



Dementia-Friendly City Train the Trainer Workbook

The City of Vancouver and the Alzheimer Society of B.C.



**Dementia-Friendly
Communities**
Alzheimer Society of B.C.



Alzheimer Society
BRITISH COLUMBIA

Funded by:



Dementia-Friendly City, Train the Trainer

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Part One: Facilitator Guide

Training Agenda

Section	Topic	Time
1	Dementia-Friendly City Workshop. <ul style="list-style-type: none"> • Dementia-Friendly Communities initiative. • Workshop preparation and reporting procedure. • Dementia-Friendly City workshop. 	1 hour 30 minutes
	Break	10 minutes
2	Becoming a City of Vancouver Dementia-Friendly City Trainer. <ul style="list-style-type: none"> • Being a City of Vancouver Dementia-Friendly City trainer. • Introduction to the workbook. • Introduction to the Alzheimer Society of B.C. services. • Language guidelines. • Managing challenging situations. • Presentation activity. 	50 minutes
TOTAL TIME		2 hours 30 minutes

Dementia-Friendly City Trainer Learning Objectives



Initiative Background

The City of Vancouver Partners with the Alzheimer Society of B.C.

In 2012, Vancouver's City Council unanimously approved a motion for a "City Policy to Address Residents with Dementia." The motion directed staff to report back on developing policies to better assist residents living with dementia, including training for frontline City staff to identify and support people living with dementia. This motion was the foundation for the Age Friendly Action Plan, which was adopted by Council in 2013. Two actions from the Age Friendly Action Plan that directly align with this Train the Trainer program are to:

- Hold periodic workshops on dementia by the Alzheimer Society of B.C. for Park Board staff.
- Incorporate specific content on vulnerable populations into the City's customer service and respectful workplace training for front-line staff, and distribute materials about dementia.

The Healthy City for All: Healthy City Strategy (2014 to 2025) (Phase 1) is the City of Vancouver's social sustainability plan that includes 13 strategic goals and aspirational targets to create a healthy city for all as illustrated in the diagram on page 11.

Two of the Healthy City Strategy key goals, and associated targets, related to this project are:

- Being and Feeling Safe and Included: Vancouver is a safe city in which residents feel secure. Targets include:
 - ♦ Increase Vancouver residents' sense of belonging by 10 per cent.
 - ♦ Increase Vancouver residents' sense of safety by 10 per cent.
 - ♦ Make Vancouver the safest city in Canada by reducing violent and property crime every year, including sexual assault and domestic violence.
- Cultivating Connections: Vancouverites are connected and engaged in places and spaces that matter to us. Targets include:
 - ♦ All Vancouverites report that they have at least four people in their network they can rely on for support in times of need.
 - ♦ Increase municipal voter turnout to at least 60 per cent.

In 2015, Council approved the second phase of the strategy—A Healthy City for All Phase II: Healthy City Strategy Action Plan (2015 to 2018). The action associated with the Being and Feeling Safe and Included goal is to “develop and deliver broad-based training to enhance capacity when addressing conditions... that create vulnerability.” Dementia training is a component of this action.

In 2015, the City of Vancouver partnered with the Society to develop and pilot Dementia-Friendly City workshops for City staff. Two workshops were delivered to 59 staff from five different departments in order to build both the understanding and the capacity necessary to create a dementia-friendly city. The training was a two hour interactive workshop delivered by the Society. To support the training, a video featuring Jim Mann (<http://vancouver.ca/people-programs/age-friendly-action-plan.aspx> OR alzbc.org/jims-story), a person living with dementia, was co-created by the Society and the City of Vancouver. The video described what a dementia-friendly community looks like. Building on this work, this Train the Trainer program has been developed with the aim to train facilitators who can offer training to frontline City staff in order to better serve people living with dementia effectively and respectfully.

As a result, the City of Vancouver, in partnership with the Alzheimer Society of B.C., received a grant from UBCM to: develop a flexible, replicable and sustainable model for delivering the Dementia-Friendly City Train the Trainer program that will increase the capacity of the City of Vancouver staff to better serve people living with dementia; create a model of training that other municipalities and community agencies can use; and increase a sense of inclusion for people living with dementia in our community. This work builds on the work of the Alzheimer Society of B.C.’s Dementia-Friendly Community Initiative.

City of Vancouver – Healthy City Strategy

Goals, Focus Areas and Related Initiatives



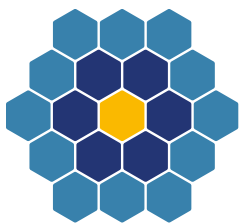
Background on the Alzheimer Society of B.C.'s Dementia-Friendly Communities Initiative

The Alzheimer Society of B.C.'s Dementia-Friendly Communities initiative exists to support municipalities, the professional sector, community groups and the general public to become dementia-friendly through tools, education and partnership. This initiative aims to:

1. Support an optimal quality of life for people living with dementia and their caregivers through compassion, stigma reduction and awareness.
2. Provide dementia information and education to the general public, professional sector and local government staff and representatives.
3. Encourage local governments to improve upon policy and practice, by working toward becoming dementia-friendly.
4. Highlight and promote the inclusion of people living with dementia, both as it relates to the Society's initiative and to engagement at a local level.
5. Work with partners to reduce organizational, social and physical barriers that prevent people living with dementia from fully engaging in community activities.

The Vision of the Dementia-Friendly Communities Initiative

The Alzheimer Society of B.C.'s vision of the Dementia-Friendly Communities initiative is to create a B.C. that is supportive of people living with dementia, by bolstering the efforts of local communities. A dementia-friendly community focuses on stigma reduction and the inclusion of people living with dementia. Ideally, each community member is educated about dementia and knows that a person living with dementia may sometimes experience the world differently. Ultimately, people living with dementia feel supported by individuals, business and local governments.



**Dementia-Friendly
Communities**
Alzheimer Society of B.C.



A dementia-friendly community focuses on the inclusion of people living with dementia and stigma reduction.



They are defined by their social characteristics. For example, city staff are dementia educated, able to recognize and communicate effectively with a person living with dementia.



They are also defined by physical characteristics. For example, clear and legible signage is placed at eye level, well-kept streets and easy-to-use street furniture in styles familiar to people.



Social and physical attributes can help support people living with dementia by reducing anxiety, stigma or frustration.



Ideally, each community member is educated about dementia and knows that a person living with dementia may sometimes experience the world differently.



Ultimately, people living with dementia feel supported by individuals, business and local governments.

Dementia-Friendly Communities and Local Governments

Most people want to age in place and stay at home for as long as possible and many experts agree that this is best, especially for a person living with dementia. When people must leave familiar settings due to the changes brought on by the illness, they will often experience a tremendous amount of stress, a loss of independence and impacts to their sense of belonging and identity. People want to live a good quality of life in their neighbourhoods as they age – and still remain valued community members, be acknowledged and feel a sense of belonging.

Dementia-friendly communities increase the likelihood that a person can live well in the community, for longer. Many of the difficulties people living with dementia face in their social and physical (or built) environments can be decreased when communities become dementia-friendly.

Social environment

A dementia-friendly community member recognizes that:

- A person living with dementia is more than their diagnosis.
- Dementia can affect a person's cognition, behaviour, emotions and physical capabilities.
- Everyone has a role to play in seeing people living with dementia as a part of their community and supporting their safety, independence, value and inclusion.
- We can all increase our awareness of dementia related challenges. Wandering, for example, should be taken seriously and responded to as an emergency.

Dementia-friendly communities increase the likelihood that a person can live well in the community, for longer.



What a dementia-friendly social environment may look like:

- Dementia education is available to help community members understand how to provide appropriate assistance and feel more confident in knowing how to respond to a person living with dementia.
- Community organizations include people living with dementia in their regular programming and through specifically designed activities.
- City staff – whether they are librarians, community centre staff, parking and bylaw officers, police or firefighters – are dementia-educated and able to recognize and communicate effectively with a person living with dementia.
- Others in the community, such as shopkeepers, bank tellers and bus drivers, may receive dementia education specific to their job.

Built environment

The built environment refers to characteristics such as buildings, parks, schools, transportation systems and other infrastructure. A built environment that is welcoming to people living with dementia includes:

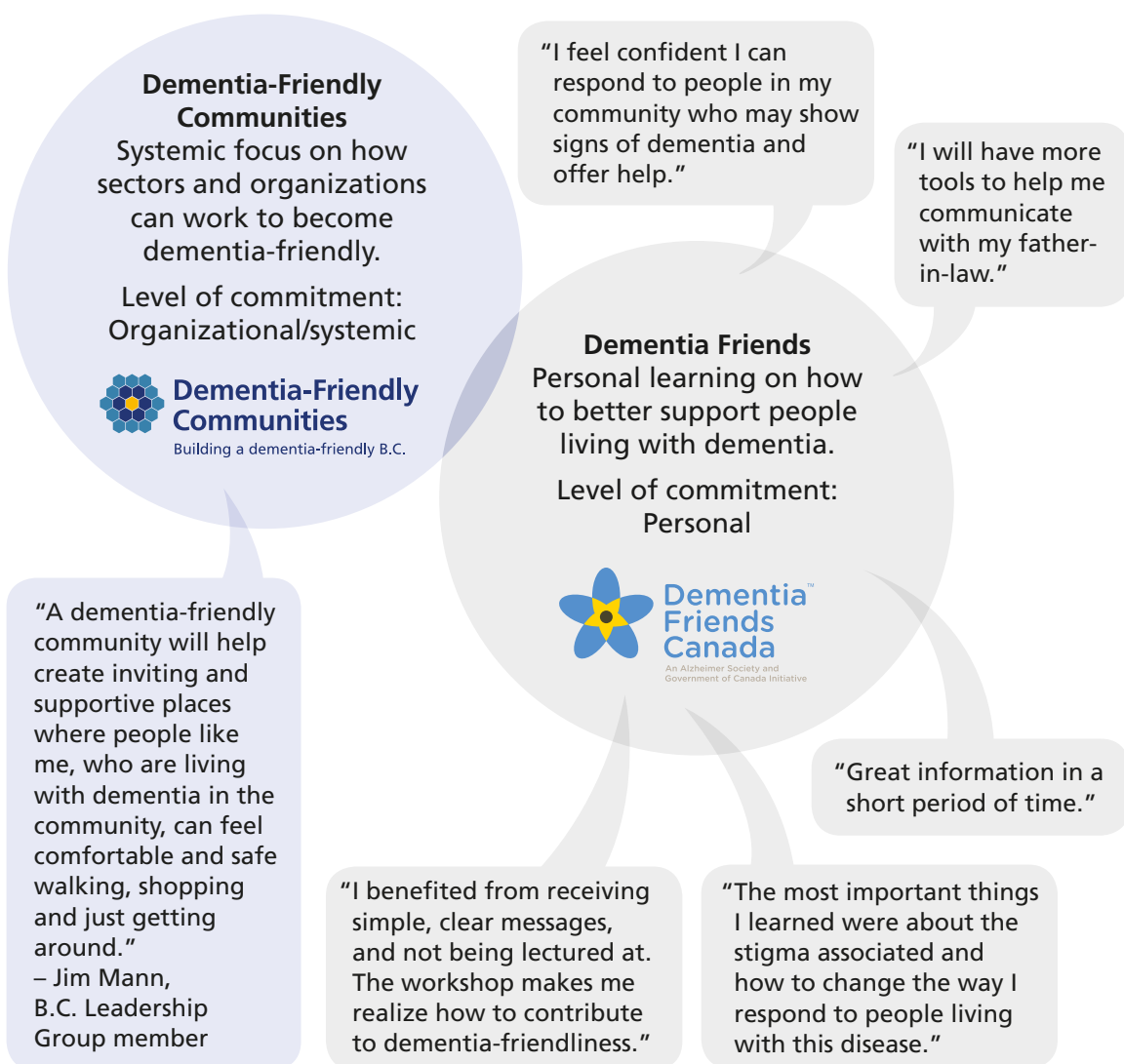
- Clear and legible signage placed at eye level. Optimally, signage should be simple and explicit with large, darker, unambiguous graphics on a light background.
- Well-kept streets. Signs of street decay, such as trash and vandalism, can decrease walking, especially among older adults.
- Flat, wide and unobstructed sidewalks with smooth, plain, non-slip, non-reflective paving.
- Clearly marked accessible washrooms in public spaces.
- Landmarks, distinctive structures, open spaces and places of activity and rest.
- Easy-to-use street furniture in styles familiar to people. Preliminary studies indicate that style is less important than clarity of function and use. Ambiguity of design is challenging for people living with dementia.



Dementia-Friendly Communities and Dementia Friends

As a way to build understanding, compassion and respect, the Alzheimer Society of B.C. delivers Dementia Friends workshops. As part of the Society's work with local governments, education sessions have been offered in local communities. These "dementia 101" workshops provide an orientation to dementia, as well as communication strategies to support people who are living with the disease. This is a way to educate people about dementia, to reduce stigma, raise awareness and provide practical suggestions about supporting people living with dementia in the community. Dementia Friends workshops complement the Society's Dementia-Friendly Communities initiative.

For more information on Dementia-Friendly Communities please see the Alzheimer Society of B.C.'s Local Government Toolkit: <http://alzbc.org/municipal-toolkit>





The Role of a Dementia-Friendly City Trainer

A City of Vancouver, Dementia-Friendly City Trainer delivers standardized Alzheimer Society of B.C. and City of Vancouver education sessions to City staff who may work with, or interact with people living with dementia or their care partners.

Responsibilities

- Act in alignment with the facilitator's ethical code (see page 18).
- Ensure a safe, respectful space for people to build skills and share experiences.
- Maintain and encourage appropriate, respectful language.
- Orient to the Alzheimer Society of B.C. programs and services.
- Spend one hour reviewing and preparing for the workshop in advance of each presentation.
- Organize, set-up, deliver and "take-down" after each presentation.
- Follow the facilitator workbook.
- Deliver standardized, vetted, Alzheimer Society of B.C. Dementia-Friendly City workshops, to meet the participant learning objectives found on page 24.

