



# **For the Lifespan: The Caregiver Guide**

## **Module 2**

### **Dementia and Memory Loss**

### **Leader Guide**

## **Module 2**

# **Dementia and Memory Loss**

### **PURPOSE**

---

Module 2 will provide you with information about the different types of dementia and memory loss, the basic progression of dementia, options for supporting the person you care for at home, and the importance of planning for the future.

### **OBJECTIVES**

---

**After completing this module, participants will be able to:**

- Define dementia and memory loss.
- Recognize medical and social components of dementia.
- Understand how to support the person you care for at home.
- Identify available community supports and care.
- Understand legal planning for the future.
- Understand the importance of planning for the future.
- Identify when it is time to transition to a community setting.

### **SLIDE 1**

---

**UCare**

**For the Lifespan: The Caregiver Guide**

**Module 2**

**Dementia and Memory Loss**

## INTRODUCE

---

Introduce yourself and ask everyone present to introduce themselves and explain their caregiving role.

## NOTE

---

This is an excellent time to set the tone of the training. Be friendly, relaxed, and focused. Remember names or use name tags.

## ASK

---

What would you like to get out of the training today?

## NOTE

---

Put responses on a white board or flip chart and refer back to them during the training. Put a check by topics discussed.

## TELL

---

The Participant Guide is yours to take home.

## SLIDE 2

---

### **Objectives**

After completing this module, participants will be able to:

- Define dementia and memory loss.
- Recognize medical and social components of dementia.
- Understand how to support the person you care for at home.
- Identify available community supports and care.
- Understand legal planning for the future.
- Understand the importance of planning for the future.
- Identify when it is time to transition to a community setting.

## TELL

---

In this workshop we will be giving examples of our experiences that may be difficult for some. Remember to respect the confidentiality of the group members. What is shared among the group does not leave the room.

Providing care for someone with dementia and memory loss is challenging. There are many challenges that you face and support from others is critical.

## ASK

---

How does dementia and memory loss impact you as a caregiver?  
Other family members?

## NOTE

---

Put responses on a white board or large sheet of paper on a stand or taped to the wall.

## SLIDE 3

---

### **Family Feelings**

Steps in acknowledging dementia in a family member:

- Acknowledging the reality of the situation, and honestly assessing how the future may unfold for this person.
- Understand the grief you are feeling.
- Feelings of anger, guilt, fear, and anxiety are normal for a caregiver to experience.
- These feelings of loss need to be felt, validated, and then released. You are on a challenging road, but information and support will help.

## ASK

What strategies have you used yourself as you have moved through these steps?

## NOTE

Put responses on a white board or paper.

## SLIDE 4

### **Dementia and Memory Loss**

- Dementia is a very general term for loss of memory and other intellectual abilities serious enough to interfere with daily life.
- Dementia is a chronic brain disorder affecting normal thinking that can't be reversed.
- There are over 80 different types of dementia.
- Alzheimer's is the most common form of dementia.

## TELL

Dementia is a general term for loss of memory and other intellectual abilities serious enough to affect daily life. Dementia is a chronic brain disorder affecting normal thinking. It can't be reversed. There are approximately 80 different types. Alzheimer's is the most common form of dementia.

## SLIDE 5

### **Types of Dementia**

- Alzheimer's disease
- Vascular dementia
- Mixed dementia
- Parkinson's disease
- Huntington's disease

- Brain injury
- Mild cognitive impairment

## TELL

---

Each type of dementia includes memory loss. A physician should evaluate an individual whenever significant memory loss occurs. It's not always possible to accurately and definitively diagnose each type of dementia while the person is living, but assessments and clinical evaluations have progressed markedly over the past decade leading to fairly accurate diagnoses.

## TELL

---

Before we discuss the **warning signs** of Alzheimer's (and other dementia-related diseases), it's important to remember that each item we will discuss may also be a typical age-related change. *The difference with a dementia-related diagnosis is the degree to which daily functional life is disturbed.* Also, these changes can be related to other medical conditions.

