

Spokane Regional

DEMENTIA FRIENDLY COMMUNITY

Biannual Newsletter

Vol. 5 Issue No. 1 - January, 2026

To subscribe, email
dementia@altcew.org



Our Story

The **Spokane Regional Dementia Friendly Community (SRDFC)** is a member of the **Dementia Friendly America® (DFA)** network and has been making a community effort to foster quality of life for people living with dementia in our region since 2018. A **Dementia Friendly Community (DFC)** is a town, city, or county that is respectful toward, and informed about, individuals with the disease, their families, and their caregivers. Because the number of Washingtonians living with dementia will continue to increase, we hope to create an equitable and inclusive community that is safe and supportive for people living with dementia and their care partners.

LETTER FROM THE EDITOR

As we step into the new year, winter reminds us of the importance of warmth, routine, and staying connected. While the season may feel quieter, our community remains active and committed to creating welcoming dementia friendly spaces for all.

This issue highlights resources, programs, and strategies to help you feel supported through the colder winter months.

- *Savannah Reams-Taylor*



SRDFC Website: [Click Here](#)

Helpline: 509-960-7281

Alzheimer's Association

24/7 Helpline:

1-800-272-3900



MESSAGE FROM OUR DFC

~ This winter, enjoy an inspirational story! ~

Don Ken, a 71-year-old living with Lewy body dementia, reached the 8,751-foot summit of Texas's Guadalupe Peak with the support of his wife and children. This unexpected adventure became a six-month family affair including training, planning, and the journey to the summit.

⇒ Read or listen to Don's story:

<https://beingpatient.com/don-kent-lewy-body-dementia/>

⇒ Watch on YouTube: <https://youtu.be/AjhaCbCX44M>

This is truly a story of inspiration and accomplishment. "One thing I would say to people with dementia," Don offered, "recognize what you can and can't do. There are a lot of things I can't do, and I choose to dwell on what I can do."



Triumph over Guadalupe Peak: A Man with Lewy Body Dementia and Parkinson's Inspiring Journey

If you or someone you know is looking for local dementia support, visit <https://www.altcew.org/programs-services/dementia-memory-loss/>.

Two Dementia Champion Moments

By: Bob Scarfo, PhD, Founder, Land and Life® LLC, WSU Emeritus

Moment #1: As a Landscape Architectural Designer

Both officially and unofficially, becoming a Dementia-friendly community member has awakened and excited the landscape designer in me. Too few organizations, universities, and municipalities are sufficiently advanced in understanding dementia to design built environments that enable people living with dementia to remain personally and socially active in their communities. Yet, even with the limited, but growing, sources of insight, there remains a wealth of information to be absorbed, interpreted, and applied to public and private spaces at the local, regional, and state levels. While evidence-based research is critical, for me, the best sources are those accounts that illuminate people's dementia experiences at a personal level. One example is the treasure trove found in **Wendy Mitchells'** three books (noted at the end of this article). Her progression with early onset dementia speaks to how much further designers (and the medical community) need to go.

Moment #2: As a Friend of a Friend

I am so grateful for all I have, and continue to learn, as a Dementia Friend. Last Thanksgiving, I got to be part of a friends' family's Thanksgiving dinner. Most of the extended family had already arrived before me. Barely inside the door one of my greeters (let's call him Wayne) was the husband of a friend. While there was no immediate sense of his condition, I knew he'd been living with dementia for a couple years. His hand shake and verbal cordiality were welcoming. As we stepped further into the house I heard a relative start with "Wayne, you remember....." And the Dementia Friendly child in me started screaming "No, no don't ask him if he remembers me from last year."

(Cont. on pg. 3)

*(Dementia Friend Champions,
Cont. from pg. 2)*

But the question got asked. Fortunately, without hesitation, the Dementia Friendly Child in me switched to, “Wayne, there were so many guests last year. I do recall we had a great time; the friendship and the food were both fantastic, as I am sure they will be tonight.”

I want to thank [Tara Hill Matthews](#), Eastern Washington’s Dementia Resource Catalyst and [Debby Dodds](#), my gerontologist teammate on the Palouse Region Memory Garden design project. Their help building my understanding of dementia has been invaluable. They, along with the work of [Judy Cornish](#), made life so much more comfortable for the four years I cared for my Mom and whenever I met my cousin over the years that her dementia progressed and eventually took her life.

My journey working as a landscape designer and interpreting what is published around the world—as well as the information growing here in Spokane, WA—regarding being diagnosed with dementia and coming to live with it has been a rewarding experience, both personally and professionally.

References: Wendy Mitchell’s three personal accounts of being with and coming to live with early onset dementia are titled [Somebody I Used to Know: a memoir](#) (2018), [What I Wish People Knew about Dementia](#) (2023), and [One Last Thing: how to live with the end in mind](#) (2024).

