An emerging trend is the development of ongoing, specialized Early Memory Loss (EML) programs that emphasize cognitive stimulation, compensatory skill building, peer support and engagement in the community. To date, this model has been successfully implemented in a variety of settings in communities around the country. These programs often have the look and feel of a college classroom, as members work on mentally challenging exercises, engage in thoughtful discussions and review homework. This adult education format is designed to strengthen cognitive functioning and challenge members, but observers will also hear plenty of laughter and experience the warm camaraderie between friends.

The majority of EML programs emphasize memory enhancement and compensatory skill building, but other approaches are equally well received. For example, several outing-based EML programs provide a weekly visit to local attractions such as

Members of the Gathering Group Respite program in Minnesota enjoy a beautiful day out participating in their version of the Olympics. Carolyn Klaver, RN, the Gathering Coordinator, shared that one gentleman was an Olympic hopeful who was unable to attend due to some unrest during the 1970s. This activity sparked some valuable reminiscence. “Discussing a possible opportunity in his life was so positive to his self-esteem.”

Continued on page 6>

**CONTENTS**

- Professional Insights 2
- EML Research 3
- Memory Keepers 4
- 100 Years of Alzheimer’s 7
- 2009 Grant Information 8
The number of Early Memory Loss programs in our national respite network has grown to 35 programs in 12 states as of 2009. At this stage of program development, some best practices and guiding principles have emerged to inform the planning and implementation of future EML programs. Marketing EML programs is geared directly to people with memory loss, so it is important to distinguish an EML program from an adult day program, for instance. Effective strategies include choosing a positive program name, providing a separate entrance to the EML program and designing a comfortable, classroom style setting. There is still much to learn about developing this exciting new service model, so professionals who have initiated EML programs reflected on the following two questions:

“Upon admission to the EML program, people are often in shock, but begin to feel better about themselves very quickly, their overall attitude becomes more positive and they grow to love homework!”

“One gentleman happily spends two hours on his homework by researching topics online and in books. I never thought people would respond in this way to homework of all things.”

“Physicians in our area are referring families to our EML program. We have never experienced this response for our Group Respite programs.”

“Transitioning members out of the EML program and into Group Respite is a smoother process than I expected. It is especially helpful to pair someone new to the Respite program with a former EML member initially.”

What has surprised you about your organization’s new Early Memory Loss Program?

“I believed that our area could support this kind of program.”

“The program would change people’s lives.”

“I had high expectations about the benefits of an EML including decreased depression and anxiety, increased engagement in the community and stable cognitive functioning scores.”

“The semester format is a perfect fit for our members, their families and our staff. This schedule provides a clear transition point, planning for a 16 week curriculum works very well, each semester has a different focus and field trips are planned according to the topics covered during the semester.”

A recently published study reported that individuals diagnosed with early stage dementia can slow their physical, mental and psychological decline by participating in therapeutic programs that combine cognitive therapy, peer support, traditional Chinese movement and meditation. Some of the benefits measured in this study were comparable to those achieved with anti-dementia medications.

“Most of the research on dementia and most of the dollars up until this point have gone into pharmacological interventions,” said Sandy Burgener, a professor of nursing at the University of Illinois at Urbana-Champaign and lead author of the study. “But we have evidence now from studies like mine that show that other approaches can make a difference in the way people live and can possibly also impact their cognitive function.”

A Therapeutic, Multidisciplinary Approach

Benefits People with Dementia

Participants in a Taiji and Qigong session
In the study, 24 people with early stage dementia participated in an intensive 40-week program. The intervention included biweekly sessions of cognitive behavioral therapy and support groups, along with three sessions per week of Qigong and Taiji martial arts and meditation. A comparison group of people with early stage dementia did not participate in these programs for the first 20 weeks of the intervention.

“Researchers are discovering that multidisciplinary approaches – those that address patients’ physical, mental and psychological dimensions – show the most promise in treating people with dementia,” Dr. Burgener explained. “Not only can we help people have a higher quality of life, but these treatments support neuronal function and have the potential for neuronal regeneration.”

After 20 weeks, participants in the treatment group improved in several measures of physical function, including balance and lower leg strength, while those in the comparison group did not. Positive cognitive and psychological effects were also noted. “We saw gains in self-esteem in the treatment group and pretty severe declines in self-esteem in the comparison group. Those in the treatment group also had sustained and slightly improved mental status scores, which meant we were impacting cognitive function,” said Dr. Burgener. This multidisciplinary program was so well received that it has been incorporated into the ongoing Minds in Motion EML program, sponsored by the First United Church of Champaign in Illinois.
Talk Back Move Forward: 100 Years of Alzheimer’s Disease - TimeSlips founder and director Dr. Anne Basting has produced an eight-minute DVD based on interviews with medical researchers, people with memory loss, and family and professional caregivers. This presentation looks at where we’ve been in the last 100 years since the first diagnosis of Alzheimer’s Disease in 1906, and what direction should be taken into the future. This creative video is an effective educational tool for all kinds of settings including support groups and graduate classrooms. The Talk Back Move Forward video and a Discussion Guide in PDF format are available as free downloads at http://www.ageandcommunity.org/products.html. A disc can be ordered for the cost of shipping and handling.