- Report any concerns about the format or information to dementiafriendlybc@alzheimerbc.org.
- Collect participant signatures on the sign-in sheet and return to citylearn@vancouver.ca
- Connect with dementiafriendlybc@alzheimerbc.org if something concerning happens during, before or after the presentation.

Orientation, Training and Support

- Trainers will participate in a two and a half hour Train the Trainer session and will receive the associated workbook as a guide.
- The Train the Trainer workbook includes an appendix, which includes a resource list for further information.
- Trainers can contact dementiafriendlybc@alzheimerbc.org for more information or support regarding educational curriculum.

Commitment Required

- Aim to deliver the first session within three months of taking the Train the Trainer session.

Facilitator Ethical Code

We appreciate you taking the time to become a Dementia-Friendly City Train the Trainer for the City of Vancouver. This workshop plays an important role in creating a Healthy City for All by developing a more dementia-friendly Vancouver. By becoming a trainer you are committing to educating other City staff on how to interact with people living with dementia in an effective, respectful and person-centred way.

In signing below, I agree to:

- Orient myself with Alzheimer Society of B.C. services and provide information for people who have further questions or need more information.
- Speak in a respectful, person-centred way about people living with dementia and encourage participants to do the same.
- Address all questions or comments in a respectful way.
- Familiarize myself with the language guidelines provided in this workbook.
- Aim to deliver this presentation within three months of the training.

- Spend one hour reviewing and preparing for the workshop in advance of each presentation.
- Follow the facilitator workbook. I will not alter or add slides, or other materials. If I have concerns about the format or information I will contact dementiafriendlybc@alzheimerbc.org.
- Encourage confidentiality. For example I will ask participants not to use real names of people they have interacted with.
- Help participants:
 - ♦ Learn what dementia is; how a Dementia-Friendly City can make a difference; how brain changes can cause changes in behavior.
 - ♦ Discuss common myths and signs of dementia.
 - ♦ Consider ways to communicate in a respectful and effective way.
 - ♦ Develop the skills that can benefit City of Vancouver staff in supporting a person living with dementia who may be confused, disoriented or in need of additional assistance.
 - ♦ Connect with dementiafriendlybc@alzheimerbc.org if I experience something concerning during, before or after the presentation.
- Not go beyond my level of knowledge or the depth of the curriculum when answering questions.
- Never offer advice of a legal or personal nature.
- Only deliver this presentation to staff/volunteers at the City of Vancouver and its partners. I will not deliver this education to people in other groups or organizations that I may be involved with, or to members of the general public.
- Not charge for this presentation.
- Not share any training materials with others – this includes presenter's notes, PowerPoint slides, or any other materials that are not publicly available.

Location of training: _____

Date: _____

Staff facilitator: _____

Signature: _____

Notes:



Part Two: Toolkit

Dementia-Friendly City – Education Session Agenda

Section	Topic	Time
1	Introduction	5 minutes
2	Dementia <ul style="list-style-type: none"> • Alzheimer’s Disease and Other Dementias • The Brain 	10 minutes
3	Dementia-Friendly Communities Initiative <ul style="list-style-type: none"> • Alzheimer Society of B.C. • The Society and the City of Vancouver • Dementia-Friendly Communities • Jim’s Story • What is a Dementia-Friendly City Representative? • Person-Centred Language 	20 minutes
4	Myths About Dementia	10 minutes
5	Signs of Dementia <ul style="list-style-type: none"> • Signs of Dementia • Wandering 	10 minutes
6	How You Can Help <ul style="list-style-type: none"> • Start a Conversation • Communicate • Body-Language • Scenario Activity 	30 minutes
7	Conclusion	5 minutes
Total Time		90 minutes

Dementia-Friendly City – Participant Learning Objectives



Dementia-Friendly City Workshop Checklist

In advance of the workshop

- ☐ Send out an email to recruit participants (example email will be emailed to you).
- ☐ Rehearse the presentation.
- ☐ Contact the Society if you have any questions (dementiafriendlybc@alzheimerbc.org).
- ☐ Confirm the venue, date and time.
- ☐ Confirm a computer, projector and other necessary Audio/Visual (AV) equipment.
- ☐ Practice running the PowerPoint and make sure that Jim's Story will play.

Day before and day of the workshop

- ☐ Confirm the number of participants one day before the workshop.
- ☐ Print the sign-in sheets.
- ☐ Print the Dementia-Friendly City slides for participants.
- ☐ Print relevant scenarios from the Scenario Toolkit (page 42).
- ☐ Bring Programs and Services brochure.
- ☐ Bring Heads Up for Healthier Brains brochure.
- ☐ Bring 10 Warning Signs brochure.
- ☐ Bring First Link® Dementia Helpline cards.
- ☐ Other items you may wish to bring: tissues, coffee/tea and a timer.

IMPORTANT THINGS TO REMEMBER

1. If any questions are beyond what you learned in training, recommend that the person get in touch with the Alzheimer Society of B.C. at dementiafriendlybc@alzheimerbc.org.
2. If the workshop brings up any questions or concerns for you please contact the Alzheimer Society of B.C. at dementiafriendlybc@alzheimerbc.org.
3. Have fun and remember your small actions make a big difference!

*Additional copies of this form will be emailed to you for future use.
Additional copies of the scenarios will be emailed to you for future use.*

Alzheimer Society of B.C. Material Order Form



Dementia-Friendly City Workshop Material Order Form

Name:	Phone:	
Organization:	Fax:	
Address:	City:	Postal Code:
Date Order Placed:		

Brochure Title	Quantity
Alzheimer Society of B.C. Programs and Services	
Heads Up for Healthier Brains: What everyone should know about brain health and Alzheimer's disease	
10 Warning Signs	
First Link® Dementia Helpline Cards	

Notes: The above resources will be sent free of charge. For more information and resources, please refer to our website: www.alzheimerbc.org

Please send order to:

Alzheimer Society of B.C.
Attn: Heather Cowie
300-828 West 8th Avenue
Vancouver, B.C. V5Z 1E2
Phone: 604-742-4934 Fax: 604-669-6907
www.alzheimerbc.org dementiafriendlybc@alzheimerbc.org

Additional copies of this form will be emailed to you for future use

Dementia-Friendly Language Guidelines

Introduction

Part of becoming a Dementia-Friendly City Representative and a Dementia-Friendly City Trainer is ensuring you use person-centred language – language that is respectful and inclusive to people who live with the disease. By using respectful language you can help reduce the stigma surrounding Alzheimer's disease and other dementias, and make the disease one that people are more likely to acknowledge and discuss. People living with dementia are more than just their disease. By being conscious of the language you use, you will avoid reducing individuals living with Alzheimer's disease and other dementias to a label. It is recommended to practice modelling dementia-friendly language prior to holding your workshop.

By using respectful language you can help reduce the stigma surrounding Alzheimer's disease and other dementias, and make the disease one that people are more likely to acknowledge and discuss.

When Speaking About Dementia

It's important to remember that dementia is not a specific disease; it is an umbrella term for a set of symptoms that are caused by disorders affecting the brain. Many diseases can cause dementia. These include mixed dementia, Parkinson's disease, and Alzheimer's disease, which is discussed most often. It is important the language you use accurately describes this difference.

Dementia-friendly term	Misused term	Rationale
Alzheimer's disease	alzheimer's disease	"Alzheimer's" should be capitalized, as it is named for Alois Alzheimer, who discovered the disease.
Alzheimer's disease and other dementias OR Alzheimer's disease or another dementia	Alzheimer's disease and related dementias	Dementia is a term used to describe different diseases that cause changes in the brain, such as Alzheimer's disease. The diseases are not necessarily "related" despite similarities in the symptoms that people may experience.

Alzheimer's disease	Alzheimer's, AD	Abbreviations can be challenging for those living with dementia, so the full name should be used.
Frontotemporal dementia	FTD	
Younger onset dementia	Early onset dementia	"Early onset" is not an incorrect term, but it can be confusing for some people. "Younger" clarifies that a person has received a diagnosis when they are younger in age (under 65) while "early" is often misunderstood to mean that the person is early on in the disease trajectory.

When Speaking About People Living With Dementia

You decided to become a Dementia-Friendly City Trainer because you understand that people living with dementia are more than just their disease and that their diagnosis is not the defining moment of their life. It's important to treat and speak of people living with dementia as individuals with unique experiences and abilities. Language which focuses only on incapability and losses should not be used.

Dementia-friendly term	Misused term	Rationale
A person living with dementia	Sufferer, demented person, victim	These terms contribute to the stigma that people living with dementia face. It is important to not assume an experience for the person – for example, someone might not feel that they are suffering.
A person living with dementia	Patient, client	This sounds clinical and should only be used by medical, research or allied health providers.
People living with dementia	Those who have dementia	"Those" groups people together that may have had different experiences.

When Speaking About the Dementia Journey

Remember that everyone has their unique experience and it's important to not make overall assumptions or judgements.

Dementia-friendly term	Misused term	Rationale
Coming to terms with their diagnosis	In denial	<p>This indicates that a person is not coping as well as they should, which may feel judgmental for people who are adapting to a diagnosis.</p> <p>Using the term 'denial' also implies a conscious choice to reject or refuse reality. As the disease progresses it is often no longer possible for the person to acknowledge the changes and challenges they are experiencing, or to recall that they were diagnosed with dementia.</p>
Challenging, life changing, stressful	Devastating, hopeless, tragic	<p>While it's important to be honest about the challenges a diagnosis of dementia brings, it's also important to remember that many people will live well with dementia for some time. For some people a diagnosis may even be experienced as a relief.</p>
Changes in behaviour	Difficult	<p>Labelling an individual as difficult can stigmatize a person living with dementia. It's more effective to speak directly to how their behaviour has changed. The word difficult may also indicate that the person has control over their behavior, when often they do not.</p>

Reactive OR responsive behaviour	Aggressive behaviour	<p>Changes to the brain may make it challenging for the person living with dementia to respond appropriately and at times this could feel like aggressive behaviour.</p> <p>It is important to remember that this behaviour is the often the result of the person living with dementia either having a different reality, or being frustrated that they have difficulty performing a familiar task or finding the right word.</p> <p>Referring to behaviour resulting from frustrations as “reactive” or “responsive” reflects understanding of the reality of the person living with dementia.</p>
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When Talking About a Care Partner, Family Member or Friend of a Person Living With Dementia

When speaking about caregiving remember that everyone has a different experience. Because of this, it is advisable to use language that is emotionally neutral. When possible, ask people what they prefer to be called. For instance, some people providing care prefer to be referred to as a care partner, while others might prefer caregiver or supporter.

Dementia-friendly term	Misused term	Rationale
Caregiver, care partner	Informal caregiver, professional caregiver	Using the term informal may downgrade the importance of care provided by friends and family.
Family member Friend of Support network Mother, daughter, etc.	Loved one(s)	In some cases people will be caring for a person who they had a challenging past relationship with – the person might not necessarily be a “loved” one to them.

Impact of supporting	Burden of caring	This may enforce negative feelings about the caregiving experience and the person living with dementia. Individually, providing care might be experienced as a burden, but we should not assume that experience.
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Additional Points to Consider

1. This document gives you an overview of dementia-friendly terms, but unless it affects the emotional safety of the group, you do not need to correct the language of people who are living with dementia or their caregivers, as they are speaking directly to their experience.
2. Some language may inadvertently infantilize people living with dementia. Avoid terms that are typically associated with babies or children - for instance, instead of 'bib' say 'clothing protector.' Also avoid elder speak such as calling someone living with dementia 'sweetie' or 'dear' as this may sound patronizing.
3. Use language which focuses on the person's abilities and assumes that people living with dementia are people foremost, and are much more than their disease.



Signs of Dementia and Communication Strategies

It is not always possible to tell immediately that a person is living with dementia. Everyone will experience dementia differently – no two people will have the same strengths and abilities at the same points along the disease trajectory, nor will they experience all of the same challenges.

However, here are some signs that a person you know in your community may be experiencing symptoms of dementia and some strategies for responding in a supportive way.

Signs	Communication strategies
Problems with memory. As the disease progresses a person living with dementia may forget things more often and not remember them later, especially more recent experiences. A person living with dementia may forget an appointment, or the sequence or details of an event. They may forget to pay for their dog license or may have lost a tax bill.	<ul style="list-style-type: none">• Do not argue. If a person living with dementia does not remember a discussion you had previously, for example, it is because he or she is no longer able to properly store that memory due to changes in their brain.• When at all possible try to adjust to a person living with dementia's reality because they may no longer be able to adjust to yours. You can do this by responding to feelings instead of the stories the person shares.
Difficulty with familiar tasks. A person living with dementia may have trouble with tasks that have been familiar to them all their lives. This is related to challenges in abstract or sequential thinking. Completing paperwork or following directions may now be challenging for them.	<ul style="list-style-type: none">• Try demonstrating rather than providing directions verbally.• Don't rush – this may mean booking a longer appointment or meeting.• Take things one step at a time.