Judy Cornish’s two publications are [The Dementia Handbook: How to Provide Dementia Care at Home](#) (2017) and [Dementia With Dignity: Living Well with Alzheimer's or Dementia Using the DAWN Method](#) (2019).

New Volunteer Spotlight— Nicki Long

By: Tara Hill Matthews, Dementia Resource Catalyst

Nicki Long has been volunteering on the SRDFC Medical Professionals Subcommittee since June 2025! Nicki recently graduated from Eastern Washington University with an undergraduate degree in clinical psychology, and she plans to start a doctorate degree in clinical psychology in 2026.

In just a few months, Nicki has done so much. She created a list of warning signs that providers may observe during office visits that we added to our provider packets. She also distributed about a dozen new diagnosis packets to primary care providers, and one of those providers requested packets every month! Finally, she thought of reaching out to law enforcement officers and started delivering materials to them. Nicki is empathetic, curious and humble, and we’re glad she’s here!

She wanted to volunteer with the SRDFC because dementia is her planned career focus. When she was about to graduate college, she was looking for places to volunteer at, and her professor recommended ALTCEW.

She also volunteers at Providence Sacred Heart Medical Center, where she works with people living with dementia and other older adults. She knew most of the information in the Dementia Friends information session already through school and volunteering, but she said that it hadn’t occurred to her that it may take patients with dementia longer to respond.

When she’s not volunteering or doing homework, she enjoys hanging out with her fiancé, Blake, and seeing friends and family. She also enjoys watching a good show.

About volunteering at ALTCEW, she says: “I feel like I am making a difference. Since dementia is going to be my career focus, I also like getting to learn more and advocate for these patients. I have thoroughly enjoyed volunteering at ALTCEW over the past 6 months. It truly inspires me to do better and follow my dreams.”



Dementia Apps for Caregivers

2025 has brought us several applications (or apps) that those affected by dementia can use as resources. Some are listed below.

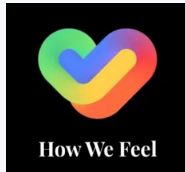
My ALZ Journey: *For finding user-friendly, step-by-step support*



My ALZ Journey
ALZHEIMER'S ASSOCIATION

- From the Alzheimer's Association, this app provides "step-by-step support, tailored tools and trusted information to make early-stage planning easier."
- The app starts by asking questions in order to make individualized recommendations for articles and resources. It then gives the user small steps to take to help with their situation.
- The app includes a library of resources from the Alzheimer's Association & a list of local resources.

How We Feel: *Identifying and coping with feelings*



- How We Feel is a "free journal for your well-being created by scientists, designers, engineers, and psychologists." This app can help people living with dementia and anyone else affected by dementia identify and cope with their feelings.
- It is designed to check in with the user randomly during the day. Users will identify their energy level and whether they are feeling pleasant/unpleasant, then will choose a specific feeling based on those factors.

Diidii: *For creating an effective care team*

diidii

- diidii is "designed to help the whole care team – from family to professionals – work better together to support older adults living at home, especially those struggling with getting around or remember things." Our own **Debby Dodds** is one of the co-founders of this app.
- Most users will find it through a professional service like a home care agency or long-term care facility. It allows family members to participate remotely and help curate personalized

content. It helps people living with dementia to trust their caregivers more quickly and to include family members in the care.

Dementia CareAssist: *For dealing with difficult behaviors*



- The goal of this app is to "help dementia caregivers manage challenging behaviors. The application walks the user through potential contributing factors, and provides tips to cope, for each behavior."
- The app has a large library of ideas to deal with various behaviors. The user can either search for a specific behavior or choose from a list of mood/behavior challenges and pick the one that they're interested in.

FAIR Health Consumer Alz. Disease & Related Dementias Tool:



Exploring treatment options/costs

- This is used on the FairHealth Consumer website, so users don't need to exclusively use it on a smartphone like with the other apps in this list. Users can "learn more about Alzheimer's disease and related dementias care and also learn about related costs."
- The website has two parts. The first shows a list of possible treatment options and organizes the list by when the treatment is most helpful, most effective, and what the side effects are. The second shows an estimated cost for different diagnosis and treatment options. Choose your location first for accuracy.

Zinnia TV: *For watching engaging, dementia-friendly videos*



- Zinnia TV is a "streaming service with calming, engaging videos designed for people living with dementia. It helps create positive, peaceful moments at home or in care settings." Zinnia's available on devices connected to the internet.
- The user can either choose to play the all-day channel or choose from specific playlists. For ex., there are playlists of things like pets, babies and travel. Zinnia TV can also help users start to get ready for the day or get ready for bed using activities of daily living videos.

Grandpa Art

By: Ally Farver, Case Manager I - VDC

Thank you so much to Ally Farver for sharing this story during World Alzheimer's Month last September!

