How to Have Fun and Not Get Hit: Successful Activities for Persons with Dementia
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Welcome to have -- how to have fun and not get hit. Working successfully with people who have dementia.

I welcome you. Our feature speaker is Dr. Kim Petersen. This is a learning activity for South Dakota. This is part of CMS is half to work -- path to work. Because of the high priority to dementia care, nursing homes across the country, have invited us to join. This is a group that consists of quality improvement organizations that include the state of Alaska, Colorado, Hawaii, Kansas, Nebraska, New Mexico and Utah. We are happy to help each other across state lines. There is a chat bot -- box and you may type. Your questions -- and you may type in your questions. I have put my e-mail address in the chat box. Those outside of South Dakota may contact your director. You will also receive a link. For continuing Ed credits, this has been approved for social workers in South Dakota are. -- And for administrators. If you are interested in Katie -- obtaining credit for South Dakota, please e-mail me. Please take time to complete the online evaluation will -- poll . I am pleased to introduce Dr. Kim Petersen . She has been the director of the memory center in Wisconsin. As is the past president from a medical Association. They serve on that dementia alliance in Wisconsin. Dr. Peterson, and Dr. Gail Peterson have established memory centers. He has special interest in behavior issues in dementia. He is -- uses medication for behavior. In July he gave a presentation on the center record -- psychiatric [Indiscernible] tool. On behalf of the South Dakota foundation of medical care, I welcome Dr. Peterson.
Thank you. Good afternoon to all of you who are listening. We are going to have an interesting presentation. I do welcome questions at the end. As you can tell by the title, how to have fun and not get hit, we want to make this exciting. I want to give you some new ways to look at people who have dementia. We have about an hour and a half, I will leave enough time at the end for questions. This shows a couple of guerrillas fighting. And the title is, is this how you feel working with dementia residents? This is a common frustration when working with people who have dementia. I have been working with people who have dementia when 35 years. How to have fun, I want to introduce our typical person with dementia. We need to understand the person who has dementia. All of their strengths and weaknesses. Hopefully you are familiar with Tom Kitt. I know personhood is a term that has been over used. I think this is a very important concept. I laid out his basic philosophy on this slide. A feeling, human being who is not limited to memory, problem-solving or daily living. You are still a human being. A person with dementia is a person with a disability. It is not a short term terminal illness. The person should be valued and respected for who they had been and who they are at the present time. He also said, a person whom we must learn to understand. We need to help. There are consequences. You need to understand what happens when you design the ninth personhood. He was able to document this. We increase their disability. We create a victim. Who wants to be a victim? Some other way they are handled they become dehumanized. It is just like prisoners of war. War criminals who are in a solitary confinement. Those things happen by the way our system is design. And also I preconceived ideas. When we deny the person with dementia, they become more afraid. They can spiral down into depression. Their dreams of what they wanted to do with their lives are shattered. This is one of the biggest disappointments and fears for someone with a newly diagnosed dementia. We had planned to do all the stress and all of these things -- trips and all of these things come up now we cannot because of my dementia. They are a unique person with strength and weaknesses. One of the things that bother me in Western civilization, and it is not true in Asian cultures. We try to categorize them in, there and as -- them and us. We are earning, we are listening and we are whole and there is nothing wrong with this. And then we have the long-term care. They are deficient. We do not feel that they have value. This is where there is a conscious effort or a non-conscious effort among family members and caretakers when taking care of someone who has dementia. We have to be careful on how we best that we do not -- we have to be careful that we do not put them in a category. If you are interested, I recommend you look at Tom Kott. He talks about toxic interactions. We have all done as including myself. Sometimes we will say, -- sometimes we lie. You might have a woman who would say, I wonder when mother is going to be here. And her mother has been deceased for quite some time. So instead of telling the truth, we tell a lie and say, well mother is running late.

