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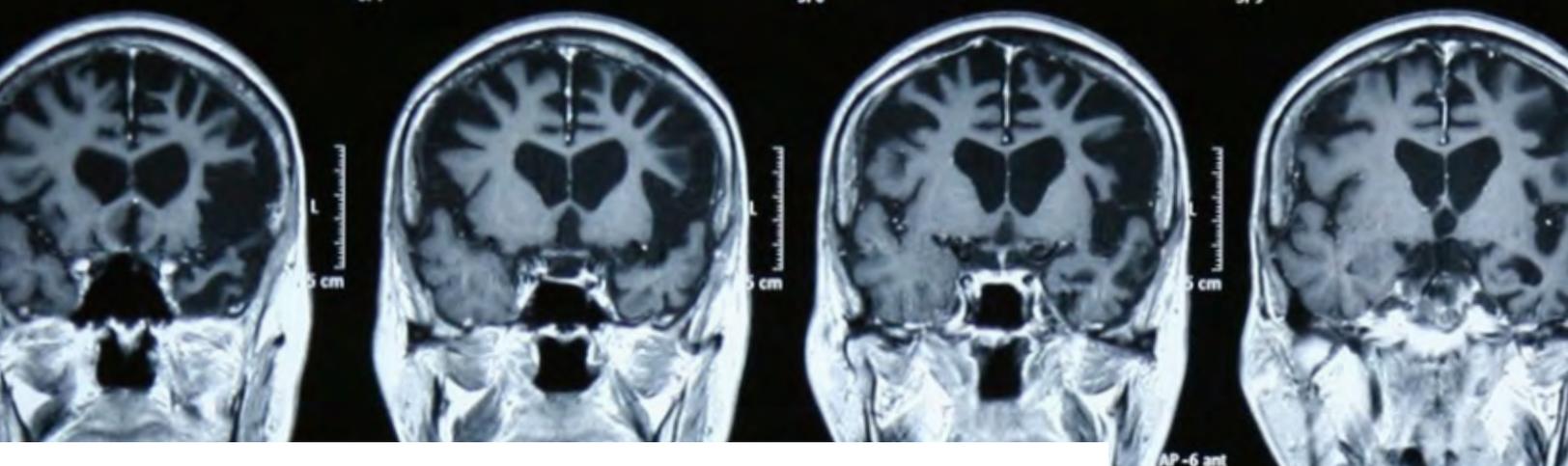
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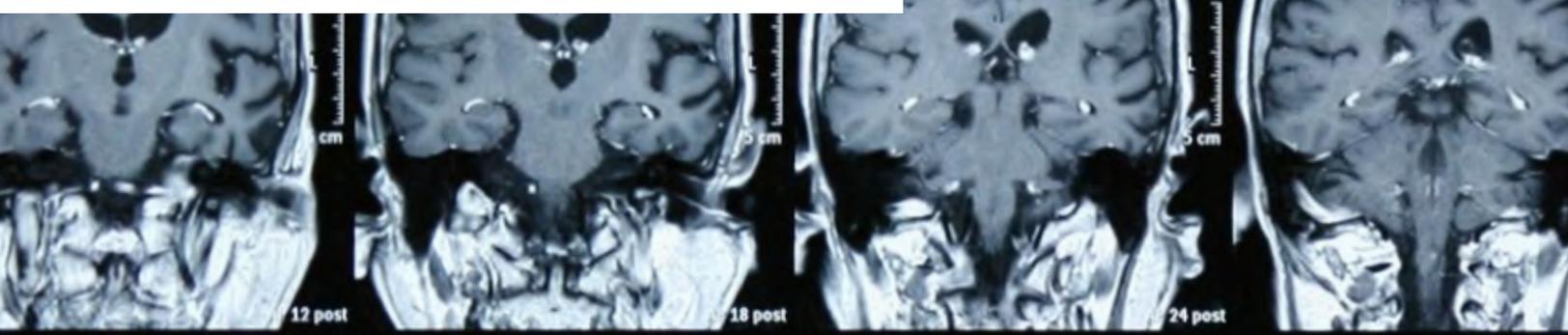
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DEMENTIA IN THE WORKPLACE CURRICULUM FOR NEWCOMERS

DEVELOPED BY GITA MATTHEW FOR BUILDING TRUST.



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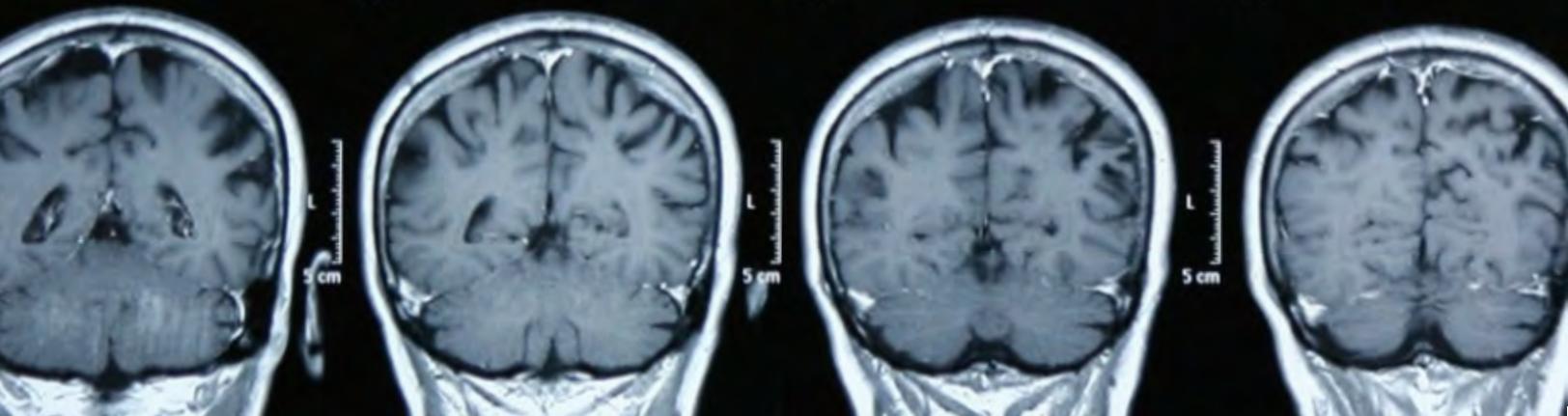
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OBJECTIVES AND OUTCOMES