<p>Inability to follow a conversation or find the right words.</p> <p>Everyone has trouble finding the right word sometimes, but a person living with dementia may frequently forget simple words or substitute a less appropriate word for the one they really want. This can make their sentences or accounts of events difficult to understand.</p>	<ul style="list-style-type: none"> • Speak slowly and provide one message at a time. This will give the person the time they need to digest the information. • When possible use close-ended or yes or no questions. When this is not possible use questions that have parameters: for example, "Tell me about going to the bank yesterday afternoon" rather than "What did you do yesterday?" • Ask the person's permission to help them find the right word. • Repeat the question a different way or try again later. • Bring the person to a quieter place.
<p>Disorientation of time or place.</p> <p>It's normal to briefly forget the day of the week or your destination. But a person living with dementia can become lost somewhere familiar, not knowing how they got there or how to get home. New spaces like an unfamiliar newly-developed city square or building may make a person living with dementia anxious.</p>	<ul style="list-style-type: none"> • If you have concerns about someone's ability to get home safely, ask them how they are planning to travel. With a person living with dementia's permission, it might be necessary to walk him or her to the bus stop or wait with them until a taxi arrives.
<p>Poor judgment.</p> <p>A person living with dementia may experience decreased judgment. This could mean a variety of things: the person may dress inappropriately for the weather, may experience less social inhibition or their behaviour may put them at risk of becoming a victim of a crime or personal injury.</p>	<ul style="list-style-type: none"> • Make suggestions tactfully and respectfully. For example, instead of saying, "Why are you dressed in a t-shirt in November? You must be freezing!" it may be helpful to say something like "It has gotten cool all of a sudden, would you like to borrow a sweater?"

<p>Problems with abstract thinking.</p> <p>A person living with dementia may have challenges with tasks that require abstract thinking. This may make answering open-ended questions difficult and it may be challenging to make sense of symbols or images. This may include being unable to make sense of bathroom signs.</p>	<ul style="list-style-type: none"> • Because dementia affects a person's ability to use abstract thinking, try to use straightforward language. Avoid metaphors or turns-of-phrase like "a penny for your thoughts" or "woke up on the wrong side of the bed." • Stay positive, but avoid jokes or sarcasm, as these require advanced abstract thinking skills that can be difficult for some people living with dementia.
<p>Challenges in mood or behaviour.</p> <p>Everyone experiences changes in mood. But a person living with dementia can sometimes become suspicious, withdrawn or even more outgoing than before. Over time a person living with dementia may become more apathetic, fearful or even paranoid. For example, they may lose interest in activities they previously enjoyed: a person who loved going for walks may no longer be interested in walking.</p>	<ul style="list-style-type: none"> • Adapt to the changes the person is experiencing. Like all of us, people living with dementia will have "good days" and "bad days." If a person living with dementia is having a bad day it may be helpful to reschedule a meeting or appointment. • Acknowledging the feelings of a person living with dementia, as expressed by their mood, can be helpful even if you feel their stories may not be accurate. Addressing their feelings may help address challenging behaviour.

Other Tips for Communication

- Remember to make eye contact. If you are making notes, take a break and make sure to look at the person.
- A person's capability to understand body language is often maintained for a long time along the dementia journey. Take note of your body language — watch your gestures, facial expressions, posture and keep positive.
- It may be necessary to remind someone to put on their glasses or turn on their hearing aid, but do not assume that every person living with dementia has a visual or hearing impairment.
- Avoid using baby talk, or "elder-speak" (for example, "sweetie" or "dear"). Always speak to the person with dignity and respect.
- Never speak about the person to others, as if they are not there.



Key Communication Strategies



1. Get the person's attention.



6. Use close-ended questions – yes or no answers.



2. Make eye contact.



7. Allow time for response.



3. Bring the person to a quiet place.



8. Respond to feelings, not stories.



4. Speak slowly and clearly.



9. Connect, don't correct.



5. Share one message at a time.



10. Repeat or try again later.

Wandering

Wandering is a direct result of physical changes in the brain, which can cause a person living with dementia to become confused and disoriented, even when they are in a familiar place. People living with Alzheimer's disease or other dementias often feel like they need to stay on the move. Wandering behaviour may occur because a person would like to go to a particular destination, search for someone or something or accomplish a task (like mailing a package) and may occur at any time of day. In itself, wandering, like walking, is not harmful behaviour, but short-term memory loss and the impaired ability to reason or to make sound judgements can contribute to unsafe wandering behavior. For example, wandering outdoors can expose the person to dangers like traffic, falls or exposure related to extreme weather conditions; therefore, when someone living with dementia goes missing, it is an emergency.

Although wandering is more common in the middle or later stages of dementia, wandering can occur at any point during the disease. As frontline staff for the City of Vancouver you may interact with someone who appears to be wandering. If you notice that someone may be wandering you can:

- Speak to the person slowly, calmly and clearly
- Stay with the person if possible.
- Call 9-1-1.

Recognizing Dementia

There are no obvious physical characteristics which can easily identify a person living with dementia. There are, however, clues that may suggest that a person is affected by the disease.

Dementia may be a possibility when a person:

- Appears confused and disoriented.
- Does not understand the current situation or is unable to tell you their name and current address, where they are, or where they are going.
- Has no idea about the time of day or how much time has passed since leaving home.
- Must be told repeatedly who you are and what you want.
- Appears fearful, agitated, frustrated or upset.
- Provides inappropriate responses to simple questions, or does not respond at all.

- May have a blank facial expression or one that isn't suited to the situation.
- Is dressed inappropriately, perhaps they are wearing a winter coat in the summer or shorts and a t-shirt in the winter.



In itself, wandering, like walking, is not harmful behaviour, but short-term memory loss and the impaired ability to reason or to make sound judgements can contribute to unsafe wandering behavior.

Medic Alert® Safely Home®

How the Program Works

The MedicAlert ID and service was originally created to help first responders treat people who couldn't speak for themselves quickly and effectively. Today, the service can also help people living with dementia who go missing.

- Look for a blue MedicAlert ID. MedicAlert IDs can be worn as a bracelet or necklace.
- Call the 24/7 emergency hotline. A live MedicAlert operator can quickly contact caregivers or family.
- Call 9-1-1.



Medic Alert Safely Home Bracelet

For more information visit www.medicalert.ca/safelyhome

Additional Information on Wandering

Eye Watch: Dementia Awareness Video (<http://alzbc.org/eye-watch-dementia>)

For more information about wandering please visit the Alzheimer Society of B.C.'s webpage on wandering (<http://alzbc.org/understanding-wandering>), or contact the First Link® Dementia Helpline at 1-800-936-6033.

Engaging Adult Learners

Questions You May Be Asking Yourself

1. What are the best methods for teaching adult learners?
2. How do I as a trainer motivate adult learners?
3. How do I as a trainer engage adult learners?
4. How do I make the content relevant to adult learners?

Principles of Adult Learning

According to adult learning principles^{1,2}, a participant-centred approach is the best way to teach and engage adult learners. Instead of lecturing on a topic, you as the trainer facilitate the participants' learning by guiding them through the information and relevant activities (e.g. scenarios and discussion questions). As part of a participant-centred approach you should ask yourself:

Are the goals and objectives of the workshop clear?	
Do the participants know what they will be learning today?	Provide an outline of the key topics being presented.
Do the participants know how the information will be presented?	Provide a workshop schedule and explain how the workshop will involve instruction, discussion and scenarios.
Do the participants know why they are learning the information being presented in today's presentation?	Be sure to highlight the importance of dementia-friendly communities and the role they as frontline staff have in creating dementia-friendly cities.



1. Gravani, M.N. (2012). Adult learning principles in designing learning activities for teacher development. *International Journal of Lifelong Education*, 31(4), 419-432. doi: 10.1080/02601370.2012.663804
2. Palis, A.G. & Quiros, P.A. (2014). Adult learning principles and presentation pearls. *Middle East Journal of Ophthalmology*, 21(2), 114-122. doi: 10.4103/0974-9233.129748.

Am I using self-directed and active learning strategies?	
Are the participants doing more than just listening to me speak?	Remember to engage the audience through questions, discussion and scenarios.
Are the participants developing their practical skills in today's presentation?	Use scenarios and group activities to help frontline staff reflect on and practice applying the skills they have learned in this workshop.
Am I engaging the participants?	Be sure to get the participants involved in the workshop by using relevant examples for their job (<i>see the scenario toolkit on page 42 for examples</i>).
Am I using active learning techniques like discussion questions, reflection, role-playing and scenarios?	This facilitation workbook provides you with discussion questions, scenarios and opportunities for participant reflection, so be sure to use these useful strategies during the workshop to engage different learning styles.

Is the material relevant?	
Am I utilizing the participant's firsthand experience to guide the workshop?	Be sure to engage the participants. Their firsthand experience in the field can provide relevant examples of how to use the workshop's information. Also, using relevant examples can help the participants to remember what they have learned during the workshop.
Am I using examples and scenarios relevant to the real life experiences of the participants?	Use the workbook's scenario toolkit (page 42) to find relevant examples for the participants you are working with. Also, be sure to encourage participants to provide examples from their firsthand experience.
Are the participants motivated to learn this information?	Remember to highlight the important role Vancouver's frontline staff plays in creating a Healthy City for All.

Experiential Learning Cycle

Kolb's (1984) Experiential Learning Cycle^{1,2,3,4} highlights the importance of **experience** and **reflection** on the learning process and presents a way to introduce adult learning principles into training. According to the Experiential Learning Cycle, or ERGA, there are four steps in the learning process: experience, reflection, generalization and application.

Learning Style	Definition
<i>Experience</i>	Participants engage in an activity (i.e. experience).
<i>Reflection</i>	Participants reflect on the activity.
<i>Generalization</i>	Participants generalize information in relation to the activity.
<i>Application</i>	Participants apply what they have learned.

As a Dementia-Friendly City Trainer, the use of scenarios and discussion questions serve as a learning tool for participants. The scenarios (page 42) and the discussion questions found in the Dementia-Friendly City presentation and presenter's notes (page 81), allow participants the opportunity to actively take part in their learning. They are encouraged to reflect on the scenario/question, generalize the information presented to them in this workshop and apply what they have learned.



1. Fowler, J. (2008). Experiential learning and its facilitation. *Nurse Education Today*, 2. 427-433. doi:10.1016/j.nedt.2007.07.007
2. Fowler, S. & Blohm, J. (2012 online publication). An analysis of methods for intercultural training. In D. Lanis, J.M. Bennett, & M. Bennett (EDs.). *Handbook of intercultural training* (3rd ed). Thousand Oaks, CA: SAGE
3. Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development*. New Jersey: Prentice-Hall.
4. Palis, A.G. & Quiros, P.A. (2014). Adult learning principles and presentation pearls. *Middle East Journal of Ophthalmology*, 21(2), 114-122. doi: 10.4103/0974-9233.129748.

Scenario Toolkit

The scenario toolkit provides Dementia-Friendly City trainers with examples of possible scenarios, from the various departments, services and groups that make up the frontline staff at the City of Vancouver. These examples have been designed for use during the scenario activity of the Dementia-Friendly City presentation. Prior to the workshop trainers are encouraged to select scenarios relevant to their audience. It is suggested that the Dementia-Friendly City trainers print copies of the selected scenarios so participants have a hardcopy for when completing the scenario activity. Printer friendly versions of the scenarios will be emailed to the trainers following the train the trainer workshop.

The workbook format of the scenario toolkit also encourages trainers to engage in active learning prior to presenting the Dementia-Friendly City presentation. Trainers are encouraged to take some time to work through a few of these scenarios on their own. Engaging in this exercise will help trainers when it comes to guiding participant's discussion of the Dementia-Friendly City material.

Dementia can cause changes in the brain that make finding the right word or performing a familiar task difficult. This can result in frustration for the person living with dementia that sometimes leads to responsive or reactive behaviour. It is important to remember that these physical or verbal behaviours are not intended to be confrontational, but are a result of the frustration felt by the person living with dementia. In these situations it is important to remain calm, speak slowly and clearly, be aware of your body language and adjust to a person living with dementia's reality. If there is a situation where you feel unsafe it is important to contact your supervisor and consult your department's protocol on dealing with such situations.



Scenarios and Possible Responses

This section of the scenario toolkit provides trainers with a number of sector specific examples, as well as possible responses to these situations.

