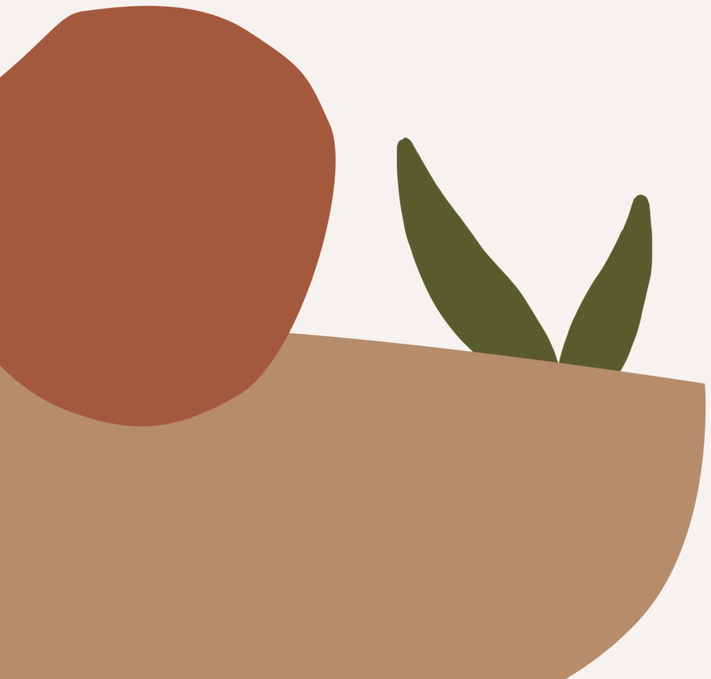
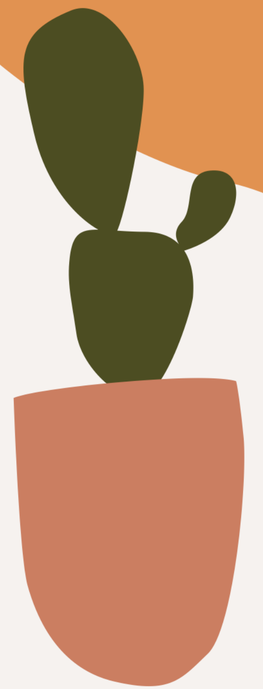
Memory Vs Cognition!





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It is important to understand there are different types of memory

There is no definitive guide on different types of memory, but it is widely accepted memory can be categorised as -

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Sensory Memory

Short-duration storage tied to the senses.
Includes:

- **Iconic memory** (visual)
- **Echoic memory** (auditory)
- **Haptic memory** (touch)

Short-Term Memory (STM) / Working Memory

Temporary information storage and manipulation (seconds).
Includes:

- **Phonological loop**
- **Visuospatial sketchpad**
- **Episodic buffer**
- **Central executive**

Long-Term Memory (LTM)

This is the largest and best-studied category, divided into **explicit (declarative)** and **implicit (non-declarative)** systems:

A. Explicit (Declarative) Memory

Memory you can consciously recall.

4. Episodic Memory

Personal experiences and events.

5. Semantic Memory

Facts, meanings, knowledge.

Implicit (Non-Declarative) Memory

Memory that influences behaviour without conscious awareness.

6. Procedural Memory

Skills and habits (e.g., riding a bike).

7. Priming

Exposure to one stimulus influences response to another.

8. Classical Conditioning

Associative learning (e.g., Pavlov).

9. Non-associative Learning

- **Habituation**
- **Sensitisation**

Additional Important Memory Categories (widely referenced)

These are considered distinct but are not always placed as "core" categories:

10. Prospective Memory

Remembering to do things in the future (appointments, tasks).

11. Autobiographical Memory

Blend of episodic + semantic about one's life.

12. Emotional Memory

Memory strengthened by emotion (amygdala involvement).

13. Source Memory

Remembering where information came from.

14. Working Memory (as a formal model)

Sometimes counted separately from short-term memory.

15. Pragmatic Memory

Memory for practical, useful information—sometimes categorised within semantic or procedural memory depending on definition.
(It's *not* as universally recognised as episodic/semantic/procedural, but it appears in cognitive linguistics and educational psychology.)