LESSON	DEMENTIA IN THE WORKPLACE CURRICULUM FOR NEWCOMERS
Objectives	Understand dementia as an umbrella term Learn about parts of the brain Examine memory, language and behaviour Increase awareness of emotions; identify emotions in others; verbalize emotions Learn about local resources and where to get help
Outcome	Students will develop a basic understanding of dementia and how the environment affects someone with dementia Students will learn the of importance recognizing signs and where to go for help
Essential Skills	Reading pamphlets, understanding statistics and graphs, researching resources
Focus	Listening, speaking, reading and writing
Target audience	Students who wish to speak English more fluently Students who wish to gain employment
Language Level	Intermediate
Potential problems	Language barriers Lack of understanding due to limited vocabulary Low reading and writing skills Numbers fluctuate (classes have an open door policy)
Materials	Outlined in each section of the lesson plan

LESSON PLAN

CONTENT	FOCUS	PROCEDURE	AIM	ACTIVITIES & MATERIALS
<u>I. Check in</u>		Teacher and students go over any updates since their last class Attendance	Warm up to class discussions	
<u>II. Introduce topic of dementia</u>		Ask the students what they know about dementia. Do they know anyone who is living with dementia? Students complete pre-curriculum evaluation	Measure students' knowledge about dementia before the curriculum. To be compared with knowledge after exposure to curriculum (was it effective?)	Materials: Pre-curriculum evaluation form Demographic form (optional) You may want students to complete the demographic form if you wish to compare the effectiveness of the class (does it work better for some groups than others?)
<u>III. Dementia statistics in Canada</u>	Reviewing statistics	Analyze the number of Canadians living with dementia now and in the future: In Canada, over 747,000 Canadians are living with Alzheimer's or another dementia; the number is projected to rise to 1.4 million by 2031. 74% of us know someone with dementia (Alzheimer Society of Canada). ¹	Understand how Canadians will be affected by dementia Understand that the majority of students in the class will inevitably be in contact with someone with dementia, either through family, friends or work	Materials: Laptop, screen display, projector
<u>IV. Understanding dementia</u>	Reading	Display model of 'dementia as an umbrella term' Discuss '5 things to know share about Dementia'	Become familiarized with dementia-related terminology; distinguish between dementia and Alzheimer's disease. Learn key facts about dementia and common misconceptions	Materials: 'Dementia' umbrella with tags Five things to share about dementia handout ²

CONTENT	FOCUS	PROCEDURE	AIM	ACTIVITIES & MATERIALS
<u>V. Learning about the brain</u>	Listening and processing	Examine a model of the brain and learn about its functions and complexity	Identify different functions of brain	Materials: Model of brain with tags Activity: Which hemisphere of your brain is dominant? handout ³ If you would like to condense material into a 2hr class, omit the hemisphere exercise
<u>VI. Understanding how dementia affects the brain</u>	Listening and processing Group activity	Examine how the different parts of the brain are affected by dementia Briefly discuss neurons and synapses	Understand how the brain is affected by dementia	Materials: Types of dementia & AD brain slides ⁴ Activity: “Pass the ball” activity
<u>VII. Understanding memory</u>	Group activity Pair work	Learn about long term memory and short term memory	Increase understanding of memory and distinguish between short term and long term memory	Activities: Clapping game (Short-term memory activity) Recall of earliest memory on childhood (Long-term memory activity)
<u>VIII. Understanding habits</u>	Group work	Learn what a habit is Discuss habits that the students do in their own lives	Understand the sequence of cognitive steps one requires to perform daily habits	Activity: Making a cup of coffee Part 1 ⁵ This activity takes a long time due to the extensive number steps required to make a cup of coffee in this activity. It took students a significant amount time to sort through and order all the steps. Teachers should consider reducing steps to speed up the activity.
<u>IX. Recap</u>	Pair work	Review terms learned in the curriculum thus far	Develop concrete understanding of terminology related to dementia and the brain	Activity: Vocabulary on the brain worksheet ⁶

CONTENT	FOCUS	PROCEDURE	AIM	ACTIVITIES & MATERIALS
<u>X. Introduction to emotions</u>	Pair work Group activity	Establish a baseline of what emotions students are comfortable identifying and expressing Introduce more complex emotions (e.g. embarrassed, guilty) if students have a high understanding of the more 'basic' emotions (e.g. happy, sad)	Increase ability to identify and name a range of emotions	Activity: Emotion Wheel If the level of understanding is high, move on to the outer layer of the Emotion Wheel to discuss more complex emotions
<u>XI. Returning to habits and how the brain is affected by dementia</u>	Role playing	Students will review how the brain is affected by dementia and the impact it has on memory and habits	Increase understanding of how dementia affects the brain and behaviour	Activity: Making a cup of coffee Part 2 ⁷ Similar to Making a cup of coffee Part 1, there are a lot of steps for the students to go through which can be time-consuming. Teachers should condense some of these steps to speed up this activity.
<u>XII. Learning communication strategies</u>	Listening and processing	Initially, students brainstorm how they would talk to someone with dementia Introduce communication strategies	Students learn practical skills on speaking with a person living with dementia	Materials: Communication strategies slides from ASBC Dementia Friends workshop ⁸ This video can be used to further demonstrate the communication strategies (Alzheimer Society of Canada): https://www.youtube.com/watch?time_continue=9&v=5BjRHKqhMlk
<u>XIII. Identity warning signs</u>	Reading Pair work	Learn about 10 warning signs of dementia	Familiarize students with warning signs of dementia Students will practice vocabulary terms related to these warning signs	Materials: 10 Warning signs handout Activity: Vocab matching ⁹ Students should use the handout to help them match the vocabulary to their meanings

CONTENT	FOCUS	PROCEDURE	AIM	ACTIVITIES & MATERIALS
<u>XIV. Questions and answers and resources</u>	Listening and processing	Final debrief and Q&A (teacher leads) Distribute resources	Wrap-up of the curriculum Learn where to find local resources and get help	Materials: Resources should come from your local Alzheimer Society chapter. Click here for a list of all provincial Alzheimer Societies (Alzheimer Society of Canada) ¹⁰ (https://alzheimer.ca/en/Home/provincial-office-directory)
<u>XV. Post-curriculum evaluation</u>		Student complete post-curriculum evaluation form		Post-Assessment

Footnotes

¹ Dementia Statistics

- Check <https://alzheimer.ca/en/Home/Get-involved/Advocacy/Latest-info-stats> for the latest statistics.

