Visiting with elderly

Strategies to help you have a meaningful and rich visit with an elderly loved one
Cover photo:
Three-year-old Esti sits on her zaide’s knee in the summer of 2003. Esti visited her zaide every day at Baycrest Hospital, Ben and Hilda Katz Building, until he passed away. She loved to sing to him, “You are my sunshine”.

Photo of Esti and her zaide, and Diana (children's visit section), were taken by freelance photographer Gary Beechey. Other photos in this guidebook were taken by Kelly Connelly, Baycrest Public Affairs.
Visiting with elders

Strategies to help you have a meaningful and rich visit with an elderly loved one

(Second edition)

Written by Ruth Goodman, MSW, RSW
In collaboration with Linda Jackson, MSW, RSW,
and Baycrest Public Affairs

©Copyright  Baycrest 2006
3560 Bathurst Street
Toronto, Ontario  M6A 2E1
www.baycrest.org
It is our hope that ‘Visiting with Elders’ will be a valuable resource to those who are adjusting to changes in life with, or caring for aging family members or friends.

This handbook is our gift to the Community with love and to honour our parents, Hy and Celia Baltzan.

Michael and Jackie Shulman and Family
A lot has changed since 1996 when the first edition of *Visiting with Elders* was published. Those of us who work in the field of gerontology and geriatric health care have learned a great deal over the last decade about how cognitive abilities change in older adults with normal aging, after a stroke, and with Alzheimer’s and other dementia. We are more tuned in to how older adults *experience* these cognitive changes and the *impact* of diminishing social opportunities for them. Whether we are health care professionals or family members, all of us need to be more attentive and sensitive to the ways in which we communicate and interact with our elders.

I hope this revised and expanded edition of *Visiting with Elders* provides valuable insights and practical strategies to help you have a meaningful and rich visit with your loved one. Please share it with family members and friends.

A special thanks to family members of Baycrest clients who granted us permission to publish the wonderful photos in this handbook, to the Shulman family for its generous support of this publication, and to Stephen Bloom for sharing his visiting stories with us for this edition.

© Baycrest
Finally, it takes a team effort to put a handbook like this together. Sincere appreciation is extended to Baycrest Public Affairs for its editorial support and encouragement, to our social workers and therapeutic recreationists (especially Linda Jackson and Karen Grauer) and to Baycrest art and interior design coordinator Vivienne Marcus.

Ruth Goodman
Senior Social Worker
Baycrest

© Baycrest 2006
All rights reserved. Not to be reproduced without permission from the publisher, Baycrest.
# CONTENTS

Preface

Purpose of handbook ........................................... 1

Introduction
Visits - an opportunity for sharing ......................... 2

Understanding aging and cognitive loss .................... 3

Our relationships .................................................. 5
> Points to remember ............................................. 7

Understanding the meaning of behaviours and feelings .................................................. 9

Through your relative’s eyes ................................. 11

Meaningful social roles ........................................... 11

Visiting .............................................................. 12
> Visiting as a way to heal strained relationships .... 14
> Visiting exercise ................................................. 14
> Difficulties ......................................................... 16
> Visitor’s checklist ............................................... 16
> Facility checklist ............................................... 18
> Family checklist ............................................... 19
> Family ........................................................... 19

Grief and loss ...................................................... 20
> How to convey sad news. ................................. 23

Communication ................................................. 24
> Practicing “indirect repair” ............................... 25
> How to enhance communication ....................... 25
> Visiting journal ............................................. 29
> Letter writing ................................................. 29

Reminiscence ................................................. 30
> Life stories ..................................................... 30
> Recording stories .......................................... 31

Planning your visit ........................................... 32
> Timing ............................................................ 32
> Location ........................................................ 33
> Frequency and duration ................................... 33
> Before arriving .............................................. 34
> How to say goodbye ...................................... 34
> Intergenerational visits .................................. 35

When children or young adults
are reluctant to visit ........................................ 36

Bringing something with you .............................. 39
> Gift giving ...................................................... 39
> Choosing tasks/activities ................................ 40
> Tapping into our creative potential .................... 42
> Using visual arts as a focus for interaction .......... 42
> Activities to enhance your visits ....................... 44
> Family rituals ............................................... 46

Caregiver needs ............................................... 47
> Taking care of yourself .................................. 47
> Caregiver checklist ........................................ 48
> Caregiver’s Bill of Rights ................................. 50
> Changes in your relationship with your relative ... 51

Support groups ............................................... 52
Resources ......................................................... 53
A final thought .................................................. 56
Acknowledgements ............................................ 57

© Baycrest
PURPOSE of this handbook

> Encourage meaningful experiences for older people and their visitors.
> Provide opportunities for emotional connectedness.
> Promote continuity of family life.
> Suggest creative interactions between elders and their visitors.
> Maintain and enhance personal, cultural and spiritual rituals.
> Provide professional staff with information and guidelines for leading caregiver support groups.

The prime beneficiaries of this handbook will be older people. Their cognitive and physical changes can pose challenges to friends and families. **Visiting with Elders** will be a catalyst for creative thinking and participation with:

> Relatives and friends of older people living in institutions.
> Health care professionals working in long-term care institutions.
> Group leaders of caregiver support groups.
> Companions who spend time with residents.
INTRODUCTION

Visits – an opportunity for sharing

Being together and sharing stories and events is the foundation of our relationships. However, when older people we know develop sensory losses, physical disabilities and cognitive losses, visitors are sometimes uncomfortable and not sure what to do. If there is one overall theme in this handbook, it is this: Communication is still possible, but in different ways. Touch and emotional tone is central. Your interest and pleasure, as you respond to and build on an older person’s emotional stance, helps to create a positive experience for both of you.

“Dementia is an unfortunately misleading word with a muddle of meanings. It creates a disabling fear which often cripples care for people experiencing cognitive change. Aging does affect memory, as it does many other skills. But people do not lose their feelings, which are in fact often stronger, more expressive and direct. They do not lose their identity or their need for respect.”

Allan King
Acclaimed Canadian documentary filmmaker

King’s most recent documentary, “Memory for Max, Claire, Ida and company”, was filmed at Baycrest. It had its world premiere at the Toronto International Film Festival in 2005.
We’ve come a long way in understanding the complexity and diversity of the aging experience. We see this reflected on television, in film and advertising. There is a shift away from only looking at decline and illness to focusing more positively on wellness, prevention, intact abilities and possibilities. Many health care professionals today now focus on an older person’s strengths, rather than just their deficits. Older people in a variety of living situations are reinforcing this perspective as well. “Don’t tell me what I can’t do; tell me what I can do!”