We have to be careful on how we speak to the person. We stigmatize. We tend to go faster than the cognitive abilities are able to keep pace with what we are trying to do. Sometimes we use timeout. We put them in their room and we do not allow them to join other people. Objective vacation -- objectification, and we all do this. We withhold. We often use accusations. Often we say, George your behavior is not appropriate. That is beyond the point. He does not know what appropriate behavior is. Sometimes we interrupt them when they are telling us a long story. The polite thing would be that you should not do this. Sometimes we use mockery or discouragement. If we had more time I could give you more example. I think you should read Tom's work. We don't all do all of this. But there are toxic interactions. Just to sum up the
concept of personhood. Here we have love in the center. And there are parts that contribute. We have attached an attachment. They want to be part of the group. Occupation is not a job is something to do during the day. And in the right-hand corner we have identity. They are a unique person with their own special history and abilities. I think this should summarize all of the personhood and what it involves. We need to understand the person spere dementia intelligence. If you are not familiar with Howard Gardner, he was an educator. He designed all kinds of activities and development of the human being throughout life. We all have different intelligences. What we measure and deal with in school are the first to. -- two.

We tend to measure mathematical and logical skills. If you have a problem with this you probably had a stressful education in school. We also have visual spatial, musical, Moulder, not motor, naturalist, spiritualist. If you understand their strengths, then you can design activity programs that they will enjoy. They will fill successful. If you do not do that, if they are not her verbal person and all of your activities is funneled into story activity. They are not going to like it. If someone was going to force you to do it and activity you do not like you would try to get out of it. And this is when you get hit. One of the challenges with dementia people that -- I encourage you to spend time with the family. Find out their strengths. We will start with verbal intelligence. This is the person who in the past likes to read, right, -- write or do crosswords. They like conversations or public speaking. This is the first one who likes to tell stories. One of the things you can double check, in the school setting that -- you can find out if they enjoyed English or social studies or history. Did they take him toward language? --

You can get this from the patient and the family. This is common in a traditional educational system. The next is mathematical and logical intelligence. They are good with numbers. They could add a grocery bill in there had. -- their head.

They were good at investing. They like to read the Wall Street journal. They like to find patterns and what makes logical sense to them. In school they were the ones that did well in math, science that doctors and nurses would fit in this category. Now we will get into other ones that are not so familiar. Those that have visual spatial intelligence. These are people who are artistic. They like to draw and paint. They could be people who were a good seller. They -- sewer.

They tend to like color and design. Maybe they developed a for Tiger free copy -- photography hobby. You can ask if they enjoyed art classes or hold back. -- Home Ed.

Those who have skills in Moulder intelligence -- motor intelligence. These are people who were good at sports. They enjoyed dancing. They tend to be graceful. They tend to like exercise. They like to work with their hands. They can be mechanical. They can take it apart and put it back together. In school they would have liked physical education or art classes. In general most of us tend to end up -- if we are lucky to find careers in our strengths. People who have musical intelligence. These are people who like to see. Or play and -- an musical instrument. They enjoyed listening to music. Sometimes they are an expert in a certain musical error -- era. They enjoyed and. -- band or choir. The naturalist intelligence. They like to be part of the natural world. They might have had a lot of pets. They like to be outside. This is the person looking out the picture wishing they were doing something. They were good at caring
for pets. Or an interest in the environmental issues. They still like gardening. In school they would have liked science, botany, or geology classes anything that was natural. Spiritual intelligence. They get a lot of satisfaction out of religious or spiritual activity. They will pray on a --- pray on a regular basis. They like to have theological discussions. They had an opportunity to take philosophy or religion classes, they would have done so and would have had a big interest in it. There is a group of people who have emotional intelligence. This is more difficult to categorize. These are individuals who are self reflecting. They are good at interpreting their own needs and the needs of others. It will seem as in the dining room area when a resident might have trouble cutting up their food, and their neighbor will come over and help them. They tend to be good listeners. They are a lot of fun to be around, because oftentimes they had a good sense of humor. In school they would've enjoyed psychology classes, drama or social events. They tend to like people and like to be around people. Emotional intelligence have humor. These are individuals who like jokes. They are not afraid to look silly or act silly. They like to watch comedy on TV. They like silliness. Their families will tend -- tell you that they use humor in typical situations. At oftentimes because they have a sunny disposition, other people seek them out. Here is an example of a person with humor. This is called aging underwear. On the left hand side you have underwear from the 18th century, then you have the thong and they get smaller and smaller. I hope you found this funny and I -- and of course you can use it. We talked about the different intelligence. Individuals have more than one of intelligence. We tend to say -- stay the same even if we have dementia. They are still there. Once you can do the ask -- one of the things that you can do, is ask them dashed what -- what did you do for a job ?