## SLIDE 6

---

### **Behavioral Changes, Actions, and Reactions**

Keep a daily journal for at least seven days before seeing the physician, if you are concerned about Alzheimer's, that address these issues:

- Memory loss that disrupts daily life.
- Trouble planning or solving problems.
- Confusion about place or time.
- Poor or decreased judgment.
- Withdrawal from work or social activities.
- Change in personality or mood.

## ASK

What other early signs have you seen?

## NOTE

Put responses on a white board.

## TELL

Compared to previous generations, we now have a great deal of information about dementia-related diseases. Researchers haven't figured out the exact causes of these diseases; however, they've made good progress identifying the risk factors.

## SLIDE 7

### **Risk Factors**

- The greatest risk factor is age. Nearly half of the people over age 85 have a form of dementia.
- Family history and genetics are a risk factor. People with a parent, brother, or sister with dementia are more likely to develop it than someone who doesn't have a first-degree relative. Dementia diagnoses are higher in the Latino and African-American communities.
- Other risk factors might include vascular/heart disease and serious head injury.

## TELL

It's important to **obtain a diagnosis** for your care recipient. Even though there is no vaccine or cure for dementia, there are medications and behavior strategies available to help you and the person you care for. Currently, there is no single type of doctor who specializes in diagnosing and treating memory symptoms or Alzheimer's disease.

Often a primary care physician will refer the patient to a neurologist, psychiatrist, or a psychologist. Doctors can almost always determine that a person has dementia, but diagnosing the exact cause is often difficult.

## **SLIDE 8**

---

### **What to Tell the Doctor**

- Symptoms your care recipient is experiencing.
- History of when the symptoms began.
- How the symptoms are exhibited (diary).
- If the symptoms have worsened over time.
- The doctor will review medical history, and evaluate mood and mental status with a series of questions. Physical examination and diagnostic tests will be performed. Neurological examination (i.e., brain imaging) will be done.

## **DISCUSS**

---

Tell the doctor the symptoms your care recipient is experiencing. Give a history of when the symptoms began. Explain how the symptoms are exhibited (see diary suggestion earlier). Tell the doctor if the symptoms have worsened over time.

The doctor will review your care recipient's medical history. The doctor will evaluate your care recipient's mood and mental status with a series of questions. A physical examination and diagnostic tests will be performed. A neurological examination (i.e., brain imaging) will be done.

## SLIDE 9

### **Important Questions to Ask the Doctor**

- “Where is my care recipient in the disease progression?”
- “What does the future look like for him/her?”
- “What new treatments are available?”
- “What can I do to make my home safe and comfortable?”
- “What support services are available in this area?”
- “Are there any clinical trials available to participate in?”

## ASK

What other questions should you ask the doctor?

## NOTE

Summarize the questions on Slide 9. Put the responses with additional questions on a white board or paper.

## TELL

Your care recipient’s progression through Alzheimer’s (and also most of the other dementias) will be fairly predictable. Most patients move through the following **Seven Stages of the Disease.**

## SLIDE 10

### **Seven Stages of the Disease**

Stage 1: Normal functioning – No symptoms.

Stage 2: Very mild cognitive decline – Might be normal age-related changes or could be the early signs of dementia.

Stage 3: Mild cognitive decline – (May be early-stage Alzheimer’s) Friends/family may notice changes

which may include greater difficulty performing tasks in social and work settings, losing or misplacing valuable objects, increased trouble with planning/organizing.

---

## **SLIDE 11**

### **Seven Stages of the Disease (cont.)**

Stage 4:     Moderate cognitive decline – (Mild/early Alzheimer's) Forgets recent events, greater difficulty doing complex tasks like planning dinner, paying bills or managing finances, forgetful about personal history, becomes moody, withdrawn.