EXPLICIT MEMORY

MEMORY YOU CAN CONSCIOUSLY RECALL

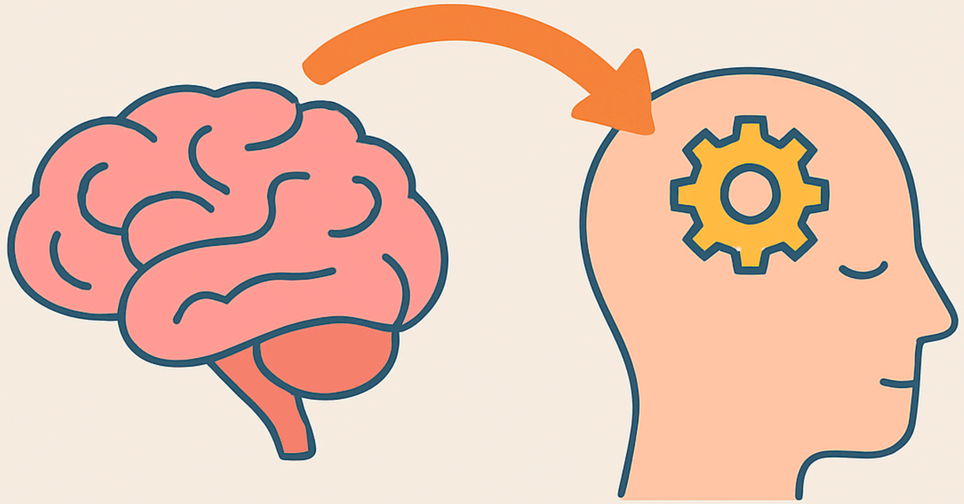
EPISODIC MEMORY

Personal experiences and events

SEMANTIC MEMORY

Facts, meanings, knowledge

IMPLICIT MEMORY



Non-declarative

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Lets play a little game,

What is 1+1.
What is 2+2.
What is 4+4.
What is 8+8.

Name a vegetable??

YUM!

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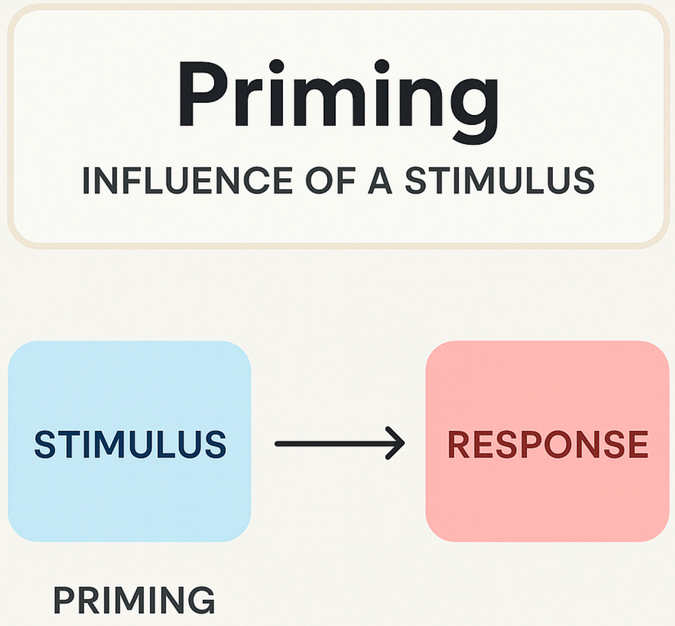
In the world of dementia two types of memory are vital to get working on your side!



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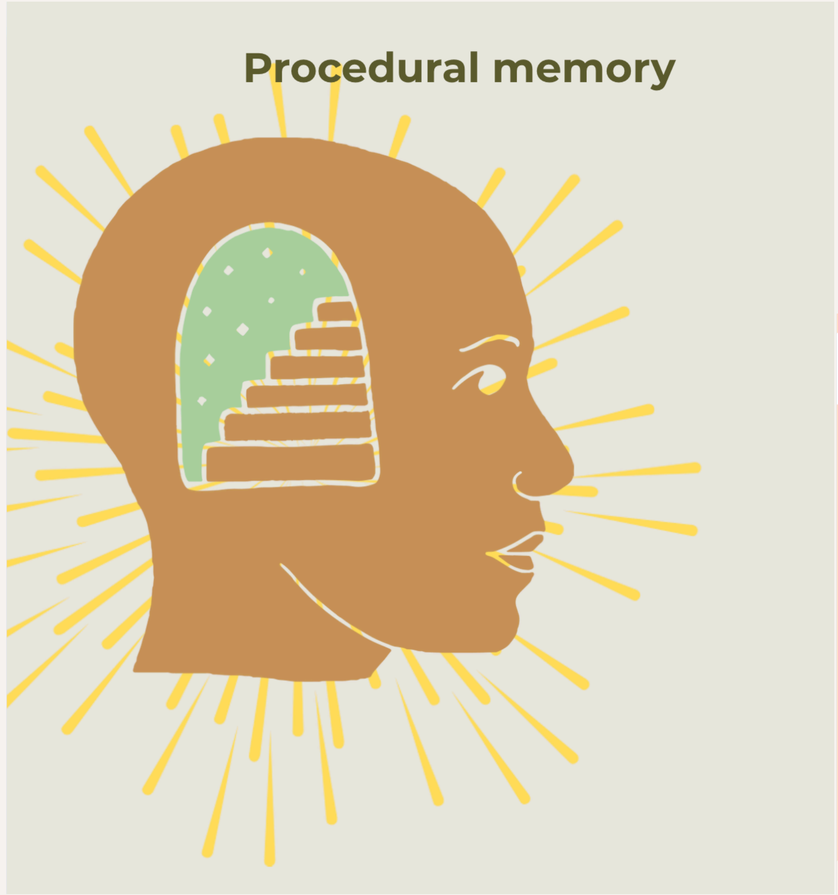
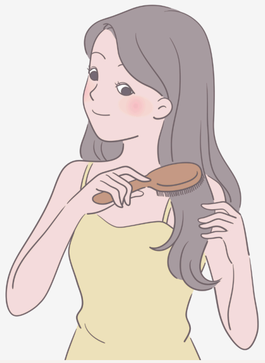
Muscle memory





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Attention, like memory, is not one single process. In cognitive psychology and neuroscience, attention is typically divided into several **widely accepted categories**, each responsible for a different way we filter, sustain, or shift focus.

