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The Fair Havens

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Engraved In the Palms Of His Hands

The prophet Isaiah reminded God's people that they live in His memory. *'I will not forget you. See, I have engraved you on the palms of My hands'* (49:16). The knowledge that we are never forgotten by our Heavenly Father can be a source of comfort to us as we age and become increasingly forgetful ourselves. But memory loss may go beyond the effects of normal aging. Alzheimer's and other forms of dementia are irreversible diseases of the brain in which brain cells degenerate causing the mind and memory to fail.

Although Scriptures don't speak directly about Alzheimer's or dementia, the Bible does view old age as a blessed time of life when the aged are to be honoured and revered.

As God's children, we should attach no stigma to Alzheimer's or other forms of dementia. There is no shame in having these illnesses just as there is no shame in having the flu. Irrespective of what illnesses may befall us—including the loss of our mental faculties—we remain God's children. We live in a world that treasures youth, intelligence and physical attractiveness. Our culture is steeped in the belief that if we don't have these attributes, we are of little value, but this is not the divine view. As God's children, we are of great value in His sight.

Although we may become increasingly forgetful, God does not forget, and most notably, He does not forget His people. In Genesis we read that God remembered Noah and the flood abated. God remembered the Israelites oppressed in Egypt and provided their deliverance. God remembered His covenant and returned the exiles from Babylonian captivity. And when God remembers, He does so in ways that are redemptive. God's remembering is not merely an intellectual exercise, but rather an expression of His mercy and grace. We too can demonstrate our care for the afflicted by remembering them through our actions. Those who may be struggling with memory loss or dementia can benefit from our practical efforts to include them and their caregivers in our ecclesial life. Isolation and loneliness are commonplace among those who suffer from Alzheimer's as well as those who care for them. What opportunities are available to us to remember as God remembers—in ways that are redemptive and that demonstrate mercy and grace?

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In Luke, we have an account of Jesus healing a paralysed man carried by his four friends. Because the crowd around Jesus was so large, they had to take him onto the roof, roll it back and lower him down to where Jesus was standing (Luke 5:17-19). This healing by Jesus was facilitated by the active support, care and faith of others. Similarly, people with dementia are also dependent upon the support of others—they too need friends to carry them through to the end.

Even though a person can become confused because of a failing memory, that person still has real needs and feelings. This is key to understanding the behavioral challenges that occur in people with dementia. As people lose their ability to communicate with words, they have more difficulty expressing their needs, whether physical, emotional or spiritual. The expression of these needs sometimes comes out in agitated behavior, wandering, crying, or aggression. Caregivers can lovingly serve those with Alzheimer's by trying to understand the underlying need that is prompting the behavior. Often, we only know or understand this in part. Yet even when we don't fully know what is in the heart and mind of the person with Alzheimer's, we can take comfort in knowing that there is One who fully knows us all. Ultimately, we have the promise that nothing can separate us from the great love of God in Christ—not the memory impairment, the confusion, the behavioral problems or even the apparent forgetting of the Lord himself. Paul reminded the Romans,

For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord. (8:38-39)

We are called to extend respect and dignity to all of our brothers and sisters including those with Alzheimer's or other forms of dementia. As Jesus indicated in Matthew 25, the Lord sees our treatment of the marginalized as an extension of our treatment of him. Practical loving care can still be provided even if our ministrations aren't remembered afterwards, or if our name and identity remain clouded in a mental haze. Although much of the brain is progressively affected by dementia, one area that seems not to be affected is the sensory section of the brain that interprets hearing, taste, smell and touch. It is also the part that interprets facial expression and tone of voice. To the very end a person with dementia will be able to sense that he or she is treated with love and respect, being able to hear, see, taste and feel touch.

In addition to the afflicted we can also remember the caregiver. Those caring for a spouse or parent may need our help as much as their suffering loved ones need them. As we have opportunity let us remember to also care for the caregivers.

What is Alzheimer's Disease?

