

**National I&R Support Center**  
**Webinar: Alzheimer's Disease: Communication and Challenging Behaviors**  
**September 17, 2019**

Welcome to the webinar. I can see that people are just joining so I will wait one more minute and we will get started with the presentation. >> [ Pause ] >> Welcome. My name is the Nanette Relave and I manage the National Information Support Center at Advancing States. On behalf of Advancing States formerly known as NASUAD, we changed our name at the national Home and Community Based Services conference last month. And the National Information and Referral Support Center project of Advancing States, I would like to welcome listeners to today's webinar on Alzheimer's disease, communication, and challenging behaviors.

Let me cover a few housekeeping items before we get started. The slides, audio recordings a transcript from today's webinar will be posted at the Advancing States website within the next several days. Please visit the national I&R support Center project on the Advancing States website and see our webpage on monthly calls. We are also going to post this web link in the chat box for your reference.

All of the listeners are on mute during the webinar to reduce background noise. And we welcome your questions and comments to the Q&A functions that are available on the screen. Please feel free to submit your questions at any time during today's presentation, and we will address questions following the presentation.

We also have real-time captioning for today's webinar. On your screen, you should see a multimedia viewer panel on the bottom right where the captioning will appear. Whether you minimize this panel or have it open, it will not block the slide presentation. In order to begin the captioning, you may need to enter your name and organization, or it may ask you for an access number in order to begin the captioning. If you look in the chat box, you have event ID number, that you need to input, or for the update here quickly it is 4122666. >> The event ID number is available for you in the chat box with

4122666.

We heard from specialists that they are serving more individuals with complex needs including individuals with Alzheimer's disease and other dementias - and their family members and other caregivers. >> While the core communication skills used in I&R conversations, such as patience and empathy, are always a good guide. There are additional communication techniques and skills that can assist specialists, and caregivers, to engage with and support people living with dementia. Today's webinar will describe person centered strategies for effective communication, and challenging dementia related behavior.

Our presenter will also share resources or caregivers and people living with dementia, provided by the Alzheimer's Association.

Today we are joined by Mariam Schrage who is the senior associate director of contact center operations for the Alzheimer's Association national office. At the national call center that is based in Chicago. To get started -- started, I will turn it over to the presenter and again will take some questions after she goes through her slide presentation. So Mariam, I will go ahead and turn it over to you now.

Thank you so much Nanette, I appreciate you having me today. I appreciate all of you joining us today. So as Nanette said, we will be talking about some communication changes around the progression of the disease. And behavior changes that occur and how to address them. And a couple of specific behaviors that people may encounter, and then of course the resources. >> So the next slide is just my information that Nanette already shared with you. And of course our vision, we want to make sure to share with everybody. And we do have a vision of the world without Alzheimer's disease. And then our mission is really to eliminate the disease. So we do a lot of research, we are the largest nonprofit funder for the research. We have care and support and work on the national and local level by providing the care and support. And also we have advocacy because we are the leader in Alzheimer's advocacy working towards critical research. And care initiatives trying to promote brain health.

So we will start out with some communication changes throughout the disease. So on the helpline we received many types of calls, but the communications and challenging behaviors, that is something that comes up quite often. So just so everyone something page, Alzheimer's disease is a type of dementia. That causes problems with memory, thinking and behavior. So symptoms evolve slowly and they get worse over time, becoming severe enough to interfere with daily tasks. As the disease progresses people lose the ability to speak, to decode language and in turn that really impacts their ability to communicate.

So we will start out with looking at the early stages. So first of all though, I want to just reiterate that throughout all stages and progression of the disease, it is so important to ensure that people living with dementia, that they are able to maintain their sense of self. So that is something that you should always have at the forefront. So in the early stages, it is helpful to even ask the person with dementia how he or she would like to be helped, there really, they can still be conveying their thoughts and feelings through language. But there are times that they may find it difficult to find the right word. So asking how they want to be helped, respecting the person. Adjusting communication based on what is meaningful to the person that day. No matter what stage. You may or may not see changes, big changes in the way somebody communicates in the early stages. There could be some really minor things that you see, but I think that's also why there are times that Alzheimer's goes undiagnosed because you just kind of brush it off as you know "they kind of always forgot that" or what have you.