As our elders live into old age, with increased likelihood of chronic illness, institutionalization becomes a necessary choice for some for the provision of care. Families and relationships will continue, though ways of connecting with one another may change.

Many of those who live in long-term care facilities have some form of dementia, such as Alzheimer’s Disease or vascular dementia from stroke. When we hear the word “dementia” or “Alzheimer’s”, the most commonly aroused feeling is fear! Dementia
is a general term used to describe a cluster of cognitive changes, most often in older adults. It refers to the deterioration of cognitive functions such as memory, speech and thought processes, and may be accompanied by changes in personality and behaviour. Alzheimer’s Disease, a degenerative brain disorder, is the most common form of dementia in adults. It can progress slowly or rapidly in a person.

Whether it’s the dreaded “A” word or “D” word, both are disabling labels that stigmatize a person. In subtle ways, the label creates social distance – i.e. those with dementia or Alzheimer’s are not one of us. Without an informed understanding of what cognitive change is all about, there are too many lost opportunities to engage, connect and have meaningful moments with people who are experiencing gaps in their memory. This applies not only to family members, but to health care staff, volunteers and hired companions too.
Even with cognitive changes, social capabilities are often still intact and require social experiences and opportunities for engagement.

Older people who begin to experience changes in their cognitive capacities – which include short and long-term memory, judgement, insight, expressive and receptive language abilities – continue to need to be connected to others in their social world, to feel useful and validated. It is important that we try to make a conscious effort to understand their social world from their perspective, and reach out and communicate with them accordingly. As one psychologist at Baycrest aptly put it: “They don’t have a communication problem, we do!”

This handbook will provide you with many different strategies for enhancing your connection and communication with your elderly relative.

**our RELATIONSHIPS**

When cognition changes, connections and relationships with others become even more important in maintaining competencies and feelings of self-worth. Our understanding of these inter-connections creates a framework for our social
engagement. Put another way, how we view the older person with cognitive loss – as a human being with a sense of self, or as confused and helpless – affects how we, and they, respond.

Relationships with others provide the essential supports for personal wellbeing, whether in the community or in a nursing home. We need to provide as socially rich an environment as possible in all settings. Such an environment provides many opportunities for elders to experience and express a range of emotions, feel the warmth of someone’s affection, be helpful to others, feel pleasure, share a humorous moment, and simply feel respected and accepted.

Many older people in nursing homes often complain of feeling helpless, isolated and bored. Paying attention to their perspective allows us – visitors and caregivers alike – to enrich their day-to-day life by offering as many opportunities for social engagement as we can.

**Points to remember**

> Maintaining our identity – our sense of competence – is central to all of us, and this attribute continues as we age.

> *Emotional* memory persists for those with cognitive loss; feelings are often stronger, more expressive and direct.

> The older person needs to feel respected and validated throughout the visit.

© Baycrest
> Ties of affection are affirmed by these visits.
> Observe and interpret behaviour and use as clues for how to proceed.
> Use touch (if it is well-received) and nonverbal gestures to initiate movement.
> Anxiety and tension are easily communicated, and these feelings need to be acknowledged and eased where possible.
> Be attuned to emotional expression – both theirs and yours.
> Change your expectations of visits as your relative’s functioning undergoes changes.
> Acknowledge your relative’s feelings and emotional state. Empathize and then move onward in a respectful manner.
As language skills diminish for people with cognitive loss, place less emphasis on expecting answers to your questions. Their capacity to understand is usually greater than their ability to express themselves verbally. You can avoid frustration and feelings of inadequacy if you do not expect them to “perform”. Instead, provide them with information.

Elders who suffer from memory loss or speech impairment are often unable to respond to questions that require them to recall or describe events.

Try to avoid asking information-seeking questions, such as “Tell me about your day?”, “What did you have for lunch?” and so forth.

Turn questions into statements about the here and now. For example, “It’s good to see you today” or “I like your sweater/dress”. Provide your relative with information such as, “Today is Friday, the day you attend the Shabbat program”.

Compliments are usually welcome and help create a comfortable mood.

Providing links with the past, with what they enjoyed, can help shape your visits. For example, make an audiotape where you describe selected stories of their past.

Activities can help generate pleasurable feelings. For example, try brushing their hair or massaging their hands with a perfumed cream. Listening to music, browsing through a magazine, sitting at the window, going with them to a program, are all activities that provide your elder with pleasure and stimulation without the need to make conversation.
Look for experiences that will be relaxing and pleasurable for the older person.

Create a tangible record of your times together, such as a visiting journal or taped conversation that can be referred to at other times by your relative, staff and friends. Reminders of these visits provide support and reassurance.

The process of reflecting on past visits creates positive feelings for the older person.

As in all of life, a sense of humour is often the best tool to help us through uncomfortable moments. Humour can open the door to lost emotions, simple understandings, and even some insight.

Daughter: “Hey Dad, do you know that I am 60 years old?” Father replies: “Yes, well, I’m only 39!”

Acknowledge to yourself that your presence is a comfort to your elder, and convey the message that you are a part of their life.

UNDERSTANDING the meaning of behaviours and feelings

In trying to understand the behaviours and feelings of elders who have varying degrees of cognitive loss, it is vital to focus on their frame of reference in interpreting and giving meaning to events in their life. Put another way, try to imagine being in their shoes! Their unique behaviours can be seen as attempts to cope with daily situations, including trying to solve problems they are experiencing. Elders with cognitive loss try to make sense of their experiences – they have an emotional reaction,
they seek solace when upset, meaning when confused, and self-esteem when dignity is compromised. What is often termed “challenging behaviours” by health care professionals should instead be viewed as signs of the person trying to solve a problem, of making sense of an experience with insufficient information.

My father, the chauffeur

My father was never a really active person. For as long as I can remember, he had been completely sedentary. However, he was the family chauffeur, always ready to drive anyone wherever they wanted to go. Once he lost his licence, we often joked that he lived to eat and sleep.

Consequently, when my mother and her companion Ruby asked him to go for a walk, he usually replied “Leave me alone!” And he meant it, too. Sometimes he would become quite agitated about it. When I came to visit, finding him laying in his bed, I would say, “How about a walk, Dad?” “I’m too tired!” he’d reply. He sounded a little annoyed that anyone would intrude on his solitude. The truth was that he didn’t like to walk, his feet were often swollen, and he enjoyed his bed.

“Well, how about if I give you a ride,” I would say, pointing to the wheelchair. “We can stop for a coffee and a treat.” He would reluctantly slide his feet over the edge of the bed, tell me to get his slippers, and shamble into his wheelchair. He enjoyed riding through the halls, particularly in the atrium where we would stop for a coffee and a cheese bun (I told you he liked to eat). I think he enjoyed having his own chauffeur.