Alzheimer's disease (AD) is the most common of a large group of disorders known as 'dementias'. It is an irreversible disease of the brain in which brain cells degenerate causing thinking ability and memory to deteriorate. AD also affects behaviour, mood and emotions, as well as the ability to perform activities of daily living. It most often occurs in people over 65, but can affect some in their 40s and 50s. Alzheimer's disease remains incurable. However, medications, support and care early in the disease can help manage symptoms and improve quality of life. Each person may be affected differently. Simple tasks that had been done routinely for years may become more difficult, or forgotten. Confusion and memory loss will be associated with both recent events and eventually with more distant events. Sometimes people lose their way, even when in familiar surroundings. A person may appear apathetic and lose interest in favourite hobbies. Behavioral changes may include repeating the same action or words, hiding possessions or even physical outbursts. The disease can also affect a person's physical coordination and mobility leading to a gradual physical decline. This can result in loss of independence and reliance upon others to perform day-to-day tasks such as feeding, bathing and getting dressed.

Risk factors include advancing age, genetics, depression, strokes, high cholesterol, high blood pressure, stress, obesity and inadequate exercising of the brain. Talking to others about the disease can help the sufferer and others come to terms with the diagnosis. It can open the door for people to offer social and emotional support. If you or someone you know is diagnosed with the disease, you can continue to live a meaningful and active life for many years. Eating a heart-healthy diet, exercising regularly, staying socially connected and doing things that challenge your brain also help slow disease progression. Being open and talking about the disease can also help the person work through his or her emotions. If your loved one is overwhelmed with anxiety or depression, a physician may also recommend appropriate medication.

Normal Aging and Dementia

About 40% of those over 65 experience some form of memory loss but this is often only a normal part of the aging process. Brain diseases like Alzheimer's and other dementias are different.

Normal Aging	Dementia
Not being able to remember details of a conversation or event that took place a year ago	Not being able to recall details of recent events or conversations
Not being able to remember the name of an acquaintance	Not recognizing or knowing the names of family members
Forgetting things and events occasionally	Forgetting things or events more frequently
Occasionally have difficulty finding words	Frequent pauses and substitutions when finding words
You are worried about your memory but your relatives are not	Your relatives are worried about your memory, but you are not aware of any problems

Routines and Reminders

Activities such as dressing, grooming, bathing and eating can form a pattern in daily living. Routines help the person with dementia know what to expect, and serve as a daily reminder to facilitate personal care. Doing these things on one's own can also bolster self-esteem.

People with Alzheimer's disease will eventually lose the ability to carry out these everyday routines and will depend on others to help. So it is important for them to do as much as they can for themselves, for as long as they can. This will support their dignity and confidence.

It will be easier if the caregiver continues the routines that have already been established earlier in life. If bathing in the morning had been the norm, then a morning bath should become the pattern. Carrying out the activities in much the same order each day will also help him to know what to expect.

Reminders will help, particularly during the earlier stages of the disease. These can be written notes on the fridge to remind him to eat, or signs on a cupboard to tell him its contents.

If he no longer understands words, try using colour cues or pictures. Cues such as a toothbrush on the counter will remind him to brush his teeth. Clothes laid out in the order they are to be put on will make it easier for him to get dressed. Regular reminders might be needed to get him to go to the bathroom.

If you are supporting someone with Alzheimer's disease, you may find it difficult to know how to help and how much to help. Sometimes he needs help but wants to look after personal care independently. This can be frustrating, especially when you know you could carry out the task more quickly, or help do the task more efficiently. Try to avoid the temptation to take over, even if he is really struggling. The loss of confidence could make it harder for him to keep trying.

When you do offer help, try to do the task together, rather than doing it for him. This will help him to feel more in control and more involved. When talking through activities like this, try to focus on what he can do, rather than what is beyond his ability.

Keep in mind that it's hard for people with dementia to learn new ways of doing things, remembering steps involved in instructions, or staying focused for long on a task. Take things slowly, try to be patient, and take breaks. Be encouraging, and try to maintain your sense of humour.

Tips for making routines easier

- Try breaking the task down into parts. For example, he may find it easier to dress himself if you put the clothes out for him in the order that he needs to put them on. Or you could pass him the next garment, holding it out ready to grasp at the right place.
- Even if he can't complete a full task, carrying out one or two steps of it—particularly the final step—can give him a sense of achievement.
- Make sure that any reminders or instructions are simple. Use short sentences, with gestures and body language to add meaning.
- Be tactful. Try to imagine that you are the person receiving help, and speak in a way that you would find helpful if you were in his position.
- Try doing things together, such as folding clothes or drying dishes.
- If there are activities you do regularly, try integrating them into the daily routine.
- Make sure he doesn't feel he is being supervised or criticized in any way. This means checking your tone of voice as well as your vocabulary.
- When the dementia becomes more advanced, try pointing, demonstrating, or guiding an action rather than giving verbal direction. For example, he may be able to brush his own teeth if you hand him the brush and start by gently guiding his hand. Try using your voice to make reassuring and encouraging sounds rather than using actual words.