So at the early stages, the communication is really critical. Everyone is adjusting to the diagnosis. People are having thoughts and feelings about the changes ahead of them.

So that's the person with dementia, but also the caregiver. They are really adjusting to all that.

Denial can certainly be part of the disease for some. But for others, emotions can feel kind of overwhelming. So have a discussion with the person with dementia, and we talk about the emotions that are behind the diagnosis. They really are, they may be struggling with where they stand at in life, and their relationships with friends and family. It is important to find new ways to live a positive and fulfilling life. So you may notice somebody withdrawing from conversation. Even if they enjoy being in the same social situations or spending time with family and friends. They may take a while to find the right words. So those are all things that are helpful to keep in mind.

So some of the ways that you can connect like I mentioned before, ask them directly. It's helpful to ask a person with dementia, you know if they are struggling to find the right words, what do they prefer you to do? Do they want you to give that word, do they want you to just be patient with them? Keeping sentences very direct and straightforward. This can help with a person feeling lost in the conversation. Avoiding long explanations. Really taking your cues from the person with dementia. And certainly do not talk down to somebody with dementia.

You may need to leave a little extra time for conversation. It may take longer process what's being said. So not pressuring or rushing someone with dementia. And as I mentioned, including the person with dementia in the conversations, you can ask them about what their future wishes are. That can include even how they want their care plan to be. And involving them in that process. But making sure to empower and engage the person with dementia so that their preferences can be respected. >> So also keep in mind in the early stages that you should not make assumptions about the person's ability to communicate because of the diagnosis. The disease really does affect people differently. And it really can be individual. Speak directly to the person. Ask them how they are doing. Ask the person what method of communication feels most comfortable for them. Do they prefer to have phone calls, do they prefer to be face-to-face? Do they prefer you to text or prefer you to not change anything at that point in time?

And of course, continue to laugh together. Humor can really lighten the mood and make communication easier. Be honest about your feelings. And don't pull away from the person with dementia. The support and relationships are really important.

So moving on to the middle stage. So many changes in the middle stage of Alzheimer's disease affects the communication. So changed you noticed at an earlier stage, even though they seem to be very minimal, they are more likely to be more pronounced in the middle stage. So changes that are happening in the brain, make that tracking a conversation and the decoding of words even more difficult.

A person with dementia in the middle stages, they will rely more on the tone behind someone's word. And other nonverbal facial expressions, body language. That's what they will be paying attention to especially

if they don't know what you are saying to them. Or know what words you are using. They are going to take that other information and try to process that.

Continued to remember that you should have or keep an emotional connection with the person with dementia. They may have difficulty finding words or using words in a logical manner. So that can impact their daily communications.

A person may very easily just lose their train of thought in the middle of that conversation.

A person may speak less frequently. They may use gestures instead of speaking. You may also hear from caregivers or you may have experienced yourself that somebody may resort, somebody with dementia may resort back to speaking their native language. They also may use more curse words, or they may use a familiar word repeatedly. So just keep those things in mind. And there's, as I already mentioned, there is that transition to communicating more through behavior rather than those words.

So to connect, if your communication is not getting the desired response, focus on what you may need to change in your communication. It shouldn't be with that person with dementia needs to change. Approach the person gently from the front. At eye level, calling their name. You saying your name, so for example saying "hi grandma, this is your granddaughter Miriam". So they know up front that you are directing them the conversation to them. And you are saying who you are to them and their name.