---

## **SLIDE 12**

### **Seven Stages of the Disease (cont.)**

Stage 5:     Moderately severe cognitive decline – (Moderate or mid-stage Alzheimer's) Person needs help with day-to-day activities, unable to recall address or phone number, confused about where they are or what day it is, trouble with math, and needs help choosing proper clothes for the weather. Continues to eat and toilet independently. Still remembers significant details about themselves and family.

---

## **SLIDE 13**

### **Seven Stages of the Disease (cont.)**

Stage 6:     Severe cognitive decline – (Moderately severe or mid-stage Alzheimer's) Memory worsens, personality changes, person needs significant help with daily activities, tends to wander and get lost,

remembers own name, has trouble remembering personal history, increasing incontinence, difficulty sleeping, behavior changes including delusions and suspicions about caregivers.

## SLIDE 14

---

### **Seven Stages of the Disease: (cont.)**

Stage 7: Very severe cognitive decline – (Severe or late-stage Alzheimer's) Loses ability to respond to environment, speak, or control movement; needs help with daily personal care, eating, and toileting; muscles become rigid, and swallowing can become impaired.

## NOTE

---

Go through and discuss the Seven Stages of the Disease slides.

## DISCUSS

---

Determining the best course of care can be overwhelming and destabilizing to the family members trying to take care of a parent or spouse with progressive memory loss. The decisions that need to be made cover all aspects of life: physical, social/emotional, spiritual, legal, and financial. As a caregiver, you need a skilled team of professionals, family, and friends to help determine the best course.

## ASK

---

Who can be part of your “team?”

## NOTE

---

Put responses on a white board or paper.

### **Critical Considerations**

- Durable Power of Attorney (DPOA) for legal and financial decisions on behalf of the person.
- Healthcare Power of Attorney (HPOA) for healthcare decisions on behalf of the person.
- The DPOA and HPOA should meet with your care recipient's physician and attorney to establish authority to handle future medical and legal needs and decisions.
- A copy of the certified, recorded Health Directive and DPOA should be placed in the medical record.

### **DISCUSS**

---

The DPOA and HPOA should meet with your care recipient's physician and attorney to establish authority to handle future medical and legal needs and decisions. (If desired, one person can serve in both capacities. Hopefully your care recipient established these responsibilities prior to the onset of their illness via court approved documents, preferably notarized and recorded by the local court jurisdiction).

The HPOA should discuss with your care recipient's physician what (if any) approved dementia care medication will be given. Administration of these medications needs to be controlled and consistent. When your care recipient can no longer find the medication or can't remember if it was taken, it's time for someone to take over the task of medication administration.

A copy of the certified, recorded Health Directive and DPOA document should be placed in the front of your care recipient's medical record.

## ASK

---

It's important that all family members are in agreement about the best course of care. What strategies have you used, or heard of others using, to get family members to arrive at an agreement concerning these complex issues?

## NOTE

---

Put responses on a white board or paper.

## TELL

---

Maintaining your care recipient safely at home may be challenging and always requires a number of practical, proactive activities.

## SLIDE 16

---

### **Helpful Tips**

- A schedule of daily care should be decided to provide for your care recipient's needs that includes the activity to be accomplished (cleaning the house), who will do it (the niece), when it will be done (on Thursday), and how often (weekly).
- One important safety feature will be a Physician Order for Life Sustaining Treatment (POLST) form, secured to your refrigerator door, which outlines to emergency personnel your care recipient's preference for life-support in the event 911 is called. Please speak further with your physician about this. Forms are at:  
<http://health.utah.gov/hflcra/forms.php>

## TELL

---

It will be helpful if you can schedule all daily care, including who will do it, when it will be done, and how often. Try to get other

people involved (family, neighbors, friends, church members, volunteers, etc.) in daily care, if they aren't already. Talk to your doctor and fill out a POLST form, which outlines preferences for life support. You can also find a form on the Utah.gov website listed on the slide and in your Participant Guide.