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Core Attention Types are universally recognised:

1. Selective
2. Sustained
3. Divided
4. Alternating
5. Focused

Plus strongly supported frameworks:

- Executive attention
- Bottom-up / top-down
- Overt / covert
- Spatial attention

Most cognitive models reference around **5–9 types**.

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How Memories Are Formed: The Role of Attention

Memory formation is *not* a single event — it's a **process**, and attention is the gateway.

In simple terms:

Attention selects what enters memory. Memory stores what attention captures.

Attention Filters Information

At any moment, the brain is flooded with sensory input.

Attention acts as a **spotlight**, choosing what gets processed further.

Types of attention involved:

- **Selective attention** → focuses on one thing
- **Focused attention** → recognises important cues
- **Top-down attention** → guided by goals (e.g., remembering directions)

If attention is weak or split, memories struggle to form.

Example:
If someone speaks to you while you're distracted by your phone, the message doesn't enter memory because attention was never allocated.

Working Memory Holds and Manipulates Information

After attention selects the information, it enters **working memory**, the mental workspace.

Working memory:

- Holds information for ~10–30 seconds
- Integrates new data with existing knowledge
- Is essential for reasoning and problem-solving

Attention and working memory are tightly connected — they rely on the same frontoparietal brain networks.

If attention lapses, working memory collapses.

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Encoding Transfers Working Memory → Long-Term Memory

Encoding is the process of converting active information into a stable memory.

Attention strengthens encoding through:

- **Deep processing** (thinking about meaning)
- **Repetition or rehearsal**
- **Emotional salience**
- **Novelty**

Attention determines the *depth* of encoding.

Strong attention = strong encoding → strong memory
Weak attention = weak encoding → fragile memory

Consolidation Stabilises Memories Over Hours or Days

After encoding, the brain continues to strengthen the memory through:

- Sleep
- Review
- Repetition
- Linking to previous knowledge

Attention doesn't operate here, but it plays a **crucial role beforehand** — only well-attended information is worth consolidating.

The hippocampus is heavily involved at this stage.

Retrieval Depends on the Quality of Attention During Encoding

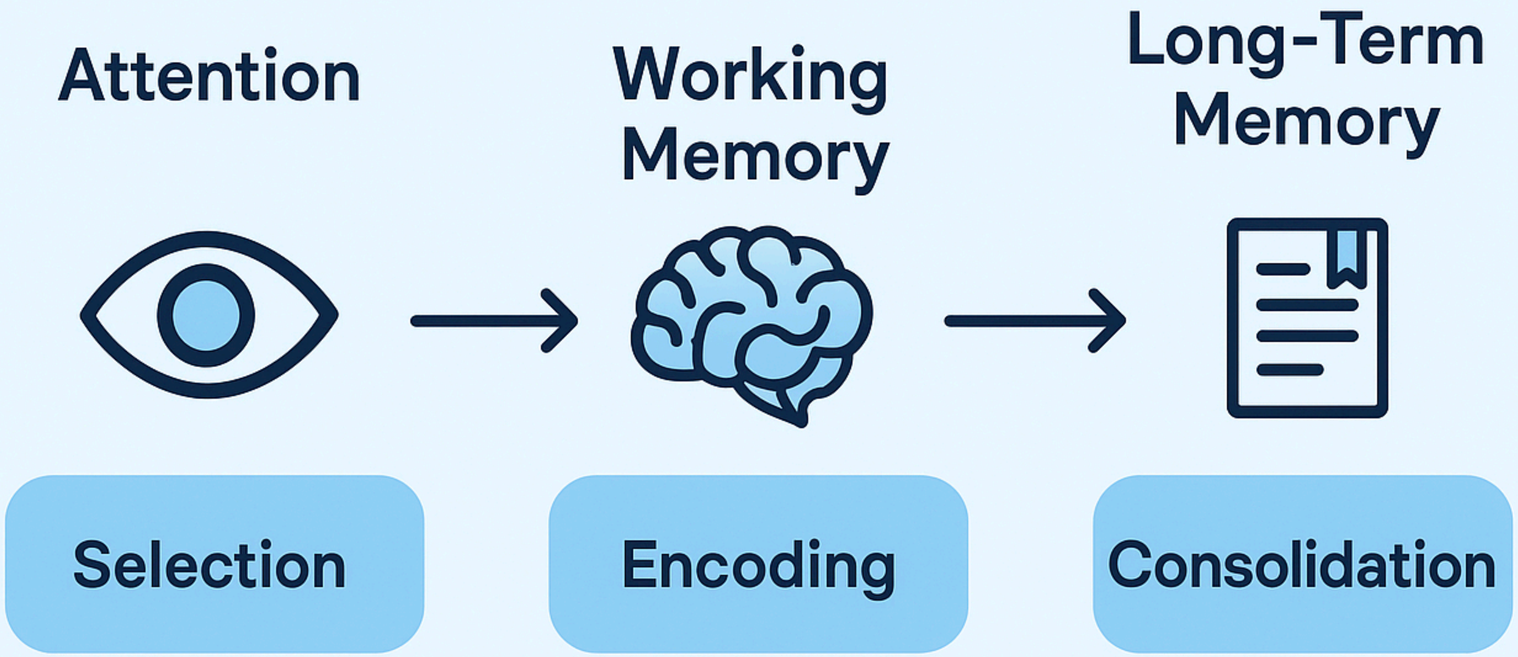
How well we can recall information later depends heavily on:

- How closely we attended to it
- How deeply we processed it
- How frequently it was revisited

Attention during encoding acts like "tagging" the memory, making retrieval easier.

If attention was poor at the beginning, retrieval will be unreliable.

Correlation Between Memory Formation and Attention



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They just won’t sleep (at night)

- Is it day or night?
- Stress & Anxiety
- Are they napping?
- Medication?
- What is the environment like?

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Sundown syndrome. What is it?

This is seen in people with dementia who may have problems sleeping or experience increased confusion, anxiety, agitation, pacing and disorientation beginning at dusk and continuing throughout the night (referred to as sundowning).

Up to 1 out of 5 people with Alzheimer’s experience sundown syndrome

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What are the symptoms?

Agitation
Restlessness
Irritable
Confused
Disoriented
Demanding
Suspiciousness is also very common,

It may also include:

- Yelling
- Pacing
- Hearing or seeing things that aren’t there (hallucinations)
- Mood swings

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Or when an individual is:

- Too tired
- Hungry or thirsty
- Depressed
- In pain
- Bored
- Having sleep problems

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What can we do?

- Follow sleep hygiene routine, including modifying the environment, if needed.
- Try to keep patient mentally occupied during the day
- Adhere to a structured daily schedule
- Provide opportunities for physical exercise
- Meet physical needs
- Address pain, dyskinesias, constipation & other physical discomfort (crucial in preventing agitation, confusion, and other behavioural disturbances)

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Fifth Domain

Stress management

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To Improve and Maintain Quality of Life

This is the ultimate goal. A person living with dementia, especially in the early stages, is aware of their cognitive decline. This awareness is a tremendous source of fear, frustration, and stress.

- Reducing Suffering: Chronic stress is a state of suffering. By minimizing stress, we directly reduce their daily experience of confusion, fear, and anxiety, allowing for more moments of peace, connection, and even joy.
- Promoting Positive Emotions: A low-stress environment makes it possible for the person to engage in pleasant activities, enjoy social interactions, and experience a sense of safety and well-being.

o Slow Functional and Cognitive Decline (As Much As Possible)

While we cannot cure dementia, we can influence how quickly symptoms progress. Chronic stress is biologically damaging.

The Cortisol Effect: Stress triggers the release of cortisol, a hormone that, in high and sustained levels, is toxic to the brain. It can damage and kill cells in the hippocampus—the brain's memory center, which is already under attack by the disease. This can accelerate memory loss and cognitive decline.

"Excess Disability": This is a key concept. It refers to a loss of function that is greater than what the actual brain damage would cause. High stress and anxiety can make a person far more confused and unable to perform tasks than their dementia alone would suggest. Reducing stress can help them function at their highest possible level.

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To Manage Behavioral and Psychological Symptoms of Dementia (BPSD)

This is one of the most direct and practical reasons. Many of the challenging behaviors seen in dementia are **expressions of unmet needs, often communicated through the language of stress and anxiety.**

Agitation, Aggression, and "Sundowning": These are often not intentional acts of defiance but reactions to overwhelming stress, fear, or an inability to communicate. A person who is stressed is far more likely to become agitated or aggressive.

The Vicious Cycle: Stress leads to behaviors like yelling or resisting care, which then stresses out the caregiver, whose stressed response further escalates the person's anxiety, creating a negative feedback loop. **Managing the person's stress is the most effective way to break this cycle.**

To Support Preserved Abilities and "Personhood"

Dementia damages the brain, but the person within remains. Stress obscures that person; calm reveals them.

Accessing Remaining Skills: When calm, a person is more able to access their preserved memories, skills, and language. You get glimpses of who they are. When stressed, the brain is flooded, and these abilities become inaccessible.