Sometimes also like I have found what was really helpful is working with people with dementia is using touch to get the person's attention. And showing that you care. Making sure that instead of that criticizing, correcting and arguing, you're really calm and patient and paying attention to your facial expressions and tone of voice. And take the time to communicate. Allow the person with dementia to respond and connect.

So in the middle stages in regards to respect and empathy, to keep that in mind. A lot of times you are going to hear people say "join the person's reality." We hear that so often. Because it is not about you anymore. It's about the person with dementia. And really whenever you join that person's reality, it is allowing you to

take the time to see the world as a person with dementia may be seeing it at that moment. When you see it from their perspective, the person's behavior can become a little bit more understandable. So with, because of the progression of the disease, person with dementia will likely not be able to hear your perspective, so like I mentioned, you will need to use that respect and empathy. Pay attention to the words and behaviors that somebody with dementia is saying. So if they are saying to you I can still drive just fine, remember that there's a feeling behind that, and most likely also they don't want to give up that independence. And I think all of you guys know that who are on the call. Because you work with older adults and you are probably familiar that. And the reasoning behind it. But not everybody is.

Always let the person with dementia know you understand. Be brief, to the point, respond to that emotion behind the behavior. And after you respond to that emotion, you may need to also reassure and redirect the person. So it may be that you are responding to them and reassuring them, but then you are doing an activity or going for a walk or what have you.

So moving on to the more information connecting and keeping it slow with the middle stages. Using short sentences. Speaking slowly and clearly. Multiple people speaking at once can be very problematic because it's very hard to follow the conversation and to process all of that at once. So just be mindful that. So it also helps to offer choice the end of the sentence when you're asking questions. So instead of saying "what would you like for breakfast?" you could then say it "it's breakfast time, do you want eggs or oatmeal." That gives them the choice. But it also doesn't give them just an open-ended question.

Make sure to be patient. And give them time to respond. You may need to write things down for the person, repeat information. Notes, calendars, labels. Pictures, lists, those are all things that can be very helpful. So the person with dementia may know what something is. Or where things are, where things belong, and helps to know who people are.

Moving on to the late stages. In late stages, a person may only know or use a few words or sounds, but they still need to connect and communicate. There may be an urge to make sure you are always doing something. But remembering that connection and presence with the person, is much more important than doing something specific with that person. I know for me with my grandma when she was in late stages of Alzheimer's, it was really helpful, or what I could see as helpful, was just being there with her, holding her hand. Making sure like the slide says the body language and thinking of those five senses to connect with her. That was helpful, and I could feel that she was following along with me or at least processing some of the information even though she may not have had the words or phrases that she could tell me that she wanted to communicate in that manner. >> So to connect with somebody in the late stages, again remembering that this person should always have a sense of self. And I always like to say this several times because it is so important. That we are continuing to remember what this person enjoyed doing. What made them happy. And those preferences, giving them that respect. Keeping that in mind, that really helps with a person feeling safe and happy. And just being there for that person can help that As well.

Making sure also, whenever there is expressions that may be pain. Making sure that those responded to. You know, you may recognize that there's a certain way that somebody with dementia communicates, a certain pain that they may have, or they may be touching their arm and they keep touching their arm because there is some pain that is there. So just pay attention to those behaviors. Continue to use familiar words, familiar names. Keep talking. Bring that respect to the conversation and songs, poems, passages. Those things that can still help with a person with dementia. Having some sense of familiarity.

And like I said, the five senses, even if it's touch and giving a hand massage or having a plastic bag that's filled with a particular spice or tea or some type of sense that that person really always loved so that you're making some type of connection with them. Cooking food, foods that were their favorite foods. And it could just be that it's a flavored drink that has that flavor to it that they always love. >> So now we will talk about some behavioral changes. We will talk about possible triggers. Go over the process for assessing and identifying challenging behaviors, and then address a couple common dementia related behaviors. Repetition and aggressive behavior.