² Understanding dementia – Alzheimer Society of British Columbia

- Information from Alzheimer Society of BC '5 things to share about dementia' information card

³ Learning about the brain – OneStopEnglish.com

- "Which hemisphere of your brain is dominant?" handout retrieved from <http://www.onestopenglish.com/teenagers/macmillan-education-courses/beyond/pdf-content/beyond-knowledge-the-brain-lesson-plan/553918> (page 5)

⁴ Understanding how dementia affects the brain – Alzheimer Society of British Columbia

- Information from Alzheimer Society of BC's Dementia Friends presentation (slides 6-7)

⁵ Understanding habits – Alzheimer Society of Canada

- Adapted from Alzheimer Society of Canada video series "The Alzheimer Journey: Module 4 - Understanding Alzheimer's Disease: The Link Between Brain & Behaviour" <https://vimeo.com/25523011> (3:36-5:31)

⁶ Recap – Gita Matthew, English Teacher

- Vocabulary on the Brain worksheet created by Gita Matthew, English teacher (Progressive Intercultural Community Services Society (PICS))

⁷ Returning to habits and how the brain is affected by dementia – Alzheimer Society of Canada

- "The Alzheimer Journey: Module 4 - Understanding Alzheimer's Disease: The Link Between Brain & Behaviour" retrieved from <https://vimeo.com/25523011> (3:36-5:31)

⁸ Learning Communication Strategies - Alzheimer Society of British Columbia

- Information from Alzheimer Society of BC Dementia Friends Workshop (slides 17-21)

⁹ Identity warning signs of dementia – Alzheimer Society of Canada and Gita Matthew (English Teacher)

- 10 warning signs of dementia (one-page illustrated) found at <https://alzheimer.ca/en/Home/About-dementia/Alzheimers-disease/10-warning-signs>
- Exercise created by Alexis Haig (research assistant, SFU Gerontology Research Centre)

¹⁰ Questions and answers and resources – Alzheimer Society of Canada

- Pamphlets retrieved from <https://alzheimer.ca/en/Home/We-can-help/Resources/Alzheimer-Society-brochures-and-publications>

I. CHECK IN

Teacher and students go over any updates since their last class

Attendance



II. INTRODUCE TOPIC OF DEMENTIA

PICS/ASBC Dementia in the Workplace Curriculum Evaluations

Knowledge of Dementia and Alzheimer's Disease BEFORE dementia in the workplace curriculum

In each row, circle the answer that is true for you.

How much do you know about Alzheimer's Disease and other types of dementia?	A lot	Quite a bit	A little	Nothing
Can you name any signs of dementia?	Yes, more than 5	3-5	1 or 2	None
Is dementia part of normal aging?	Yes	Maybe	No	I don't know
Is there anything you can do to help someone with dementia?	Yes	Maybe	No	I don't know
Do you know where people with dementia and their families can find help?	Yes Write where:	No		

PICS/ASBC Dementia in the Workplace Curriculum Demographic Form

Who are you? (understanding our audience) *OPTIONAL*

In each row, circle the answer that is true for you.

I am	Female	Male			
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My age (in years) is	Less than 20	21-30	31-40	41-50	More than 50
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My education is	Less than elementary school	Completed elementary school	Completed high school	Technical training	College/ University
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I speak these languages fluently...

My country of birth is...

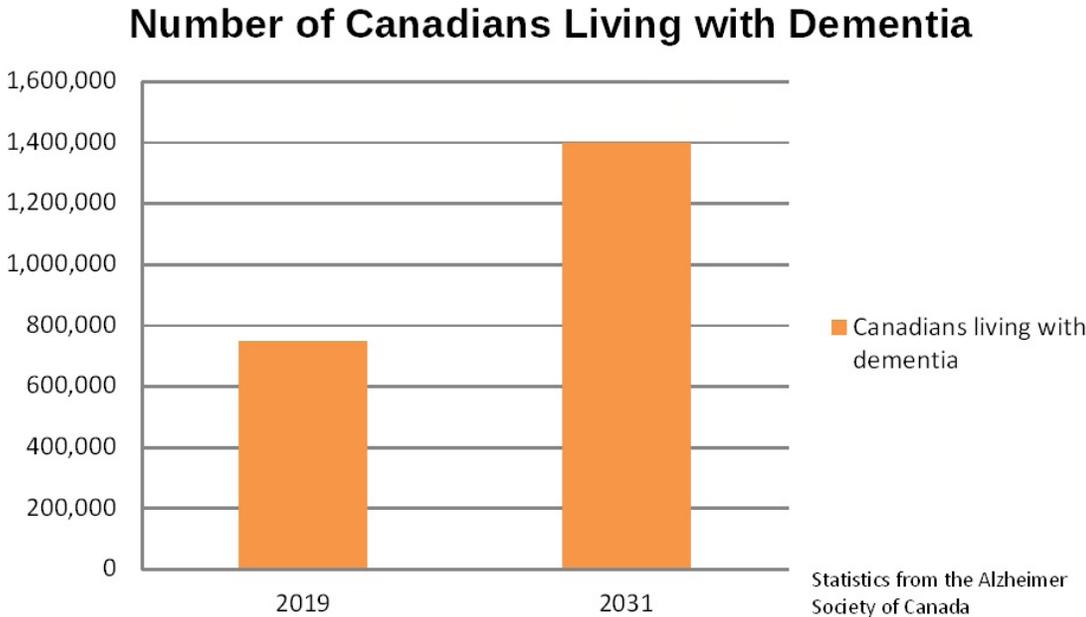
I have been in Canada for	Less than 1 year	1-5 years	6-10 years	More than 10 years
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My familiarity with people with dementia:	I do not know anyone with dementia	I know someone with dementia who is not close to me (I see them rarely or only for a short time (e.g. at the gurdwara/ church))	I know someone with dementia who is quite close (I visit regularly but not daily; I don't live with them)	I know someone with dementia who is very close to me (I live with them or see them every day)
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III. DEMENTIA STATISTICS IN CANADA

Alzheimer Society of Canada dementia statistics slide

This is included as part of the [slide deck](#) that can be found on the Building Trust Curriculum description on Healthy Aging Core.



