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Helping Your Loved One Adjust to a Facility Move

By Sue Wilson, Christian Care - Certified Move Manager, Certified Dementia Practitioner

- **Bring as much of their home as possible into the facility.**

New residents will adjust to their new home sooner when the important pieces of their lives surround them. Take time to find out what matters most to your loved one; what's important to them may not be obvious to anyone else - don't assume you know what's best. Their bedspread and pillow, family photos, favorite books (even if they aren't reading anymore), even the alarm clock they've looked at every morning for the last 20 years might be important to bring them comfort.

- **Give the new resident as much control as possible (and reasonable).**

As we age we gradually lose our independence and opportunities to control our lives. Moving into a facility is often not by the choice of the new resident; therefore, loved ones need to make every attempt to encourage the new resident to make as many decisions as possible. When dementia, such as Alzheimer's, is involved, choices will need to be narrowed down, but even in the more advanced stages, they may be able to select between two good options.

- **Give up the guilt.**

If it was necessary for you to be a part of the decision to move your loved one into a facility, it was probably one of the hardest things you've ever had to do as an adult. Resist the potential urge to say, "If you don't like it you can move back home." Most likely, the decision was made after much thought and evaluation and because it was determined your loved one was no longer safe in their living environment. The best decision was made given the circumstances; don't waste your emotional energy on negative thoughts.

- **Remind your loved one, and yourself, that there will most likely be a period of adjustment.**

It's not uncommon for it to take 30 to 90 days (or possibly longer) for new residents to adjust to their surroundings. Everything is different, from the faces around them, the new schedule of daily routines, the food that's served, even the new smells of the facility. Most residents eventually do adjust and many even thrive.

- **Keep in touch.**

There is a theory floating around out there that once you move someone into a facility, you should not visit them for a few weeks to "allow them time to adjust". However, the majority of professionals agree that to do so would most likely be a huge mistake. Instead, make a point to visit and communicate with them on a regular basis. The visits need not be long, but by visiting you are showing them that they are still a part of your life, they still have value, and that they have not been abandoned.

A few suggestions for visiting:

1. During the first few weeks, offer to join them on a walk (or wheelchair ride) through the facility to help them feel more familiar and comfortable in their new surroundings, and assist them in interacting with other residents and staff.
2. Bring something to do, even something as simple as a few old photographs to reminisce about, their favorite snack to enjoy together, or the new tiny dresses you just purchased for a new granddaughter.
3. If you are uncomfortable when it comes time to leave, consider visiting 30 to 60 minutes prior to lunch or supper and offer to escort them to the dining room on your way out; this provides you with a graceful exit and gives them something else to focus on after you've left.
4. Offer to join them in one of the facility's activities. Not only will this help your loved one get involved in the life of the facility, the two of you may enjoy yourselves and give you more shared experiences to chat about.
5. Phone calls and cards in the mail are also important ways that family and friends can let the new resident know that are still thought of and loved.

- **Allow them to "vent".**

There are numerous emotions involved in a later life move. Take the time to listen as your loved one talks about what they left behind and how they're feeling about the move. They have left everything that is familiar to them, including much of their independence. Listen and validate.

- **Provide them with a sense of purpose.**

Make a conscious effort to help them feel needed. Continue to ask their advice on various issues. Ask them to help with a task they are still able to do like crocheting a hat for the new grandbaby, identifying old photos for the family scrapbook, or telling you the ingredients to their famous potato salad. Thank them for sharing these important things with you, even if all the information or the final product is not perfect.

For information on Christian Care Assisted Living Community or Christian Care Nursing Center contact the Admissions Coordinator at 231-777-3494.

Understanding the Changes with Alzheimer's Disease

- *Caring for People with Alzheimer's Disease: A Manual for Facility Staff* (2nd edition), by Lisa P. Gwyther, 2001. (Published by the American Health Care Association and the Alzheimer's Association)

Alzheimer's disease develops slowly and causes changes in the brain long before there are obvious changes in a person's memory, thinking, use of words or behavior. Many of the changes the person will most likely go through are outlined below.