Role Type: Customer Service

Department, service, group or position:	Vancouver Public Library
Situation:	George comes to the library and takes out books every few weeks. The last three times he has returned the books late, and has had to pay late fees. He explains to you that he can't seem to keep track of their due date.
Possible Response(s):	<ul style="list-style-type: none"> • Talk to George and let him know that reminder cards are sent three days in advance of the book's due date. • Suggest that George ask a family member or friend to help with managing his library materials. For example, suggest he have reminder cards sent to a family member or friend. • Consider asking the Branch Head to talk to George and assess the situation. The Branch Head may decide to make a note on George's record to waive the late fees. • George may not be comfortable discussing his diagnosis of dementia, so any response by staff should be handled discreetly and with sensitivity.
Other Possible Responses:	

Department, service, group or position:	Parks and Recreation
Situation:	You work at the front desk at a community centre and Maria, a longtime member of the centre, approaches you. You recognize Maria, and remember that she is living with dementia and has difficulty remembering directions. Maria asks you for directions to the washroom.
Possible Response(s):	<ul style="list-style-type: none"> • Greet Maria in a friendly and positive way. It is important to treat her compassionately and as normally as possible. Avoid treating her in a childish manner, or using “elder speak” such as “sweetie” or “dear”. • If time allows, consider asking her if you could walk with her to the washroom so you can chat and hear about her day, instead of asking if you can show her where it is. She may not be aware that she has difficulty remembering directions, and may find it embarrassing that you need to show her where to go. • Talk to the Real Estate Facility Management department to ensure that signage is clear and legible leading to the washroom. For example, good signage would have directions at every turning point, and throughout a long hallway. The signs should use large fonts and be placed at eye level.
Other Possible Responses:	

Department, service, group or position:	City Clerk's Department
Situation:	The municipal election is happening soon and you want to ensure that people living with dementia are accommodated. ^{1,2}
Possible Response(s):	<ul style="list-style-type: none"> • Let the election day volunteers know that instead of pointing to the station that a person living with dementia will use to vote, if possible, they should lead them over to the station to avoid any confusion. • Ensure that the ballot is clearly explained to a person living with dementia when they arrive at the polling station. Using the "how to vote" guides provided at the polling stations, show the person the correct way to indicate which candidate they would like to vote for. Don't rush, and give the directions in a simple step by step way rather than all at once. • Ensure that there is proper lighting and minimal distractions at the polling station. • Ensure that the font on the ballot is large, clear and easy to read. • As an election official you can assist a person by marking their ballot for them. • Family or friends can sign a form allowing them to assist the person living with dementia at the polling station.
Other Possible Responses:	

1 Kembhavi, R. (2013). Research note – Political participation among seniors. Elections Canada. Retrieved from: <http://www.elections.ca/content.aspx?section=res&dir=rec/part/partsen&document=index&lang=e#ftnref1>

2 Elections BC (n.d.). Voters with Disabilities. Retrieved from <http://www.elections.bc.ca/index.php/voting/voters-with-disabilities/>

Department, service, group or position:	Finance, Risk and Business Planning – Revenue Services
Situation:	Ji-Woo is living with dementia. She comes into the office to pay for her water and sewer bill by cheque, but you notice she is having trouble filling the cheque out. You are not aware of Ji-Woo having a diagnosis of dementia.
Possible Response(s):	<ul style="list-style-type: none"> • Avoid jokes or sarcasm about Ji-Woo having difficulty filling out the cheques. Be aware that you may not always know when someone has been diagnosed with dementia, or is starting to experience symptoms. • If possible, take Ji-Woo to a quiet and less crowded location. • Give slow, step by step directions. Make eye contact, and allow Ji-Woo time to confirm that she understands your directions. • Avoid using “elder-speak” or treating the person like a child. • Demonstrate the directions you are trying to explain. For example, point to the areas of the cheque as you discuss them.
Other Possible Responses:	

Department, service, group or position:	3-1-1 Contact Centre
Situation:	An individual living with dementia calls 3-1-1 to ask for directions to a local park. They are walking there and inform you that they have trouble remembering street names.
Possible Response(s):	<ul style="list-style-type: none"> • If you know the area, or have the ability to find out more information about the area, use distinctive land marks as directional cues. For example, “turn left at the fountain” and “if you have reached the library, you have gone too far.” • Do not give the next direction until the previous step is completed. For example wait until the person reaches the fountain before telling them to turn left. • Offer to stay on the line until they reach their destination if it is a short distance away. • Remind them that they can call back at any time if they have trouble locating the destination. • If you are concerned about the person’s safety or wellbeing ask if you can call 9-1-1 on their behalf. • Consult your departmental guidelines regarding how to respond to safety issues.
Other Possible Responses:	

Role Type: Program Delivery/ Community Support

Department, service, group or position:	Parks and Recreation (e.g. Fitness Leader)
Situation:	Wei regularly attends exercise programs at the recreation centre. He has let you know that he has been diagnosed with younger onset dementia. This week he was frustrated that he could not keep track of time during the class and was having trouble understanding when it was time to move on to the next movement in the exercise routine.
Possible Response(s):	<ul style="list-style-type: none"> • If possible, consider having both analog and digital clocks on display in the class. Or, ask Wei which of the clocks is easier for him to read and understand. Depending on the person living with dementia, one of the clocks may be preferable to the other. • Instead of saying that you will move on to the next activity in five minutes, say you will move onto the next activity at the end of the song. • Recognize that you may have to provide Wei with an extra cue to move onto the next exercise.
Other Possible Responses:	

Department, service, group or position:	Fire and Rescue Services
Situation:	A senior's centre group requests a fire safety workshop and the group informs you that a number of the participants are likely experiencing early dementia.
Possible Response(s):	<ul style="list-style-type: none"> • If there is a part of the workshop that involves participation, avoid asking the people living with dementia to start an activity. It is easier for them to watch first and see what others do. Also, make any group activities optional, as not all people living with dementia will be comfortable participating in group activities. • Be encouraging and supportive to people who are showing signs of dementia. Be sure to treat them with the same respect and dignity as the older adults in the group who do not appear to be having challenges. • Sometimes people living with dementia will want to get up, leave and come back. That is okay! Just be aware of their safety. • Taking breaks during the activity is recommended. • If there is seating in rows, offer people living with dementia an aisle seat so they can get up and move around more easily.
Other Possible Responses:	

Role Types: Non-Primary Customer Service

Department, service, group or position:	Community Services – Licenses and Inspections
Situation:	Mr. Mason has come to the licensing office for the third time this month to renew his dog Charlie's yearly license. The office is quite busy and loud.
Possible Response(s):	<ul style="list-style-type: none"> • If possible, bring Mr. Mason to a quieter place with fewer distractions, so Mr. Mason can concentrate more easily. • Be patient and supportive. For example, thank him for taking good care of his dog and for being very responsible about keeping the license up to date. • Don't rush when you are talking with Mr. Mason, even if it is a busy day. Rushing may mean more time with him. • Instead of explaining that Mr. Mason should come back "in a year", try and give another reference point, for example "after Christmas." • Suggest to Mr. Mason that he, or with the help of a family member or friend, can go online to renew the license, so he can check to see if the license is close to expiring. • Provide Mr. Mason with a clear reminder card that he can place on his fridge that indicates he has already renewed Charlie's license and when the next renewal date is. • If possible, let Mr. Mason know that a reminder email can be sent to him, a family member or friend to inform him when to renew Charlie's license.
Other Possible Responses:	

Department, service, group or position:	Human Resources Services
Situation:	During a meeting a city employee informs you that they have been recently diagnosed with younger onset dementia. They ask you to keep the diagnosis between the two of you, as they are still coming to terms with the diagnosis.
Possible Response(s):	<ul style="list-style-type: none"> • Respect their privacy. They will inform their co-workers and friends on their own time or when it becomes necessary to do so. • The employee may not feel ready to discuss their future with the City at that moment. Receiving a diagnosis can be an emotional and difficult time for most people. If they do not feel ready to speak yet, schedule a follow up date in the near future. • Receiving a diagnosis does not mean that a person is not capable to work. The severity and types of symptoms varies from person to person. When the employee is ready, discuss what their prognosis is, and what symptoms she or he is experiencing. • There may be certain activities that are more difficult or riskier for the person to accomplish. Discuss this with the employee, and ask what support the human resources department can offer. Remind the employee of the City's confidential Employee and Family Assistance Program, including contact information. • From your discussions, you and the employee may agree to set up support systems to check in with certain responsibilities. Regular follow-ups may be needed to see how the symptoms are progressing. • Recommend that the employee contact their local Alzheimer Society of B.C. Resource Centre or the First Link® Dementia Helpline at 1-800-936-6033 or 604-681-8651.
Other Possible Responses:	

Department, service, group or position:	Human Resources Services
Situation:	It has been brought to your attention that a city employee has been showing signs of memory loss, having difficulty with familiar tasks and demonstrating poor judgment recently. You suspect a possible diagnosis of dementia.
Possible Response(s):	<ul style="list-style-type: none"> • Consult the City's protocols for addressing such situations. • A number of conditions, such as delirium, can cause symptoms similar to dementia. Respectfully let the employee know that you have noticed changes in their behaviour and recommend that they visit a physician. • Look into ways to accommodate the employee. • Remind the employee of the City's confidential Employee and Family Assistance Program, including contact information. • Respect their privacy. They will inform their co-workers and friends on their own time or when it becomes necessary to do so.
Other Possible Responses:	

Role Type: Outside Workers

Department, service, group or position:	Parks and Recreation
Situation:	You are closing up a park for the evening and you notice a woman walking alone. She appears lost, confused and disoriented. She is pacing back and forth and does not appear to know where to go.
Possible Response(s):	<ul style="list-style-type: none"> • There is a chance that this person is wandering. Wandering is a common behaviour for people living with dementia. It is related to physical changes in the brain that lead the person to want to move about, search for someone or something or remove themselves from their current surroundings. • Wandering can become dangerous when short term memory loss and the impaired ability to make good judgments contribute to an unsafe situation. It should always be considered an emergency. • If you see someone who may be wandering, approach the person from the front in a calm and casual manner. • Don't challenge the person's reality - ask the person if you can assist in anyway. For example, ask them "are you lost?" or "may I assist you?" • Too much activity can make it difficult for the person living with dementia to concentrate. If the surrounding environment is distracting, for example, with traffic or other conversations, consider moving the person to a quieter place. • Check for a Medic Alert Safely Home Bracelet or another medical ID bracelet. If the woman is wearing a medical ID bracelet, ask her permission to check the bracelet. For example, point to the bracelet and say "That's lovely, may I see it?" • If you recognize that the person attends the local recreation centre, check for any emergency contact information that may be on their file. If you are not able to find contact information for a family member, call 9-1-1. • Consult your department's safety policy as you may be required to contact 9-1-1 when encountering a vulnerable adult.

	<ul style="list-style-type: none"> • While you are waiting for the person's family or police to arrive, reassure the person by making small talk. Speak slowly and clearly. It can be helpful to use short and simple sentences, and ask "yes" or "no" questions. The person may need more time to process information, so be patient and use body language that is welcoming. If the person wishes to continue walking, walk with them, but try to keep them in the same area so first responders can find you. • For more information on wandering please refer to the section on wandering found on page 36.
<p>Other Possible Responses:</p>	

Department, service, group or position:	Engineering Services
Situation:	You are working late on a cold November evening and you see a man walking down the street in shorts and a t-shirt. He looks lost, confused, and scared.
Possible Response(s):	<ul style="list-style-type: none"> • This man is likely wandering. Wandering is a common behaviour for people living with dementia. It is related to physical changes in the brain that lead the person to want to move about, search for someone or something or remove themselves from their current surroundings. • Wandering can become dangerous when short term memory loss and the impaired ability to make good judgments contribute to an unsafe situation. Wandering should always be considered an emergency. • If you see someone who may be wandering, approach the person from the front in a calm and casual manner. • Don't challenge the person's reality - ask the person if you can assist in anyway. For example, ask them "are you lost?" or "may I assist you?" • Get the person's attention in a calm way. Check for a MedicAlert Safely Home Bracelet or another medical ID bracelet. Ask permission to check the medical ID bracelet. For example, point to the bracelet and say "That's lovely, may I see it?" • Consult your department's safety policy as you may be required to contact 9-1-1 when encountering a vulnerable adult. • Make suggestions tactfully and respectfully. For example, instead of saying, "Why are you dressed in a t-shirt in November? You must be freezing!" it may be helpful to say something like "It has gotten cool all of a sudden, would you like to borrow a sweater?" • While you are waiting for the family or police to arrive, reassure the person about where they are. If the person wishes to continue walking, walk with them but try to keep them in the same area. • Be sure to inform dispatch of the situation and that the crew may be running behind schedule. • For more information on wandering please refer to the section on wandering found on page 36.

Other Possible Responses:	
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Scenarios

This portion of the scenario toolkit provides trainers with possible sector specific examples and encourages the trainers to develop possible responses based on their experience and the Dementia-Friendly City material.

Role Type: Customer Service

Department, service, group or position:	City Clerk's Department
Situation:	Howard wants to speak at the next council meeting. He wants to voice his concerns about the quality of seniors programing in his neighborhood, but he is nervous to speak because he is living with dementia. His mind has been "a little slower lately" and he has difficulty finding the right words to express his thoughts.
Possible Response(s):	

Department, service, group or position:	Finance, Risk and Business Planning – Revenue Services
Situation:	A man comes in to dispute a parking ticket. He is having difficulty understanding the process for paying the ticket, and claims that he already has paid for it. He has brought his Hydro bill with him, instead.
Possible Response(s):	

Department, service, group or position:	Community Services
Situation:	Annette, a middle aged woman living with younger onset dementia, is attending a theatre performance with her daughter. Her daughter is her primary caregiver. During intermission you receive complaints from attendees sitting close to her that she has been talking throughout the first half. Your supervisor asks you to talk with Annette and her caregiver.
Possible Response(s):	

Department, service, group or position:	Community Services
Situation:	You are a concession attendant/bartender at the Queen Elizabeth Theatre. During the performance intermission a woman approaches the bar to buy a bottle of water. She pulls some change out of her pocket, but she seems confused and embarrassed about how to pay.
Possible Response(s):	

Department, service, group or position:	Parks and Recreation
Situation:	You work at the front desk at a community centre. You notice a man enter the facility and he appears lost, confused and scared. He begins pacing back and forth in the lobby and does not appear to know where to go.
Possible Response(s):	

Role Type: Program Delivery/ Community Support

Department, service, group or position:	Parks and Recreation
Situation:	Mohamed attends a visual arts program every Sunday at his local community centre. The visual arts program has an instructor and an assistant that lead the class. Mohamed was diagnosed with dementia earlier in the year. He is beginning to have trouble following the directions of the instructor.
Possible Response(s):	

Department, service, group or position:	Vancouver Public Library
Situation:	A woman is trying to use the computers at her local library, but all the stations are occupied. She is becoming agitated and is raising her voice at the individuals who are using the computers. The people using the computers are confused and frustrated and begin to raise their voices as well. You notice that the woman has a medical bracelet on.
Possible Response(s):	

Department, service, group or position:	Fire and Rescue Services
Situation:	You receive a call from Sakura's house, a woman living alone with dementia. She is calling for the third time this month, claiming there is an intruder breaking into her house. The past two times have been her daughter, Akiko, visiting her and trying to prepare meals for her.
Possible Response(s):	
Department, service, group or position:	Fire and Rescue Services
Situation:	You are the first to arrive on the scene of a house fire. The homeowner and her husband are standing in the front yard. The husband appears agitated and continues to ask you why he can't go back in the house to retrieve his belongings. Each time you explain this to him, he seems to understand, but then asks again.
Possible Response(s):	

Department, service, group or position:	Homeless Outreach Worker
Situation:	You are a homeless outreach worker who provides programming at a number of facilities in the Downtown Eastside. Mathilde has been attending these activities on and off for a number of years. Mathilde has long standing substance use and mental health challenges, but recently you have also noticed changes in Mathilde's memory.
Possible Response(s):	

Role Type: Non-Primary Customer Service

Department, service, group or position:	Security Attendant
Situation:	You are working an evening shift at City Hall. You are patrolling outside the building when you notice a man trying to open the locked doors of the building. He appears confused. When you approach the man he informs you he is late for a meeting.
Possible Response(s):	

Role Type: Outside Workers

Department, service, group or position:	Engineering Services
Situation:	You have been collecting garbage and recycling on the same route for years. Mr. Lee, a retired garbage collector, has always had his cans out for collection on time and would often wave at you from his kitchen window as he makes his breakfast. Recently Mr. Lee has not been setting out his cans. Your coworker Bill says he has heard rumors that Mr. Lee may be living with dementia.
Possible Response(s):	

Role Type: Other

Department, service, group or position:	Events Coordinator
Situation:	You are planning an upcoming 'Downtown Farmers Market' and you are interested making the event dementia-friendly for attendees. You are also interested in findings ways for individuals with dementia to be involved in the market (e.g. as volunteers or vendors).
Possible Response(s):	

Creating Your Own Scenarios

Drawing on your own experience, in the field and as a trainer, keep track of relevant examples to use when leading a Dementia-Friendly City Workshop. If you wish to have your examples reviewed prior to using them in a workshop please contact dementiafriendlybc@alzheimerbc.org

Department, service, group or position:	
Situation:	
Possible Response(s):	

Department, service, group or position:	
Situation:	
Possible Response(s):	

Department, service, group or position:	
Situation:	
Possible Response(s):	

Department, service, group or position:	
Situation:	
Possible Response(s):	

Managing Challenging Situations

As a Dementia-Friendly City Trainer, you may experience situations that are triggering, difficult or distressing from time to time. Included in this workbook are some tools for managing challenging situations.