IV. UNDERSTANDING DEMENTIA

Five Things to Share About Dementia Handout



FIVE THINGS TO SHARE ABOUT DEMENTIA

1. It is not a natural part of aging.
2. It is not just about losing your memory – it can affect thinking, communicating and doing everyday activities.
3. It is possible to live well with dementia.
4. There is more to a person than a diagnosis of dementia.
5. The Alzheimer Society of B.C. is here to help.

Dementia Umbrella Example



Alzheimer's Disease

Lewy Body

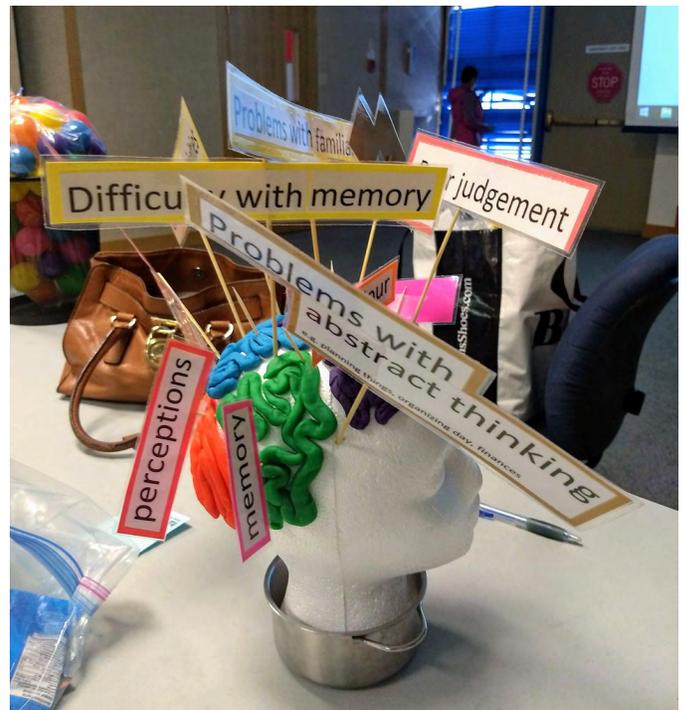
Vascular

Frontotemporal

Other

V. LEARNING ABOUT THE BRAIN

Model of Brain With Tags Examples



memory

thinking

behaviour

emotions

perceptions

doing everyday activities

Yellow Tags — What happens for people with dementia when they have difficulties because of changes caused by the disease.

problems with memory

difficulty with familiar

tasks

e.g. tying shoelaces

unable to find the right

words

problems with abstract

thinking

e.g. planning things, organizing day, finances

challenges following conversations

e.g. unable to follow what is being said maybe too fast, too abstract.

poor judgement

e.g. driving

Which Hemisphere of Your Brain is Dominant Handout

BEYOND

onestopenglish

KNOWLEDGE >>> THE BRAIN

BRAIN ACTIVITIES

Which hemisphere of your brain is dominant?

To find out if the left or right side of your brain is dominant, decide if the statements below are true or false for you. But don't take the results too seriously; the brain is very complex and scientists are not sure how it works!

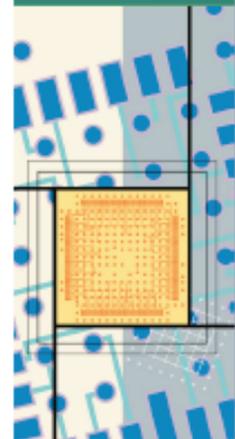
1. I don't normally arrive late.
TRUE | FALSE
2. I write a diary.
TRUE | FALSE
3. I'd like to be a lawyer, journalist or doctor.
TRUE | FALSE
4. I'm good with numbers.
TRUE | FALSE
5. I can express myself well in words.
TRUE | FALSE
6. If someone asks me a question, I turn my head to the right.
TRUE | FALSE
7. I want to know the facts before I give my opinion.
TRUE | FALSE
8. I make lists of things to do.
TRUE | FALSE
9. I read the instructions before I make something.
TRUE | FALSE
10. I'm not very musical.
TRUE | FALSE
11. When I talk, I don't move my hands much.
TRUE | FALSE
12. I'd prefer to give someone directions than draw a map.
TRUE | FALSE

Results

Mostly true – The left side of your brain is probably dominant. Are you a logical person? Can you express your ideas well?

Mostly false – The right side of your brain is probably dominant. Are you an intuitive person? Are you artistic or musical?

Six true, six false – You use both sides of your brain equally.



Brain activities worksheet 1

KNOWLEDGE

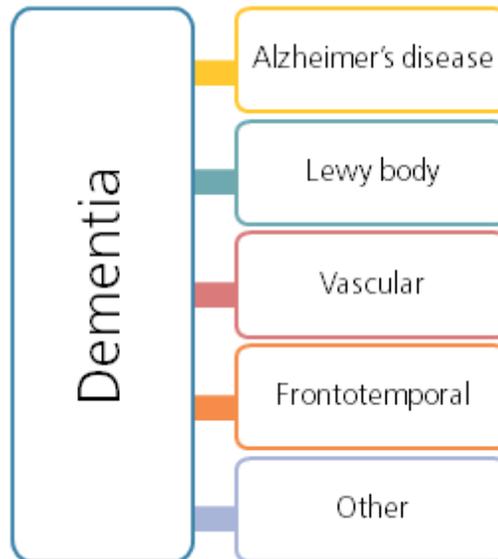


VI. UNDERSTANDING HOW DEMENTIA AFFECTS THE BRAIN

This is included as part of the [slide deck](#) that can be found on the Building Trust Curriculum description on Healthy Aging Core.

Alzheimer's disease and other dementias

- There are many types of dementia.
- Dementia is not part of normal aging.
- Dementia is progressive – it is experienced in stages.

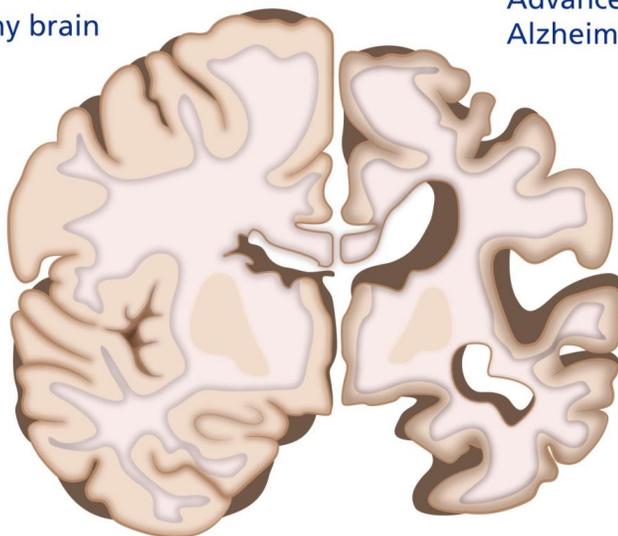


Alzheimer Society
BRITISH COLUMBIA

The brain

Healthy brain

Advanced
Alzheimer's disease



Alzheimer Society
BRITISH COLUMBIA

“Pass the Ball” Circle Activity

Materials needed: Multi-coloured balls to represent neurons.