I had a few short stories to tell about my grandpa Art, (Arthur Cramer) and how his story touched my life:

5 years after he married my grandma Ann in 1996, he was diagnosed with Lewy Body Dementia. He received his diagnosis in 2001 when I was just 3 years old. The first sign something was off and also the catalyst for him and my grandmother going to a neurologist was when he forgot his way home, and a neighbor stopped and had to give him directions to the farm, which was only a few miles down the road. At these early stages, he was still quite functional and only had moments of memory loss.

Growing up, I spent many years on the farm with him and didn't realize he had this disease until I was around 10 years old, when he was about 7 years into the timeline of his diagnosis, this is when it became evident to me, even as a child, that grandpa was slipping away. This was also the start of my new life, assisting my grandma with caring for him.

He lived with the disease until 2014 when he passed away, and our family cared for him all those years on our family farm.

The disease progressed slowly, but steadily affected his body and brain. He began to wear his shoes on the wrong feet, and the Parkinson's caused him to shuffle with each step he took. (I can still remember the sound of his slippers shuffling and could often tell where he was just by the sound of his feet). Some days he would put on one work boot, and one slipper, and head out the door to get the chicken eggs while I would trail behind ensuring he remembered his way back home from the barn.



Despite the grief that we carried while watching how this disease affected him, there was also so much gratitude and joy in being present with him and caring for him.

One Christmas eve, after grandpa and I had frosted Christmas cookies, we were all sitting in the living room listening to Christmas music. Throughout that day, I had been telling him "grandpa, its Christmas time!" or "time to frost Christmas cookies" but I could tell he just wasn't there that day and he didn't seem to know it was Christmas. By this time, he was in the latter years of his diagnosis, and most days he didn't register much and what he did register was confusing for him or unclear and his body had also slowed down from the Parkinson's-part of the dementia.



And yet all the sudden, he sprang up from his chair and grabbed me by the arm and yelled "ALLY IT'S CHRISTMAS TIME, GET UP and LETS DANCE!!". And we all danced with him, until a few minutes later, when his memory again faded away, and he sat back down in his chair. But nothing could replace my memory of his smile and his joy that evening!

Here is a silly photo of that Christmas eve, when he suddenly remembered it was Christmas time and a few extras just to give you a glimpse into what a special grandpa he was. **(Cont. on pg. 6)**

(Grandpa Art, Continued from pg. 5)

One time he was standing by the window, looking out into the field. I came and stood next to him, and he said “Ally, go out and tell those people that they cannot loiter on our property!” I looked out into the field looking for people, but the only thing out in the field was the herd of our black angus cattle, I tried to tell him, “grandpa those aren’t people, those are cows” but alas, he was so frustrated with these “people”. So, I ran outside and shewed away the cows into the barn!



He also had a belief that he was on FOX news, and everyday he would come get me or my grandma around 10AM, and make us sit with him to watch “his segment on Fox News”. Grandma and I created a piece of paper/certificate that said “Thank you, Arthur Cramer for your time on Fox news!” and put it in the mailbox for him. He was so proud of that certificate he hung it by his chair.

Overall, he was my inspiration for wanting to work with elderly, and my grandma’s ability to care for him even through the most difficult moments is the foundation of what built my heart and capacity to be present during this stage in life. Now I can see how it prepared me for my job now and given me the greatest gift of all, as well as the unconditional love and understanding for those going through this disease.

The WA Cares Fund Pilot

The WA Cares Fund helps Washington workers earn long-term care benefits. Benefits can be used for services like in-home care, a paid family caregiver, home modifications, home-delivered meals and transportation. Anyone who meets [contribution and care needs requirements](#) can access benefits starting in July 2026.

If you live in Lewis, Mason, Spokane or Thurston counties, you may be able to get early access to benefits through the [pilot program](#). Applications open in January for pilot participants, and you can get started now by contacting the WA Cares team at 844-CARE4WA (844-227-3492) or [by email](#).

RESOURCES FOR PEOPLE LIVING WITH DEMENTIA AND THEIR CAREGIVERS

- [FAIR Health Launches Alzheimer’s Disease Shared Decision-Making Tool and Supplementary Resources](#)
- [The Therapeutic Impact Cats Bring to Seniors with Dementia - Cat Care Society](#)
- [Positive Aging Videos - Find Positive Aging Community Videos](#)
- [The Anti-inflammatory Diet for Brain Health: Evidence, Benefits, How to Begin - Being Patient](#)
- [Spokane, Washington GriefShare Groups - Grief Recovery Support](#)
- [Mindfulness and Dementia: Living in the Intuitive World - The DAWN Method](#)
- [Holiday and Event Guide – Dementia Friendly America](#)
- [Understanding Behavioral Changes in Dementia - Lewy Body Dementia Association](#)
- [Stages & Behaviors - Alzheimer's Association](#)

New Volunteer Spotlight— Cathi Lamoreux

By: Tara Hill Matthews, Dementia Resource Catalyst

Cathi Lamoreux has been volunteering as a Dementia Friends Champion since the end of August. She is a retired Speech Language Pathologist who has been working with adults for almost 30 years. She also has a certificate in horticultural therapy and says that “the people/plants connection provides many quality-of-life and well-being benefits for everyone.”