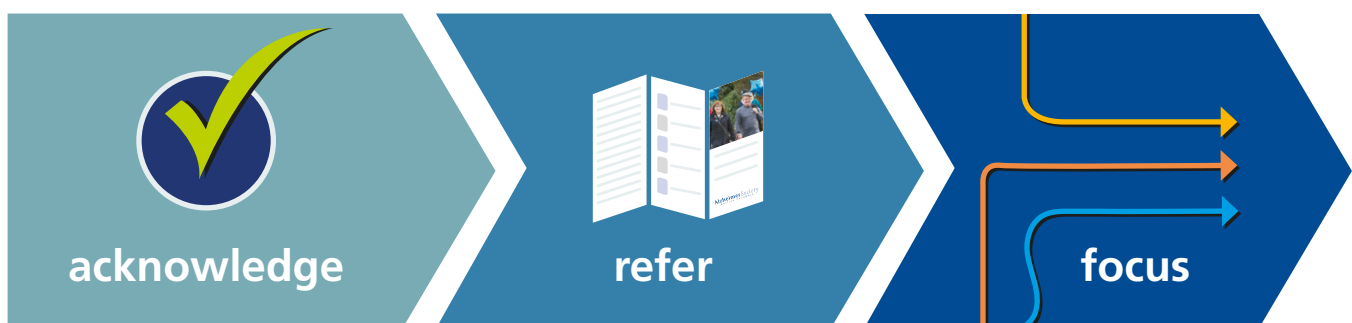
Navigating Personal Experiences with Dementia

As the population ages and the number of people who are living with dementia increases, it is very common for people to have personal experiences with dementia. In many cases, people will have a personal or family connection to the disease. Often, these experiences are emotionally impactful and in some cases discussing dementia will unearth feelings of anxiety, anger, sadness or grief. This may happen for some people, even if their family member passed away a long time ago.

As a Dementia-Friendly City Trainer it is important to be respectful, responsive and comfortable with the feelings that people may experience. However, it is necessary to remain within the parameters of the education. Remember that the Dementia-Friendly City workshop is a “Dementia 101” and that the City of Vancouver Train the Trainer model is intended to give City staff the skills and information they need to better serve people living with dementia. This education session is not intended for caregivers (although, often staff who are caregivers find the session to be of personal benefit). People who are interested in more information or support can be referred to the Alzheimer Society of B.C., where they can access information, education and support.

Making the participant feel heard by **acknowledging** their feeling or concern, offering **referral** information, then bringing the **focus** back to the general nature of the session can be a helpful strategy.

Remember that the Dementia-Friendly City workshop is a “Dementia 101” and that the City of Vancouver Train the Trainer model is intended to give City staff the skills and information they need to better serve people living with dementia.



Examples

Situation:	Evelyn announces that her sister, Shirley, has been recently diagnosed with dementia. Shirley loves exercising, but the instructor at her exercise class has said that Shirley cannot return. Evelyn can't find any programs suited to Shirley's needs.
Possible Response:	That sounds like such a challenging situation for you, I'm so sorry you had to experience that. I've brought information on connecting with the Alzheimer Society of B.C. and the Minds in Motion® program, a fitness and social program open to people in the early stages of dementia and their care partners. You might want to think about connecting with your local resource centre. Your experience is a great insight into how we as City staff can support care partners to find the resources they need, as a way to support people living with dementia.
Other Responses:	

Situation:	Samuel mentions that his grandmother had dementia and lived with him growing up. He describes how difficult her journey seemed, and expresses his fear of being diagnosed with dementia, just like her. Samuel is worried because he is always losing his keys and can never remember people's names, just like his grandmother in the early stages of the disease.
Possible Response:	You've mentioned your personal fears about getting dementia a few times. I appreciate your openness. There is a very small risk that dementia is passed on genetically, but I'm still hearing a need for more information. Also, as discussed earlier, some of the symptoms you are describing are a part of normal aging. Perhaps you would like to connect with the Society? They have information on brain health and how to differentiate between "normal aging" and signs of dementia. I would like to bring us back to the communication section, but would be happy to connect with you following the session.

Other Responses:	
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Situation:	Susan is a caregiver for her father Richard, a mother of three and works full time. Richard is living with dementia and Susan worries about leaving him alone during the day. She cannot focus while at work and it is affecting her performance.
Possible Response:	This disease isn't fair, is it? This is a really good example of how the disease can affect not only the person living with dementia, but also those around them in a significant way. Can I share some information about the Society after the session? They have some excellent resources for caregivers. This is a very general presentation, so we unfortunately won't be getting into that level of detail in this session. I am conscious of time, so let's move on to the next section of the presentation but I will be sure to connect with you before you leave today.
Other Responses:	

Managing Other Challenging Situations

Other situations that might be difficult to manage include the following:

Questions beyond the core material

Situation:	Prior to the workshop, Jose was reading all about dementia-friendly communities throughout Europe. Now Jose wants to discuss how he can help implement programs similar to those taking place Europe here in Canada.
Possible Response:	That is a really good point; however it is beyond the scope of this presentation. There are some people who focus on dementia-friendly communities at the Society. I do not have training in the area, but I suggest you contact the Alzheimer Society B.C. for more information at dementiafriendlybc@alzheimerbc.org . Right now I would like to bring us back to the current slide.
Other Responses:	

The use of very specific examples, or “troubleshooting”

Situation:	During a discussion period, Bridget keeps asking questions about getting a diagnosis, such as “how does someone get a diagnosis?” and “where does someone go to get a diagnosis?” Then when you try to get the discussion back on topic she continues to interrupt you, “yeah, but what are the tests involved in getting a diagnosis?”
Possible Response:	I see that this is an important issue for you; however it is beyond the scope of this workshop. I would suggest connecting with the FirstLink® Dementia Helpline. I can provide you with their contact information at the end of the workshop. You may also consider reaching out to your family doctor to get more information related to diagnosis.
Other Responses:	

Participants sharing incorrect or inappropriate information, or challenging the information you present.

Situation:	Josh wants to talk about how coconut oil can cure dementia. He keeps referencing an article he saw on his Facebook feed that claims if you use it three times a day it will decrease your chances of getting dementia.
Possible Response:	I appreciate your comment. We are learning more from research every day. There are so many reports coming out all the time that claim to have made large breakthroughs in dementia. However there isn't currently evidence to support the use of coconut oil as a cure or treatment for dementia. I would encourage everyone to keep a critical mind when looking at reports of new research. I can assure you all that the Society keeps up to date with information and research, and this presentation is updated with the latest knowledge about dementia.
Other Responses:	

Participants may use inappropriate or stigmatizing language to speak about people living with dementia, etc.

Situation:	During the workshop Kim asks "how do I talk to a demented person?"
Possible Response:	<p>I am glad that you are interested in knowing how to communicate effectively with a person living with dementia. Our language is important and many people living with dementia feel that "demented" is a stigmatizing term. Because of this we prefer the term "person living with dementia".</p> <p><i>Refer to the Language Guidelines on page 27 for additional information on inappropriate and stigmatizing language.</i></p>
Other Responses:	

As the trainer your role is to maintain the flow, timing and focus of the education session. For many people this will be challenging at first. However, it becomes easier with practice.

Personal Triggers

Each trainer will have different life experiences that cause different situations to be experienced as “triggering.” Triggering events can cause a physical and/or emotional response in the trainer (e.g. anger, discomfort, shaking, sweating, changes in breathing and the “fight or flight” response.) Examples of triggering events can include participant behaviour that is distracting, adversarial or emotional. You might not always notice that you have been triggered by something, or sometimes you will notice after the session. However, identifying what your triggers are can help you best manage your reactions to a situation.

When you are triggered, how can you manage?

- Take a moment to acknowledge, to yourself, that you are finding an experience, situation or comment triggering. Breathe and remember that it is okay to take a moment before responding.
- Determine whether the experience of the group is likely to be affected. Ask yourself: is this an individual trigger, or might it threaten the likelihood that the session is considered a safe space?
- If you believe an action from a member of the group threatens the emotional safety of the rest it will be necessary to intervene.
 - ♦ **Assume positive intentions** (i.e., the person may be misinformed, fearful or guarding themselves from their own personal feelings of sadness or concern).
 - ♦ **Acknowledge the behavior or comment** in a non-judgmental way (“Thank you for your comment, I see how you might feel that way”, or “I notice that you’re having a conversation, I appreciate that things might come up for you during our time together today”, or “I notice that you like to use humour”).
 - ♦ **Confirm parameters** for moving forward (e.g., “it is important to talk about people living with dementia in a respectful way, I would appreciate it if we do not use that language, as some people might find it stigmatizing”).

Steps to Reduce Presentation Anxiety

1. **Decide what you are going to wear** – make it comfortable and appropriate.
2. **Know the room** – become familiar with the place in which you will speak. Arrive early and walk around the room including the speaking area and where the audience will be seated. Get your equipment set up and make sure everything is working prior to the audience arriving. Practice with the microphone if you will be using one.
3. **Know the audience** – if possible, greet some of the audience as they arrive and chat with them. This will help make you feel more comfortable with presenting to participants.
4. **Know your material** – if you are familiar with your material you will be comfortable with it, and your nervousness will decrease. Practice your presentation until you can present it comfortably.
5. **Visualize yourself speaking** – imagine yourself presenting, your voice loud, clear and assured. When you visualize yourself as successful, you will be successful.
6. **Drink water** – have a glass of water handy for occasional sips. Adrenalin can cause a dry mouth which can impact clear speech.
7. **Make eye contact and smile** – just before you start talking. Smiling is a natural relaxant that sends positive chemicals through your body.
8. **Realize people want you to succeed** – all audiences want presenters to be interesting, stimulating, informative and entertaining. They want you to succeed.
9. **Resist the urge to apologize for being nervous** – most of the time your nervousness does not show at all. If you don't say anything about it, nobody will notice. If you mention your nervousness or apologize for any problems you think you have with your speech, you'll only be calling attention to it.
10. **Concentrate on your message** – not the medium. If you focus your attention away from your anxieties and concentrate on your message and your audience, your nervous feelings will dissipate.
11. **Gain experience** – experience builds confidence, which is the key to effective presenting. Most beginner presenters find their anxieties decrease after each presentation they give.
12. **Demand a positive mindset** – remind yourself of all the positive experiences you have had and that today is not different.



Notes:

Reflection: Me as a Trainer

Strengths as a trainer:

Things I could do differently:

Key lessons/highlights from the training:

Questions I still have:

Resource List

Alzheimer Society of B.C.

About us

Families across British Columbia are affected by Alzheimer's disease or other dementias. The Alzheimer Society of B.C.'s ultimate vision is a world without dementia; that vision begins with a world where people living with the disease are welcomed, acknowledged and included. Working in communities throughout the province, the Society supports, educates and advocates for people with dementia, as well as enabling research into the disease. As part of a national federation, the Society is a leading authority on the disease in Canada.

Where should people go for more help?

The Alzheimer Society of B.C. is here to help. Whether a person has just received a diagnosis or whether they are caring for a family member on the dementia journey, the Society is available to answer questions and help you find the professional assistance you need.

- Visit our website to find a Resource Centre in your area for information about dementia: www.alzheimerbc.org.
- Email us at dementiafriendlybc@alzheimerbc.org for more information about Dementia-Friendly Communities or Dementia Friends.



What is available?