## SLIDE 17

---

### **Helpful Tips (cont.)**

- Remove from the home all important legal, financial, medical, and historical documents; as well as checkbooks, jewelry, credit cards, bank debit cards, computer passwords, and any weapons (guns, kitchen knives, etc.) for safekeeping elsewhere.
- All medications and over-the-counter medications need to be out-of-reach and/or locked up so the person receiving care cannot access them.

## TELL

---

It will be best if you take all legal, financial, medical, and historical documents out of the home or securely lock them up. You should also remove checkbooks, credit and debit cards, jewelry, weapons, and anything else of value. Lock up medications and medicines.

As the progression continues through the seven stages, specific issues regarding **managing difficult and unpredictable behaviors** will begin to arise as your care recipient tries to perform their daily routines.

## ASK

---

What practical strategies have worked for you?

## NOTE

---

Put responses on a white board or paper.

## SLIDE 18

---

### **Practical Strategies**

Communication – When speaking with your care recipient:

- Try to stand in front.
- Make eye contact.
- If appropriate, touch their shoulder or arm lightly to help them focus.
- Speak softly and slowly as you use simple language and phrasing.
- Try to be direct and avoid too many questions.
- Allow extra time for a response.

## ASK

---

What should you do if the care recipient responds to your request irrationally?

## NOTE

---

Put responses on a white board or paper.

## SLIDE 19

---

### **Practical Strategies (cont.)**

#### Bathing:

- Can forget to bathe, how to bathe, why bathing is needed, be afraid of bathing, or think it's too complicated. Try using a little water. Create a schedule. Warm up the room, use nice towels, play soft music, and be pleasant. The lack of privacy can be upsetting. If so, cover them. Try a sponge bath.

### Eating:

- A person with dementia will often forget if they ate, what was eaten, or where they last ate. Caregivers can help by providing meals and snacks at the same time every day and serve them in the same location in the home.

### TELL

---

A person with dementia can forget to bathe, how to bathe, why bathing is needed, or be afraid of bathing. The person might think it's too complicated to take a shower or bath. The invasion of their privacy can also be upsetting.

Sometimes it's better to give a bath with only a few inches of water instead of a shower because water coming from above can be frightening. Use a towel to drape over them if they value privacy. Create a bathing schedule and stick to it as much as possible. Use supportive and positive language with the person you care for such as, "It feels so good to be clean," or "You look so nice after your bath." The bathroom should be warm since people with dementia tend to get chilled easily. Use nice towels, play soft music, talk in a low and kind tone, and massage your care recipient's back. If the person resists, just try again later and don't ever be forceful. In the interest of safety, remove the door lock and all electrical appliances from the bathroom. Make sure everything is ready before the bath begins. Praise the person afterwards to make sure there is a good ending to the bath time.

### **Wandering and Pacing**

- May quickly become confused and agitated. Might not understand what's going on or who people are. Might feel anxious or be overstimulated by noise or activity. One symptom of confusion is wandering.
- Maintain a calm and quiet environment. Predictability in schedule is helpful. Be gentle, calm, and quiet in voice and demeanor, don't make any sudden movements.
- Have the person wear a metal bracelet with name, address, phone number, and the words "Memory impaired" on it. Put a card in clothing with the same info. Have a recent photo. Alzheimer's Association offers a Safe Return program, requires registration on their website.

### **TELL**

---

A person with dementia can quickly become confused and agitated about their surroundings. They might not understand what's happening or who the people are in the room with them. They might feel anxious, uncomfortable, or be overstimulated by too much noise or activity. One symptom of this confusion and agitation is wandering.

It is important to maintain a calm and quiet environment. Predictability in their schedule is very helpful. Caregivers need to be gentle, calm, quiet in their voice and demeanor, and try not to make any sudden movements close to the person.

It's always wise to have the person wear a metal bracelet with their name, address, phone number, and the words "Memory impaired" on it.

Also, put a card in the person's clothing with the same information. Make sure to have a recent photograph or video for the police to use in case your care recipient gets lost. The Alzheimer's Association also offers a Safe Return program which requires registration on their website.