Instructor: consider having a helper for this activity (i.e. a volunteer)

Students form a circle and the instructor hands out the multi-coloured balls to most of the students. Students will pass these balls (“neurons”) to one another.

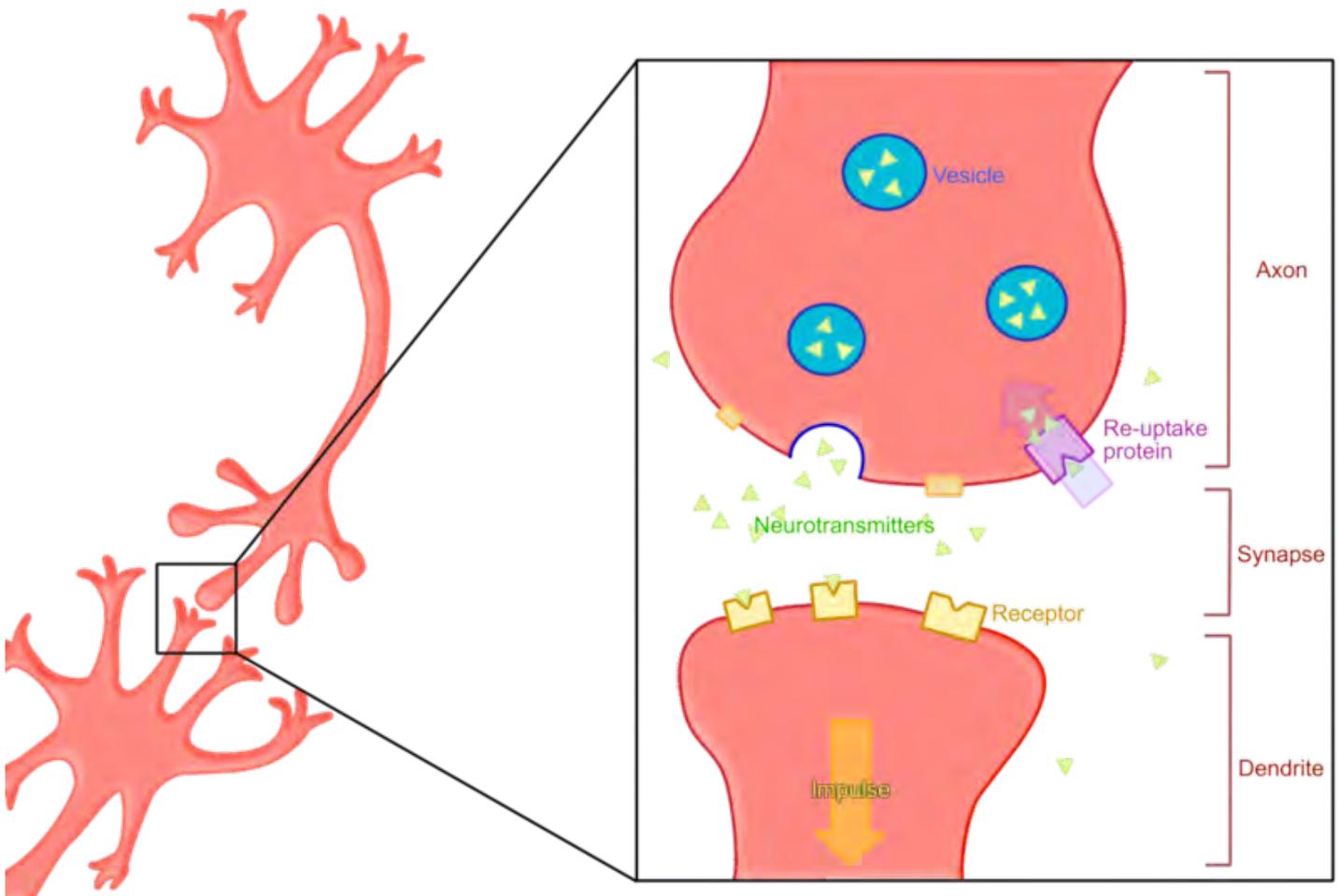
Students call out a classmate’s name then throw the ball to that person. If somebody does not catch their ball and it drops to the floor, it is considered a “dead neuron” and the student leaves the circle. The instructor or helper will also go around the circle and randomly tap on students’ shoulders to indicate they are a “dead neuron” and they step out of the circle

NOTE: Students stay in their initial positions and do not adjust size of circle.

Outcome: Students will learn that dying cells are not replaced, making it increasingly difficult to process information.

Neuron Synapse Diagram

This is included as part of the [slide deck](#) that can be found on the Building Trust Curriculum description on Healthy Aging Core.



VII. UNDERSTANDING MEMORY

Clapping Game

Materials needed: none

Students sit in a circle. The first person decides on a category (e.g. fruit, animals, etc) and names a thing in that category (for example, if the topic is fruit, the student might say “banana”). Once the student chooses “banana”, for example, they will then clap their hands in the direction of another student. This student will repeat what the first student said, add their own (e.g. “banana, strawberries”) and clap in the direction of another student. This will continue until all students have had an opportunity to participate.

Outcome: this activity demonstrates how short term memory can work (i.e. recall within a short period of time)

Recall an Early Childhood Memory

Materials needed: none

In pairs, students will discuss their earliest childhood memory

Outcome: student will be able to identify that this type of recall is a form of long term memory. Student will learn that old information can be retrieved after a long period of time.