So triggers. Some of the most difficult behaviors for caregivers to understand and address typically do happen in middle stages of the disease. But there are some triggers that can be connected to the behaviors. So it's important to keep your eye out for those. So with pain or discomfort. It could be that the person with dementia is hungry or thirsty. Or a room could be too hot or too cold. There could be overstimulation or boredom. It could loud noises in the room such as too many people talking at once. Or simply even just a change in routine or a change in the living situation.

Fear or frustration with what is going on around them. They could be in unfamiliar

surroundings. It could be that they are in a new place or could be that they are in their home but they are not recognizing it as their home and that can trigger behaviors.

It could be a complicated task. Could be something that the person has done all the time, but at that moment, it is very complicated to them, and they don't understand how to do it. It could just be causing them some difficulty, and in turn it could be that you are trying to explain it but it's too complicated for them and they are not understanding the words that you are saying.

So I think this slide is really important. Because this kind of lays out steps that you can take. I think these four bullet points are things you can keep in mind for any of the behaviors that somebody encounters. So with the Detect and Connect, as I mentioned before, you are joining the person in the reality. So you are trying to understand the person's reality in the context before the behavior happens. Who is around, what was around. When did it happen? Where? How did it happen? So kind of looking at the whole picture leading up to the behavior, how was the behavior responded to. Making sure that when you're trying to figure this out, and if you are communicating with a person with dementia, that you are making sure that you are approaching very calmly and respectfully.

You are not correcting the person. But instead you are letting the person know that they are safe there and you are there to help.

You are making sure to address the physical needs first. There could be some medical issues that need to be attended to, and that should be addressed first. It could be that

there was a physical problem. They responded that we like I mentioned before, because they are hungry or thirsty. It could be that there is a lack of interaction that they are needing. Or it could be something within the environment that is causing that trigger. Then you can address emotional needs. As I mentioned, it is focusing on your feeling. You are joining them in their reality. You're not thinking well all that sounds unreasonable for them to respond like that. Who does that it doesn't matter. It doesn't matter. You know you really are responding to those emotional needs. You can redirect energy. Into a more soothing or calming activity. So they are away from what might have been the trigger.

And you are reassessing and planning for next time. You know you, I saw a lot of people that whenever these behaviors came up, if they really are stumped and they don't know what they're supposed to do to, like, what triggered it, keep a list and track behaviors. Look at the time of day. Look at how often it happen. And see how or what or how you may have responded. And what went well and what didn't and what might be able to be adjusted again. But also knowing that there are times that you may not know the reason behind the behavior. And that's okay. You can do the best that you can to try to figure things out your it and sometimes that is what we can do at that moment.

So just going into a little bit about aggression. So it's mostly, it's most important to know that the person living with dementia is not acting this way on purpose. That I think can help a lot. There are sometimes caregivers that will say their act this way because they are trying to be manipulative. That's not necessarily the case. It is a part of the disease. I understand that somebody may have always been manipulative. But you know that is part of the disease is not understanding something and maybe responding in a way that they wouldn't have in the past. So aggressive behavior, it can be verbal, physical, and it can be both. Sometimes there is a trigger that you can identify. Sometimes it may appear that there is no reason. This behavior, it can be upsetting, but it's not always dangerous. When the aggressive behavior does get dangerous or physical, it's important to keep safety measures in mind. And it may need to have some safety plan for the future, but also at that moment, it may mean reaching out to first responders and calling 911. >> So some possible causes. Could be physical discomfort, physical pain. Is the person tired? Are there medications that are causing side effects? It can be environmental. Are they are overstimulated by loud noises or overactive environment, large crowds, do they feel lost, it could be that there is just poor communication.