## ASK

---

Do you have strategies for successfully addressing the challenge of wandering?

## NOTE

---

Put responses on a white board or paper.

## SLIDE 21

---

### **Driving**

- Loss of driving privilege is often the first and can be the most devastating loss of independence.
- One of the first signs of early dementia can be getting lost while driving. Many patients have this happen and are afraid to tell because they don't want to lose their independence.
- The family needs to make the right decision for everyone, including other drivers on the road.
- All sets of keys need to be removed from home.

## DISCUSS

---

Loss of a driving privilege is the first and can be the most devastating loss of independence. One of the first signs of early dementia can be getting lost while driving. Many patients have this experience several times and are afraid to tell family members because they don't want to lose their independence.

The family needs to step in to make the right decision for everyone concerned, including other drivers on the road. All sets of keys need to be removed from the home. These decisions depend on the particular situation of the family.

## ASK

---

How did you handle the driving issue?

## NOTE

---

Put responses on a white board.

## SLIDE 22

---

### **Caring for a Person with Dementia**

- Primary characteristic needed is patience.
- Remember neural pathways are frayed or broken and new ones can't be made.
- Person often can't remember simple tasks.
- Be respectful, be creative, and flexible.
- Try to avoid stress, create peace.
- Talk about pleasant past memories or sing childhood songs.

## DISCUSS

---

The primary characteristic needed is patience. Remember that the neural pathways that once held basic memories of how to do such simple things as take a bath or get dressed or eat a hamburger are now frayed and/or totally broken. The person can no longer create new memories. This means that there will be a struggle with basic tasks.

Caregivers need to remember the person's condition, be respectful, try to be creative and flexible, try to avoid stressful situations, create peaceful surroundings, and be patient. It helps

people with dementia to talk about pleasant memories from their past, look at photo albums, or sing songs they used to sing as a child. Caregiving involves constant and consistent redirection.

## SLIDE 23

---

### **Validation**

- The validation approach has been proven useful.
- Caregiver moves into the reality of the person with dementia (time, place, person) and then slowly validates their feelings to bring them to a more calm and content state.
- When the caregiver is in tune or connected, they can move them to another topic or direction that may be more pleasant.

## TELL

---

An approach that has proven useful for those who care for people with dementia and related disorders is based on Validation Therapy, pioneered by Naomi Feil (<https://vfvalidation.org>). In this approach, the caregiver moves into the reality of the person with dementia and then slowly validates their feelings to bring them to a calmer and more content state. By acknowledging their feelings and sympathizing with them, even if the caregiver doesn't fully understand what they are thinking or feeling, it validates the individual and helps you connect with them. The caregiver goes where the care recipient is in terms of time, place, and person. When the caregiver feels in tune or connected with them, you can then help them to move to another topic or divert their attention to something more pleasant.

## ASK

Have you used any validation techniques with your care recipient? What did you say?

Do you think that this is a useful process?

## NOTE

Put responses on a white board.

## SLIDE 24

### **Redirection**

An often-used strategy when supporting individuals with dementia is to redirect their thoughts and activities so they will focus on something more desirable. As a caregiver, do not contradict what the person is saying or tell them they are “wrong.” Use redirection to engage them in positive memories or to a schedule they have used before.

## ASK

When can redirection be used most effectively?

## NOTE

Put responses on a white board or paper.

## DISCUSS

Typically, adults move around their homes, drive their cars, grocery shop, go to a movie, get on a plane, move to another home or city, or change healthcare providers with relatively little distress. However, this is no longer the case for someone living with dementia.

## ASK

How do daily activities change for someone with dementia?

## NOTE

---

Put responses on a white board or paper.

## SLIDE 25

---

### **Strategies for Daily Living**

- Individuals need to stay as engaged as possible.
- Don't introduce new activities—vary simple well-known ones.
- Try very simple activities and a predictable routine.  
Maintain same routine for self-care and meals.
- Post a calendar to help track what happens next.