Strategies to Manage Behavioral Changes

Changes in the personality of the person with Alzheimer's can be a significant cause of distress for both the one exhibiting the behaviours and the caregiver.

The Behaviour	The Strategies
Wandering Walks away from home unattended with the risk of becoming lost	• Reassure the person and distract him with another activity. • Move locks on the outside doors out of reach. • Disguise doors with paint or wallpaper. • Ensure regular walks and exercise. • Put reminders (i.e., coat, hat) out of sight and reach. • Inform neighbours.
Restlessness Paces nervously, drums fingers, etc. for long periods of time	• Distract the person -- find a meaningful activity. • Calm him with music or touch. • Consider pacing as a form of exercise (make sure there is a clear path). • Look for a pattern and arrange your schedule to be with him at that time.

Repeated actions Repeats words or actions over and over and over again	• If the behaviour is harmless, do nothing. • Distract him with simple activities (i.e., folding laundry, polishing the furniture, shoes, etc.) • Change the subject. • Stay calm.
Suspicion Thinks others are trying to hurt him Accuses others of stealing possessions	• Provide comfort. • Don't argue or try to reason with him. • Don't take accusations personally. • Distract with another activity.
Sexual behaviour Removing clothes/exposing himself Physical and verbal advances towards others	• Don't judge or scold. • Provide affection. • Look for unrelated needs (Does he need to use the toilet? Is he lonely or bored? Is he too hot or cold?) • Distract with other activities. • Stay calm. • Provide privacy.
Aggression Physical and emotional outbursts (i.e., shouting, hitting)	• Be calm and reassuring. • Look for an immediate cause. • Give him space to cool down. • Distract him. • If your safety is threatened, leave.

Memory Problems?

Learning about the experiences of people living with Alzheimer's disease can be helpful to those who support them. The following are some suggestions from people with the disease from *Memory Problems*? written by the Early Stage Support Groups in the North/Central Okanagan Region of the Alzheimer Society of B.C.

- Please don't correct me. I know better—the information just isn't available to me at that moment.
- Remember, my feelings are intact and get hurt easily.
- I usually know when the wrong word comes out and I'm as surprised as you are.
- I need people to speak a little slower on the telephone.
- Try to ignore off-hand remarks that I wouldn't have made in the past. If you focus on it, it won't prevent it from happening again. It just makes me feel worse.
- I may say something that is real to me but may not be factual. I am not lying, even if the information is not correct. Don't argue; it won't solve anything.
- If I put my clothes on the chair or the floor, it may be because I can't find them in the closet.
- If you can tell that I am having trouble, please don't draw attention to it. Try to carefully help me

through it so nobody else will be aware of the problem.

- At a large gathering, please keep an eye on me because I can get lost easily! But please don't shadow my every move. Use gentle respect to guide me.
- Sometimes I sense that you think I am faking these problems. What you don't see is my terrible confusion and my hurt knowing how you feel.
- I don't mean to frustrate you. I know you get impatient and tired of telling me things three times in a row. Please be patient.
- Ask me what I think or want. Don't assume that you know. Believe I still love you, even if I am having trouble showing it.

Dealing With The Challenges of Disease Progression

As the disease progresses, it brings with it more challenges, but you can help make life easier for the loved one with middle-stage Alzheimer's disease.

As cognitive abilities wane, memory problems become more pronounced. The person may not be able to remember their address or phone number. He may not be able to recall recent events. There may be difficulty identifying family and friends. He may lose things, or take the belongings of others. The ability to concentrate becomes diminished and the person may become increasingly confused and unable to organize thoughts. There is also an increasing sense of disorientation with respect to time and place. Communication skills wane and there is greater difficulty understanding and expressing written or verbal language.