Cathi co-facilitated one Dementia Friends information session at the library, and she and Bruce Dentler are already planning a presentation for the Master Gardener program (close to a hundred people!) in January. Cathi is passionate about working with people living with dementia and is great at explaining things in an engaging, easy-to-understand way. Everyone should ask her about her fist-brain analogy sometime. We’re lucky to have her knowledge and experience!

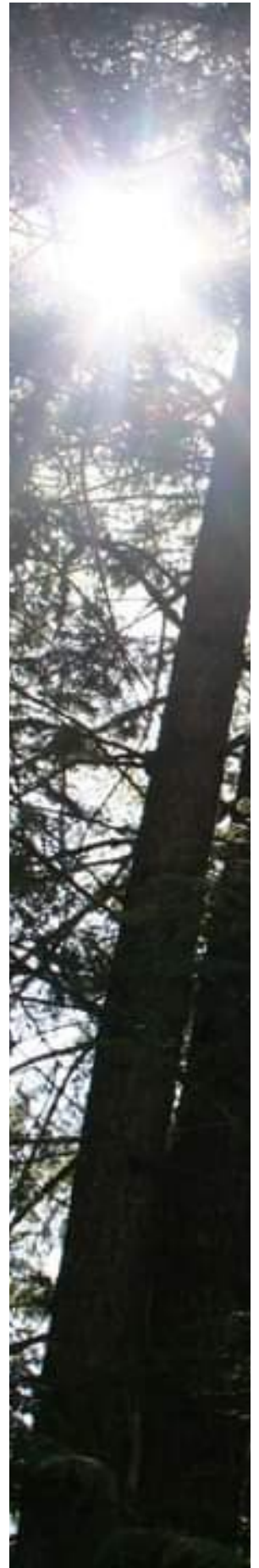
She hopes to become involved with the medical professionals and businesses subcommittees, to be involved with the Palouse Region Memory Garden and to facilitate more Dementia Friends information sessions in 2026.

When asked what she enjoys when she’s not volunteering, she said that she seems to always be volunteering! In addition to her Dementia Friends Champion role, she will step into the role of president of the Master Gardener Foundation of Washington state on January 1. She has been volunteering with the Master Gardener Program since 2008. She is also working with a team from across the country to develop a therapeutic horticulture training program for master gardeners. She enjoys being out in her garden as much as possible, reading, knitting, baking, seeing friends, visiting family and traveling.

Because she worked with adults her whole career (except the year after grad school), she has extensive knowledge about dementia. For example, she says that “dementia is not one size fits all – every person is unique.” She hopes that our efforts will result in helping people stay as independent as possible for as long as possible.

She wrote an article on cognitive rehabilitation for this issue of the newsletter, which you can find on page 8. Here is a sneak peek before you read the rest of the article: “I learned that educating the person with dementia, their family & friends is well worth embracing as it addresses the scary part of ‘what is happening to me?’ and also helps establish effective cognitive rehab approaches that make a huge difference in their quality of life.”

About volunteering for Dementia Friends, she says: “I have met so many wonderful people over the years and I want to continue to do so by raising public awareness about living with dementia through participating in the Dementia Friends program.”



OUR VISION

CREATE A DEMENTIA

FRIENDLY COMMUNITY

IN EASTERN, WA



Helpful Resources:

- [Aging & Long Term Care of Eastern Washington](#)
- [Alzheimer's Association](#)
- [Community Living Connections](#)
- [Dementia Friends](#)
- [Dementia Friendly America](#)
- [Providence ElderPlace](#)
- [Providence Health & Services](#)
- [Well Connected - Front Porch](#)
- [WA State Dementia Roadmap](#)
- [Additional Spokane Resources](#)

All resources provided can be found at the Spokane Regional DFC's webpage:

[Click Here](#)

What is Cognitive Rehabilitation?

By: Cathi Lamoreux, retired Speech Language Pathologist

Cognitive rehabilitation helps improve functions that allow you to think, process and use information, communicate clearly, maintain safety awareness, and attend to a task when you have experienced a condition that affects your ability to interact with people and the environment effectively.

There are two types of cognitive rehabilitation:

- Restorative treatment where you address how to improve your skills through practice.
- Compensatory treatment where you learn to work around deficits by using compensatory devices and tools as low tech as sticky notes, journals and calendars to higher tech devices such as cell phones, computers and augmentative communication devices.

Cognitive rehab is based on the concept of neuroplasticity which says that the brain can adjust and make new pathways by adapting and reprogramming throughout your entire life. After a brain injury, condition, or disease your brain recognizes that you will need to adapt and find a new way. Cognitive rehab supports your brain in adjusting to a new situation.