Your instructions may be a little bit too complicated. And may not be easily understood. There may be too many questions that you are asking are too many statements at once. Or even your tone. A person with dementia, you really pick on -- pick up on the tone. I know with me and my grandmother, we were trying to bathe her. My mom and I were trying to bathe her one time, and she got really verbally aggressive. And looking back on it though, I could see the tone of our voice was most likely what was impacting how her reaction was. And trying to make sure to change that for the future, that no matter what is being said, that it is that calm, even tone. It's not a tone that is worked up or

irritated tone. >> So with aggression, how to respond. Like I said try to identify the cause. See what may have triggered. Did something frightening or alarm the person? Making sure that there is not any pain or discomfort that they may have at the moment. Look for feelings behind the words or actions, rather than focusing on the facts. Be positive and reassuring. Try your best not to get upset, you know you can say I am here to help or I am sorry. And even if you didn't do anything wrong, saying I am sorry and apologizing, it really is reflecting back what that person with dementia is feeling. They are feeling upset. And that's what matters right now. And helping to calm down the situation by saying I'm sorry might be useful.

And making sure that any distractions are removed. Thinking that the immediate situation, it may have been unintentionally caused, so remembering that, I don't think that people are purposely trying to irritate somebody, but you know sometimes there just may be a frustration that you have that comes across that wasn't intended, you may not even notice. It could be that redirecting somebody to another activity that may help. With responding to the aggressive behavior. If it is a safe environment, and the caregiver is able to walk away and take a moment for themselves, that can be really helpful to make sure that a caregiver is really paying attention to their needs as well.

You may need to speak with the person with dementia with their doctor. There may be or may need to be a medical intervention especially if there's some pain or discomfort. If necessary, then yes you may need to call 911 if something is urgently needed. But if that does get to that point, making sure that the dispatcher knows that the person that has dementia, that there's a person with dementia that's involved in the situation that they're coming out to you. We certainly don't want the first responders coming out and arriving on inappropriate assumptions about what is happening. So you know setting up like that can be helpful.

So moving on to repetition. So a person with dementia, they certainly may repeat words, questions, behaviors, we have all experienced this, I know you know how often do you even hear somebody saying oh goodness, "I am having a moment, and I can't remember things." Everybody, this happens to everybody. That they forget things. But then repeating things over and over. Once he gets to being a real repetition, and a behavior, that's when it is a concern.

So I mean a person and I'm sure all of you have experienced this, a person with dementia may be asking when is their daughter going to come visit. And that maybe something that they have been really close to the daughter. They are looking for that comfort or security that they need during that time. So thinking about it in a different way may be able to help with easing a frustration that a caregiver may have about that. That behavior. >> So possible causes. Again remembering that it is a progression of disease. So they don't realize that they just ask the same questions five minutes ago or just told you the same story 10 minutes ago. And you know when people with dementia ask questions repeatedly, they also come the may also be trying to express a specific concern, ask for help, cope with some frustration or anxiety that they

may have. Also changes within an environment. That is something that can cause repetition, but it can also make it worse. And I'm sure we have heard you know somebody who with dementia who may have to, may have just recently moved into a long-term care facility, and they continuously ask to go home. So that is a big change in their environment. That is causing that repetition.

So with repetition, how to respond. Looking for a trigger for cause. Does this repetition occur around certain people? Certain surroundings? Certain time of day? Seeing what is behind that repetition.

Focusing on that feeling. And thinking about what that person with dementia may be feeling. So like I have mentioned before, joining their reality. The action or behavior, it could be turned into an activity. So it could be that you know it's the repetition activity, you could have them clean up the countertop and you can have them clean up the table. And having a different activity to redirect them to. May be helpful during the time. And staying calm and patient. Mindful of your tone. As I mentioned before. Don't argue or use logic during that time. This is not the time to argue with the person with dementia. Or even try to convince them about your viewpoint. It is about them. It's about that person with dementia.

Making sure to provide an answer, even if it means you need to repeat it again or you may need to write down and posted in a prominent place. But don't just disregard the question or ignore them or don't say you already asked that before. That's not helpful to the situation.