VIII. UNDERSTANDING HABITS

Making a Cup of Coffee Part 1

Adapted from Alzheimer Society of Canada video <https://vimeo.com/25523011>

Materials needed: strips of papers with steps on how to make a cup of coffee, a board on which to place the strips, coffee making equipment (coffee maker, measuring spoon, filter, coffee grounds)

Instructor: consider having a helper for this activity

The strips of paper with steps to make coffee will be scattered on the floor by the instructor/helper. Students then be asked to find the sequence of steps to make a cup of coffee. They will then stick them on the board in the correct sequence. Once students have all the instructions in a sequence, they will read the steps out to the instructor/helper. The instructor/helper will do exactly what they say until all the steps are complete.

Outcome: Students will understand how much the brain has to process just to make a cup of coffee.

Suggestion: the instructor used a classroom pocket chart to display the sequence of steps. This type of display was beneficial as it allowed the students to clearly see the steps in the pockets and easily change the sequence of steps

This activity assumes you are using an electric coffee maker and that it is on the counter within range

Put a coffee filter in the filter basket.

Filters are on the second shelf in the cupboard on the left

Measure out the coffee grounds.

Coffee grounds are in a tin in the cupboard on the right beside the sugar

1 teaspoon for every cup of water

Faucet is by the window

Measure water, according to the amount of coffee grounds used.

Use the measuring cup in the cupboard below the sink

Pour water in the designated area of the coffee maker.

Then place the pot back on the warming platform.

Turn the button on. Red light should come on.

Make sure the coffee is completely brewed before taking a cup.

If you take a cup before it is completely brewed can be a fairly strong cup. If you remove the coffee grounds too late, the pot will be too bitter due to flavors released later during the brewing process.

Take a cup out of the cupboard to the left of the range

Pour the coffee into the mug

Put the coffee pot back on the warmer

Add any milk or sugar to get the coffee tasting just right.

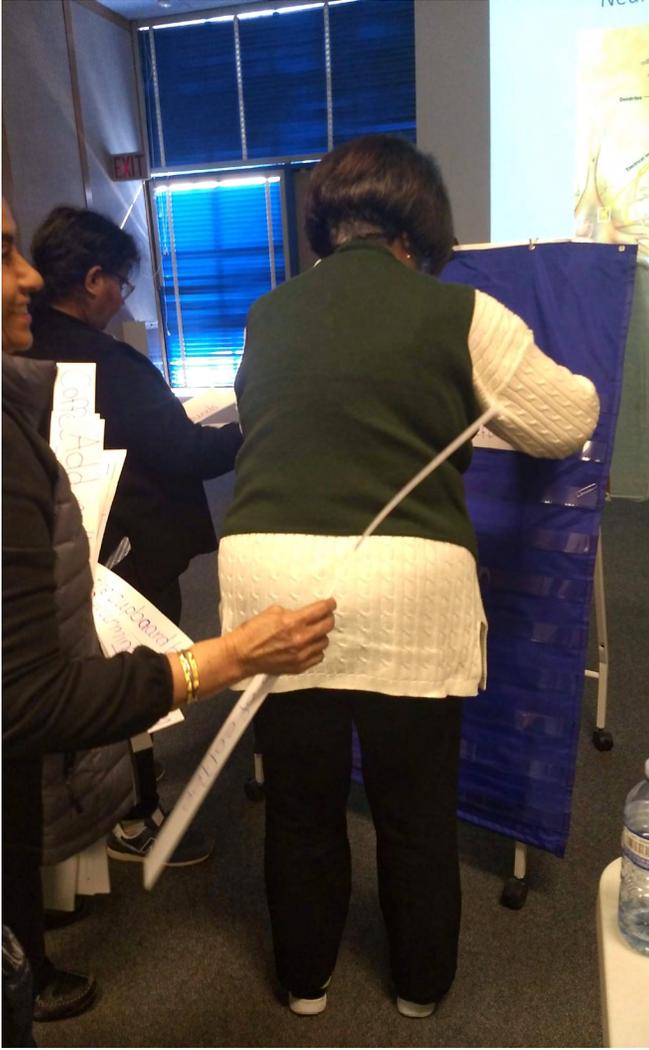
Turn off the coffee machine





COFFEE MACHINE

Examples of Students Completing the Activity



IX. RECAP

Gita Matthew, *Progressive Intercultural Community Services Society (PICS)*, 2019

Vocabulary Brain

Match the correct letter in Column A with a number in Column B

- | | |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Brain | A. memory that involves recall of information for a relatively short time (such as a few seconds) |
| 2. Hemisphere | B. complicated |
| 3. Long term memory | C. the organ <u>inside</u> your head that controls your body's activities and <u>enables</u> you to <u>think</u> and to <u>feel</u> things such as heat and <u>pain</u> . |
| 4. Short term memory | D. a cell which is part of the <u>nervous</u> system. Neurons <u>send messages</u> to and from the <u>brain</u> . |
| 5. Habit | E. a hemisphere is one half of the <u>brain</u> . |
| 6. Complex | F. primary |
| 7. Perception | G. part of your mind which allows you to form pictures or ideas of things that do not <u>necessarily</u> exist in <u>real</u> life. |
| 8. Imagination | H. memory that involves the storage and recall of information over a long period of time (such as days, weeks, or years) |
| 9. Neuron | I. the ability to <u>invent</u> and <u>develop original ideas</u> , especially in the <u>arts</u> . |
| 10. Dominant | J. a disease or condition that gets worse as time <u>progresses</u> . |
| 11. Creative | K. the way that you <u>think</u> about something or the <u>impression</u> you have of it. |
| 12. Degenerative | L. something that you do often or regularly. |

X. INTRODUCTION TO EMOTIONS

Emotions Vocabulary

Materials needed: spinner/arrow to be placed in middle of the square

Attach arrow to the centre of the wheel with a brass-plated paper fastener. Students will take turns spinning the arrow and then tell the group the last time they felt like the emotion their spin landed on.



XI. RETURNING TO HABITS

Making a Cup of Coffee Part 2: adapted from Alzheimer Society of Canada video <https://vimeo.com/25523011>

Materials needed: see Making a Cup of Coffee Part 1

Instructor: consider having a helper for this activity

Students read each step out to the instructor/helper who will make the cup of coffee. However, instead of following the directions, the instructor/helper does the opposite of what the student instructed or performs another random act. This continues until all the steps are complete. Afterwards, students and the instructor/helper debrief about what this experience was like for them, including how they felt throughout the exercise. Students will then discuss why the instructor/helper had difficulty applying these steps.



Outcome: Student will have an increased understanding of how the effects of dementia on the brain make habitual tasks challenging due to the cognitive steps required. In this activity, students will also practice identifying and expressing emotions learned earlier on in the lesson during the activity debrief.