Another thing you can do is ask when they were in school, what classes they did not like. You can ask about hobbies. And what keeps you busy now? If the answer is, nothing -- we have a job to do. You need to ask them what they always wanted to learn. We tend to want to do things in our comfort zone. We can ask them, what makes you the happiest in your life? It might be the family or working on the farm. We have talked about understanding the individual. And where we can have some vulnerability and how we handle them. We need to understand the individuals intelligence. Now let's turn to us. Anyone who is dealing with persons with dementia. One thing that is critical, is communication. Because human beings communicate through rote and -- written word and verbal communication. And sometimes this can be difficult for the person with dementia. You have to get the foundation set at the beginning. You need a quiet environment when you were going to communicate. Distraction of any kind with a purse -- person who has dementia cannot block out distractions. Try to avoid bright lighting. You do not want to have a window behind your sock -- behind you when you are talking to them. Reduce clutter. Personally, I have a strong bias against the television. I think it is just a babysitting pool. -- tool .

Some people with dementia can misidentify what they see on television and think it is real. In general, for any activity using a TV -- is a negative with a person who has dementia. You have to earn their attention. You need to make eye contact. We communicate with eyes. We like to see people. Many individuals have a delete it you are not looking at them, -- the police if you were not looking at them they will not listen. Some people like to be gently touched on the arm. It does not have to have any kind of sexual connotation, it is just a gentle touch. Do not loom over a person. Smile. Greek the person. -- Great the person.
Hello George. My name is Kim. Remember they well not always remember your name. If you keep pushing, you will irritate them. And they will not pay attention. Sometimes it is just 5 min. 5 min. You may have to move into a different setting and sit down with them again and start the conversation. Our boys quality is critical. Older people have a tendency to have a high frequency hearing last. -- loss .

You need to bring down the pitch of your voice. Speak slowly. Be calm. Do not use the same song he voice -- sing songy type voice. Make sure they have their hearing aid in their -- and this will help them here. -- hear .

When we speak louder, because of the force of the air going over the vocal cords, it is the same as if you were yelling. When we hear a large -- loud voice we feel threatened. So speaking louder is not a solution when a person has a hearing loss. You need to have a lower pitch, called and -- calm and slow down. The younger people have a tendency to speak faster. And if you speak faster, they will not understand. Besides I contact -- eye contact is your non-verbal cues. What are you saying with your body language? They eat -- may not understand all of your words, but they can see your body language. If you are upset, this is not the time to make contact with a person who has dementia. You need to relax, smile and approach the person with a non-threatening stance. I always tell people to have their hands in front. And not clenched. Always keep your hands in front where they can see them. Everyone has a personal zone. In it he stepped inside that zone, they will feel uncomfortable. They will try it to do something. It is also culturally different. Scandinavians, and the British, have a 3 foot personal zone. Some native Americans, and Southeast Asia people, looking in -- into their eyes can be threatening. And keep your language simple. That doesn't mean you have to use one or two your -- words. If you're helping them get dressed, -- you can say Bill, come over and sit in this chair. And you should pat that share. -- chair . Or You can say, though blue chair. They will look for something blue. They will see that your hand is on a blue state, -- thing so they will go over to the chair. There is no point in arguing or confronting them. You will always lose. This is when you get hit. If they do will -- if they really do not want to do something, they will not do it. You have -- you cannot confront them. It is not like arguing with your teenage kids. This slide talks about positive and negative language. On the right-hand side you see the negative language. If a resident wants to go outside, but they can't because there is the straight. Instead of saying, don't go out to the street. Rather say, let's explore the garden. If you have a nice garden -- I need to have a break, will you go with me? If they spill their juice, do not say, you spilled your juice all over. What you do is take the blame. This is called therapeutic setting. -- fibbing .

You can say, I am sorry I must have bumped the table and spilled your juice. We had a lot of dairy farmers. And they are used -- to getting up in the morning. You cannot say, Robert you cannot get up it is 4 AM. He doesn't understand, because he has to get up and milk the cows. Instead let him have some coffee. We have -- had a resident who had an accident. She was incompetent. Instead of saying, I need to clean you up. It makes them feel that. What she didn't say -- what you can say, let's go freshen up. Those are different ways of framing and getting the same thing accomplished without using negative language. Some people like to play the game, who is this? Family members do this all the time. They will ask, dad what did you have for
lunch? He will not remember. The same thing with activities. When you are dealing with something like this picture of the Cowboys. -- cowboy.