Stephen Bloom, son
THROUGH your relative’s eyes

All of us have our own “lens” through which we observe, interpret and give meaning to things. This continues throughout our lives, and is especially important to understand when a person is experiencing cognitive changes. The person’s preferred view is their frame of reference, their lens, which is used to interpret and give meaning to events in their lives, and to the ordinary day-to-day occurrences that form the texture of daily life in a long-term care facility. The more we understand the person’s preferred view and sense of self, the more we are able to use this knowledge to guide family members and staff in their approach and ways of communicating.

MEANINGFUL social roles

All of us have many social roles, for example, daughter, wife, employee and caregiver. Older people, in particular, need validation as valued members of a community or a living unit in a nursing home.
Some of their “roles” have been taken away from them, so we need to provide them with meaningful social roles, such as “storyteller”, “helper” or “good listener”, which tap into their humour, creative imagination and social skills. Many older people continue to want to help others and feel useful. We need to think about how best to facilitate those meaningful experiences. Memories of their past, when they were active members of the community, are usually more preserved and can be rekindled by sharing stories, looking at old photos together, and acknowledging (or disputing!) their sage advice. Show them that you continue to value their opinions.

VISITING

Visiting in its most basic sense is about “being present”. What makes visiting difficult for some is the personal meaning and expectations that we, the visitors, bring to the visiting experience. Secondly, visiting an elder in an institution involves an understanding and appreciation of three interconnecting variables – you, your elder and the institution.

Visiting your relative in a long-term care facility means something very different than visiting, for example, a friend in their home or acute care hospital. The long-term care institution is your relative’s new home and most likely will be their “home” for life. Your elder’s health care needs exceed those which you and your relative are able to meet.
The “man in the moon”

About five years before my grandma died, she began to talk whimsically about a “man in the moon” who watched over her every night. When I’d visit her at the nursing home, she would sometimes look out the window at the sky and wave her hand in a flirting gesture at this imaginary figure. When she talked about her friend, it was always with a blushing smile and light-hearted chuckle. I could tell that her hallucination gave her great comfort, so I would always play along with the story and we would both delight in this secret.

I always wondered if it was the medications she was on, or maybe her progressive dementia, that was causing this lovely illusion. I never discussed it with her doctor or nurses, nor did I ever correct her or make fun of her guardian angel.

I knew that talking about the “man in the moon” was a comfort zone for my grandma.

*Contributed by a granddaughter*

Try to accept and understand this. While institutionalization can be a challenging and stressful experience for all concerned, it is a reality of life for you and your relative now. Having realistic expectations and insight about yourself, your elder and the institution, will facilitate this transition in your elder’s life. This understanding will give direction to your future visits and facilitate meaningful times together.

Your prior relationship with your relative will affect your present relationship. The meanings we attach to our family ties continue to influence our participation in our relative’s life.
Visiting as a way to heal strained relationships

All families have their histories and their stories. Family members have a multitude of intersecting relationships, some of which are close, and others which might be distant or frayed. When your older relative needs assistance in daily living activities and increasingly needs to depend on others, relatives and friends have many opportunities to mend, forgive and heal strained relationships. Just being there tells your relative that you care. Helping with small, everyday things, such as combing their hair, putting on jewelry or a tie, or giving a massage, communicates that you care and gives emotional comfort without any words needing to be expressed. You can also create opportunities to share some of your own thoughts and feelings about understanding your relative’s life by appreciating and validating their struggles, adversities and accomplishments. It is about accepting them as a person, and telling them some of the things you’ve often wanted to say. Sometimes it is about forgiving, accepting and understanding.

Visiting Exercise

Consider doing this exercise to determine how you can best define what visiting means for you and your relative.

1) Visiting is important to me because…………..
.................................................................................................................................................. 
..................................................................................................................................................
..................................................................................................................................................

2) Visiting is important to my relative because….
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
3) How can I best use my visits to maintain/improve my relationship with my relative?

4) As my relative’s health declines, visiting will remain/not remain important to me because…

You may find that perhaps it is time for you to reframe visiting for yourself and look more closely at your abilities, willingness, available resources and time to commit to your relative.
Difficulties
Difficulties can arise in visiting with your relative. For some, difficulties may be overcome by discovering new ways of connecting that provide a meaningful experience for both of you. In assisting you to determine if there are areas where visiting is difficult, consider which of the following statements reflect your situation.

**Visitor’s checklist**

- I feel uncomfortable in my relative’s environment.
  - [ ] Yes  [ ] No

- I feel helpless and hopeless about my relative’s situation.
  - [ ] Yes  [ ] No

- I don’t know what to do to make my relative feel better.
  - [ ] Yes  [ ] No

- I feel responsible for the happiness and wellbeing of my relative.
  - [ ] Yes  [ ] No

- I am afraid of my relative’s illness.
  - [ ] Yes  [ ] No

- I never seem to be able to satisfy my relative.
  - [ ] Yes  [ ] No

- My relative does not respond positively to my visits.
  - [ ] Yes  [ ] No
<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>My relative blames me for their institutionalization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative sleeps when I visit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative is not able to participate in a conversation with me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative does not remember me.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative can’t talk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative upsets me/my family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative doesn’t show appreciation for all that I do.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My relative is in bed when I visit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel unsure of how to help my relative.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I never seem to know when the best time is to visit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is no privacy for me and my relative.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now consider the facility that provides care for your relative. Ask yourself these questions:

**Facility checklist**

- Are you part of the treatment/care process for your relative?
  - [ ] Yes  [ ] No

- Have you approached a staff member for assistance or for ideas on how to visit with your relative?
  - [ ] Yes  [ ] No

- Are you aware of the resources and programs, social and recreation activities, available to you and your relative?
  - [ ] Yes  [ ] No

If you find your responses are “no” to these questions, reach out to your relative’s health care team and get connected.

Visiting will remain difficult when it does not meet our expectations. While visiting our elders will no doubt remain a creative challenge for us individually and collectively, developing realistic expectations will enable us to take up the challenge to be informed and involved participants in our elders’ lives.

Visiting offers us meaning when it helps us feel better about ourselves and provides comfort, support and continuity in our relative’s life.
Meaningful visiting takes place when the time we spend is not only fulfilling a perceived familial obligation, but is a socially and emotionally connected time.

**Family checklist**

1) Understand your own motivation for visiting.

2) Note interferences or obstacles to making your visits meaningful.

3) Consider what changes are needed to improve your visits.

4) Identify supports/resources to assist you in making these changes. Include supports from your own family, the facility and your community.