Alzheimer Resource Centres

The Society provides information through Resource Centres which are located across the province. Connect to First Link® dementia support by visiting a Resource Centre near you and speak directly to staff and volunteers. To find a Resource Centre near you visit www.alzheimerbc.org

First Link® Dementia Helpline

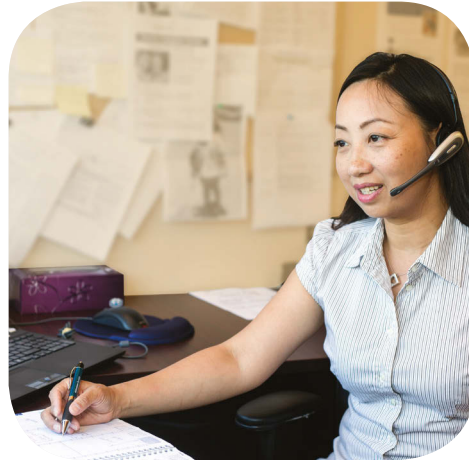
Your link to dementia support.

Province-wide: 1-800-936-6033

Lower Mainland: 604-681-8651

Hours: Monday to Friday, 9 a.m. to 4 p.m.

If you are living with dementia or have questions about the disease, call the First Link® Dementia Helpline at **1-800-936-6033**. The Helpline assists individuals in building the confidence to maintain quality of life when facing dementia.



A trained, caring team of staff and volunteers will answer your call and can provide information and support about:

- Alzheimer's disease and other dementias.
- Getting a diagnosis.
- The progression of Alzheimer's disease and other dementias.
- Personal planning for the future.
- Maintaining independence.
- Providing care and support.
- Resources in your community – including support groups.
- Upcoming education workshops.

Call **toll-free 1-800-936-6033** (Lower Mainland **604-681-8651**) Monday to Friday, 9 a.m. to 4 p.m. Every call to the Alzheimer Society of B.C. is confidential.



Minds in Motion®

Minds in Motion® is a fitness and social program for people experiencing early symptoms of Alzheimer's disease or another dementia and a friend, family member or care partner.

A 45-minute fitness program is led by a certified fitness instructor, followed by an hour of socializing, refreshments, and activities such as board games, trivia games, word games, bingo, or other activities.

To find a Minds in Motion® program near you visit www.alzheimerbc.org or contact your local Alzheimer Resource Centre.

Support Groups

Alzheimer's disease and other forms of dementia can leave people living with the disease and their care partners feeling isolated. However, you are not alone. There are other people to share the journey with you! The Alzheimer Society of B.C. offers Family Caregiver and Early Stage support groups.

These groups are there for people who want to inform themselves with current information that will help improve quality of life with the disease. It's a safe environment where you can learn, laugh and help each other through mutual understanding.

To find a support group in your community visit www.alzheimerbc.org or contact your local Alzheimer Resource Centre.

Education

The Alzheimer Society of B.C. offers educational programs throughout the province to educate and empower people living with dementia, their families and friends.

Educational programs include:

- *Getting to Know Dementia*
- *Shaping the Journey: living with dementia®*
- *Family Caregiver Series*
- *Transition to Residential Care*
- Dementia Dialogues
- Tele-workshops

For more information, visit www.alzheimerbc.org or contact your local Alzheimer Resource Centre.

Society Publications

- **First Link® Bulletin**
- **Connections** – the Society's newsletter
- **Insight** for people living with dementia

For more information or to subscribe please visit www.alzheimerbc.org

Other Resources

Medic Alert® Safely Home®

A nationwide program designed to help identify the person who is lost and assist in a safe return home. This is a partnership between the Alzheimer Society of Canada and MedicAlert.

<http://www.medicalert.ca/safelyhome>

Call toll-free: 1-855-581-3794

BC211

A source to find community, social and government services.

Free, confidential, multi-lingual and available 24/7.

www.bc211.ca

Call: 2-1-1

BC Centre for Elder & Advocacy Support (BCCEAS)

BCCEAS works to prevent elder abuse and to provide assistance and support to older adults that are, or may be, abused and those whose rights have been violated.

www.bcceas.ca

Call toll-free: 1-866-437-1940 or 604-437-1940

- Seniors Abuse & Information Line
Older adults, and those who care about them can call the Seniors Abuse & Information Line (SAIL) to talk to someone about situations where they feel they are being abused or mistreated, or to receive information about elder abuse prevention.
 - ♦ Call toll-free: 1-855-306-1443 or 604-428-3359

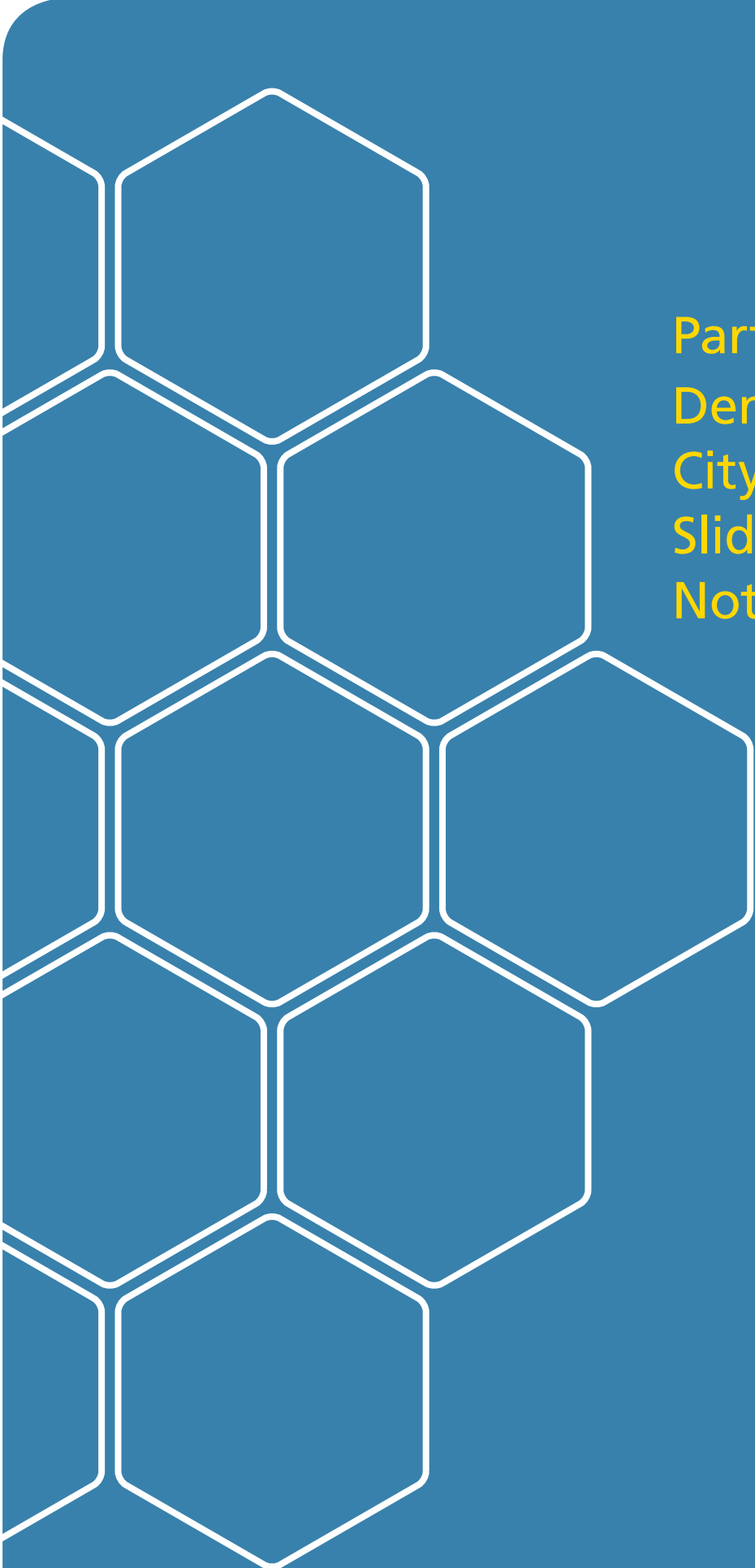
HealthLink BC

24-hour health information line, medical advice, assistance with navigating the system and a translation service in 130 languages.

www.healthlinkbc.ca

Call 8-1-1 or 7-1-1 for deaf and hearing-impaired assistance (TTY)

Notes:



Part Three: Dementia-Friendly City PowerPoint Slides and Presenter Notes

Dementia-Friendly City PowerPoint Slides and Presenter Notes

Slide 1: Dementia-Friendly City Workshop

[3 minutes]

The slide features a white background with a dark blue footer. The main title 'Dementia-Friendly City Workshop' is in a large, bold, dark blue font. Below it, the subtitle 'The City of Vancouver and the Alzheimer Society of B.C.' is in a smaller, dark blue font. On the left, the text 'Funded by:' is followed by the British Columbia logo. In the center, there is a hexagonal logo made of smaller hexagons in various shades of blue and yellow. To the right of this logo, the text 'Dementia-Friendly Communities' is in a bold, dark blue font, with 'Building a dementia-friendly B.C.' in a smaller font below it. The footer is dark blue and contains the City of Vancouver logo on the left and the Alzheimer Society of British Columbia logo on the right.

Dementia-Friendly City Workshop
The City of Vancouver and
the Alzheimer Society of B.C.

Funded by:  **BRITISH COLUMBIA**

 **Dementia-Friendly Communities**
Building a dementia-friendly B.C.

 **CITY OF VANCOUVER**

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- *Introduce yourself, your position with the City and that you are an Alzheimer Society of B.C. Dementia-Friendly City Trainer.*
- *Welcome everyone and thank them for attending.*
- *Acknowledge the First Nation communities on whose traditional territories the workshop is taking place.*
- *Briefly explain why you became a Dementia-Friendly City Workshop Trainer.*
- *Cover any housekeeping. E.g. where the washrooms are, exits etc.*
 - ♦ *Inform participants that if they need to leave the room at any point they are welcome to do so.*
 - ♦ *Some of the information provided during the workshop may cause an emotional response and participants may require a moment to collect themselves, inform participants that they are able to leave the room at any point if needed.*


- One of today's objectives is to help you develop the skills needed to better serve a person living with dementia (e.g. resident or visitor) who may be confused, disoriented or in need of additional assistance in your workplace.
 - ♦ *Ask the group to raise their hand if they have ever known someone with dementia.*
 - ♦ *Ask the group to raise their hand if they have ever been a caregiver for a person living with dementia.*
 - ♦ *Ask the group to raise their hand if they have ever had an experience in their workplace/profession where they have interacted with a person living with dementia.*


- *Tell attendees that this presentation is a "dementia 101."*
 - ♦ This is a general presentation that covers what dementia is, how to recognize that someone might have dementia, how to communicate in an effective, appropriate way and where to go for more help.
 - ♦ Some of you may also be caregivers for people living with dementia and will have questions that require more background than I'll be covering today. I encourage you to contact your local Alzheimer Society of B.C. Resource Centre. You can find their contact information in the Programs and Services brochure (describe brochure and tell them where in the room they can find it). I've also brought a number of other resources which might be helpful.

Slide 2: Dementia-Friendly City Agenda

[1 minute]

Dementia-Friendly City Agenda		
Section	Topic	Time
1	Introduction	5 minutes
2	Dementia	10 minutes
3	Dementia-Friendly Communities Initiative	20 minutes
4	Myths about Dementia	10 minutes
5	Signs of Dementia	10 minutes
6	How You Can Help	30 minutes
7	Conclusion	5 minutes
Total Time		90 minutes

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- *Explain that this slide provides participants with an overview of the topics that will be covered in today's presentation.*
- *Explain that the workshop will be a mix of presentation, discussion questions and scenario activities.*



Slide 3: Participant Learning Outcomes

[1 minute]

Participant Learning Outcomes

- To Learn
- To Discuss
- To Consider
- To Develop



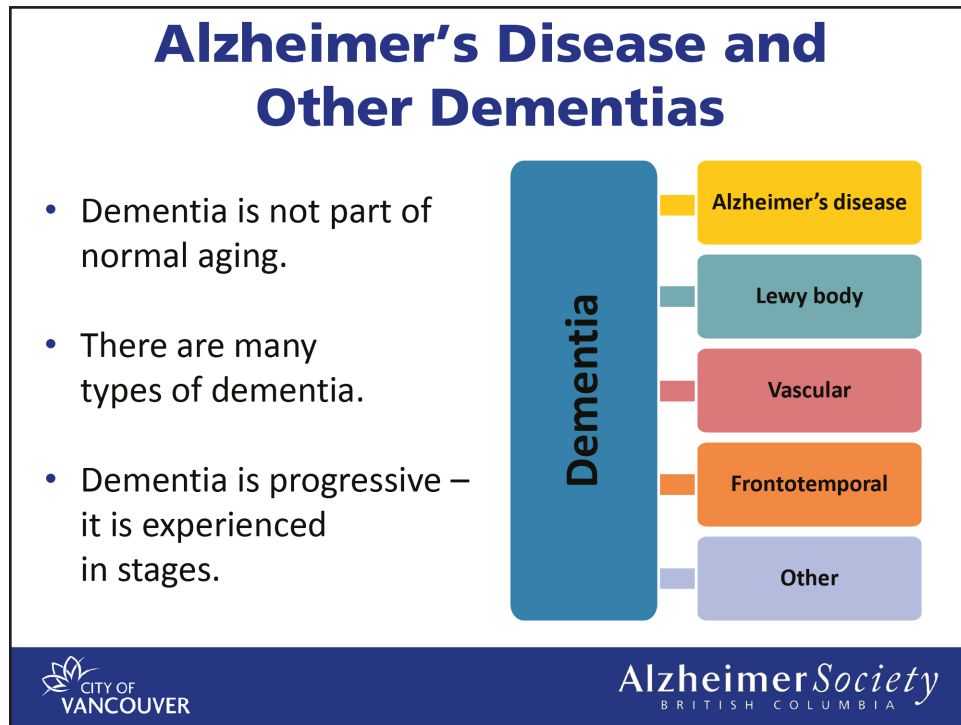


- **Today's objectives are:**

- ♦ **To learn:** what dementia is; how a Dementia-Friendly City can make a difference; how brain changes can cause changes in behavior.
- ♦ **To discuss:** common myths and signs of dementia.
- ♦ **To consider:** ways to communicate in a respectful and effective way.
- ♦ **To develop:** the skills that can benefit City of Vancouver staff to better serve a person living with dementia who may be confused, disoriented or in need of additional assistance.