Various strategies can be employed to assist the one with declining memory. Use reminders and cues such as pictures or notes. Offer information if he's struggling, such as identifying yourself and the purpose of your visit. Maintain eye contact while talking and limit distractions such as the radio or television. Speak slowing and clearly, and use simple language. Use physical gestures to reinforce your meaning. Limit choices to one or two. Remember that your loved one is not intentionally trying to be difficult.

> ...remember that all behaviour is a form of communication. It can be helpful if you are able to understand what the sufferer is trying to express, whether it be fear, discomfort or frustration.

Moods and emotions may become increasingly less stable. Mood shifts may include anxiety and agitation, suspicion, sadness, depression, frustration, anger and hostility. There may also be a pervading sense of loss or insecurity.

To deal with these shifting moods and emotions try to identify, acknowledge and deal with these feelings, which might otherwise be missed if you focus only on what is said. Employ activities that support his independence and concentrate on what he can still do. Encourage a healthy lifestyle—physical activity, healthy eating and meaningful activities. Avoid disagreements, arguments and attempts to convince him that what he believes is inaccurate or untrue. Provide reassurance and comfort. Often trying to remember the past can be a helpful strategy.

Behaviours will also become more unpredictable with the progression of the disease. These changes may be characterized by increased apprehension, or withdrawal, restlessness such as pacing or wandering, and repetitive questions or actions. Your parent or spouse may also suffer from delusions—believing things that aren't true, hallucinations—hearing, seeing or feeling things that aren't there, or uninhibited behaviour that may be either inappropriate or aggressive.

In responding to these behavioural changes, remember that all behaviour is a form of communication. It can be helpful if you are able to understand what the sufferer is trying to express, whether it be fear, discomfort or frustration. Watch for behaviours that may have an underlying physical basis such as a urinary tract infection or the flu. Try to identify and avoid situations that trigger uncomfortable reactions—excessive noise, crowds or perhaps too many expectations. Offer choices. Try gentle persuasion. Remain calm, and either distract to a more pleasant topic or location. Consider a program such as Medic Alert's 'Safely Home', and employ strategies to discourage wandering. A physician may recommend medication to help manage adverse behaviours.

Physical abilities will also decline with advancing disease. Increasingly, additional help will be needed for daily activities including dressing, eating, bathing and using the toilet. Changes may develop in both appetite and sleep patterns. Spatial problems can also affect movement and co-ordination.

Try to accommodate these declining abilities by keeping things simple—clothes that are easy to put on and simple hairstyles. Adapt activities to suit the abilities that remain. Identify and remove potential dangers in the home. These would include rugs and hall furniture that might be tripped over. Consider installing grab bars or railings in the washroom and bathtub. Speak with an occupational therapist for advice on routines, activities and ways to make the home as safe and accommodating as possible. Homecare support can also assist in the management of your loved one.

Communication Pointers

Dementia affects how people express themselves and understand what is being communicated to them. For the person with dementia, maintaining relationships can be a complex process, especially when verbal communication is affected. The following changes are common:

- Difficulty finding a word
- Creating new words for ones that are forgotten
- Repeating a word or phrase
- Difficulty organizing words into logical sentences
- Cursing or using other offensive language
- Reverting to the language that was first learned
- Talking less than usual

You may find that the person with dementia has good days and bad days. This can depend on the quality and amount of sleep, stress levels and other medical conditions.

How can we best address these communication challenges that face the patient with Alzheimer's or other dementias? Respectful, sensitive, ongoing communication is the key to positive relationships. Here are ways to help you and the person with dementia understand each other better:

- **Learn about dementia, its progression, and how it affects individuals.** As abilities change, you can learn to interpret the person's messages by paying attention to both verbal and non-verbal cues.
- **Believe that communication is possible at all stages of dementia.** What a person says or does and how a person behaves has meaning. Never lose sight of the person and what they are trying to tell you.
- **Focus on the person's abilities and skills.** If the person's speech has become hard to understand, using what you know about them and what you are feeling can help you interpret what they might be trying to say. Consider alternate ways of expression through art, music or other activities to maintain and enhance communication.
- **Reassure and be positive.** Use familiar things to create a sense of comfort and reassurance and encourage the person to communicate in ways that work for them. Laughter and humour are positive tools to help you get through difficult times.
- **Meet the person where they are and accept their new reality.** If the person's perception of reality becomes confused, try to find creative ways around the situation rather than reacting negatively. Avoid contradicting the person or trying to convince them that what they believe is untrue or inaccurate.