EML program names that have an upbeat, appealing quality can help to ease some of the stigma that is associated with memory loss. Here are some examples:

Mind Boosters – Napa Valley Hospice and Adult Day Services, Napa, CA

Brain Boosters – The Fairfield Senior Day Program, Fairfield, CA

Out N’ About – Seniors’ Resource Center, Denver, CO

Mind Matters – North Shore Senior Center, Northfield, IL

Minds in Motion – First United Methodist Church, Champaign, IL

Memory Joggers – My Friends Place, Bangor, ME

Minders Keepers – James J. Peters Veteran’s Administration Medical Center, Bronx, NY

The Memory Connection – Lutheran Community Services NW, Bremerton, WA

Early Bird Club – The Lutheran Home, Wauwatosa, WI

Jump Start – Luther Manor, Wauwatosa, WI

In an interview conducted by the New York Chapter of the Alzheimer’s Association, Dr. Anne Basting, founder of the TimeSlips Creative Storytelling Project reflected on memory loss and self expression, “When people hear the word “dementia,” they think decline and loss. They don’t tend to think of growth. The last 10 years of my life have been spent trying to teach people that a progressive memory disorder entails some loss of ability with language, even in the early stage, but there are so many other ways to express one’s self. Creativity and the arts can open up a whole new world to people with memory loss.”

Artists in residence, music therapists, university students, yoga teachers, skilled volunteers and other community members provide their expertise and share in the hopeful spirit of these popular programs. In many ways, Group Respite and EML programs show families that they are not alone and that people with memory loss are valued members of the community.

The Brookdale Foundation Group has been promoting the development of social model Group Respite programs since 1989.
Announcing the 2009 Group Respite Grant Initiative

A Request for Proposals (RFP) to develop new social model, dementia-specific group respite or Early Memory Loss programs (EML) for Alzheimer’s families is due on Wednesday, July 1, 2009. Non-profit organizations and public agencies are eligible to apply. Grantees are funded for up to two years ($7,500 in the first year, renewable at $3,000 in the second). The group respite model is based on the publication, How to Start and Manage a Group Activities and Respite Program for People with Alzheimer’s Disease and Their Families. The EML program model is outlined in the book, How to Plan and Implement an Early Memory Lost Program. Agencies must develop a program that includes:

- Dementia-specific support, serving two populations – the dementia participants and their family caregivers;
- Structured activities designed to provide socialization and cognitive stimulation, maximizing remaining functional and cognitive skills according to the needs of individual participants;
- Services provided in small groups (five to 15) outside of the home;
- Professional staff leadership supported by trained volunteers;
- Regular hours of operation, with availability of at least one day per week, four hours per session;
- Individual assessments, care plans, and defined admission and discharge criteria; and
- Access to supportive services for caregivers such as support groups, counseling, and education.

This service must be a new, start-up program. Expansion of existing dementia programs or the extension of days or hours is excluded. In addition to direct financial support, grantees receive ongoing technical assistance, and attendance at an orientation and training conference.

A grant application, RFP guidelines and Book Order Forms may be downloaded at www.brookdalefoundation.org. To receive a RFP application and guidelines by mail, please contact Evelyn Yuen, TA Resources Manager, Phone: (510) 540-6734, Fax: (510) 540-6771 or e-mail: ey@brookdalefoundation.org

The Brookdale National Group Respite Program is a program of The Brookdale Foundation Group. For more information, please contact:

Carmen Mendieta, MPA
Evelyn Yuen
Technical Assistance Office
2320 Channing Way
Berkeley, CA 94704
Ph: (510) 540-6734
Fax: (510) 540-6771
ey@brookdalefoundation.org

Meghan Greene
Melinda Perez-Porter, JD
Rolanda T. Pyke, MSW
The Brookdale Foundation
950 Third Avenue
New York, NY 10022
Ph: (212) 708-7335
Fax: (212) 750-0132
www.brookdalefoundation.org

The Brookdale Respite Reporter
Edited by:
Carmen Mendieta
Layout by:
Evelyn Yuen

Photo Courtesy of “Time for You” respite program in Mt Pleasant, South Carolina.