Who Can Benefit?

Every person is different, so there is not a one-size-fits-all approach. The techniques will be tailored to your needs, depending on the causes and symptoms of your brain injury or disease, and your specific daily life activities. Conditions that can require cognitive rehab include dementia, stroke (CVA), brain tumor, brain surgery, traumatic brain injury (TBI), heart conditions, anoxia, long COVID, and neurodegenerative diseases such as multiple sclerosis, Parkinsons, cerebral palsy, and Huntington's disease. Any condition that impairs your ability to clearly think, plan and communicate can be a reason for seeking cognitive rehab services.

The cognitive functions that can be improved include memory, attention, auditory comprehension, reasoning, problem-solving, safety awareness, **(Cont. on pg. 9)**

(Cognitive Rehabilitation, Cont. from pg. 8)

planning, expressive and receptive communication, reading, self-awareness and others.

If you are a candidate for cognitive rehabilitation, your doctor will make a referral to a Speech Language Pathologist (SLP) or another qualified cognitive rehab specialist in your locale. If you were hospitalized after experiencing one of the above conditions, you probably have already worked with an SLP as an inpatient in the hospital or rehab center on cognition, language and/or dysphagia (swallowing). At home, you might qualify for home health services. Or, you can access services as an outpatient from a hospital, rehab clinic, university clinic, or private practice.

What Does a Session Look Like?

Both restorative and compensatory techniques are addressed in your individualized treatment plan. There are different methods & techniques used by therapists or other qualified cognitive rehab specialists to reach your goal. The sessions can be offered in the following ways:

- In person—1:1 or in groups
- Virtually—1:1 or in groups
- Combination of both settings

The sessions usually last 30-60 minutes and can be scheduled daily, weekly, or monthly depending on your needs, progress and insurance coverage.

The types of exercises, techniques and strategies that will be used depends on your diagnosis, current abilities, and overall goals. The therapist will first assess your functional ability using a variety of approaches that can include standardized tests and informal testing. The therapist will ask about your home and work life, hobbies, and interests to gain a better picture of what you want to accomplish during therapy. The therapist will then develop a treatment plan that includes short-term and long-term goals, cognitive deficits to be addressed, proposed strategies for achieving your goals, and when treatment is predicted to be completed. Because you and your therapist are working together as a team, the treatment plan will be shared with you for your input and approval prior to initiating the sessions. Periodically during your treatment, the therapist will reassess your skills to determine progress and adjust goals as needed. When you have either met your goals, achieved your highest level of function, or reached your maximum number of sessions determined by your insurance plan, your treatment will be concluded.



JOIN THE MOVEMENT TO BECOME A DEMENTIA FRIEND!

You can be a Dementia Friend and help create a dementia-friendly community. To learn more:

- Head to: altcew.org/become-a-dementia-friend
- Visit our Event Calendar: altcew.org/news-events/event-calendar
- Email: dementia@altcew.org



Cognitive Rehabilitation Therapy

What is it?

Cognitive Rehabilitation Therapy (Cog Rehab) is a proven therapeutic approach to help individuals experiencing cognitive changes. The aim is to improve a person's ability to perform cognitive tasks by teaching compensatory strategies and retraining previously learned skills. It's like physical therapy for the brain.

Outpatient Providers

Practice Name	Contact Information	Insurance Accepted	Accepting new patients?	Notes
<i>Acceleration Therapy Services</i>	702 S Park Ave, Deer Park, WA 99006 (509) 276-2005	Medicare, WA Medicaid, most Medicare Advantage plans (including dual-eligible)	There is a wait list, but it typically isn't long	Cog Rehab is only offered at the Deer Park location.
<i>EWU Speech and Language Clinic</i>	850 E Spokane Falls Blvd, Spokane, WA 99202 (509) 828-1324	The clinic is donation-based.	Yes, and clients can self-refer	This clinic is only open during academic semesters. It is closed during university breaks and holidays.
<i>Inland Speech Pathology</i>	2611 E Moran Vista Ln, Spokane, WA 99223 (509) 448-5970	Medicare, Kaiser and Premera Medicare Advantage plans	Yes	
<i>Lumen Speech and Cognitive Therapy</i>	12 E Rowan Ave, Ste L2, Spokane, WA 99207 (509) 720-8639	Medicare, some commercial plans, L&I, private pay	Yes	
<i>Moneta Health</i>	Virtual care only (844) 535-6833	TRICARE, original Medicare and some Medicare Advantage plans (including dual-eligible)	Yes	Patients meet with a dedicated therapist by phone and engage in AI-powered cognitive activities between sessions.
<i>Providence St. Luke's Rehabilitation Medical Center</i>	711 S Cowley St, Spokane, WA 99202 (509) 473-6000	All Medicare/Medicaid aid plans, including MA and dual-eligible	Yes	St. Luke's also provides inpatient rehabilitation.
<i>WSU Range Community Clinic</i>	310 N Riverpoint Blvd, Spokane, WA 99202 (509) 505-7481	WA Medicaid, Medicare and dual-eligible plans	Yes	

Inpatient Providers

There may also be speech therapists in individual long-term care facilities and hospitals that can provide cognitive rehabilitation therapy.