**Family**

The family caregiver role continues into the institution. As social beings, we rely on one another and especially look to our family members to care for and about us. Perhaps at no other time is the social and emotional bond with our relative so important as in their elder years when our visits maintain and sustain their connectedness to the community, our families and ourselves.

Ongoing interest and involvement in our elder’s life in an institution can aid them in accepting their losses of health and former lifestyle, and in validating their social competencies. Moreover, coming to terms with our relative’s mortality
involves both an acceptance and understanding of their illness and the aging process itself. Being an active member in this process can provide an opportunity for you and your relative to resolve differences, heal old wounds and pave the way for a fuller, deeper and more rewarding relationship.

Visiting helps emotionally sustain our elder’s self-esteem and personhood throughout their life in an institution.

GRIEF

Grief and loss generate powerful emotions in all of us. Losses can be physically related, as in reduced mobility, or social and emotional such as loss of “role” as a worker, friend or spouse. There are also ambiguous losses, such as when your relative has lost so many capabilities that you feel the person you knew is no longer present, and yet they still are (see the vignette, “Family drifting away”). Anticipatory losses are those that have yet to happen, so you think and worry about what is going to happen in the future and how you will deal with those losses.
It is okay to grieve losses and at the same time find meaning in the ways you support your relative’s life in a long-term care facility. Letting your relative know that they are an important person in your life and that you think about what they have accomplished in their lifetime, will help validate their sense of having an impact on others.

Remember, grieving and mourning losses experienced by your relative is a normal part of life. Acknowledging their feelings and expressions of anger, frustration, anxiety and fearfulness are important emotions to be valued and listened to.
Similarly, acknowledging your own feelings of sadness, loss and guilt are important in gaining a realistic perspective and not being overcome by misplaced feelings of guilt.

All family members have their own “comfort zone” in how they cope with losses, so it is important to do what feels right for you and not to judge others.

Family drifting away

As my grandma’s dementia got worse, many family members started to drift away. “She’s not the same person” and “It’s too sad for me to see her this way” were common sentiments. Family members were upset that Nan did not recognize them, could no longer hold a conversation, and wouldn’t even remember their visit after they’d left. I wanted to shout: “It’s not about you, it’s about her and being with her in the moment. It’s about making her feel loved and not abandoned at her most vulnerable time!” Of course I kept those words to myself. I’m glad I did. A few years later and to my great delight, many family members valiantly turned out to celebrate Nan’s 95th birthday. When I brought Nan back to her room after the party, she looked exhausted but peaceful. As I was about to leave, she opened her eyes, looked up at me and said very slowly, “Thank you very, very much”. Even with advanced dementia, she could still experience and enjoy the love of family around her. She passed away two months later.

Contributed by a granddaughter
How to convey sad news

Many family members are uncertain about how best to convey news of a family death to a frail, elderly relative. Family members are often apprehensive that the shock of such news will be overwhelming to their relative, and they want to shield and protect them from that and from the emotional distress. As well, they may reason that because of their relative’s short-term memory loss, they might forget the sad news and inquire on each subsequent visit.

Losses are part of life and older people living in nursing homes have experienced their share of social, physical and relational losses. They are also aware and understand their social situation, and in most instances show remarkable resiliency. They are sensitive to mood and interpersonal dynamics and they can sense if a visitor is sad or upset, so include your relative in the sharing of sad times as well as happy ones. You need only share the sad news with a brief explanation that you are comfortable with and that resonates with the truth. It is best not to mislead or tell an untruth, as feelings of distrust, or being left out, can be engendered. Sharing memories and stories is a way to support your relative through such sad times. Include them in the cultural rituals that are important to you. Improvising and creating a meditative place in a long-term care facility, where you can bring your relative, can be helpful to both of you to honour the one who has died. Consult with staff for assistance. They can help with problem solving and also support your way of handling this situation.
Conversations, dialogue, and even arguments are at the core of our relationships with others. When conversing with a person who is experiencing cognitive changes, we need to be particularly sensitive to how we respond when they have word-finding difficulties. Generally, the older person continues to understand far more than they can express in words, so it’s important to try and understand their thoughts, and to *listen* for the deeper meaning of what they are trying to express – by words or body language. We can try reframing a statement, asking if that is what they are thinking of and wanting to tell us. Knowing them, and the details of their personal past, often gives us clues to their responses. Take note of their emotional state – it is central to understanding their behaviours and responses. If they are feeling sad or frustrated, we should acknowledge that. They will feel reassured and know that someone is listening to them. It is often helpful to try putting into words what we think is on their mind, and see how they respond.
Practicing “indirect repair”
If your relative often has difficulty finding the right word to say in conversation, you can help lessen their frustration by gently guessing and picking up on clues from knowing their past and preferences. This technique is known as “indirect repair”. The more you know about their current life and what is important to them, the more able you’ll be in helping them express their thoughts.

Keep trying – you will get a big smile and a sigh of relief when you’ve put into words the thoughts they were struggling to express.

Remember, your relative usually knows what they want to tell you, they just aren’t able to find the right words like they used to.

How to enhance communication:
> Create a comfortable emotional ambience. The emotional mood sets the tone of the visit.

Mom’s wisdom
My first story about Mom happened the day she was admitted to Baycrest. I was a bundle of nerves as any daughter who is concerned with her mother’s welfare would naturally be. I tried to prepare her for the separation from her family by telling her that there were many strangers on the third floor that she would be meeting and it would take time for her to make friends and not to feel too lonely for the first short while. She looked at me as if I was completely insensitive to the situation. She shook her head and said as calmly as you please: “My darling, everyone is a stranger until you say ‘hello’ and smile. Then the possibilities begin!”

Contributed by a family member
> Show respect in everything you say or do.
> Place yourself at eye level with your elder.
> Be receptive to changes in mood or behaviour during the visit, and adjust what you do and say accordingly.
> Acknowledge the feelings you observe, provide reassurance, and try to engage in an activity that will provide comfort, e.g. storytelling, singing.
> Be attuned to your relative’s preferences for social space. Some people prefer small, intimate gatherings; others like to be on the periphery of a social activity or area.
> Your demeanor - facial expressions and posture – is communicated easily.
By touching and gesturing to animate your talk, you communicate an interest in your relative. For example, smile and touch their hair as you say, “Your hair looks pretty”.

Use your normal conversational tone in speaking.

Be patient. You need to allow time for your relative to absorb, understand and think about what you have said. They need to be given time to respond in a manner that suits their capabilities.

Restate your message if it is not understood the first time. Aim for concise, straight-forward sentences.