## DISCUSS

---

A person with dementia should stay as engaged as possible, although it may be challenging to find activities that are of interest. New activities may be too difficult. Stick with simple activities that are predictable. Do what you can to keep your care recipient from getting anxious or upset. Always stop or change an activity if he/she shows any signs of discomfort or stress. Create a calendar of activities for the week so events are predictable and repetitive.

## SLIDE 26

---

### **Care Options**

The progression of care typically follows this pattern:

- Aging in Place at Home
- Adult Day Care
- Assisted Living
- Nursing Home

## DISCUSS

---

Recent statistics show that 70% of Americans over the age of 65 receive informal care by family and friends who help them stay in their own homes. For most people, this is the primary choice for aging; however, family circumstances and the illness progression may not allow the person to remain at home until they die. This slide shows the typical progression of care.

## ASK

---

What are some of the concerns that may lead to a care recipient needing a residential community setting?

## NOTE

---

Put responses on a white board or paper.

## DISCUSS

---

People with progressive dementia often need to be moved to a residential community setting as the disease becomes more and more difficult to manage at home. They benefit from the professional supervision, medication management, having their laundry done, meals provided, provision of medical care, planned and regular activities, increased socialization opportunities, and round the clock safety.

Placing your care recipient in a residential community is a difficult decision to make; however, it's for their long-term safety and well-being. This decision should also be made out of consideration for the caregiving stamina and abilities of the family in the area.

## SLIDE 27

### **Financial Considerations**

2013-average cost of care in a nursing home--\$81,000+

2013-average cost of assisted living setting--\$42,000+

**Explore:** Long-term care policies, Medicaid, Medicaid waivers, Veteran Aid and Attendance, private funding.

Medicare does **NOT** cover nursing homes, just in-patient hospital care.

## ASK

What other strategies have you or people that you know used to fund residential care?

## NOTE

Put responses on a white board or paper.

## DISCUSS

The DPOA in the family should have your recipient's legal paperwork (i.e., Social Security card, Birth Certificate, Will, Living Will, Trust, Durable Healthcare POA, and DPOA), a complete list of financial accounts, assets, debts, insurance coverage, and funeral policies. The DPOA may need to seek counsel from your recipient's attorney and/or accountant.

## SLIDE 28

### **Choosing a Residential Care Setting in the Community**

First check with the Utah Department of Human Services Licensing ([www.hslc.utah.gov](http://www.hslc.utah.gov)) to find out which residential settings in your area are legally licensed.

It's wise to ask the facilities you're considering to show you their most recent health and safety inspection report. Module 3A, Caring for Older Adults with Chronic Health Issues, includes a thorough discussion of residential facilities licensed in Utah.

## ASK

---

As caregivers for individuals with dementia and memory loss, you face complex challenges that are not quickly or easily resolved. What useful advice would you like to share?

## NOTE

---

Put responses on a white board or paper.

## DISCUSS

---

At the end of your Participant Guide, you will find a list of resources that may assist you. Please remember to seek information and support.

## ASK

---

Are there any questions? What is one thing that you will take home with you or that has made an impression?

## SLIDE 29

---

### **Take a Break**

## SLIDE 30

---

### **Ideas to Relieve Stress**

- Meditate
- Use positive self-talk
- Exercise
- Eat well-balanced nutritional meals
- Avoid stimulants (caffeine, nicotine, etc.)

- Enjoy a balance in my life
- Take breaks
- Develop a consistent sleep routine
- Take a nap
- Spend time with others
- Set realistic goals for myself
- Give myself permission to NOT be Super-Human

## ASK/DISCUSS

---

When you are feeling stressed, what are some things you can do that help you feel better? Have you tried these ideas?

## TELL/ASK/DISCUSS

---

An important part of caregiving that is often forgotten is YOU, the caregiver. You need to take care of yourself. What do you do or will you do just for yourself?