The Association for Frontotemporal Degeneration's mission is to improve the quality of life of people affected by Frontotemporal Degeneration and drive research to a cure.



Vascular dementia is commonly associated with left-hemisphere stroke, impacting reasoning, judgment, memory and other thought processes. Learn more with the [American Stroke Association](#).



The Parkinson's Foundation makes life better for people with Parkinson's disease (PD) by improving care and advancing research toward a cure. In everything we do, we build on the energy, experience and passion of our global Parkinson's community.



[Dementia Society of America](#)® is the nation's leading volunteer-driven all-Dementias awareness organization. DSA provides an information request hotline (1-800-DEMENTIA®), online resources, and a web-based locator, which can help families and individuals find valuable support near them.

Fidget Aprons

By: Savannah Reams-Taylor, Marketing & Outreach Coordinator

A story of creativity and love! Meet **Emi Takayama**, a college student from Seattle whose grandmother's experience with Alzheimer's disease inspired a beautiful act of care. During the pandemic, Emi and her family began hand-making fidget aprons to help soothe individuals living with dementia.

Fidget aprons are calming, sensory aprons designed with textures like fuzzy patches, zippers, ribbons, and buttons to help reduce anxiety and stimulate both touch and sight. Each one is unique, meaningful, and made with love.

Emi's goal? To share fidget aprons with rural communities and Native American populations across WA, ensuring everyone has access to comfort and dignity.

Want to create your own or learn more about these aprons? Check out the information below for what you'll need, creative attachment ideas, and sewing tips. Please reach out to Emi if you are interested in receiving a fidget apron or would like to contribute to the project at emitseattle@gmail.com!



Who I Am

Background

My name is Emi Takayama, and I am a current college student born and raised in Seattle, WA. My grandmother had Alzheimer's disease (AD), and she inspired me to take on this project during the pandemic. With the hopes of supporting others with AD, I decided to make fidget aprons from home with my family.

What are Fidget Aprons?

Fidget aprons work as anxiety reducing tools to help soothe the user by offering various textures and attachments to "fidget" with. By sewing fuzzy patches, buttons, zippers, and more - onto an aesthetically pleasing apron - they stimulate both visual and tactile senses.

Goals

After sending fidget aprons to various families in the Seattle area through the University of Washington's Alzheimer's Research Center, I now hope to reach other parts of Washington. My new goal is to send more aprons to rural areas and Native American populations, which represent an integral part of Washington's population.



Interested?



Read more about my story here!
For questions or interest in the project, feel free to email:
emitseattle@gmail.com

Make your own apron!

Apron

You will need: 15 yards of cotton woven fabric, zipper and scrap fabrics, ribbon, trim, key rings, additional objects (see list below), and an apron sewing pattern. You can also buy a blank, pre-made apron, or use one you already have, instead of following a sewing pattern.



Recommended sewing pattern from Fishstick Designs

Packaged Fidget Aprons



Attachments

- Avoid small buttons or any tiny objects that people could choke on or tear off.
- High quality pom-poms: keychain pom-poms are soothing to the touch and sturdy
- Sensory diverse materials: unique fabrics! my favorite attachment is cutting out squares from bath mats!
- Keychains and beaded chains: sewn on squishy keychains and hand-beaded chains on stretchy string
- Fuzzy socks: small baby socks, very soft
- Dollar store items, e.g. Goodwill: great materials at the dollar store and at goodwill, like loofahs and patches that had many different textures.
- Visuals are important! Use nice colors that appeal to your loved one's senses.

Donations



Please reach out if you are interested in receiving a fidget apron or would like to contribute to the project!

Email: emitseattle@gmail.com



Fidget Aprons

Handmade, created from home



For individuals with mid to late stage Alzheimer's, dementia

Benefits of a DEMENTIA FRIENDS INFORMATION SESSION

By: Bruce Dentler, SRDFC Volunteer

Since I have been interested in giving Dementia Friends Information Sessions to community groups and organizations, oftentimes it is challenging to sell the idea to group members unless they already have a personal relationship with me to begin with. Time is valuable for everyone and it can be difficult to ask for an hour of someone's time for listening to a person who is a stranger talk about a subject that already has some stigma associated with it. The look I get in return typically says, "You want an hour of our time to talk about dementia? Seriously?"

I was excited to hear of a special virtual program being offered by Dementia Friendly America on November 18th, 2025. It was part education and part celebratory and titled, "**Dementia Friendsgiving.**" The program featured recent progress and accomplishments and future goals as well as special challenges. One of the favorite elements was the presentation of awards and recognition of several states' initiatives and programs. I want to mention one of the awards that was given to the Ohio Dementia Friends project.

