite Food	
	Number of Siblings	
	States you have lived in	
	Middle, Youngest, Oldest, Only Child	
	Has [# of] pets	
	Last movie watched in theatre	
	First name starts with which letter	
	Does/Does not have a driver's license	
	Other topics for comparison (you chose the question/topic)	
	Other topics for comparison (you chose the question/topic)	
	Other topics for comparison (you chose the question/topic)	



Appendix E: Volunteer Opportunities Worksheet



Name: _____ Date: _____

Volunteer Opportunity Worksheet

List as many volunteer opportunities that you know of (these can be opportunities in your school, church, community, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.



Appendix F:

Resources



Resources:

1. Videos:
 - a. **Alive Inside:** a cinematic exploration of music’s capacity to reawaken our souls and uncover the deepest parts of our humanity. Filmmaker Michael Rossato-Bennett chronicles the astonishing experiences of individuals around the country who have been revitalized through the simple experience of listening to music. The documentary reveals the uniquely human connection that is found in music and how its healing power can triumph where prescription medication falls short. This documentary follows social worker Dan Cohen, founder of the nonprofit organization MUSIC & MEMORYSM, as he fights against a broken healthcare system to demonstrate music’s ability to combat memory loss and restore a deep sense of self to those suffering from it. Rossato-Bennett visits family members who have witnessed the miraculous effects of personalized music on their loved ones, and offers illuminating interviews with experts including renowned neurologist and best-selling author Oliver Sacks and musician Bobby McFerrin. The video is available to view on Netflix.
 - b. **Still Alice:** This movie tells the story of Alice Howland, a renowned linguistics professor who is happily married with three grown children. All that begins to change when she strangely starts to forget words and then more. When her doctor diagnoses her with Early-onset Alzheimer's Disease, Alice and her family's lives face a harrowing challenge as this terminal degenerative neurological ailment slowly progresses to an inevitable conclusion they all dread. Along the way, Alice struggles to not only to fight the inner decay, but to make the most of her remaining time to find the love and peace to make simply living worthwhile.
 - c. **Glen Campbell I’ll Be Me:** A documentary featuring Country singer Glen Campbell that follows the singer as he performs in his goodbye tour, after being diagnosed with Alzheimer’s Disease. The film documents this amazing journey as he and his family attempt to navigate the wildly unpredictable nature of Glen’s progressing disease using love, laughter and music as their medicine of choice.