## SLIDE 31

---

### **Things to Remember**

- Remember to take good care of yourself by staying positive, exercising regularly, getting enough rest, eating nutritiously, using good body mechanics, laughing, relaxing, and doing something enjoyable when you can.
- Always believe in yourself and your abilities.
- Remember that you have the strength, courage, compassion, and wisdom to succeed.
- Thanks for your participation.

## TELL

---

Remember to take good care of yourself by staying positive, sleeping enough, exercising regularly, using good body

mechanics, laughing, relaxing, and doing something enjoyable when you can. Always believe in yourself and your abilities.

Again, caregiving is difficult but never forget that you have the strength, courage, compassion, and wisdom to succeed. I hope this has been helpful information for you. I wish you the best.

Thanks so much for being such a great audience!

## RESOURCES AND SUPPORTS

---

Some of the resources below are related to dementia and some are for general caregiving.

### **Federal Information**

Centers for Medicare and Medicaid Services: [www.cms.hhs.gov](http://www.cms.hhs.gov)

Federal Medicare info: [www.medicare.gov](http://www.medicare.gov), 800-633-4227

Federal Medicaid info: [www.medicaid.gov](http://www.medicaid.gov), 800-662-9651

For Medicare enrollment determination and info (National):  
<http://www.socialsecurity.gov/medicareonly>, 1-800-772-1213

Health Information on medications and diseases from the National Library of Medicine at the National Institute of Health is Medline. Free email subscription available for updates:  
[www.Medlineplus.gov](http://www.Medlineplus.gov)

The National Alzheimers Association: [www.alz.org](http://www.alz.org)

<http://www.nationalmemoryscreening.org> is a free screening for early detection

Alzheimers.gov at [www.alzheimers.gov](http://www.alzheimers.gov) has free information and resources about Alzheimer's and related dementias.

National Institute of Health Senior Health:

<http://nihseniorhealth.gov/category/diseasesandconditions.html>

Silver Book: Almanac of facts, statistics, graphs, and data from hundreds of agencies, updated by the Alliance for Aging Research: <http://www.silverbook.org>

Administration for Community Living, Resources for Older Adults, U.S. Department of Health and Human Services:

[http://acl.gov/Get\\_Help/Help\\_Older\\_Adults](http://acl.gov/Get_Help/Help_Older_Adults)

Veteran's Administration: [www.va.gov](http://www.va.gov)

### **State of Utah Information**

Utah Senior Health Insurance Information Program (SHIP):

[www.shiptalk.org](http://www.shiptalk.org)

Utah Division of Aging and Adult Services:

[www.hsdaas.utah.gov](http://www.hsdaas.utah.gov)

Local Veteran's Administration: 550 Foothill Dr., 2<sup>nd</sup> Floor, SLC, UT 84113; 801-524-5960, 800-827-1000, [www.va.gov](http://www.va.gov)

Utah Medicaid Information: 1-800-662-9651, 1-801-538-6155:

[www.health.utah.gov/medicaid](http://www.health.utah.gov/medicaid), includes information on state waivers

Utah Insurance Department with information about Medicare Advantage plans, Life Insurance, Annuities, Medicare, Medigap insurance: [www.utah.gov/seniors](http://www.utah.gov/seniors)

For information on the status of licensed facilities in Utah:  
Health Facility Licensing Certification and Resident  
Assessment: <http://health.utah.gov/hflcra/>

To find a care facility in Utah:

<http://www.carepathways.com/nhg-state-UT.cfm>  
[http://www.careutah.com/list11\\_senior\\_centers.htm](http://www.careutah.com/list11_senior_centers.htm)

Utah Department of Human Services Licensing, 801-538-4242,  
[www.hslic.utah.gov](http://www.hslic.utah.gov)

Utah Department of Health Services, Division of Aging and  
Adult Services, List of Senior Citizen Centers by counties in  
Utah: [http://www.careutah.com/list11\\_senior\\_centers.htm](http://www.careutah.com/list11_senior_centers.htm)

