

Written Testimony of Christine Donovan
In support of Raised Bill No. 179 An Act Concerning The Alzheimer's Disease and
Dementia Task Force's Recommendations on Training
Committee on Aging
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My first experience with dementia/Alzheimer's disease was as a result of caring for two family members who were afflicted.

For five years I was a caregiver for my Mother. During this time I saw many changes take place. In the beginning she was able to take care of herself with only a little prompting for daily medications and exercise. As time went on she became more forgetful about things; such as what she had for lunch or activities she did during the day. She also developed anxiety about leaving the house for a medical appointment or to see the dressmaker. She required more supervision and care as time went on.

Taking care of my father-in law was a different scenario. He had accelerated memory loss over a two year period. He stayed in my home for a short time and he was becoming more confused by the day. He would go out for walks and not be able to find his way back home. He thought my husband and I were his brother and sister, after these occurrences we knew he had to be in a more secure environment, so we got him into a group home. He was functioning there for a while but then he had to be moved to an assisted living facility.

A few years later I became employed as a caregiver and began to work with dementia and Alzheimer's clients. I did not receive any formal training and feel it would have been beneficial despite my personal experiences. However, while attending a Therapeutic Recreation class at a local community college, I was taught about the effects of Alzheimer's disease on people and positive ways to encourage them during my visits. Much sensitivity, patience and compassion is needed. To treat each one with respect, to show love and caring is so very essential. These individuals need a touch, a hug, a smile, to let them know they are important.

It is essential for caregivers to be aware of potential safety issues in the home and take preventative measures to prevent falls, such as grab bars in bathrooms, safety gates, and clutter free walkways to name a few. It is also important to give them a stimulating environment as well. Music is soothing and therapeutic at the same time.

Presently I take care of two clients, one with dementia the other with Alzheimer's disease.

My client with dementia can live alone and requires companionship above all else. She enjoys talking about her family and friends, special holidays and meal planning.

She needs someone to prompt her to take medication, assist with showering and running errands to the grocery store. Other than that, she can prepare her own meals, dress herself and take care of her hygiene. She uses the phone to call her family if she needs any assistance or just wants to chat.

My client with Alzheimer's cannot live alone and requires constant monitoring and attention. She needs to be directed to take her medication, has incontinence issues and needs assistance with activities of daily living. She needs prompting with dressing and hygiene. She cannot make her own meals, use the microwave or stove. At times she has wandered out of the house and thinks she is in another location looking for her deceased husband.

Sometimes she has difficulty finding the appropriate word to use in a sentence and at times her sentences are not complete. When asked about family members she usually cannot remember in much detail about family situations or past events.

When viewing life through the eyes of Alzheimer's disease it is important to understand and effectively care for each person.