Emotional Memory remains intact longest: Even as factual memory fades, the *emotional memory* of how an experience made them feel remains. A consistently low-stress environment creates a residual feeling of safety and trust, while a high-stress environment creates a background sense of fear and unease, even if they can't remember why.

To Protect Physical Health

The mind and body are inextricably linked. Stress in a person with dementia has serious physical consequences.

Weakened Immune System: Chronic stress makes them more susceptible to infections like pneumonia and UTIs, which are major causes of hospitalization and death in people with dementia.

Sleep Disruption: Stress causes poor sleep, which in turn worsens cognitive symptoms and creates a cycle of fatigue and confusion.

Appetite and Weight Loss: Anxiety can lead to a loss of appetite, contributing to malnutrition and physical decline.

To Make Care Easier and Safer for Everyone

This is a pragmatic, but no less important, reason. A calm person is easier and safer to care for.

Reducing Caregiver Burden: When the person is less stressed, they are less likely to resist personal care (like bathing or dressing), making the process smoother and less physically demanding for the caregiver.

Preventing Injury: Agitation and aggression can lead to falls or injuries for both the person and their caregiver. A calm environment is a safer environment.

The Core Principle: Stress is the Antithesis of Care

In summary, think of it this way: **A brain with dementia has a significantly reduced capacity to process stress.** What seems like a minor frustration to us (a change in routine, a loud noise, not being understood) can be utterly overwhelming for them.

Therefore, managing their stress is not an "add-on" to care; it **is** the foundation of effective, compassionate, and therapeutic care. By proactively creating a calm, predictable, and supportive environment, we are not just being kind—we are actively supporting their brain function, preserving their dignity, and improving their daily life in the most meaningful ways possible.

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What do you think is stressful to someone with later stages of dementia?

- Difficulty with communication
- Hunger
- Pain
- Tired
- Fear
- Anxiety
- Confusion
- Changes

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Ways to stimulate the parasympathetic nervous system to beat stress!

Deep breathing!

Spend time in nature

Get a massage

Practice meditation

Repetitive prayer / chanting.

Focus on a word that is soothing such as calm or peace

Play with animals or children

Practice yoga, chi kung, or tai chi

Exercise

Try progressive relaxation

Do something you enjoy, such as a favourite hobby

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Other ways to beat stress that also help reduce the impact of cognitive decline in later years

Talk to friends & family about your life good and bad!

Social interaction is complex, it keeps our brains healthy!

Think of all the different types of attention you require when engaging in a social situation.

Social interaction is essential for good brain health

Social isolation is a literal silent killer!

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C-Tactile system 🥰

What is the C-Tactile System?

The **C-Tactile (CT) system** is a distinct network of specialised nerve fibres in the skin. Unlike the fast-conducting nerves that signal sharp pain or fine touch (like feeling a pinprick or texture), CT fibers are:

- **Slow-conducting:** They send signals slowly to the brain.
- **Emotion-focused:** Their signals are processed in the brain's emotional and social centers, like the insular cortex, rather than the primary sensory cortex that maps "where" you were touched.
- **Optimally responsive to a specific kind of touch:** They are most effectively activated by **slow, gentle, skin-temperature stroking**, at a speed of about 1-10 cm per second (3-5 cm/s is often cited as the "sweet spot"). This is the kind of touch you'd naturally use to comfort a crying baby or soothe a loved one.

In essence, the CT system is our neurobiological pathway for **affective, or emotional, touch.** It's the physiology behind why a hug can feel so calming.

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C-Tactile autonomic regulation is the process by which slow, affective touch (via the CT fibers) actively shifts the autonomic nervous system from a state of sympathetic arousal (stress) to a state of parasympathetic calm.

When you provide slow, gentle touch to a person living with dementia, you are:

- Stimulating the CT fibers.
- Sending signals directly to the brain's emotional and social centers.
- Triggering a cascade that inhibits the stress response and activates the parasympathetic nervous system.

The measurable results can include:

- Slowed heart rate
- Lowered blood pressure
- Decreased levels of the stress hormone cortisol
- Increased levels of "bonding" hormones like oxytocin

Why This Is Critically Important in Dementia Care

This physiological mechanism is a powerful tool for several reasons:

1. It Bypasses Cognitive Deficits:

Dementia damages the brain's cognitive, "thinking" parts (like the hippocampus and cortex). However, the brainstem (where autonomic functions are regulated) and the insular cortex (which processes affective touch and interoception) are relatively preserved until much later stages. **You are communicating directly with a part of the brain that is still accessible,** using a language it understands—physiological safety.

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2. It Manages Stress and Anxiety at a Biological Level:
As we discussed, stress is devastating for a person with dementia. CT touch is a direct, drug-free intervention to counteract the toxic effects of stress hormones on an already vulnerable brain.

3. It Can Reduce Behavioral and Psychological Symptoms (BPSD):
Agitation, aggression, and anxiety are often expressions of an overactive sympathetic nervous system and a feeling of being unsafe. CT touch can de-escalate these states more effectively than words or reasoning, which the person may no longer be able to process. A gentle, slow stroke on the forearm can be more powerful than a verbal command to "calm down."