XII. LEARNING COMMUNICATION STRATEGIES

These are included as part of the [slide deck](#) that can be found on the Building Trust Curriculum description on Healthy Aging Core.



Get the person's attention.



Make eye contact.

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Bring the person to a quiet place.



Speak slowly and clearly.

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Share one message at a time.



Use close-ended questions – yes or no answers.

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Allow time for response.



Repeat or try again later.

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BRITISH COLUMBIA

Communication Strategies

1. Get the person's attention
2. Make eye contact
3. Bring the person to a quieter place
4. Speak slowly and clearly
5. Convey one message at a time
6. Use close-ended questions — yes or no answers
7. Allow time for responses
8. Respond to feelings, not stories
9. Connect, don't correct
10. Repeat, or try again

KNOW THE 10 WARNING SIGNS OF ALZHEIMER'S DISEASE

XIII. IDENTIFY WARNING SIGNS

1

MEMORY LOSS THAT AFFECTS DAY-TO-DAY ABILITIES
Forgetting things often or struggling to retain new information.

2

DIFFICULTY PERFORMING FAMILIAR TASKS
Forgetting how to do something you've been doing your whole life, such as preparing a meal or getting dressed

3

PROBLEMS WITH LANGUAGE
Forgetting words or substituting words that don't fit the context.

4

DISORIENTATION IN TIME AND SPACE
Not knowing what day of the week it is or getting lost in a familiar place.

5

IMPAIRED JUDGMENT
Not recognizing a medical problem that needs attention or wearing light clothing on a cold day.

6

PROBLEMS WITH ABSTRACT THINKING
Having difficulty balancing a chequebook, for example, or not understanding what numbers are and how they are used.

7

MISPLACING THINGS
Putting things in strange places, like a dress in the refrigerator or a wristwatch in the sugar bowl.

8

CHANGES IN MOOD AND BEHAVIOUR
Exhibiting severe mood swings from being easy-going to quick-tempered.

9

CHANGES IN PERSONALITY
Behaving out of character, such as becoming confused, suspicious, or fearful.

10

LOSS OF INITIATIVE
Losing interest in friends, family and favourite activities.

For more information, contact the Alzheimer Society at www.alzheimerbc.org
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Alzheimer Society

10 Warning Signs Vocab

Match each phrase to the correct meaning.

Loss of initiative

Not understanding what numbers are or how they are used

Changes in personality

Severe mood swings from being easy-going to easily irritated

Misplacing things

Putting things in strange place

Impaired judgment

Forgetting words or substituting words that don't fit the context

Problems with language

Losing interest in friends, family and favourite activities

Problems with abstract thinking

Forgetting things often or struggling to retain new information

Memory loss that affects day-to-day abilities

Behaving out of character

Changes in mood and behaviour

Forgetting how to do something you've been doing your whole life

Difficulty performing familiar tasks

Wearing light clothes on a cold day

Disorientation in time and space

Getting lost in a familiar place

XIV. QUESTIONS AND ANSWERS AND RESOURCES

Dementia is a term used to describe a set of symptoms or behaviours that may include memory loss, difficulty with problem-solving and changes in mood and behaviour. Dementia is identified when these symptoms are severe enough to interfere with a person's daily life and activities. Alzheimer's disease is one type of dementia in which a progressive deterioration of brain cell function causes symptoms that affect one's daily life. However, since these symptoms may also be due to other conditions such as depression, drug interactions or an infection, it is important to see a doctor in order to get the correct diagnosis and proper treatment. If dementia is suspected, your local Alzheimer Society can connect you to information, support and education.

To help you understand what Alzheimer's disease might look like, the Alzheimer Society has developed the following list of warning signs:



10 warning signs

Sign 1 Memory loss that affects day-to-day abilities

It is normal to occasionally forget appointments, colleagues' names or a friend's phone number only to remember them a short while later. However, a person with Alzheimer's disease may forget things more often or may have difficulty recalling information that has recently been learned.

Sign 2 Difficulty performing familiar tasks

Busy people can be so distracted from time to time that they may forget to serve part of a meal, only to remember about it later. However, a person with Alzheimer's disease may have trouble completing tasks that have been familiar to them all their lives, such as preparing a meal or playing a game.

Sign 3 Problems with language

Anyone can have trouble finding the right word to express what they want to say. However, a person with Alzheimer's disease may forget simple words or may substitute words such that what they are saying is difficult to understand.

Sign 4 Disorientation in time and space

It is common to forget the day of the week or one's destination - for a moment. But people with Alzheimer's disease can become lost on their own street, not knowing how they got there or how to get home.

Sign 5 Impaired judgment

From time to time, people may make questionable decisions such as putting off seeing a doctor when they are not feeling well. However, a person with Alzheimer's disease may experience changes in judgment or decision-making, such as not recognizing a medical problem that needs attention or wearing heavy clothing on a hot day.

Sign 6 Problems with abstract thinking

From time to time, people may have difficulty with tasks that require abstract thinking, such as balancing a chequebook. However, someone with Alzheimer's disease may have significant difficulties with such tasks because of a loss of understanding what numbers are and how they are used.

Sign 7 Misplacing things

Anyone can temporarily misplace a wallet or keys. However, a person with Alzheimer's disease may put things in inappropriate places: for example, an iron in the freezer or a wristwatch in the sugar bowl.

Sign 8 Changes in mood and behaviour

Anyone can feel sad or moody from time to time. However, someone with Alzheimer's disease can show varied mood swings - from calmness to tears to anger - for no apparent reason.

Is it Alzheimer's disease?

Sign 9 Changes in personality

Personalities can change in subtle ways over time. However, a person with Alzheimer's disease may experience more striking personality changes and can become confused, suspicious or withdrawn. Changes may also include lack of interest, fearfulness or acting out of character.

Sign 10 Loss of initiative

It is normal to tire of housework, business activities or social obligations, but most people regain their initiative. However, a person with Alzheimer's disease may become passive and disinterested, and require cues and prompting to become involved.



The Alzheimer Society is the leading nationwide health charity for people living with Alzheimer's disease and other dementias. Active in communities across Canada, the Society:

- Offers information, support and education programs for people with dementia, their families and caregivers
- Funds research to find a cure and improve the care of people with dementia
- Promotes public education and awareness of Alzheimer's disease and other dementias to ensure people know where to turn for help
- Influences policy and decision-making to address the needs of people with dementia and their caregivers.