Slide 4: Alzheimer's Disease and Other Dementias

[5 minutes]



We will start with an introduction and overview of dementia.

Dementia is not a normal part of aging.

- Age is the biggest risk factor for developing dementia. This means if we were all to live to be about 90 years old, approximately half of us would develop some kind of dementia. However, many people live to be very old and won't ever develop dementia.
- Dementia is different than normal age related memory loss. As we age, we will all experience some changes to our memories. Things like forgetting our keys once in a while, forgetting where we parked the car, or not recalling the name of a colleague we worked with quite some time ago, are likely all signs of normal age related memory loss. However, misplacing our keys constantly, forgetting that we drove to the store and walking home and forgetting the names of people who are important to us might be a sign that something more is going on.
- If you are noticing things that aren't normal for you it is important to see your doctor.
- Similarly, if you are noticing these changes in a family member or friend it is important to encourage them to see a doctor.

There are many types of dementia.

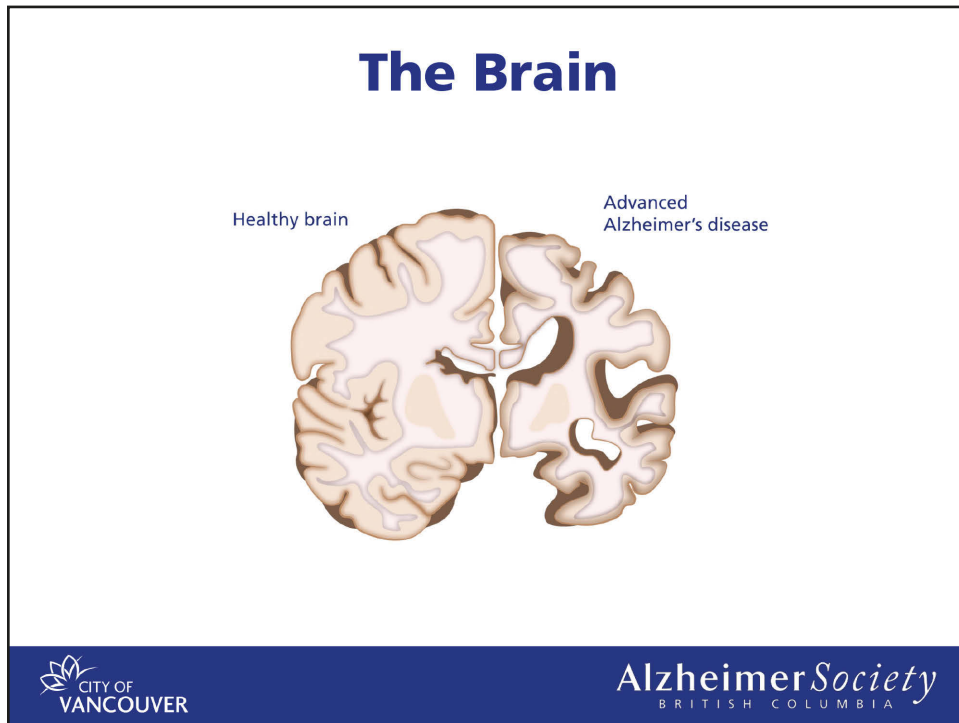
- Dementia is an umbrella term. It is a little bit like the word ice-cream. You can have many types of ice-cream (e.g. strawberry, chocolate and cookie dough) just like you can have many kinds of dementia (e.g. Alzheimer's disease, vascular dementia and Lewy body dementia). Some people will have more than one kind of dementia (e.g. Alzheimer's disease with Lewy body dementia).

Dementia is a progressive, non-reversible disease, meaning it will get worse over time. Eventually, it is terminal.

- There are some medications that can help to slow the decline but they don't work forever and won't work for all people. They are not a cure.

Slide 5: The Brain

[5 minutes]

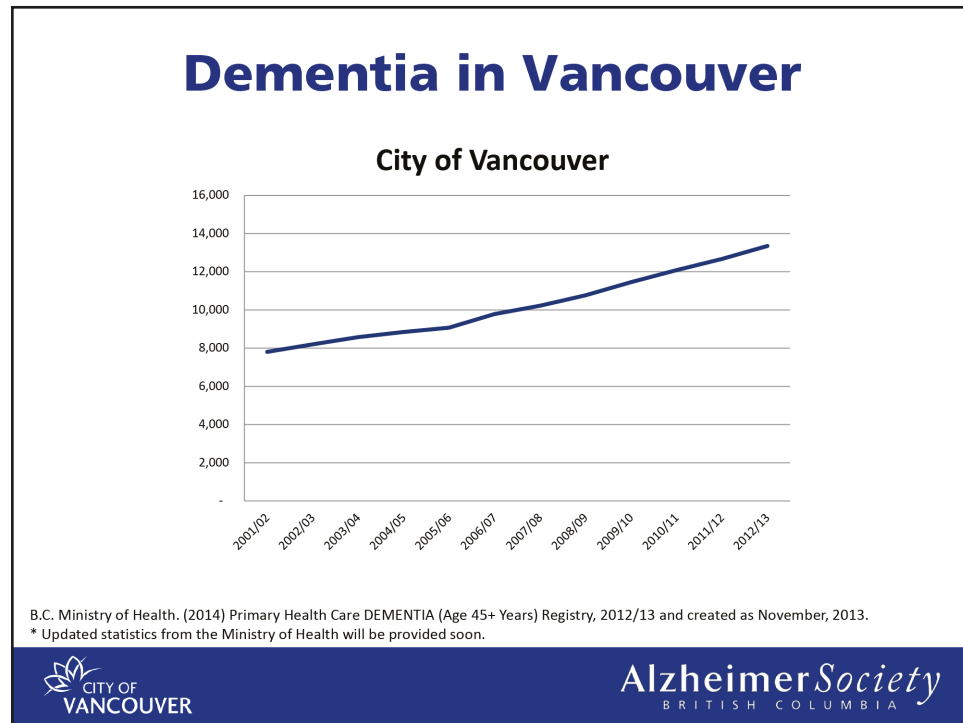


- Dementia causes physical changes to the brain. This causes changes in behaviour, personality and judgement.
- *Consider using the cauliflower example (If you cut a cauliflower in half, a freshly purchased cauliflower will have tight flowerets, this would represent a healthy brain. A cauliflower that has been left out on the counter so it has started to shrink and the flowerets have started pulling away from each other would represent a brain with Alzheimer's disease.)*
- Ask: Can we expect the brain affected by Alzheimer's disease to work the same as the other brain on the slide? Answer: No.
- Different dementias cause different changes in the brain *(Feel welcome to offer some examples, but be careful not to go outside of your depth of knowledge – remind participants that dementia affects each person differently and that these categories are not distinct.)*
 - ♦ Alzheimer's disease and other dementias can impact the hippocampus, which is the mechanism in the brain that turns short term memory into long term memory.
 - ♦ Vascular dementia occurs when there is a blockage in the brain's blood vessels and brain cells are deprived of oxygen (e.g. caused by a stroke). Vascular dementia often affects language, vision, and/or memory.

- ♦ Frontotemporal dementias affect the frontal and temporal lobes of the brain, affecting personality/behaviour and speech.
- ♦ Lewy body dementia is caused by protein deposits inside the brain's nerve cells (called Lewy Bodies) interrupting the brain's messages. Lewy body dementia usually affects areas of the brain that involves thinking and movement. Visual hallucinations can be common for some people with Lewy body dementia.
- ♦ Mixed dementia is when a person has two types of dementia (e.g. Alzheimer's disease and Vascular dementia).

Slide 6: Dementia in Vancouver

[1 minute]



- The number of people living with dementia living in the City of Vancouver has increased from just under 8,000 in 2001/2002 to just over 13,000 in 2012/2013.
- These numbers are expected to rise due to increases in the aging population.
- New numbers are expected from the Ministry of Health soon – updated charts may take some time.
- *Below are exact numbers if anyone asks:*

♦ 2001/02 = 7,809

♦ 2002/03 = 8,203

♦ 2003/04 = 8,580

♦ 2004/05 = 8,848

♦ 2005/06 = 9,075

♦ 2006/07 = 9,786

♦ 2007/08 = 10,225

♦ 2008/09 = 10,763

♦ 2009/10 = 11,457

♦ 2010/11 = 12,083

♦ 2011/12 = 12,668

♦ 2012/13 = 13,350

Slide 7: The Alzheimer Society B.C. and the City of Vancouver
[2 minutes]

The Alzheimer Society of B.C. and the City of Vancouver



This workshop plays an important role in creating a Healthy City for All by developing a more dementia-friendly Vancouver



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- Most people want to age in place and stay at home for as long as possible and many experts agree that this is best, especially for a person living with dementia.
- When people must leave familiar settings due to the changes brought on by the illness, they will often experience a tremendous amount of stress, a loss of independence and impacts to their sense of belonging and identity.
- Dementia-friendly communities increase the likelihood that a person can live well in the community, for longer.
- The Alzheimer Society of B.C.'s vision for the Dementia-Friendly Communities initiative is to create a B.C. that is supportive of people living with dementia, by bolstering the efforts of local communities.
- In 2012, Vancouver's City Council unanimously approved a motion for a "City Policy to Address Residents with Dementia."
 - ♦ The motion directed staff to report back on developing policies to better assist residents living with dementia, including training for frontline City staff to identify and support people living with dementia.
- In 2015, the City of Vancouver partnered with the Society to develop and pilot Dementia-Friendly City workshops for City staff.

- This workshop plays an important role in creating a Healthy City for All by developing a more dementia-friendly Vancouver.
- The purpose of the collaboration between the City of Vancouver and the Society is to:
 - ♦ Create a more inclusive and dementia-friendly community in Vancouver.
 - ♦ Increase the capacity of City of Vancouver staff to support people living with dementia.
 - ♦ Increase the sense of inclusion for people living with dementia in the community.

Dementia-Friendly Communities

- Create a heightened awareness about dementia.
- Support people living with dementia to participate in their communities to the fullest extent possible.




- Speak to what a dementia-friendly community is (supportive, inclusive and accessible for people living with dementia and caregivers). For instance:
 - ♦ *A dementia-friendly community is a community that focuses on the inclusion of people living with dementia and on stigma reduction.*
 - ♦ *Dementia-friendly communities are defined by both their social characteristics (e.g. city staff are dementia educated, able to recognize and communicate effectively with a person living with dementia) and physical characteristics (e.g. clear and legible signage is placed at eye level, well-kept streets and easy-to-use street furniture in styles familiar to people).*
 - ♦ *Social and physical attributes can help support people living with dementia by reducing anxiety, stigma or frustration.*
 - ♦ *Ideally, each community member is educated about dementia and knows that a person living with dementia may sometimes experience the world differently.*
 - ♦ *Ultimately, people living with dementia feel supported by individuals, business and local governments.*



- ♦ *Provide some examples, or a story from your own experience about when a Dementia-Friendly City Representative or Dementia-Friendly Community made a difference for a person living with dementia (e.g., An instructor at a recreation centre helped to make a person living with dementia feel included by modifying the movements to be a little more simple, which allowed him to stay active with his friends; I was at the grocery store one day and there was a lady who seemed to have memory problems, she was very embarrassed but the cashier helped her to count her change and by being a little more patient, made her overall experience at the grocery store positive.)*
- ♦ *Congratulate attendees for taking a step toward making their community dementia friendly by attending the presentation.*

Slide 9: Jim's Story

[8 minutes – including video]

"Jim's Story"





- *Sharing this video is optional and requires audio. If you don't have internet hide this slide by right clicking on the slide in the left hand pane and selecting "hide", or simply skip over the slide.*
- *In advance of the workshop you can also contact dementiafriendlybc@alzheimerbc.org to request the "Jim's Story" file to be saved onto a USB.*
- *If you do have internet click on "Jim's Story" this text is hyperlinked and will pull up the Society's YouTube channel (<http://vancouver.ca/people-programs/age-friendly-action-plan.aspx> or alzbc.org/jims-story).*
- *Explain that Jim is a previous board member for the Alzheimer Society of B.C. and the Alzheimer Society of Canada, he is also a person living with dementia. This video was developed in partnership with the City of Vancouver and this video is about his experience living with dementia and what a Dementia-Friendly Community means for him.*

Slide 10: What is a Dementia-Friendly City Representative?
[2 minutes]

What is a Dementia-Friendly City Representative?



Someone who...

- Has respect for a person living with dementia.
- Makes a person living with dementia feel accepted.
- Focuses on a person's strengths and abilities.
- Knows it is better to offer assistance than to do nothing.



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- *Share an example of a way that someone who was dementia aware made a difference in a stranger's life. (E.g. There was a leader of a neighbourhood block cleanup event and she noticed that one of the participants, an individual living with dementia, was having trouble following the directions and appeared to be defensive of his actions. The leader offered to buddy up with the individual to help with directions. The leader understood that he may be acting in a defensive way because he was confused or embarrassed. The participant, feeling welcomed, began to open up and chat with the group.)*
- *Read the points on the slide.*
- *Talk about how being a Dementia-Friendly representative is simple.*

Person-Centred Language



Using respectful language can help reduce stigma and make people more likely to acknowledge and discuss dementia.