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4. It Fosters Connection and Reduces Loneliness:
For a person losing their connection to the world through memory and language, affective touch becomes a primary channel for communication. It says, "You are safe," "You are not alone," and "You are loved," without needing a single word. This can profoundly reduce feelings of social isolation and fear.

5. It Can Improve Cooperation with Care:
When a person is calm and their parasympathetic system is engaged, they are more likely to be receptive to care activities like bathing, dressing, and eating. Starting an interaction with affective touch can set a positive tone for the entire encounter.

A how to guide

Practical Application: How to Provide "CT-Optimal" Touch
It's not just *any* touch; it's about the **quality** of the touch.

- **Speed: Slow.** Aim for 3-5 centimetres per second. Think of a slow, gentle caress.
- **Pressure: Light.** It should be firm enough to make contact but not heavy or constricting.
- **Temperature: Skin-temperature** is ideal. Cold hands can startle and activate the wrong nerves.
- **Location:** The CT fibers are most dense on the **skin without hair**, like the forearms, back, and shoulders. The palms and soles have very few.
- **Context & Consent:** This is paramount. Always approach from the front, make eye contact if possible, and verbally announce what you are going to do, even if understanding is limited. Your tone of voice matters. Watch for non-verbal cues. If they pull away or tense up, stop immediately. The goal is to offer comfort, not to impose.

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Understanding and utilising C-Tactile autonomic regulation transforms touch from a simple gesture into a **targeted, neurobiological intervention.** It allows caregivers and clinicians to:
Use the physiology of safety to calm a distressed nervous system.
In a world where the person with dementia is increasingly losing control, offering this kind of touch gives them a profound sense of safety and connection at a level deeper than words can ever reach. It is a powerful way to honour their humanity and provide comfort when little else can.

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A little understanding about memory & attention.

A common question I hear, is “well why can they remember X but can’t remember Y??

🤔

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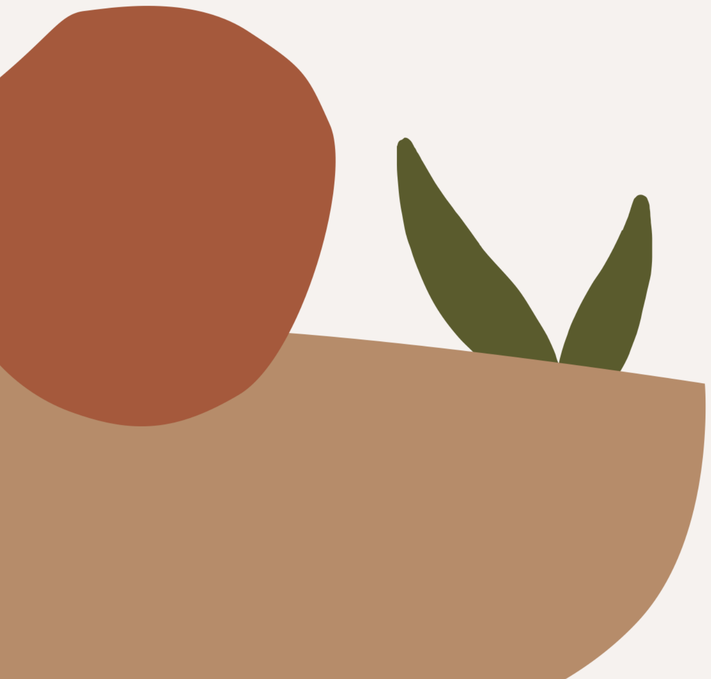
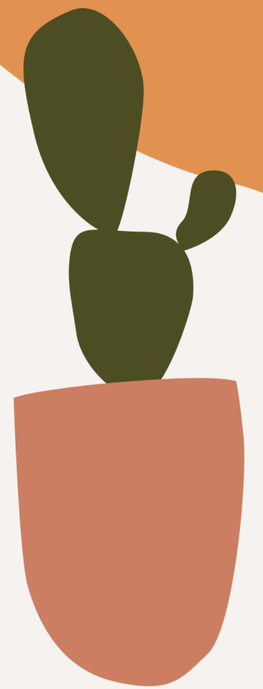
Attention vs Memory





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Different types of memory…

There is no definitive guide on different types of memory, but it is widely accepted memory can be categorised as -

- Sensory (the sound of someone walking into a room)
- Short term (remembering up to 7 items)
- Working (complex problem solving)
- Episodic (remembering events from your life)
- Semantic (general knowledge about the world)
- Procedural (remembering how to drive)
- Priming (a smoker wanting a cigarette after a meal)
- Prospective (remembering to do something in the future)

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What is attention?

Attention is our ability to choose and concentrate on a relevant stimuli
You need to pay attention to form memories!

Different types of attention…

- Arousal, this is our level of alertness
- Focused, your ability to focus on a stimuli
- Sustained, ability to hold attention for a long time
- Selective, to attend to something despite distractions
- Alternating, the ability to change focus between 2 or more things.
- Divided. The ability to attend to different things at the same time.