For more information, contact your local Alzheimer Society or visit our website at www.alzheimer.ca.

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Alzheimer Society

Endorsed by:



B300-03E 2018

Alzheimer Society

Alzheimer's disease 10 warning signs



First steps

You have likely been worried and anxious about the changes you are seeing in yourself. Now that you have been diagnosed with Alzheimer's disease, you may be concerned about the future. However, you have already taken an important first step in caring for yourself: getting a diagnosis.

Changes to expect

The changes you are experiencing are because of Alzheimer's disease. You may have trouble finding words, completing thoughts, following directions or remembering information. Later you may feel confused and have difficulty with familiar tasks. These changes are related to the disease as it affects memory, thinking and behaviour. Other people may notice changes in your behaviour or personality. The effects of the disease will change how you live day to day.

The information in this brochure can help you cope with the changes you are experiencing, and plan for future changes so you can continue living your life to its fullest every day.

Step 1 Recognize that you are going through a variety of emotions

You may respond to the news of the diagnosis and the changes caused by the disease with a variety of emotions. You might feel angry, embarrassed, frustrated, afraid or sad. These emotions are normal and may come and go.

Let those close to you know how you are feeling.

Members of your family may also be experiencing the same types of emotions.

Sometimes, people with Alzheimer's disease feel sad or depressed. If your feelings are overwhelming and won't go away, talk to your doctor.

Step 2 Tell people

Let the people closest to you know that you are living with Alzheimer's disease. Explain what the disease is and how it is affecting you. Sharing this information will help them understand that the difficulties you are having are a result of the disease. Sharing the information will also allow you to tell them how they might be able to support you.

Refer friends and family to your local Alzheimer Society for useful information and resources.

Step 3 Learn about Alzheimer's disease

Find out what you can about the disease and how it will progress. Learn about tips and strategies that might help you day to day. The Alzheimer Society has many useful resources to help people with the disease, such as our "Shared Experiences" booklet, our website (www.alzheimer.ca) and support groups.

Step 4 Explore treatment options

While there is no cure for Alzheimer's disease, medications can help some people with some of the symptoms. Read about the treatments that are available. Discuss their risks and benefits with your doctor. You may wish to participate in a research study. Your local Alzheimer Society will have information on treatment options and research studies in your area.

Step 5 Recognize that you have a disease that affects your abilities

- Focus on what you can do, not what you can't do.
- Find ways that help you cope with the changes, for example, writing down important things in a memory book, labelling cupboards or marking a calendar.
- Simplify your life wherever you can.
- Reduce the number of pressures you face.
- Follow a routine.



People who have the disease say you should:

- Learn to be patient.
- Try not to be hard on yourself.

Step 6 Seek help

Call your local Alzheimer Society to find out what help is available in your area. Community agencies may offer services like helping with your shopping, preparing meals or providing other practical assistance.

Step 7 Look for support

Find people you are comfortable with to share your feelings and emotions. It may be a member of your family, a good friend, another person with Alzheimer's disease or an Alzheimer Society support group.

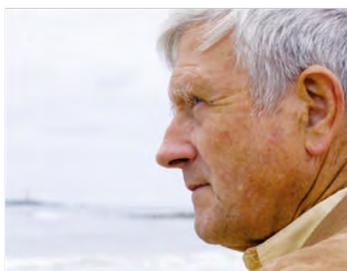
Step 9 Take care of yourself

Maintain your physical health, stay active, make healthy food choices and spend time with your family and friends. Enjoy life to the fullest. Focus on what you can still do. Do the things you enjoy and that bring you meaning and fulfilment. Some days may be better than others, but strive to create those times each day that are satisfying and worthwhile.

Step 10 Know the Alzheimer Society is here to help

The Society can help by:

- Giving you the information you need to learn more about the disease and coping strategies
- Providing support by telephone or through group support
- Registering you with the MedicAlert® Safely Home® program to ensure that if you get lost, there is help at hand to get you home.
- Locating services in your community.



No matter who it is, the important thing is to share your experiences and how you are feeling. Some people also find it helpful to write their thoughts, feelings and experiences in a journal.

Step 8 Plan for the future

Start planning now for the future:

- If you are working, it is important to prepare for your future retirement.
- If you own a business, you will need to make plans for when you can no longer do things on your own.
- If you have been putting off decisions about your personal life, make them now.
- Make sure your paper work is in order, including legal and estate planning.
- Ensure that you have chosen someone to make financial and health-care decisions for you when you are unable to do so. Talk to the person about your wishes and write them down. This will ensure that your requests are followed when you are unable to communicate them yourself.

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Alzheimer Society

Alzheimer's disease First steps



XV. POST CURRICULUM EVALUATION

PICS/ASBC Dementia in the Workplace Curriculum Evaluations

Knowledge of Dementia and Alzheimer's Disease AFTER dementia in the workplace curriculum

In each row, circle the answer that is true for you

How much do you know about Alzheimer's Disease and other types of dementia?	A lot	Quite a bit	A little	Nothing
Can you name any signs of dementia?	Yes, more than 5	3-5	1 or 2	None
Is dementia part of normal aging?	Yes	Maybe	No	I don't know
Is there anything you can do to help someone with dementia?	Yes	Maybe	No	I don't know
Do you know where people with dementia and their families can find help?	Yes	No	Write where: _____ _____	

Dementia in the Workplace Class Evaluations

For each question, please circle the answer that reflects your opinion the most:

Was the class easy to understand?	Yes What did you like?	Mostly What can be better?	Mostly not What did you not like?	I didn't understand it at all
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The content was presented at a level I could understand	Strongly agree	Agree	Neither agree nor disagree	Disagree
----------------------------------------------------------------	----------------	-------	----------------------------	----------

The handouts texts and media helped reinforce learning	Strongly agree	Agree	Neither agree nor disagree	Disagree
---------------------------------------------------------------	----------------	-------	----------------------------	----------

Activities were relevant to my learning	Strongly agree	Agree	Neither agree nor disagree	Disagree
------------------------------------------------	----------------	-------	----------------------------	----------

I would recommend this class	Strongly agree	Agree	Neither agree nor disagree	Disagree
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CREDITS

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The curriculum content was developed primarily by Gita Matthew (PICS) in collaboration with ASBC-Surrey, Alexis Haig and Dr. Sharon Koehn (SFU).

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