And you could engage in another activity. Or go for a walk. You could go fold towels just to get the person with dementia so they can get their mind off that repetition that they are doing.

It may be that memory aids are helpful. Really, this is something, accepting this behavior and working with the, trying to figure out what works best. And maybe that one time something works and the next time it doesn't. And you know it doesn't mean that you can never try that thing again that work that one time. But you may need to try other things and revisit that solution that you had. So any notes, photos, calendars, whiteboard, things like that that might help with responding to their repetition and having some type of memory aid available. >> So moving along to resources. So, I'm going to go over some resources that the Alzheimer's Association has available. And I think these are really useful to caregivers. And professionals as well. I know that this is information. When we get people calling from an area agency on aging or we get somebody who is a professional caregiver, this information is super helpful to have and to reference.

So we do have our 24/7 helpline. So we as Nanette said, we are, our home office space in Chicago. We work really closely with all of her chapters. And I will tell you a little bit about that. And I will also share a little bit more with you about our website, which you saw a screenshot of before in the previous slide.

So on our helpline, we have , whenever anybody calls the one 800 number that was on the previous slide, the one 800, whenever anybody calls the one 800 number that was on the previous slide, the 1-800-272-3900, they will reach a general information specialist. So that general information specialist on helpline, they can provide basic disease education, referrals. Basic tips on communication. If there's something that is a little more complex, they will end up triaging to a care consultant. That's kind of our second-level of assistance. So our care consultants are masters level dementia experts. And they will , they can talk through some of these behaviors. They can create a care plan. They can work with the caller to problem solve a complex situation. And if it is a crisis, they will also work with somebody so it isn't , if we have a situation that is a crisis, that we need to involve first responders, we need to reach out to 911. We certainly do. And everybody is trained on how to handle situation like that.

I would say also, with our care consultants, they , I think they're really wonderful. They provide some great suggestions and have some next steps that they have at the end of their conversation. That is really best for that person in that situation. So it may be that they, we received calls about somebody who may be with a person with dementia who has locked themselves in the bathroom. Or in a room. And so they can talk through how to communicate, what they can say over the phone. In that situation or what they can say to the person with dementia. And just basically assess and provide that coaching to them. All of our information specialists and our care consultants, they have over 100 hours of new hire training. We have a training room that people have classroom style training, and then once they are ready to take calls, they are sitting next to somebody listening to them taking calls. One of our senior agents they will be sitting next to, hearing them and hearing how they handle situations. And then they will have a senior agent sitting next to them while they are in new hire training as somebody who is able to help support them while they take each call.

We, for our care consultants we have clinical physicians for the weekly where they will listen to one of their calls. All of our calls are recorded and we are able to have a discussion about what could have been done differently here next time we get the call, what can we improve on . And what resources or training do they need resources do they need in order to handle the situation. We are constantly looking at that. Constantly looking at what we can do with training. For the care consultants and our specialists.

And like you said, all of our calls are recorded. We do quality, we have quality monitoring. And we do, whenever you call, Verizon or whatever the case may be in you hear them say all of our calls are recorded for quality and training purposes, that's what we do. That's what we do here so we can make sure that we can go back to calls that somebody took and we can make sure that they are covering everything that is to be covered, and they are given the appropriate service to each and every caller that we received.

We also do provide one-on-one coaching based on calls that we review or based on questions. Everybody has access to that one-on-one assistance

and has access to their supervisor. >> So there are a lot of programs available online and in person. So you can go to our website and you can see programs about warning signs, disease basics. Legal planning, communication, caregiving strategies. All of those things. And also our chapters. They have programs in the local communities as well. And they have support groups. So they have programs that are for people with dementia. And caregivers. Both of those individuals can be served .