Make a reasoned guess at what their response or understanding might be, and see if they concur by shaking their head or nodding approval.

Acknowledging losses together reaffirms the bonds of affection and family ties. Sharing sadness over the death of a loved one is an important way to be together.

Keep in mind that it is not important to fill every moment with words and conversation. Depending upon your elder’s present level of health and abilities, becoming comfortable with silences, and just being with your loved one, may be the most reasonable and achievable goal for you.

Communication Tips

Don't ask a pointed question such as, "Mom, do you know who I am?" Instead say, "Hi Mom, it's your daughter Shirley."

If Dad talks about someone who died 20 years ago, don't say, "Dad, Bob's been dead for 20
years!" Instead say, "I guess you're thinking about Bob. He was very special to you."

> When you read anxiety, confusion or fear on your parent’s face, respond with a comforting, soothing voice and put an arm around their shoulder. Consider going for a walk if he or she is able. This often helps relieve anxiety and gives them a change of scenery.

> If Mom is having difficulty speaking, try to connect in a different way. For example, comb her hair, massage her hands with lotion, paint her nails or give her a hug. Make her feel appreciated and validated as a person with a lifetime of experiences.

Father to daughter

*Father:* “I don’t like it here.”
*Daughter:* “Yes you do – you just said you loved it here!”

*Father:* “I did? Well, I don’t like the people here.”
*Daughter:* “Dad, you just told me you loved the people here.”

*Father:* “I did? I don’t like the food here.”
*Daughter:* “Dad, you just ate, and said you loved the food here.”

*Father:* “I did? I want to go to sleep.”
*Daughter:* “Dad, you just had a big sleep.”

*Father to his daughter laughing:* “I’d better stop complaining.” He did not understand one word he had said, but the feeling between us was positive. I kept making positive statements. It had to somehow filter through, if only for a second. Seconds do count.

*Contributed by a family member*
Visiting journal
When your relative is unable to participate or communicate in words, you may want to keep a visiting journal, or guest book, of who comes in and out of your relative’s room when you are not there. Maintaining this journal will provide you with a source of information to review when visiting your relative. Each page makes up a current history of your relative’s days and activities, and who came to visit them.

You may want to maintain a separate journal of your personal thoughts and feelings. This is a helpful and therapeutic activity for visitors who are unable to communicate with elders because of disabilities and severity of illness. Taking the time to reflect and write down your thoughts and feelings about your relative and yourself during this time is a way to acknowledge your efforts in maintaining connection with your relative.

Letter writing
While on vacation, or for family members who live out of town, sending letters or postcards to your relative about events, thoughts and feelings, are positive ways to acknowledge and maintain emotional connectedness with them.

Just before you go out of town for an extended time, why not consider giving a supply of pre-written postcards/letters to staff and letting them deliver to your relative every few days or whatever interval feels right.
Reminiscing can have a significant and positive effect on our elder. It affords them the opportunity to understand and appreciate aspects and events of their life more fully. Moreover, it allows them to see their present life with renewed meaning and continuity, grounded in present day circumstances and events. Reminiscing is also a way to enhance your relationship with your relative.

**Life stories**
Sharing life stories is a valuable way to spend time together. Encourage your relative to talk about their perceptions and recollections. As your relative recounts their experiences, you may gain more information and insights about their life and role in your extended family. Listening to their stories affirms their present feelings of self worth.

Reminiscence allows your relative to give you something that is unique and part of themself. By encouraging these activities and reflections, you continue to honour the wholeness of their life.
Recording stories
There are many ways to capture the richness of your relative’s life. Audiotaping conversations you have with your relative, or with a group of family members, is a meaningful way to preserve the recollections and stories of everyone. If the older person has periods of forgetfulness, group interviews with several family members sitting around a table, talking and inquiring about the different periods of their relative’s life, can be a rewarding experience itself. By recording such conversations, a “living journal” is created and can be listened to by grandchildren and far-away relatives. It can also be transcribed and put together as a book, or “family portrait”. These conversations and group discussions afford possibilities of triggering memories and patching together pieces of the past that may have been unclear before. Sometimes there are surprisingly different stories and interpretations for an event or period in time.

Videotaping family gatherings and discussions, and interviewing each family member, creates a memorable legacy of your relative’s life. Another idea is to create a “family story album” with pictures and narratives, spanning several years of your relative’s life. Pictures often trigger memories and stories, and you might want to write down your relative’s description of a particular photo and the “story” that emerges. Family stories can also be revealed by looking at and inquiring about familiar and cherished objects in their room.
Capturing the essence of your relative’s life in a one or two-page life story, or in a photo collage prominently displayed in their room, is very helpful to nursing staff. It helps them to better know the person they are caring for, to appreciate what is most meaningful to their client, and to support their sense of personhood.

**PLANNING**

**your visit**

Visiting requires energy and should be planned and prepared for in advance. The following are several factors to consider:

**Timing**
- What times are best for your relative?
- Be aware of scheduled activities, such as clinic appointments and mealtimes.
- Consider whether you would like to attend a recreation program with your relative, or visit at a time when your relative is not scheduled to attend anything.
- Try to coordinate your visit with other visitors to avoid an all-or-nothing situation.
- Be aware of nursing schedules and availability for assistance.
Location

> If possible, take the opportunity to explore the facility or go outdoors.
> Consider a location that allows you some privacy to visit, and minimizes noise and distraction.

Frequency and duration

> Arrange what is manageable for you and works in your schedule. The visit will be most enjoyable if not rushed.
> No matter what your schedule, it’s important to keep your relative informed as to when you will visit and how long you will be staying.
Consistency in visiting helps establish a visiting routine for your relative and reduces their angst or uncertainty about when you’ll be dropping by next.

> Be truthful in what you communicate to your relative – “I’ll be back in a few days” or “I’ll see you on Sunday”. Be brief and provide reassurance of your caring.

**Before arriving**

> Prepare yourself for what mood your relative might be in.

> If the visit is not going well, give yourself permission to shorten it, or if it is going well, consider staying longer.

**How to say goodbye**

> Plan to take your relative to a recreation program (if they are able) or to an appointment as you leave, so your relative’s attention is diverted away from your leaving.

> Reassure your relative of your love and be generous with your hugs.

> If your words of reassurance are not enough, try one of these strategies:

  - Request the help of staff to invite your relative to “come for tea, an appointment, for a meal”.
  - Turn on the television or the radio; try to find something of interest to hold their attention in their room.
  - Provide your relative with something to hold (refreshment, book, memento) that will distract them.
- Find another place for your relative to sit and feel part of a group or an activity. Do not leave them alone in their room if they are upset with your leaving.
- Reaffirm you care with hugs. Be brief in what you say, focusing on what you have to do (“go shopping, cook dinner, go to work”). When leaving, do not focus on “I’m leaving”, but rather on “I’ll see you soon”.
  > Make your exit quietly and quickly.
  > Do not draw attention to your leaving by long discussions, reasoning and telling facial expressions.