Ohio Dementia Friends decided to do a study of changes that occurred in people's thinking before and after listening to a Dementia Friends Information Session. Some of the leaders of the University of Findlay in Findlay, Ohio, decided that it would be beneficial to offer the information session to some of the students and staff so they scheduled several sessions. Within the information session there is an exercise right at the beginning that asks the people in the audience, "What word comes to your mind or do you associate with the word, dementia?" Most of the words that people think of are negative or derogatory.

The study done of the audience members was to ask people at the end of the session to share the words that came to mind when they thought of dementia. That particular piece is not part of a typical dementia information session. The results of the study were impressive.

Before the Dementia Friends Information Session, the words associated with dementia were: *Spaced out, regression, old, deterioration, horrible, failing, traumatic, terrible, death, incapable, upsetting, fear, disability, angry, unaware, loss, impaired.*

After the Dementia Friends Information Session, the words that came to peoples' minds were: *Visit, assistance, hope, respect, prompting, meaningful, dignity, fighters, living, possibility, give, capable, inspiring, hopeful, overcoming, empathy, routine, adaptation.*

The different words that the study documented "before" session and "after" session were markedly different and made the point that the Dementia Friends Information Session resulted in a significant change in attendees' thinking and attitude about dementia and people living with dementia.

I decided to make a separate information sheet about this study that was done in Ohio to go with the information flyer when I am making my pitch for an invitation to give the Dementia Friends Information Session. I approached an organization a few days before Christmas and I received an invitation on the spot. I think this information sheet would be helpful for anyone to use when they are describing the dementia information that they would like to present to an organization. If you would like a copy of the handout, contact **Tara Hill Matthews** at tara.hillmatthews@dshs.wa.gov.

A Dementia Learning Moment: My Experience with Oxycodone

By: Bob Scarfo, PhD, Founder, Land and Life® LLC, WSU Emeritus

At the conclusion of my hip operation, I started a prescribed series of doses of oxycodone. Knowing well the fears and the actual dangers associated with the drug, I had an extended discussion with my surgeon and we decided I would use the drug to help mask the initial pain. When I talked to family members and friends about pain post-surgery, their collective stories told me to first be sure to discuss the possibilities given my existing daily regime of medications and supplements, and secondly, establish a Plan A and a Plan B with my surgeon's help. My Plan A was to initially take doses of oxy that the surgeon prescribed every so many hours and discontinue as soon as possible, switching to Tylenol as needed.

I'm not sure if I screwed up the dosage of oxycodone or not. Along with everything else, I had to keep in mind the first two days has to factor in the dissipation of the anesthetics in my system as called for by the operating surgeon. It takes a couple days and can influence the pain medications. For the first two days into post-op, my issue wasn't pain; it was my ability to stay on task and stay focused in conversations.

Given notification of my upcoming surgery, my sister immediately agreed to travel the 2,800 miles from Plymouth, MA, to Spokane, WA, to care for her big brother. Unbeknownst to both of us, what she brought along with her carry-on was the New Englander's habitual rapid speak. A three-minute conversation, even a ten-minute discussion, could easily seem to be made up of one long, pause-free, sentence with all the words delivered in rapid-fire sequence. My sister talks faster than most people, but, having now lived in the Pacific Northwest for 30 years, I think most East Coasters talk too fast. That habit exacerbated my growing discomfort with talking with her when we returned home after surgery.

Fortunately, my sister and I are more than a good team; we are a great team. We worked together, even though we didn't live in the same state, looking after our Dad as his life came to an end and years later, as our Mom dealt with dementia and eventually passed away. I realized the discomfort I felt talking with Sis had more to do with the oxycodone-induced slowdown of my cognitive abilities than with its pain suppression.

During one particular dining-room-table discussion regarding how I was to look after my meds, I began to feel frustration, confusion, and anger as whatever we were struggling to share increasingly became a drain on my brain's cognitive abilities. I felt like I was trying to think through tapioca pudding. Sis had presented me with a rapid-fire sequence of three things to consider. While I was still struggling to identify, clarify, and respond to her first sentence's item, Sis was already on Item #3. Beyond the confusion, my background research in trying to understand dementia from the inside began to send me signals: "Tell her to slow down"; "Let her know you can't keep up"; "Be sure she understands I am having these problems."

The walk-away messages here are two-fold. First, clearly understand your pain medication's dosage and stick to it religiously. Second, be readily willing to share your feelings and experiences with your care partner.

Okay, a third messages is...Ice, ice, and more ice. You can do this.