The worst thing you can say, who is this? Because they are going to go bad because they cannot remember. The other thing you can say, is this a picture of John Wayne? But there is a better way. You can say, John we looks -- Wayne looks serious, don't you think?

It allows them to take control. The best one, how do you feel when you see this picture of John Wayne? You are asking for their opinion. This is a creative question. There is no right or wrong answer. You could end up hearing, I watched all of John Wayne's movies. You will get a huge dialogue. You will get more, instead of just asking who is this. -- ?

There are different ways of responding. Many people get frustrated. If the person is trying to tell you something and they get stuck. They keep saying give me the -- and and get stuck. Many people in that stage of dementia are self-conscious about their language loss. Just recognizing it, can fix it. You can say, it must be really frustrating when you cannot find the words you are looking for. They are going to think, that this care provider who really cares about me. There is a person who can tell you the same story over and over again. If you say, bill -- Kim I have heard this story before. But rather you can say, what an interesting story. I love to hear you talk about the in the Navy. If you are interested in him he will continue with his story. There are people who say, I want to go home. Some people say, your mother will be here in a few minutes. There is a need for interaction. They miss the comfort of home. They miss the loving. There is -- they miss the loving parent.

The same thing in -- with, please do not leave me, stay here. But you have to go home. So what you can say, I hate to leave but I look forward to seeing you tomorrow. You do not have to respond to just that facts. You need to listen for the hidden message. And respond to that rather than giving them just state straight answer -- straight answer. Now we understand what they like or did not like to do. Now we should look at activities that will work. There are many activities out there. One of the big ones that people like to reminisce. They have done a lot of things. They have had success and sadness. It drives me nuts when family members want to correct the senior. And say no dad, it was not 1946, it was 19 1996. Who cares?

Let them write it down. Or they might dictate it. You have what is called the therapeutic restorative biographies. This company has a game, making memories together. It is the process not the product. Do not worry about the facts. Maybe some of you are familiar with Ann Basting. She has developed this created -- creative storytelling project. This happens to be a picture of a guy sitting under water he has since on -- fins on.

This patient wrote a story. He sings with tiny bubbles. This is a wonderful activity. Here is the web address. She would be happy to stare -- share this particular project with you. We have music there be. -- We have music therapy. We know that this helps when -- with people who have dementia. Persons with dementia can continue to participate in music activities into the late stage of the magic. But -- of dementia.

We can do what is called hand over hand activity. You have a bunch of small grounds -- drugs
People that have motor problems, you can help them get started. You want to keep the group small. What we know from research and observation, social interaction and emotional interaction improves with music. If they are agitated we can slow the music down. Listening to a song well stimulate a -- will stimulate a memory. Often times, for many of you -- music is a powerful memory trigger. We have different tribes of -- types of random. --

We have Alicia Clair who wrote a book called, therapeutic uses of music with older adults. We have David Eldridge who wrote music therapy in dementia care. We also have all of her socks -- Oliver Sacks. I would like to introduce you to Jane Verity and she has developed a program that is called the sunshine club. If you are not familiar with it, I encourage you to look at her website. This is a unique program. It has goals for participants. We want to boost their self-esteem. We want them to be creative. We want them to feel that they are a leader. And we want them to express themselves. There are three rules. One room, to the facilitators -- two facilitators and three club levels. It runs for approximately 1 1/2 hours. There is always an inviting ritual. Someone will greet them using their name. Many facilities have many clubs. You will walk with them into their room. This is a greeting and welcoming ritual. You tell them how happy you are that they are here. Then you have a beginning ritual. You may have a song to lead off. Or a snapped. -- snack.