**Intergenerational visits**

Connections with family contribute significantly to your elder’s sense of wellbeing. Younger family members should be encouraged to maintain connections with their elder relative. Prolonged absences of younger family members may be interpreted by the relative as abandonment and punishment. At a time when they need to feel a part of their family, they may instead feel cut off emotionally, physically and socially from the lives of younger family members.

Young children can quickly learn to respect, care for, and build a connection with their elderly family members. Unlike adults, children freely ask questions and are curious about the environment they find themselves in. Being honest and open in your communication with your children shows respect for them, their feelings and their capacity to contribute to the wellbeing of their relative.
Children like to help and can participate in any number of activities with their elderly relative. Many of the activities/ideas listed previously can be shared with children. Your relative will also benefit from the simple joy of watching a child play, and a child’s endless supply of hugs and kisses.

Your example of continued support to your relative imparts an important message to all family members.

when CHILDREN or YOUNG ADULTS are reluctant to visit

Sometimes children or young adults are reluctant to visit their elderly relative in a nursing home. They may feel frightened or uncomfortable in an

The Play

In our early, discovery days at Baycrest, we went to the second floor to check out my Dad’s new home and found the auditorium. My oldest daughter, Stephanie, had just finished playing the lead role in her school play, “Goldilocks and the Three Bears”. So with the auditorium being empty I said, “Why don’t you girls put on a play for zaide?” So they went up on the stage and started to act out the play for my Dad. The reaction from my father (who hadn’t shown any positive reaction for a few months) was something I will always remember. He started to smile, laugh and clap. So occasionally when the auditorium is empty, the girls will go up on the stage and put on plays and sing songs for Dad.

Contributed by a family member
institutionalized environment. Unpleasant odours may bother them or the sight of frail and sick residents. It’s important to listen to their concerns and talk about their feelings.

There are ways to make the visit more pleasant for youngsters. Here are a few ideas:

Instead of going to grandma’s room on the nursing home floor, try bringing her to a comfortable family sitting area, a café on the main floor, or a quiet restaurant near the facility (see the vignette, “The secret garden”). If the weather is pleasant, go outside to the courtyard. Grandma will appreciate the change of scenery!

Try to keep the visit as upbeat as possible. At the same time, if grandma is sad, you need to acknowledge and empathize. Be guided by her mood in validating her feelings. Growing old is part of life and children/teens should feel comfortable being around their
elders. How you behave and communicate with your parent or grandparent will have an immense influence on your children.

It is best to bring one child, or two at most, on a visit. Too many people dropping by at one time may be overwhelming for your relative.

Always accompany your child or teen on the visit as a support. Don’t force them to go alone if they feel nervous.

Pick a time to visit when you know grandma will be most refreshed and alert to enjoy the company. Call ahead to the unit to find out how she is doing before you show up.

Children love arts and crafts, so why not ask your child to make a special picture for grandma that can be presented to her on the next visit. If your child loves to dance or sing, ask them to prepare a short routine that they can perform during the visit.
If you or the children are feeling unwell or have a fever, please act responsibly and postpone the visit to another time. An infectious outbreak in a nursing home, such as the flu, can be devastating for frail, elderly residents.

**The Secret Garden**

Ever since I was a young child, I always remember my father and my zaide with a rake or shovel in their hand. They loved gardening. So when we discovered “The Secret Garden” (as my girls call it), located near the southwest parking lot, we knew it would be a terrific place for us to have a visit with Dad. He enjoys the fresh air and smells, and watching the kids play in beautiful surroundings. The kids love walking my father down the paths in the garden and talking to him about the beautiful flowers and vegetation they see. He smiles.

*Contributed by a family member*

**BRINGING**

**something with you**

A snack, a grandchild’s painting, a letter, or a photo will help brighten a visit and promote conversation. Set aside a special place in your home to accumulate items to take during visits.

**Gift giving**

Selecting a gift for someone in an institution can be challenging as rooms are small and their needs can often change. Below are a few suggestions:
> Clothing that encourages independence and ease in dressing (e.g. tracksuits or adaptive clothing)
> Slippers with a good tread
> Accessories, such as scarves
> Hand lotions
> Photos in a picture frame/album
> Calendar
> A gift related to a past interest/hobby
> Plants or bulbs to grow by the window
> Magazine subscription
> Music tapes, CDs or videos
> Food and treats that take into account special dietary needs
> Give your relative permission to ‘give away’ some of the gifts given to them. Candies, cookies or fruit provide your relative with an opportunity to give to others, thus enhancing their self-esteem.

Choosing tasks/activities
The best place to start is with a previously enjoyed activity, interest or hobby. It might be necessary to adapt or simplify the activity. Adapted equipment may be available from the long-term care facility. The equipment may include talking books or large print books, and adapted craft tools.

If your relative finds it difficult to converse, an activity can help focus the visit away from conversation. It is important to go slowly and allow lots of time for your relative to respond to the activity. Household activities that are repetitive and familiar
may work well, such as folding, rolling yarn into balls, or hulling peas.

When the ability to converse is affected, explore methods of communicating in different ways. Touch is a non-verbal, but very expressive way to share and communicate. Listening and singing to music is a skill that is often preserved when conversation is challenging. Traditional methods of communicating can be replaced or enhanced by exploring new ways to express oneself.

“Where words leave off, music begins”

*Heinrich Heine*

Try to use a variety of senses to increase your relative’s response. Different scents, sounds, touches, sights and tastes will stimulate increased awareness. It is important to present one sense at a time to avoid overloading your relative’s sensory capabilities.

The therapeutic recreationist, or activity director at your facility, may have a range of resources – ideas for activities, adapted equipment, and items to promote discussion and reminiscence. Following this section is a list of possible ideas. Pick just one activity and try it.
There is no harm in trying something different. You may be surprised at how satisfying it is for you and your relative.

**Tapping into our creative potential**

Creative expression is important for everyone. Whether it is writing or telling stories, singing or drawing, these experiences are enriching opportunities. Elders experiencing cognitive changes continue to respond to their social surroundings and experience everything “in the moment”. Their creative impulses can be supported by suitable prompts or props. Using visual, audio or other tactile prompts, meaningful experiences are created. If your loved one likes to tell stories, you can support that impulse by telling them stories and sharing jokes. You can even create new stories together. Bringing in big posters – large photos of animals, places or things – engages their imagination and they may be able to tell you what they are thinking of. We can be creative in facilitating such impromptu or planned occurrences. Imitating the bird’s chirp, imagining what the fish in the fish tank are thinking, giving voice to personal feelings and thoughts, are all ways of supporting our elder’s personhood.