Difficulties with communication can be discouraging for both the person with dementia and his family, so consider creative ways to understand and connect with each other. These strategies can be successful if we view people with dementia first and foremost as individuals, with unique attributes, personal values and history.

Resources

Alzheimer Society (Canada) The Alzheimer Society has many informative brochures, booklets and videos. www.alzheimer.ca

Canadian Caregiver Coalition—www.ccc-ccan.ca

The Alzheimer's Store—This online store sells many helpful Alzheimer related items—www.alzstore.com

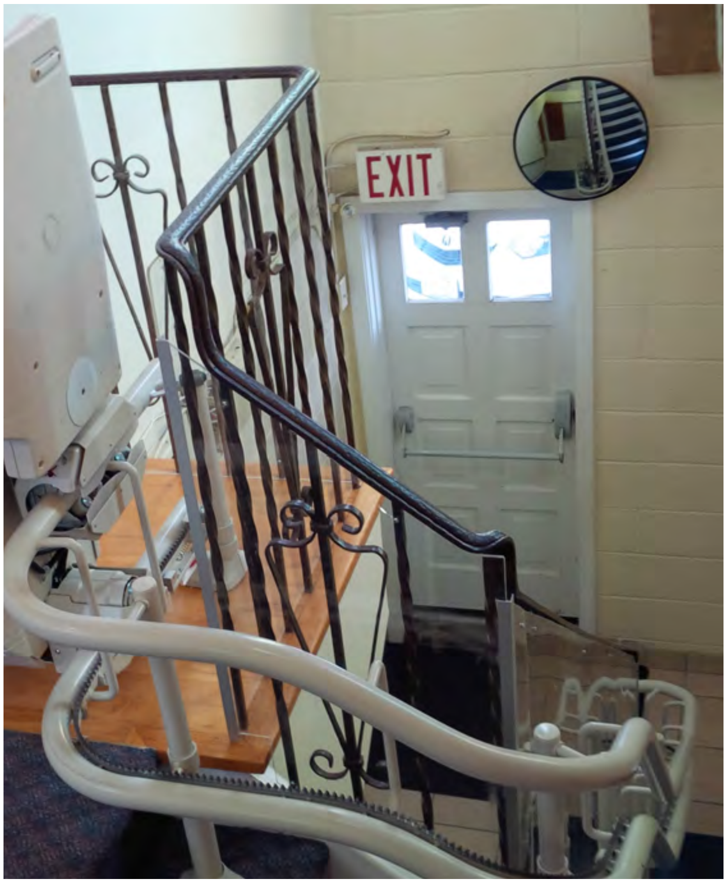
Canadian Medic Alert Foundation--www.medicalert.ca/safely-home

Alzheimer's: A Caregiver's Guide and Sourcebook by Howard Gruetzner available from Amazon.com

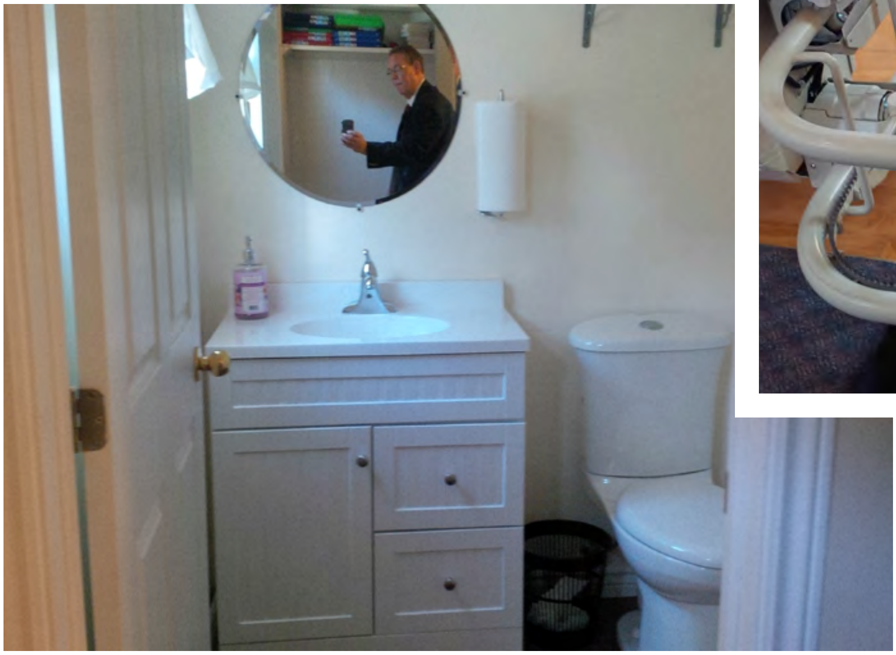
The 36-Hour Day: A Family Guide to Alzheimer's Disease, Related Dementing Illnesses and Memory Loss in Later Life by Nancy Mace & Peter Rabins available from Amazon. Com.