You have a structure to it. You have that greeting and the beginning ritual. Then you have the middle name -- theme. You will write something on the board. You should have a nice background. Or you can use a poster board. You should always use large print. You have an ending ritual. You recap some of the fun things. You can use the same song, such as good night ladies. You think each person for calming. And promise to meet again on the next scheduled day. That was the structure. The other thing that Jane designed was levels. This is based on the abilities of the people. If you try to mix different levels of dementia people together you will not meet their needs. Club one, are those who need highly focusing activities. You want to limit the number. You do not want large groups. You are going to have big boot -- ballons or parachutes or flags. Because these people cannot concentrate too long. But they may interact with each other with nonverbal communication. Smiling, touching and movement and so forth. It is simplified but it meets the needs of their ability. Club number two. They are in the middle stages. They can concentrate a little bit longer. And you can have about six to eight members. You should use simulation through a mix of verbal communication and large colorful moving objects. They can respond. Then you have club number three. You do not want a large crowd. This group, life simulate -- stimulation through objects and verbal communication. They can make choices. They will initiate more conversations. And they can concentrate longer than 15 min. 15 min. So you need to sort your residence into the different groups. Based on their abilities. Let me give you a few examples. If this is a project you would like to look at, -- and your imagination and creativity can really bloom. You always have a beginning, middle and end. These are the people who have more verbal skills. And they can communicate more. You can bring in findings from garage sales or antique sales. You can pass one out. Then you go around and ask them what they think of when they see this object. What do they think? And this will stimulate -- you know my mother had one of these. And they will start talking. You can turn to the other people in the group and ask them, what do you think? You can keep the activity going this way with reminiscing. Remember to say, what do you think? Club to
activities -- two activities. They have the ability to stay focused. This is called the tree of life game. They often like to participate in games. Draw a large tree trunk. Then separately you cut out on the police. -- leaves There -- and then you have a proper on the back. They have to go and find the number. And if you have to help them that is fine. You help them read the proper on the back -- proverb. -- on the back.

Then you ask them, what do you think?

You take the leaf and stick it on the tree. Everyone gets to pick a leaf.

There are other things that you can use under the same rubric. You can have tactile toys. You can have scars, -- scarves or balloons. There is a variety of simple musical instruments that you can use to stimulate. Then club one. They are going to have little conversation. The greeting and ending should have a rational -- ritual. Jane has a game called, first snowfall. Gather cold-weather items. You can buy Styrofoam balls. You can cover them all over. So it makes it look like they have snow. Have each participant did into the wheelbarrow and find an item. Ask them, what does this make you think of? It is always a -- an element of surprise. Every participant should get praise. That is just an introduction to James -- Janes program. I think the stat gives is just -- I think the staff gets on out of it as well as the residence. We have Montessori-based activities. This is wonderful for late stage dementia. You have tactile sensory or auditory discrimination. You can't take a small orange, that and you can match the smell. You can do the same thing with sandpaper and covered blocks. Or that scooping -- the scooping activities. Later stage individuals may not have enough coordination. You have Montessori activities. The cognitive ability of many residents match the ability from the Montessori school. We have arts -- art and movement. If you had the swing era type of music playing. And everyone dresses up. Make it a special event and have a dance. Even those who physically cannot dance will still enjoy it. And procedural memory often remains for most of dementia. Whatever activity you want to break it into small components. Do not overwhelm them and expect them to do the whole thing. Remember, it is the process not the product. Sometimes you just have to come up with various things -- .

Reminiscent therapy. Sometimes when a resident does not want to take a bath. Where -- wear an apron. Why do we do this? Because their mother probably wore one. We had a resident that did not want to take a bath that she loved peanut butter sandwiches. So we let her eat a peanut butter sandwich while she took her bath. If they are angry or upset, allow them to burn off that energy. You can hand them a sheet and tell them to rip it up. This burns off some of the agitated behavior. And the person who is ravaging --, rummaging, and they do not have enough to do. You can have them sort blankets. You should have what is called, a lifesaver fanny pack. Inside you should have hankies, hand lotion,. Her meds that -- peppermints. And when somebody becomes agitated, you can pull something out. Here in Wisconsin we have all milking machines, which the partners had to clean every day. We have neat -- knitting needles, not the ones with a sharp hook. You can get this big box of activities. You can create a spot. You can decorate a room with Palm trees. You can have facials or managers. -- manicures. You can have a juice bar. One thing that is exciting, take a picture before, and take one after. There are lots of things that you can do to make it a special event. We talked about the life story book. Family members need to gather family pictures. And you can pull this out anytime they want to
reminisce. Every resident should have their own book. And it should be updated by the family. Do not forget about spirituality. Many people get a life out of Bible verses. Or reading the Koran or having a Menorah in their room. You might think about establishing a place for meditation. This might be escalate agitation. I will finish with humor and play. This is a whole another talk. One of the things that we understand, early-stage dementia person may be fighting to keep up the façade of control. The middle and later stages dementia person are letting go. There is all kinds of play behavior. You have to be willing to open up yourself. Like using Plato or finger paint -- play doh or finger paint. I think you should have a funny bar -- board. You can post funny things. You can have funny close or jewelry. You can share the book, Alexander and the terrible, horrible, no good, very bad, date. -- day There is -- there is also funny videos. You can find I Love Lucy or Milton Berle that would be great. And they are not always expense and -- [Indiscernible] . These are my own pictures. People love animal pictures. Here are some signs. People solve these when they drove around the country. This is a whole activity, it is called -- and I older than dirt? This is stuff that was going on back in the 30s, 40s and 50s. I have a car to. -- cartoon .