We have a caregiver center, which I think it's a really great resource. It is specific to caregivers. That's just kind of the audience. But it again like I mentioned before, it's also helpful for professionals. When they may be talking to a person with dementia. If you are doing an assessment and, in somebody's home, and you know that you may be working with somebody with dementia, some of these tips can also come in handy with that. Or other professionals that may be working directly with a person with dementia, if it's in a nursing home or home care agent, there is a lot of information and strategies that can be useful.

Then our alzconnected.org is a online message board. I think this is really a great tool. I would encourage everybody today to go and look at alzconnected.org. It is for people who have dementia and there's also a section for caregivers. And you can see the questions that people are asking. You can see the responses. It is led by peers responding . We do have peer volunteers who will respond if there hasn't been response. But otherwise, this is really led by people who have been affected by Alzheimer's disease.

So the community resource finder. This is a tool that we use here to search for referrals and resources. And this is something that is also available to the public as well. So if you need, if the person needs to find any information like a long-term care facility that accepts Medicaid, they can use this tool to search and get a list. I know that many of you probably have the list that you may use for your area. Which is wonderful. And we do refer a lot to the area agencies on aging or aging resource centers and senior service agencies. So I know that the people who we talk to reach out to us are getting back to you guys as well.

Additional online resources. We have the safety center. This really , it's really very specific to safety. It can be helpful when planning for things that may happen. That could impact the safety of somebody with dementia. So I know that whenever somebody is currently wandering , they are likely not going to go on the website. But you can certainly call the helpline. And you can talk to somebody over the helpline about what is going on. But you can also come back here and look at okay, now I know that my loved one has wandered a lot. Let me look at this information to see what we can do to prevent this from happening in the future. Or at least decrease the chance of it happening in the future.

There is also section here on traveling. Many times we get calls about, well, we want to take mom to Florida and is going to be a 12 Hour drive. What should we keep in mind? We don't automatically refer somebody to the site. We talk through the situation and the call would

go to a care consultant. And we would be asking additional questions about the purpose behind the trip. How they have traveled before the past. And trying to determine what may be the best, best for the caregiver the family to keep in mind when considering this trip.

So there's a lot of great information. And including creating A safe home environment. And what can be done in a disaster and all that information.

So I want to thank everybody for listening to all this. I know there was a lot of information. But I hope you found it helpful for when you work with people living with dementia, their caregivers and families. Or even your loved ones or the people that you interact with on a regular basis. I think there's great information. And tips to walk away with. That you can apply to various aspects.

>> Great, thank you so much for that fantastic presentation. And we do have a little bit of time first questions. So I want to invite audience members to share any questions that you have in the Q&A function. And it may take a minute or two to the question. And we also have a couple of quick poll questions that we have for you. Just a very quick evaluation. We would appreciate it if you just take a moment to answer the questions as well. I will go ahead and get started as folks are thinking of questions. So I'm going to start with the I&R question and that's about the community resource finder. And where do you pull information for example, about a programs, the hours, location and so forth. And if folks were looking on the community resource finder, maybe some of things that wasn't up to for the information, for the organization, how would they let them know?

That's a great question that. The information in the community resource finder. We partner and work with Care Like to have all the data and information in the system. But all of our chapters have the ability to change information, in the community resource finder as well. And whenever providers reach out, we can always direct them how to change their information. >> So whenever you go to the community resource finder, there is a section on their that is about provider support. A person can go ahead and read get registered to make sure that they are updating information that may be out of date on the community resource finder. So I think we really do rely on, you know we work with Care Like but we also rely on community agencies or individuals but they do get information that may be out of date, we want to make sure to get it updated. So you see your information, please do reach out to providers support that's on the community resource finder. And I should also say, we utilize the eldercare locator a lot. That is where we go for looking up area agencies on aging, aging and disability resource Center. Legal assistance. Adult Protective Services. Over all the different services that are available on eldercare locator, we utilize that as well, because it has great information that we use and we know they keep it updated.