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Divided attention can also be called…..
Multitasking.
Multitasking is the enemy of memory!

Have you ever been in a rush walked into a room and gone… WHY AM I HERE??
Or come home greeted by the dog, desperate for the toilet and left your keys somewhere later to discover you have no idea where?
When our attention is divided our brain cannot form memories. This is not a sign of dementia, this is a symptom of modern life and thinking we are a species that can multitask.
Quite simply you cannot.

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How can we keep our brain healthy through out our lives and reduce the risk of getting dementia when older?

Our brains are beautiful!

COGNITIVE DECLINE IS NOT A NORMAL PART OF AGEING.

You have potential to be 100 and still be as sharp as a tack!

You just need to start looking after your brain

Now!

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The power of…
Routine!

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Why is Priming So Powerful in Dementia Care?

Even as declarative memory fails, implicit memory networks often remain relatively intact until much later stages. Priming leverages these preserved pathways.

1. **Reduces Cognitive Load and Stress:** Directly asking "What do you want for lunch?" or "Shall we call your daughter?" requires the brain to search, retrieve, and formulate a response—a taxing process. Priming provides cues that make the retrieval process easier and less stressful.
2. **Fosters a Sense of Competence and Agency:** When a person can successfully recall something or complete a task with subtle cues, it feels much better than failing a direct memory test. This preserves their dignity and sense of self.
3. **Decreases "Resistance to Care":** Often, resistance comes from surprise, confusion, or fear. Priming the brain for what is about to happen (e.g., a bath, a meal) makes the event feel more predictable and less threatening.
4. **Facilitates Connection:** Using priming related to a person's past (their profession, hobbies, favorite music) can open doors to positive emotional engagement, even if the specific memory isn't fully accessible.
5.

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Practical Applications: How to Use Priming as an intervention

The goal is to weave priming subtly into your interactions.

1. Priming for Activities and Routines

Instead of abruptly starting an activity, build a bridge to it.
Before Lunch: "Something smells delicious from the kitchen. It's making me think of warm, hearty meals. I believe we're having roast chicken today." (This primes the concepts of "food," "lunch," and “eating").

Before a Bath: "It's such a warm day. I think a nice, warm bath would feel very soothing. Would you like to feel the warm water?" (You might run the water audibly beforehand). This primes the brain for the sensation and routine of bathing, reducing shock.

Before an Outing: "The sun is shining beautifully. It's perfect weather for getting some fresh air. We're going to take a walk in the garden in a few minutes to enjoy the flowers."

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Priming for Conversation and Recall

Use cues to help someone find a word or memory without testing them.

To prompt a name: Instead of "What's your son's name?" try: "I was thinking about your son, the one who lives in Bolton. He has such a kind smile." The contextual details ("lives in Bolton," "kind smile") prime the neural network associated with the son, making it more likely the name will surface.

To discuss a past event: "You told me you used to be a teacher. I was imagining a classroom full of children, the sound of chalk on the blackboard..." This sensory-rich description primes the autobiographical memory network.

Using Music (A Powerful Primer): Playing music from a person's youth (18-25 years old) is one of the most effective priming techniques. It activates vast neural networks connected to emotion, memory, and identity, often leading to increased alertness, conversation, and even the ability to recall lyrics.

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Priming with the Environment (Sensory Priming)

<u>The environment itself can be a constant primer.</u>

Olfactory Priming (Smell): The smell of coffee or bread baking can prime the brain for mealtime. The smell of a specific soap or shampoo can prime the routine of washing.

Visual Priming:
Placing a placemat, cutlery, and a cup on the table well before a meal primes the brain for eating.

Putting a towel and washcloth on the bed primes for the bathing routine.

Photographs of family members in clear view prime the brain for their identities and the positive emotions associated with them.

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A Key Consideration: Emotional Priming

It's vital to remember that you can prime for negative states as well. A stressed, rushed, or impatient tone of voice can prime the person for a negative interaction, increasing their anxiety and defensiveness before you even begin an activity.

Always aim to prime for calm, safety, and positivity. Your tone, pace, and body language are the most powerful primers of all.

Conclusion

Priming is not about "fixing" memory. It's about working with the brain that remains.

By consciously using priming, you shift from being a tester of lost abilities to a skilled facilitator of preserved capabilities. You are creating a scaffold that supports the person's cognitive functioning, reduces their daily stress, and ultimately, allows more of their true self to shine through. It is a subtle, respectful, and profoundly effective approach to communication and care.

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What is Procedural Memory?

Procedural memory is a type of implicit (non-declarative) memory that involves learning and recalling how to perform tasks and skills. It's often called "muscle memory," though it involves more than just muscles.

It's the memory system for,

Motor skills: Tying shoelaces, brushing teeth, knitting, playing a musical instrument, walking.

Cognitive skills: Reading, solving a familiar type of puzzle.