Common Changes in Mild Alzheimer's

- Loses spark or zest for life – does not start anything.
- Loses recent memory without a change in appearance or casual conversation.
- Loses judgment about money.
- Has difficulty with new learning and making new memories.
- Has trouble finding words – may substitute or make up words that sound like or mean something like the forgotten word.
- May stop talking to avoid making mistakes.
- Has shorter attention span and less motivation to stay with an activity.
- Easily loses way going to familiar places.
- Resists change or new things.
- Has trouble organizing and thinking logically.
- Asks repetitive questions.
- Withdraws, loses interest, is irritable, not as sensitive to others' feelings, uncharacteristically angry when frustrated or tired.
- Won't make decisions. For example, when asked what she wants to eat, says "I'll have what she is having."
- Takes longer to do routine chores and becomes upset if rushed or if something unexpected happens.
- Forgets to pay, pays too much, or forgets how to pay – may hand the checkout person a wallet instead of the correct amount of money.
- Forgets to eat, eats only one kind of food, or eats constantly.
- Loses or misplaces things by hiding them in odd places or forgets where things go, such as putting clothes in the dishwasher.
- Constantly checks, searches or hoards things of no value.

Common Changes in Moderate Alzheimer's

- Changes in behavior, concern for appearance, hygiene, and sleep become more noticeable.
- Mixes up identity of people, such as thinking a son is a brother or that a wife is a stranger.
- Poor judgment creates safety issues when left alone – may wander and risk exposure, poisoning, falls, self-neglect or exploitation.
- Has trouble recognizing familiar people and own objects; may take things that belong to others.
- Continuously repeats stories, favorite words, statements, or motions like tearing tissues.
- Has restless, repetitive movements in late afternoon or evening, such as pacing, trying doorknobs, fingering draperies.
- Cannot organize thoughts or follow logical explanations.
- Has trouble following written notes or completing tasks.
- Makes up stories to fill in gaps in memory. For example might say, "Mama will come for me when she gets off work."
- May be able to read but cannot formulate the correct response to a written request.
- May accuse, threaten, curse, fidget or behave inappropriately, such as kicking, hitting, biting, screaming or grabbing.
- May become sloppy or forget manners.
- May see, hear, smell, or taste things that are not there.
- May accuse spouse of an affair or family members of stealing.
- Naps frequently or awakens at night believing it is time to go to work.
- Has more difficulty positioning the body to use the toilet or sit in a chair.
- May think mirror image is following him or the television story is happening to her.
- Needs help finding the toilet, using the shower, remembering to drink, and dressing for the weather or occasion.
- Exhibits inappropriate sexual behavior, such as mistaking another individual for a spouse.
- Forgets what is private behavior, and may disrobe or masturbate in public.

Common Changes in Severe Alzheimer's

- Doesn't recognize self or close family.
- Speaks in gibberish, is mute, or is difficult to understand.
- May refuse to eat, chokes, or forgets to swallow.

- May repetitively cry out, pat or touch everything.
- Loses control of bowel and bladder.
- Loses weight and skin becomes thin and tears easily.
- May look uncomfortable or cry out when transferred or touched.
- Forgets how to walk or is too unsteady or weak to stand alone.
- May have seizures, frequent infections, falls.
- May groan, scream or mumble loudly.
- Sleeps more.
- Needs total assistance for all activities of daily living. (i.e. bathing, dressing, toileting)

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Tips for Moving a Person with Mid to Late Alzheimer's into a Facility

By Sue Wilson, Christian Care - Certified Move Manager, Certified Dementia Practitioner