I am not sure if you can see this cartoon. Here is a another cartoon. The dog is saying, I am going to the vets to get tutored. [Laughter] . Dog lovers always love this one. Triggers for dementia behavior. You need to reduce the behavior before instead of after. You have environmental triggers. It is the relocation, architectural, uncomfortable environment, noise, these can all be challenges. There is physical and psychosocial triggers. One of the big ones is, pain. I know that everyone is put or looking for new illness. You always have to do with medication review. Screening for depression. Sometimes they are bored. There are individuals that have always had a morbid personality. Also they may have peers that they just do not like. That third, is caregiver interaction. You need to know what kind of dementia they have and what stage they are in. You should remember it is that disease -- a disease. Sometimes we have too much to do, but many times people in facilities do not have enough to do. Having meaningful days, 10 lesson anxiety. -- can lessen anxiety .

You need to ask yourself, how are you doing today? Dementia people will pick up on this if you are not having a good day. And they will think it is all about them. Slow down. The torches always -- tortoise always wins per -- . We already talk about communication failures. You need to go back and figure out what is not working. Final thoughts. Persons with dementia are just the same as you and me. If we live until our 80s, Minneapolis will have -- many of us will have this disease. People with dementia -- are human. They need and deserve our love. We have to help them. We need to make sure that they have a good quality of life. We now have time for questions.

If you have a question please press star one. If you are using a speakerphone, you might have to pick up the handset.

The three levels of group, for the sunshine group. Can you have all three of those at the same time?

No. You might have Monday for one group and Tuesday for another and so forth.
At the beginning you were talking about [Indiscernible-low volume]. We went to den -- an and service. -- inservice.

I have one resident who will not come in to eat, because she is waiting for her husband to pick her up. We always tell her, your husband is running late. Why don't you have lunch with us. Is this okay?

Yes. If her mother has been deceased for 30 years, to me that would be a lie. And that would not help at all. You might have to stretch the truth. She will not be -- eat because her husband is not there. That is okay to say, he is running late.

That was a good question.

I am showing no other questions. I would like to remind you, if you have a question please press star one.

Cindy, your line is open.

-- Trend three

Our next question is from Joyce.

She has dropped out of the queue.

We have one from 10 young -- Tana.

I noticed that you did not mention [Indiscernible].

I think there are things out there that are easier to use.

We have a question from Jean Martha.

I was wondering if you have heard of Lee Bartell? It is a technique that uses music to help with sleep.

Yes. It is the same science. It is amazing to watch it. I think it is a very good technique to use. You can use it for lots of things. You can use it for walking. Or singing. To some degree, you can use slower music to de-educate individuals -- they agitate.

We just started using that to see if we can tone down things later in the day.

We always talk about sundown syndrome. This is a time when people get agitated. I think we would see benefits with this therapy.

Thank you.
I am a caregiver. [Indiscernible-low volume]

With severe dementia, I would work with the sensory system. Massage, aromatherapy, music therapy. Sensory input, touch, hand massage or neck massage. Light and colors. These are all pleasurable. You need to get away from verbal interaction. Go into a lower level of brain interaction. You need to use many of them. From touch to cite -- sight and so forth.

I think we are out of time. Lori? Do you want to do the ending?

Thank you so much Dr. Peterson. You gave us some good tips and resources to use. So thank you so much. I want to thank the caregivers on the front line. They are getting the best possible care. This concludes today's presentation. Have a great day everyone. And thank you.

[ Event concluded]