Habitual routines: The sequence of steps for making a cup of tea, getting dressed, washing hands.

Key Insight: This type of memory is largely stored in brain structures like the basal ganglia and cerebellum, which are affected much later in Alzheimer's disease (and may be relatively spared in other dementias). This is why a person who can no longer tell you what a toothbrush is called may still be able to use it correctly.

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1.

Why Utilising Procedural Memory is So Powerful

- Promotes Independence and Dignity: Allowing a person to complete a task they "remember how to do" provides a profound sense of competence and self-worth, counteracting feelings of helplessness.

- Reduces Anxiety and Agitation: Engaging in a familiar, over-learned routine is calming. It requires little conscious thought, creating a state of "flow" that can lower stress.

- Bypasses Cognitive Deficits: You don't need to rely on verbal instruction or the person's ability to recall the name of an object. You are tapping into a deeper, more preserved neural pathway.

- Facilitates Connection: Sharing an activity based on procedural memory (e.g., folding laundry together) is a form of non-verbal communication and companionship that doesn't rely on conversation.

- Maintains Motor Function: Engaging in physical routines helps maintain strength, coordination, and dexterity.

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1. Practical Strategies for Utilising Procedural Memory

The key is to focus on process over outcome. The goal is not a perfectly folded towel, but the act of folding.

Identify the Person's Lifelong Skills and Routines (The "Procedural Profile")

Take a life history: What was their profession? (e.g., mechanic, seamstress, teacher, farmer).

What were their hobbies? (e.g., gardening, woodworking, baking, playing piano).

What were their daily domestic roles? (e.g., cooking, ironing, polishing silver, setting the table).

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1.

Create "Procedural Opportunities" Based on Their Profile

For a former homemaker/baker:

Activity: Provide a bowl and a cloth to "wash" (safe, unbreakable items). Give them a towel to fold, or lettuce to tear for a salad.

Baking Connection: Offer a bowl and a wooden spoon to stir (even if it's just dry beans or pasta). The motion of stirring is deeply procedural.

Setup: Lay out the items in the correct sequence to initiate the motor program (e.g., place the towel in their lap, then your hands over theirs to start the folding motion).

F

or a former office worker:

Activity: "Organising" tasks. Provide a stack of papers to sort, a pen and notepad to scribble on, or a calculator to press.

Setup: A tidy desk space with these items can feel familiar and inviting.

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1. The "Hand-Over-Hand" Technique to Initiate a Motor Program

Sometimes, the procedural memory needs a physical cue to "boot up."

How it works: Gently place your hands over the person's hands and guide them through the first few motions of the task.
Example (Toothbrushing): Instead of saying, "Brush your teeth," place the toothbrush in their hand, cover their hand with yours, and gently guide it toward their mouth in the brushing motion. Very often, after a few strokes, their brain and muscles take over, and you can slowly remove your hand.

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1. Chaining and Task Breakdown

For more complex tasks, break them down into steps that rely on individual procedural memories.

Task: Getting Dressed
Don't say, "Get dressed." This is too complex.
Instead, break it down and provide one item at a time, leveraging the procedure for each.
Hand them a shirt. The feel of the fabric and the shape may trigger the procedure of putting it on.
If they hesitate, use hand-over-hand to start pulling it over their head.
Once the shirt is on, then present the trousers.

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1. Use of Music and Rhythm

Music is deeply tied to procedural memory (think of dancing or singing along without consciously recalling the words).
Playing a familiar song can automatically trigger toe-tapping, humming, or even dancing.
Using a rhythmic chant can help with tasks like walking ("left, right, left, right") or rocking to stand up.

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Important Considerations and Cautions

Safety First: Always ensure the environment and tasks are safe. Avoid sharp objects, toxic substances, or tasks that could lead to falls. Supervision is key.

Focus on the Process, Not the Product: It doesn't matter if the folded towel is messy. The act of doing it is the success. Never "re-do" their work in front of them.

Observe for Frustration: If a task is causing distress, it may be that the procedural memory for it is no longer accessible. Stop immediately and switch to a different, simpler activity.

It's About Connection: The goal is not to get a job done, but to connect with the person through a medium they can still access and enjoy.

1. **In conclusion,**

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What not to say	What to do instead
You are wrong.	Change the subject
I have already told you!	Imagine it is the first time you are telling them, but calm and respectful.
Remember!!	Try to avoid the work remember, instead say the sentence without the word. Or the term “just to remind you”
What do you want…?	Give instructions with limited options.
They are dead, they passed away, I don’t know them	Gently change the subject,
When with a family member and in front of your clients don’t say, “Ya her dementia is getting worse”	Be respectful, leave the room.

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Things we should be doing with our Dementia Clients

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Orientation. Time Date Place. Reminders and writing.

Attention exercises. Written & Maths

Scanning tasks

Initiation and participation tasks. (Cooking, cleaning, personal care)

Exercises - Physical to increase heart rate & Cross Mid-line

Puzzles

Preferred activity support.

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