**Using visual art as a focus for interaction**

"We are all born with the potential to respond to art," a well-known art commentator once stated. As it is mainly an *emotional* response, it still applies to people experiencing cognitive changes. Even with cognitive loss, people *do not* lose their feelings. Artworks can frequently provide gateways to long-term memory, and help to foster identity and attachment.
You will find that colours and shapes are often more meaningful than subject matter. Your relative might make up his/her own stories about works which have elicited an emotional response. These stories can be really interesting. You can encourage this interaction by bringing in large, colourful art books to look at together (libraries often have good selections). Picking out a favourite colour is another way to stimulate interest and/or discussion.

If there are artworks installed in the long-term care institution where your relative lives, why not explore them together by taking a "theme walk". Perhaps you might start by looking for favourite colours. If your relative is able to communicate verbally, you can discuss the works with them. If not, describe your own reactions to them. Try to pick out favourite works that you both can revisit fairly frequently. If you use the same route and procedure each time, you will not only have an objective for your visit, but will be helping your relative with way finding and orientation.

Bringing in a favourite picture to hang on the wall in your relative's room is another good way to promote interaction. It will also help to foster feelings of belonging and continuity. Having children draw pictures to display in the room can be especially meaningful. Other people often ask questions about children's art, which prompts further interaction and functions as a constant reminder of family involvement.
Activities to enhance your visits

> Go for a short stroll on or off the floor with your loved one. The Winter Garden and other courtyard areas are pleasant locations.

> Attend recreation programs offered by the recreation therapists. Each floor or unit posts schedules and family participation is welcome.

> Attend an outing together off site if your relative is able. Discuss plans with the recreation and nursing staff at your facility. Explore ideas for a trip to a restaurant, mall or park during warm weather.

> Listen to music that is familiar and is of interest to your relative. Pick a theme for special times of the year. Always check that the music is not too loud for those with hearing aids or hearing impairments.

Popular Toronto Radio Stations

96.3 FM classical music
99.1 FM CBC Radio One
94.1 FM CBC Radio Two
91.1 FM jazz

> Sing songs together or sing along to a music tape.

> If your relative loves to sing, why not tape her/him singing favourites and keep it as a memento for grandchildren to enjoy.

> Bring in a family pet to visit, in accordance with the facility’s policy.

> Young children bring joy to a visit. Have them do an activity with your relative.
> Read a book, newspaper or magazine to your relative. You can take a trip down to the Resident’s Library if you need some reading material. The library also has a selection of talking books, recorded on audio tapes.

> Bring in a photograph album and reminisce with your relative.

> Give your loved one a hand massage or manicure. Applying hand cream can be very relaxing and soothing.

> Personal grooming, such as putting on makeup, hairstyling or choosing a special outfit, can be enjoyable for your relative.

> Enjoyed past hobbies could be something that you could do together, such as knitting, crocheting, jigsaw puzzles or cards.

> If your relative loved to garden, engage them in watering or pruning plants in their room. Bring in fresh flowers and make a floral arrangement.

> Decorate your relative’s room with special personal touches.

> Play a board game or do a crossword puzzle together.

> Bring in a video and watch it together.

> Bring in photography books on different countries, personalities, or nature.

> Letter writing may be especially important to your relative. Help them write letters so they can keep in touch with family and friends.

> Do some gentle stretching. Consult with the physiotherapist/occupational therapist for instruction.
Praise your relative
> The feeling will be remembered even if it is only for a second!
> Appreciate their wisdom.
> Take photographs. Try different poses, different settings. Make it a special time.
> Offer many compliments: call him “handsome” or her “beautiful”.
> Reassure your relative that you will remember him/her.

Family rituals
It is important to keep your relative involved in special family events and holidays. It may not be possible for your relative to attend external family functions, but there are ways to bring the party to him/her. Long-term care facilities are often able to accommodate special family parties by providing a room and helping with the planning. Another option is to bring in photos or videos of special family events.

Focusing on one or two activities that are part of the preparation for an upcoming holiday helps to include your relative and to orient him/her to the season. Ideas include shopping for and wrapping presents, decorating your relative’s room, and preparing and snacking on traditional food. Filling out a monthly calendar to indicate special events/holidays, birthdays and anniversaries, serves as a visual reminder. Including your relative in writing and sending cards, and selecting gifts, shows that you value their contribution.
Missing family events is often difficult for both you and your relative, but making plans to include your relative as best you can will ease this time.

**CAREGIVER needs**

Caregiving is a balancing act that requires you to consider the needs and wishes of your relative, alongside your own. Ideally, both you and your elder should discuss mutual expectations of one another. And as circumstances change, your role and responsibilities will need to change. While most caregivers are caring, responsible and receptive to the needs of their elderly relative, the strain and stresses of the role can have profound effects on health, work and social lives.

**Taking care of yourself**

It is common to be so involved in looking after the needs of others that you sometimes neglect to take care of yourself. It’s often helpful to take a moment and assess your own situation. Have you put off doing things that are beneficial for your own mental and physical wellbeing? Whether it is following through in seeing the specialist that was recommended to you months ago, or taking time for that solitary walk in the park, these steps help us feel more in control of our day-to-day lives. Try and enlist other family members in sharing the physical and emotional tasks of caring for an elderly relative.
Give yourself permission to do things that are rejuvenating for you!

The following questions will help you determine whether you need to re-evaluate and make changes in your caregiving role.

**Caregiver checklist**

1) Are you able to set limits on others and yourself?
   - Yes  ☐  No ☐

2) Are you making promises you cannot keep?
   - Yes  ☐  No ☐

3) Are you experiencing a personal crisis in your life that is not being addressed because of the time you spend caring for your relative?
   - Yes  ☐  No ☐

4) Do you find you have no time/energy to attend to personal matters in your life?
   - Yes  ☐  No ☐

5) Do you find yourself worrying about your relative away from the facility?
   - Yes  ☐  No ☐

6) How well are you able to speak honestly and openly with your relative regarding limitations on your ability to provide care?
   - Yes  ☐  No ☐
7) How comfortable are you in including your relative in addressing topics for discussion involving their care and what you are able/not able to do?
   - [ ] Yes  [ ] No

8) Are you a patient person with yourself?
   - [ ] Yes  [ ] No

9) Do you plan time out for yourself?
   - [ ] Yes  [ ] No

10) Are your family members/friends resentful of the time and attention given to your relative?
    - [ ] Yes  [ ] No

11) Are you the primary caregiver in your family?
    - [ ] Yes  [ ] No

12) Does your family support your role as the primary caregiver?
    - [ ] Yes  [ ] No

13) Would you like other family members to be involved and share the caregiving responsibilities for your relative?
    - [ ] Yes  [ ] No

14) Do you make decisions regarding your relative’s life alone or with the support and help of your family members/relative?
    - [ ] Yes  [ ] No
15) Do you find you spend less time and give less attention to personal matters in your own family, relationships, work and your own interests than you used to?