- **Go with your gut.** Families are often unsure how far in advance they should discuss the move into a facility with their loved one. Those who are closest to the person with Alzheimer's usually have the best sense as to how the individual will handle the news. The amount of information shared, and the timing of the information given, will depend on the ability of the person with Alzheimer's to understand. Some families involve their loved one early in the process and ask for their input, other families, with a loved one in the more advanced stages of the disease, find it best to tell them the day before or the morning of the move. Even those in the later stages, however, have a right to be told where they are going and why (because family/friends can no longer keep them safe at home).
- **Consider sooner rather than later.** People with a progressive memory loss are usually able to better adjust if they are moved early in their disease process. Because moving from the comfort and security of one's home requires a great deal of adjustment, physically and emotionally, people with Alzheimer's and similar dementias are most likely to adjust more effectively before the disease has become too advanced.
- **Bring as many meaningful objects from the resident's home as possible.** Rooms that are set up to look as much like the resident's home as possible will help ease the new resident's transition both physically and emotionally. Having objects around them that have sentimental value to them will help them feel less alone. Also, people with Alzheimer's are dependent on the environment around them to provide cues; having familiar objects in their room will help them function better.
- **Make moving day as stress-free as possible.** Ensure that one or two of the resident's most trusted family members or friends are with the resident on moving day. In most cases, it is best to have the personal belongings moved out of the old home and into the new home when the resident is not there; have the trusted person(s) take the resident out for a quiet breakfast or for a drive in the country while the work is being done. Watching one's treasured possessions moved can be very stressful.
- **Expect a period of adjustment.** It's not uncommon for it to take 30 to 90 day for older adults to adjust to their new surroundings; those with Alzheimer's may take even longer. Everything is different, from the faces around them, to the new schedule of daily routines, to the food that's served, even the new smells of the facility. A period of adjustment does not mean you've made a mistake. Be patient.
- **Respond to their emotion.** As Alzheimer's disease progresses, the individual goes more on emotion than logic (due to the death of brain cells). Therefore, those around them need to respond to the emotions behind their words and actions. By validating the emotions, such as, "It sounds like you're angry," or "You look sad," you acknowledge their feelings about their new home. Provide plenty of reassurance such as, "I'll visit you often," or "I'm getting you a phone so we can talk every night before bed."
- **Acknowledge their grief.** As a person ages they experience a great deal of loss; they gradually lose their independence, their health, their abilities to do certain things, etc. These compounding losses often lead to a grieving process. When that person has Alzheimer's disease that grief may be intensified as they are also losing their memories and, in stages, their abilities to function. Recognize their need to vent their grief and acknowledge their feelings. After a period of time listening, provide a divisional activity such as going for a short walk or enjoying a snack together.
- **Provide opportunities to reminisce.** Reminiscing is one of best things you can do with a person with middle to later stage Alzheimer's; their short term memory is failing but the long term memory can remain intact for a long time. Provide old family photos or photo albums, ideally with identifying names on them, to use for the resident to reminisce with others. It is suggested that original photos are left at home and copies are brought to the facility to prevent the originals from getting ruined or lost. You may have heard the same story 101 times; smile and act as if it's the first time you've heard it. Just think of the joy it brings them!
- **Help the staff know your loved one.** If your loved one has limited abilities to share his/her preferences and past patterns with staff, ask the staff what information they need to help your loved one have the best experience possible in their new home. Also, think of ways to honor and communicate with others your loved one's past accomplishments and talents. In doing so, you'll contribute to improved self-esteem of the individual with Alzheimer's – something that really takes a hit as they lose their abilities.
- **Continue to play a role in the caregiving process.** Just because your loved one is in the care of the facility, it does not mean your loved one no longer needs you. You can continue to play a vital role in the well-being of your loved one. Visit regularly, attend care conferences and other staff meetings related to your loved one, and advocate for him/her as you feel it is necessary.

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Possible Causes for Sudden Increased Confusion in a Person with Dementia

Adapted from www.healthinaging.org/agingintheknow

- Electrolyte disturbances, especially dehydration, sodium (sodium) imbalance, and thyroid problems
- Medical issues such as low blood pressure, low levels of oxygen in the blood, high fever, etc.

- Drugs, including any new medications, increased dosages, drug interactions, over-the-counter drugs, alcohol, etc.
- Lack of drugs, such as stopping use of long-term sedatives (including alcohol and sleeping pills) or having pain that is poorly controlled
- Infection, especially urinary or respiratory tract infection
- Reduced sensory input, such as poor vision or hearing
- Intracranial, such as a brain infection, hemorrhage, stroke, or tumor (rare)
- Urinary or fecal problems, such as not being able to urinate or have a bowel movement
- Myocardial (heart) and lungs, such as heart attack, problems with heart rhythm, worsening of heart failure or chronic obstructive lung disease
- Change in environment, such as hospitalization, travels out of town, facility placement
- Use of anesthesia and other hospitalization related issues. An international study done at the University of Florida found that one in 10 patients 60 and older suffered some memory loss and a lack of concentration for three months following major surgery with general anesthesia lasting two hours or longer. "The exact cause may be very complex," Gravenstein said. "The anesthetic, other drugs and the specific operation could all play a role."
- Too little stimulation of the senses, especially in people who already have some degree of mental impairment. In one study, delirium after an operation occurred twice as often in patients in intensive care units without windows as in patients in similar units with windows.

Any sudden change in an older person's behavior should be considered as possible delirium (which is generally temporary) until examination or testing proves otherwise.

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