Is Your Ecclesial Hall Senior Accessible?

Managing the stairs at meeting can become increasingly more difficult for our senior members. If you ecclesia owns its own building, you may wish to consider making your hall more senior accessible with the use of an access ramp, chair lift or elevator. A main floor washroom can also be a beneficial addition on a Sunday morning. To assist you in funding your renovation, the Fairhaven Foundation has adopted a new guideline regarding building alterations to improve accessibility for seniors. Grants of 50% of the cost of the renovation up to a maximum of $5,000 will be considered upon application to the Foundation subject to annual limits of funds available. Two past projects in which the Foundation has been a funding partner are pictured below.



Stair lift at the Toronto West Ecclesial hall



Main floor washroom at the Hamilton Greenaway Ecclesial hall

Foundation's Terms of Reference

How can the Fairhaven Christadelphian Charitable Foundation be of assistance to your ecclesia? Are there health and welfare needs in your meeting that require attention, but ecclesial resources are strained or insufficient? The Foundation, operating under the applicable government regulations, may provide grants only to registered charities in Canada. We must disperse a percentage of our investment income each year, based upon a government regulatory formula.

Ecclesias in Canada may request assistance from the Foundation by following these guidelines:
Only requests from Arranging Boards will be considered. Requests from an individual member of an ecclesia will not be accepted by the Foundation. Priority is to be given to the welfare needs of Christadelphian elderly, since this reflects the original purpose of Fairhaven House. If additional funds are available after meeting these needs, then more general health and welfare needs of the Christadelphian community will be considered, followed by health and welfare needs of the community at large. Requests must be in writing and should document, in confidence, the need, the background, the amount of help required and the amount of help being provided by the ecclesia. It is expected that the ecclesia requesting support will also provide funds to assist from its own resources. It is preferable, if possible, that ecclesias address emergency situations, and subsequently follow up with a request to the Foundation. The board of the Foundation considers requests at its semi-annual meetings in March and August each year. Emergency requests will also be addressed as quickly as possible.

Requests may be sent to:
The Fairhaven Christadelphian Foundation
c/o Sister Penny Sheppard, Secretary
39 Knox Avenue
North York, ON, M9L 2M2

It is important to appreciate that the primary responsibility to meet the welfare needs of our brothers, sisters and young people lies at the ecclesial level, and consequently the Foundation's role is to supplement, rather than supplant this ecclesial responsibility. We encourage ecclesias to be actively aware of situations where there is a need, extend help, and then approach the Foundation as a funding partner.

Year End Financial Report

Statement of Revenue, Expenses and Fund Balance for the Year Ending March 31, 2015

Revenue	
Investment income	6,818
Donations	2,500
	9,318
Expenses	
Grants	13,560
Professional fees	3,282
Administrative	1,926
	18,768
Net Income	(9,450)
Opening fund balance	**356,565**
Closing fund balance	**347,115**

An Appeal

In this low interest rate environment, income generated from investments has been inadequate to address the needs of recipient ecclesias and consequently, the Foundation's capital has continued to diminish.

The Foundation would welcome ecclesial and individual gifts to support this work of the Lord. Donations may be made via PayPal on the website **www.fairhavenfoundation.ca** or sent directly to the treasurer:

Bro. Jonathan Farrar
140 Whitwell Way,
Binbrook, ON, L0R 1C0

The Fairhaven Christadelphian Charitable Foundation
c/o 39 Knox Avenue
North York, ON, M9L 2M2

Visit us at **www.fairhavenfoundation.ca**