Information and toolkit for Utah Advance Directives:

[http://opg.utah.gov/pdf/guide\\_to\\_guardian\\_services.pdf](http://opg.utah.gov/pdf/guide_to_guardian_services.pdf)

Caregiver support information: [www.hsdaas.utah.gov](http://www.hsdaas.utah.gov)

For help with Medicare: Senior Medicare Patrol, 195 N. 1950 W.,  
SLC, UT 84116; 877-824-6598, [www.smpresource.org](http://www.smpresource.org)

Utah Healthcare by local area, government health insurance  
programs, provider and referral organizations

<http://www.health.utah.gov/disparities/healthcareinutah.htm>

Utah's Health Insurance Marketplace:  
<http://www.avenueh.com>

### **Non-governmental Support**

ARCH, National Respite Network and Resource Center has  
publications and a searchable respite locator:

<http://archrespite.org/productspublications#VolManual>

Alzheimer's Association local support group information:  
[www.alz.org](http://www.alz.org)

Aging Institute of the University of Pittsburgh Medical Center Senior Services and the University of Pittsburgh:  
<http://www.aging.pitt.edu/seniors/diseases-conditions.asp>

Institute on Disability at the University of New Hampshire, Information on “Apps for Aging,” how to use iPads to help older adults with low vision, hearing loss, memory issues, locating missing items, etc., [www.iod.unh.edu](http://www.iod.unh.edu)

Centers for Independent Living:  
<http://www.usor.utah.gov/division-of-rehabilitation-services/vocational-rehabilitation/independent-living-il/centers-for-independent-living> or  
<http://www.ilru.org/html/publications/directory/utah.html> or  
<http://www.ilru.org/centers.html>

## UCARE MODULE TOPICS

---

1. Providing Personal Care
2. Dementia and Memory Loss
3. A) Caring for Older Adults with Chronic Health Issues
3. B) Caring for Children with Special Health Care Needs
4. The Accessible Home
5. Taking Care of the Caregiver
6. Caring for those with Depression, Anxiety, Stress, or Mental Health Issues
7. Community Supports for Remaining at Home
8. Working Effectively with In-Home Service Providers
9. Keeping Your Home and the Person You Care for Safe
10. Eating Healthy for Life

11. Assistive Devices: Tools to Help You
12. Legal and Financial Matters: What You Need to Know

## **Acknowledgements**

The UCare training materials were developed at the Center for Persons with Disabilities at Utah State University by:

Marilyn Hammond, Ph.D., Utah State University

Judith M. Holt, Ph.D., Utah State University

Jeanie Peck, LCSW, Utah State University

Alma Burgess, M.S., Utah State University

Tracy Golden, Ph.D., Utah Valley University

Sherry Castro, Utah State University

The following individuals played a significant role in reviewing and refining the UCare training materials:

Sonnie Yudell, Program Manager, Utah Caregiver Support Program,  
Utah Division of Aging and Adult Services

Utah Coalition for Caregiver Support Project Management Team

Lynn Long

Maurice Wells

Clara McClane

Margene Luke

Nick Zullo

Terresa Newport

Simone Black

Elizabeth Squires

Laura Owen Keirstead

Rhonda Hypio

Megan Forbush

Kathy Nelson

Carrie Schonlaw

Paula Ledford

Geri Lehnardt

Stacy Wardwell

Diane Allen

And ongoing support from the members of the Utah Coalition for Caregiver Support

Additional agencies and individuals involved in the review and editing of the ACTC materials include:

Connie B. Panter, Utah State University

Lynelle Chenn, Utah State University

For more information, please visit: <http://www.ucare.utah.gov>,  
or email: [ucare@utah.gov](mailto:ucare@utah.gov)

This project was supported in part by grant number 90LRO021/01 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

The Center for Persons with Disabilities at Utah State University provided additional funding.

Copyright © 2013.  
Center for Persons with Disabilities, Utah State University.  
All rights reserved.