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- Part of becoming a Dementia-Friendly City Representative is ensuring you use person-centred language – language that is respectful and inclusive to those who live with the disease.
- By using respectful language you can help reduce the stigma surrounding Alzheimer's disease and other dementias, and make the disease one that people are more likely to acknowledge and discuss.
- *Examples of person-centred language (use as needed):*
- People living with dementia are more than just their disease, so it is important to:
 - ♦ Talk about people living with dementia as individuals with unique experiences and abilities.
 - ♦ Use language which focus on the person's abilities and assumes that people living with dementia are much more than their disease.
 - ♦ Avoid elder speak such as calling someone living with dementia 'sweetie' or 'dear' as this may sound patronizing.
- You do not need to correct the language of people who are living with dementia or their caregivers as they are speaking directly to their experience.
- *Refer to the language guides on page 27 of the train the trainer workbook for more information.*

Slide 12: What Might Not Be True About Dementia?

[3 minutes]

What Might Not be True About Dementia?



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- *Ask: What have you heard about dementia?*
- *Presenter tip: If there is no response after waiting a few moments offer an example (e.g., "What about coconut oil?")*


Slide 13: Myths About Dementia



[3 minutes]

Myths About Dementia

Dementia is **not**...

- Strictly a genetic disorder.
- A disease that only affects older people.
- Normal aging/memory loss.
- Preventable.
- Curable.
- Caused by aluminum.





- Overview myths listed below. Pick a few to focus on in more detail.
 - For most people, Alzheimer's disease is not strictly genetic. There are two kinds of Alzheimer's disease familial and sporadic. Sporadic means that it could happen to anyone, and accounts for 95 per cent of Alzheimer's disease. The other five per cent of Alzheimer's disease is familial which means that there is a strong genetic link.
 - However, people with sporadic Alzheimer's disease can inherit genes that increase their likelihood of developing the disease.
 - This isn't just a disease that affects older people – there are thousands of people in BC who have dementia that are under the age of 65.
 - Dementia is not the same as normal age related memory loss.
 - Dementia is not preventable – instead, we use the term “risk reduction” (examples of risk reduction strategies include: exercise, getting enough sleep, learning a new language, playing word games, eating a nutritious diet, staying hydrated, and maintaining an active social life)
 - Dementia is not curable – there are some medications that will work for some people, for some time, but there is currently no cure for this disease.

- At this time, research doesn't support the hypothesis that aluminum causes Alzheimer's disease or other dementias.

Presenter tip: sometimes people will feel strongly that something isn't a myth. Avoid engaging in debate, etc. by saying something like "Research isn't conclusive to support that right now, but we are learning more about dementia every day".


Slide 14: Myths About Dementia



[3 minutes]

Myths About Dementia

Dementia does **not** mean...

- The end of a meaningful life.
- That a person cannot understand what is going on around them.
- That a person will become violent or aggressive.





- Dementia does not mean an end of a meaningful life. (e.g. *A man living with dementia's passion has always been gardening. Early in the disease he was able to continue gardening on his own, as the disease progresses he now requires more assistance from family and friends, but he is still able to take part in his passion – gardening*).
- It does not mean that the person cannot understand what is going on around them.
- Dementia does not mean that a person will become violent or aggressive.
 - ♦ Changes to the brain may make it challenging for the person living with dementia to respond appropriately and at times this could feel like aggressive behaviour.
 - ♦ It is important to remember that this behaviour is often the result of the person living with dementia either having a different reality, or being frustrated that they have difficulty performing a familiar task or finding the right word.
 - ♦ Referring to behaviour resulting from frustrations as “reactive” or “responsive” reflects understanding of the reality of the person living with dementia.

Slide 15: How Might You Know If Someone Has Dementia?
[2 minutes]

How Might you Know if Someone is Living With Dementia?



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Put this question to the audience – try to put it in context, e.g., how might you know if someone you interact with at your workplace (e.g., the recreation centre, at a community engagement meeting, who is renewing a licence) is living with dementia.

Slide 16: Signs of Dementia

[5 minutes]

Signs of Dementia



1. Problems with memory.
2. Difficulty with familiar tasks.
3. Disorientation of time or place.
4. Unable to find the right words.
5. Problems with abstract thinking.
6. Challenges following conversations.
7. Poor judgment.



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1. **Memory loss that affects day-to-day function**

It's normal to occasionally forget appointments, colleagues' names or a friend's phone number and remember them later. A person living with dementia may forget things more often and not remember them later, especially things that have happened more recently.

2. **Difficulty performing familiar tasks**

Busy people can be so distracted from time to time that they may leave the carrots on the stove and only remember to serve them at the end of a meal. A person living with dementia may have trouble with tasks that have been familiar to them all their lives, such as preparing a meal or knowing how to cook carrots.

3. **Disorientation of time and place**

It's normal to forget the day of the week or your destination - for a moment. But a person living with dementia can become lost on their own street, not knowing how they got there or how to get home.

4. **Problems with language – finding the right words**

Everyone has trouble finding the right word sometimes, but a person living with dementia may forget simple words or substitute words, making their sentences difficult to understand.

5. Problems with abstract thinking

From time to time, people may have difficulty with tasks that require abstract thinking, such as balancing a chequebook. Someone living with dementia may have significant difficulties with such tasks, for example not recognizing what the numbers in the chequebook mean.

6. Challenges following conversations

From time to time people may become distracted and lose their place in a conversation. People living with dementia may be a step behind in the conversation, or they may reply in an inappropriate way.

7. Poor or decreased judgment

People may sometimes put off going to a doctor if they have an infection, but eventually seek medical attention. A person living with dementia may have decreased judgment, for example not recognizing a medical problem that needs attention or wearing heavy clothing on a hot day.

Slide 17: Wandering
[3 minutes]

Wandering



Wandering is a common behaviour associated with dementia, often leading to stress as well as safety concerns.



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- As mentioned in the previous slide, one sign of dementia is disorientation of time or place, which could result in a behaviour referred to as wandering.
- Wandering is a direct result of physical changes in the brain, which can cause a person living with dementia to become confused and disoriented, even when they are in a familiar place.
- 60 per cent of people living with dementia will likely wander at some point.
- People living with Alzheimer's disease or other dementias often feel like they need to stay on the move. Wandering behaviour may occur because a person would like to go to a particular destination, search for someone or something or or accomplish a task (like mailing a package) and may occur at any time of day.
- In itself, wandering, like walking, is not harmful behaviour, but short-term memory loss and the impaired ability to reason or to make sound judgements can contribute to unsafe wandering behavior.
 - ♦ For example, wandering outdoors can expose the person to dangers like traffic, falls or exposure related to extreme weather conditions; therefore, when someone with dementia is found wandering, it is an emergency and 9-1-1 and/or a family member should be contacted immediately.

- Although wandering is more common in the middle or later stages of dementia, wandering can occur at any point during the disease. As frontline staff for the City of Vancouver you may interact with someone who appears to be wandering.
 - ♦ Sometimes wandering behaviour can be obvious (e.g. *A man is walking down the street in the middle of winter in only shorts and a t-shirt, he appears lost and confused*).
 - ♦ Other times wandering behaviour may be less obvious (e.g. *When you arrive at 9 a.m. you notice a woman sitting at the entrance to the library, she is still there when you go for lunch at noon. You ask her if you can help and she responds that she is waiting for her daughter to pick her up*).
- *You can let the participants know that helpful communication techniques will be discussed in detail on a following slide.*
- For more information on wandering refer to page 36 of the train the trainer workbook OR visit the Society website (<http://alzbc.org/understanding-wandering>)

Slide 18: How Can You Help?

[8 minutes]

How can you help?



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- *Ask the group to reflect on a situation in their workplace/profession where they have interacted with a person living with dementia or a situation where they could potentially interact with a person living with dementia.*
- *Have the participants break off into small groups or pairs.*
- *Allow the participants' time to discuss these possible situations with their groups.*
- *Next, supply groups or pairs with relevant possible scenarios from the scenario toolkit (page 42).*
- *If you wish to use possible scenarios based on your firsthand experience please have the Society review your firsthand scenarios before the presentation. Please email dementiafriendlybc@alzheimerbc.org.*
- *Allow the groups or pairs time to review their scenario.*
- *Inform the participants that they do not need to discuss possible responses to these situations at this point - they will be addressing possible responses for these scenarios later in the workshop.*
- *Tell participants to keep these scenarios in mind as you go through the following slides.*

Slide 19: Start a Conversation

[5 minutes]

Start a Conversation

- Get the person's attention.
- Don't invade their space.
- Try to make eye contact.
- Ask the person if they would like your help.
- Bring the person to a quieter place.
- Check for a MedicAlert® Safely Home® Bracelet or another medical identification bracelet.



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- Start a conversation.
 - ♦ Get the person's attention. Approach the person from the front.
 - ♦ Don't invade their personal space.
 - ♦ Make eye-contact.
 - ♦ Ask the person if they would like your help.
 - ♦ Check for a MedicAlert, Safely Home Bracelet or another medical ID bracelet.
 - ♦ Bring the person to a quieter space.

Slide 20: Communicate

[5 minutes]

Communicate

- Respond to feelings, not stories.
- **Connect**, don't **Correct**.
- Speak slowly and clearly.
- Make one point at a time.
- Allow time for response.
- Ask yes and no, or other closed- ended questions.
- Say things another way or try again later.



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- There are some communication techniques which might be helpful when connecting with someone who has dementia (*remind participants that every person living with dementia is different and that different strategies will work better for some people than others, depending on their personality and where they are in the progression of their disease*).
 - ♦ Respond to feelings, not stories – you can ignore the request or the content of a person's questions or requests, but don't ignore their feelings – Connect, don't Correct.
 - ♦ Speak slowly and clearly but don't use "elder speak" (e.g. 'sweetie' or 'dear') or assume the person has a hearing problem.
 - ♦ Allow time for a response.
 - ♦ Ask yes, no, or other close ended questions. For example, instead of asking "How do you like your tea?", ask "Would you like milk in your tea?" and then "Would you like sugar in your tea?"
 - ♦ Say things another way or try again later.

Slide 21: Be Aware of Your Body Language
[3 minutes]

Be Aware of Your Body Language

- Maintain a positive attitude.
 - Monitor the tone of your voice.
 - Be patient.
- Be aware of your body language.
 - Gestures.
 - Facial expressions.
 - Posture.



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- Be aware of your body language
 - Monitor the tone of your voice, gestures, facial expressions and posture.
 - Examples:
 - ♦ Don't cross your arms
 - ♦ Don't scowl
 - ♦ Stay relaxed
 - ♦ Maintain eye contact
 - ♦ Speak slowly and calmly

Slide 22: Scenario Activity
[10 minutes]

Scenario Activity



- I am now going to have you use what you have learned today. Using the scenarios I handed out earlier and I would like you to suggest some possible ways we could address these situations.
- *Using the relevant scenarios from the Scenario Toolkit (page 42) you handed out earlier, have the participants use the knowledge they gained today to come up with possible responses to the scenarios.*
- *Possible prompts to encourage reflection and generalization amongst participants:*
 - ♦ *What is happening in this situation?*
 - ♦ *What have you learned today?*
 - ♦ *How can you use what you've learned today to address this situation?*
 - ♦ *How can you apply your firsthand experience to addressing this situation?*


Slide 23: First Link®


[2 minute]

First Link® *Your link to dementia support...*

ensures people living with dementia get connected with services as soon as possible after diagnosis as well as ongoing support when they need it.

Support	Education	Information
<ul style="list-style-type: none">- One-on-one support- Support groups- First Link Dementia Helpline	<ul style="list-style-type: none">- Family Caregiver Series- Shaping the Journey: <i>Living with Dementia</i>®- Tele-workshops- Heads-Up: An introduction to brain health- Other workshops	<ul style="list-style-type: none">- Bulletins- Website- Referrals

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- First Link® connects individuals and families affected by Alzheimer's disease or another dementia to a community of learning, services and support at any stage of the journey.
- The Society provides education, information and support in local communities. They have Resource Centres across the province that offer programs like their Family Caregiver Education Series, Getting to Know Dementia and Shaping the Journey, an education series for people living with dementia and their caregivers. The Society also offers support groups, one-on-one support and information available online or in person. These services help people living with dementia and their caregivers to live well on their dementia journey.

Slide 24: Spread the Word and Get Involved
[1 minute]

Spread the Word and Get Involved!

- Volunteer, donate and participate in or support the Alzheimer Society of B.C. events
- Share on social media:
@AlzheimerBC #dementiafriendly
- Encouraging others to become Dementia Friends at www.dementiafriends.ca



- The Alzheimer Society of B.C. hosts a number of signature events throughout the year, and the dollars raised at the events support British Columbians with dementia, as well as their families who are affected by the disease.
- *Invite participants to volunteer, donate, and participate in/support the Alzheimer Society of B.C. events. Examples:*
 - ♦ *Year-round: Anything for Alzheimer's*
 - ♦ *May: Investors Group Walk for Alzheimer's*
 - ♦ *June: Soctiabank Vancouver Half-Marathon & 5k*
 - ♦ *September & October: Coffee Break® and Climb for Alzheimer's*
 - ♦ *February & March: Breakfast to Remember in Vancouver and Victoria*
 - ♦ *For more information on Society events invite participants to visit www.alzheimerbc.org*
- *Share with others the information you learned today – you can play a role in reducing the stigma!*
- *Thank people for taking the time to become a Dementia Friend.*
- *Invite participants to encourage their friends and family to become a Dementia Friend by watching a short, online video at www.dementiafriends.ca.*

Slide 25: Contact Us

[1 minute]

Contact the Society

- **Alzheimer Society of B.C.**
www.alzheimerbc.org
- **First Link® Dementia Helpline**
1-800-936-6033 or 604-681-8651 (Lower Mainland)
- **Email** dementiafriendlybc@alzheimerbc.org to request more information about Dementia-Friendly Communities or Dementia Friends.



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- *Provide participants with contact information on slide if they have any questions or would like any additional information*
- *Encourage people to take resources and materials as they leave.*

Notes:

Notes:

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