Great, thank you. And I have another I&R related question you mentioned the national office in a local chapter that you have. Are there ways that you can share that agencies like area agencies on aging or ADRC's

or centers for independent living, that can partner with their local chapters for example can staff come and provide a service training or a virtual dementia tour, are there other ways that might be able to connect in with their local chapters?

Oh yes. Of course. Of course. So I would say you can certainly always call the helpline. And you can let the person who answers the call know that I want to speak to somebody at my local chapter. And I am from an agency and I want to see what we can partner together on. And then our process that we do is we ask the person on the helpline, one of our agents, then ask the chapter to follow up with you about that. So we don't provide direct phone numbers to agencies or chapters because many times the chapters may be out in the community or you may not have a program person who is available at that moment to set up something. So we ask people to reach out to the helpline but also if you want to find out who your local chapter is, whenever you go to alz.org, there is a place you can click on in the dark purple banner that has local resources. And that's where you can put in your ZIP Code or you can put in your state and then you can search that way to find out who your local chapter is.

Thank you. We have had some questions that have come into the chat and Q&A asking if the slides from today's presentation that were fantastic are available. And yes, once again, the slides, the recording in the transcript will all be available on the ADvancing States website. If you look back in the chat box, you will see the link to that webpage, you are always welcome to reach out to ADvancing States staff and we will be happy to direct you to our webinar archive as well. But again if anybody has any content questions, we still have a few minutes and you are welcome to post the content questions in to the chat box. So we really have been kind of focusing of course around communication on these webinars -- on today's webinar and there's a lot of good strategies and I'm wondering a little bit about alternative communication.

At the I&R center, we work with both aging and aging disability and disability programs, and we know that there are also a variety of different types of communication tools that might be used for the disability field like picture boards and so forth. Have you ever seen alternative communication tools like that use effectively with people living with dementia?

Yes. So if, let me know if I don't answer your question. But for individuals with dementia, it may be that one of the things we will recommend to somebody that is having a hard time finding where the bathroom is. And we know that the bathroom door is closed a lot of the day. Then we recommend putting a picture of the bathroom on the bathroom door. Or making sure to label things a particular way or having a picture that may relate to what that item is. That is in the cabinet. So there are things like that that we recommend. So I would say those are probably the most common that come up because of forgetting or not knowing where to go for something. And even though the surroundings are familiar.

That's very helpful. That sounds it really does look like it really dovetails with your communications where as words becomes less and really think about words and bring in some of the picture elements as well can be helpful.

We do have question from one of our listeners who asks, are there any medications or natural remedies that seem to slow the progression of the disease that may be better than others.

So that's a great question. So there aren't any natural remedies that are out there. First of all, but also there isn't anything, we don't look at the medications as slowing down the progression. With the medications out there. What they do. What they do is they may reduce some of the symptoms that are associated with Alzheimer's disease. And it really is individual. I know sometimes people will start taking [ Indiscernible medication name ] up and they don't notice changes. Or they a notice little changes but the impacted by side effects. So it is very individual. And so I could say that one medication works over another. And there isn't anything that cures or -- cures or stops the disease in its tracks. And the most recent medication that we have , we got that medication as an option for Alzheimer's disease over 10 years ago. So we are continuously doing research and trying to figure out what other options are available to somebody in terms of medications or whatever supplements or what have you may be out there.

So ADvancing States, we are based in the DC area and I see your billboards all over in our public transportation system and I love it, it's the brain behind [ Indiscernible ] it's fantastic but I think it speaks to also research and some of the other roles that the Alzheimer's association plays in helping the future we will have more effective approaches. And interventions. With medication but also personal social and other kinds of ways that would support people. I want to thank you so much for joining us. And very helpful . And I think -- thank you to have this information and to be able to bring back to agencies. But Miriam, thank you so much again and we really do appreciate this and again we will put these materials on the website for everybody who is that -- has access to and with that we will close the webinar and I want to wish everyone a very good rest of the week. Thank you. >> [ Event concluded ]