☐ Yes  ☐ No

A Caregiver’s Bill of Rights

I have the right

> to take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my relative.

> to seek help from others even though my relative may object. I recognize the limits of my own endurance and strength.

> to maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things just for myself.

> to get angry, be depressed, and express other difficult feelings occasionally.

> to reject any attempt by my relative (either conscious or unconscious) to manipulate me through guilt, anger, or depression.

> to receive consideration, affection, forgiveness, and acceptance for what I do from my loved one for as long as I offer these qualities in return.

> to take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.
> to protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.
> to expect and demand that as new strides are made in finding resources to aid physically and mentally impaired older persons in our country, similar strides will be made toward aiding and supporting caregivers.

Add your own statements of rights to this list. Read the list to yourself every day.  
(Horne, 1985)

**Changes in your relationship with your relative**

It is sometimes hard to acknowledge that many changes have occurred in your relationship with an elderly relative; that you might be seeing things differently than in the past. If you have developed new insights and understanding about your relative’s life, and your own relationship with him or her, it might be helpful to acknowledge these changes and perhaps share these thoughts together. Possibilities for healing, accepting, and loving always exist. It is common to have a mixture of feelings toward a loved one, to feel close in some areas, but distant in others. As well, you may have ambivalent and contradictory feelings at the same time. The more insight you have in understanding what is behind these feelings, the more you can be comfortable with your way of relating to your relative.
Support groups
Support groups provide opportunities for family members to share experiences, explore feelings and exchange information. Relationships develop which can foster understanding, insight and personal growth. Support groups offer:
> Mutual aid to help sort out difficulties and discomforts.
> A forum in which to clarify and enlarge one’s perspectives.
> A comfortable, emotional space to discuss feelings and thoughts.
> An opportunity to appreciate resilience and stories of older people.
> Insight into one’s own “stories”.

Features of support groups
> Generationally homogenous to enable participants to share similar issues (e.g. Spouses’ Group, Adult Children’s Group).
> Ongoing groups allow social connections to develop.
> Time-limited groups (four to six sessions) can focus on agreed upon issues. Additional time may be added if needed.
> Use of private space free from distractions and intrusions.
> 60 to 90 minutes per session allows feelings and thoughts to be explored in a thoughtful way.
> Facilitation by social worker provides structure and leadership.
> Groups can continue autonomously if members agree.
> Self-help support group can be initiated by interested family members. Social workers can suggest space and resource provisions.

**RESOURCES**

The following books are highly recommended:


**Timeslips Project, www.timeslips.org**


Baycrest’s web site – [www.baycrest.org](http://www.baycrest.org) – is home to several excellent resources for family members caring for an aging loved one. On the homepage, click on the “Caregiver” portal for an extensive list.

Here are just a few examples of what you’ll find available at Baycrest:

**Educational Resources:**

> **Caring For Your Loved One (2nd Edition)**

is an indispensable educational guide filled with practical tips and strategies for caring for a relative or spouse with Alzheimer’s or other
dementia. The chapters are colour-coded and easy to navigate. To order the guide, call Baycrest, (416) 785-2500, ext. 2336.

> **Caring For Aging Holocaust Survivors:**

*A Practice Manual* is designed to sensitize and educate caregivers (family members and health care professionals) about the challenges presented by this special population. The manual provides contextual and practical information about how to handle challenging situations. It is the first comprehensive manual of its kind in the world! To order the manual, call Baycrest, Social Work Department, (416) 785-2500, ext. 2853.

> **If Not Now – e-journal** is an internet journal dedicated to providing optimum care and understanding for aging Holocaust Survivors and their families. [www.baycrest.org/pub_ejournal.htm](http://www.baycrest.org/pub_ejournal.htm)

> **The Anne and Louis Pritzker Wellness Library at Baycrest** serves anyone interested in health and wellness information.

**Social Work Resources:**

> For a comprehensive listing of Baycrest social workers, services offered and areas of expertise, check out the social work webpage. Go to [www.baycrest.org](http://www.baycrest.org), click on “professionals”, then “social work”.

**Support groups and programs offered by Baycrest:**

> Education and support group for adult children of Holocaust Survivors
Post-admission group for adult children of recently admitted nursing home residents
Education and support group for children of parents who suffer from dementia
Education and support group for spouses caring for a partner with dementia
Bereavement support group
Seniors Support Program (friendly weekly telephone calls by trained volunteers to isolated and frail seniors or family members caring for a senior living in the community)
Baycrest Community Day Centre for Seniors
Memory and Aging Workshop (for older adults concerned about changes to their memory)

These are just a few of the many groups and programs offered by Baycrest. To find out more, please go to www.baycrest.org and click on the “Programs and Services” portal for a complete directory listing.

We hope you find the material in this handbook useful. It has been our goal to provide you with information that is not only helpful and practical for enriching your visit with an elderly loved one, but also taps into your own creative possibilities. Your comments and suggestions for future revisions of this handbook are welcome. Please send them to the Department of Social Work, c/o Baycrest, 3560 Bathurst St., Toronto, Ontario, M6A 2E1,
or email: rgoodman@baycrest.org
The idea for this handbook grew out of many conversations and experiences shared by social workers, therapeutic recreationists, nurses and family members. Baycrest is fortunate in having a skilled and creative multi-disciplinary staff, and many involved family members whose ideas are reflected here.

The Hy and Bertha Shore Award provided the Department of Social Work with the support to produce the first edition of Visiting with Elders in 1996. Our thanks to our clients, who continually let us know about the meaning of visits, and to family members who have shared their experiences with us. Thanks also to Brenda Quek and Steve Cowan for their work in preparing the original manuscript.

Special thanks to the following family members who carefully reviewed our drafts in the original guidebook and gave us critical editorial advice: Sheila Goldgrab, Brooky Robins, and Bryna Fellen; and to Barry Margolis and Honey Sherman, for sharing their “visiting stories” with us.

Jan Boyd, Ruth Goodman, Jo Anne Jessup
Departments of Social Work and Therapeutic Recreation
Baycrest