RATE THE AGEISM: MAN ON THE INSIDE

By: Anne Freeman, SRDFC Volunteer

Have you ever wondered if someone you know isn't who you think they are? Maybe they're in the witness protection program. Or maybe, like Ted Danson's character in *Man On The Inside*, they're working undercover. Danson plays Charles Nieuwendyk, a widower and retired professor. Upon the urging of his daughter to find a hobby, he answers an ad and is hired by a private investigator to move into a retirement community and discover who is behind a theft.

Ageism is demonstrated for comedic element as Private Investigator, Julie Kovelenco, interviews senior men who have no skills regarding cell phones. Charles dispels this myth with his knowledge of technology and personal insights during his undercover work. Additionally, many familiar actors from TV and film make up the cast of residents at Pacific View Retirement Community. They disrupt the stereotype that age limits what you can give back by bringing their experience and expert performances.

The writers accurately created the culture at Pacific View right down to the last detail. Each staff member reveals their concern for giving quality care to the residents within the duties of their job role. The director cares for their safety, emotional and personal needs as she finds every issue, big and seemingly small, lands on her desk. The residents reveal the challenges of aging with humor and seriousness. As Charles puts it, "This place is insane! It's like High School!"

Pacific View is a multilevel care facility that includes a memory unit called, *The Neighborhood*. Dementia is dealt with compassionately and with sensitivity. Charles' wife died of Alzheimer's disease, and he finds the memory unit a painful reminder. But this personal experience becomes a valuable tool in relationships with the residents. He also begins a new chapter with his daughter as they finally open up about their shared loss.

This review was cautiously written to avoid any spoilers but encourages viewers to discover this charming spin on adventures in senior living.

Partner Spotlight — Hannah Erickson

By: Tara Hill Matthews, Dementia Resource Catalyst

Hannah Erickson has partnered with ALTCEW to create a creative writing class for seniors. The last session ended in December, and a new series will start on January 14th. It will run every Wednesday from 1:30-2:30 at the Shadle Park Library (2111 W Wellesley Ave). The class is geared for people with cognitive changes and older adults looking for community, but everyone who is interested in learning more about writing is invited to attend!

Attendees don't need previous writing experience to attend. Hannah has structured the class so that writers read excerpts that show one principle, then use that principle to respond to a specific prompt. About the class, she says, "I hope to see you all there. This is a really fun space where you get to meet other people, build community, and try new things."

Hannah is a Creative Writing MFA candidate with a focus on fiction. Hannah has been working with EWU's Writers in the Community program for four months. She says that she's "glad to be working with such an amazing program." She wanted to work with older adults because she loves hearing her grandparents' stories. She says that since they have so many experiences, they are "some of the best storytellers I know." She also says, "working with this community makes me feel closer to him and like I can give back in a productive way."

Keep reading to learn more about Hannah and Writers in the Community!

What do you do in your role with Writers in the Community (in your words)?

My role is to introduce writing as a possibility and a new way of thinking. It is an art form that only requires a pen and paper, and I hope to introduce small ways to get folks started with writing while maybe even opening a new door or secret hobby that you might not have known about. It is a fun activity to try something new, and I am here to help with that.

What have you learned about dementia in this role or in previous roles that you want to share?

After seeing my grandfather live with dementia and now getting to work in this role, the most important thing that I have learned is that this diagnosis isn't a definition of who that person is and what their abilities are. My grandfather and others were/are still capable of trying new things and could still be creative, funny, and incredible individuals.

What is your favorite part of your role?

My favorite part of this role is to meet new people and hear your stories. I love seeing what everyone comes up with because it is always so creative (even if you don't think it is!). What you pay attention to and how you think/experience life is really amazing, and I am always impressed with your work. You walk away with a complete little poem, essay, or story, and that is amazing to me. Plus, all the smiling faces of people that I get to meet while doing this is amazing!

What do you enjoy doing when you're not working with Writers in the Community or studying?

I love to be outdoors! Going out on walks, runs, hikes, and birding takes up quite a bit of time. You can also find me going to museums, going down a rabbit hole learning about history, reading, and completing a puzzle or two.



Making Your Home Safe for Someone Living with Dementia



By: Tara Hill Matthews, Dementia Resource Catalyst

During the holidays, many families bring someone living with dementia to a home that is unfamiliar or outside of their daily routine. Dementia can cause changes besides memory loss that we don't usually think of – things like judgment changes, sensory changes and trouble with balance. That means that it's important to consider making changes to a home to make it safer for someone living with dementia, even if they will only be there for a short time. Below are changes that you can make to a home to reduce the risk of falls or other accidents. For more resources, contact the dementia team at dementia@altcew.org or (509) 777-1629.

General Tips

Topic	Recommendations
Lighting	<ul style="list-style-type: none"> • Ensure that lighting is bright, especially in walkways and entryways • Minimize glare by covering or removing mirrors and reflective flooring • Install lights that are easy to turn on or automatically turn on
Flooring	<ul style="list-style-type: none"> • Reduce clutter and remove or secure rugs and loose carpet • Abrupt changes in the color of flooring can look like a change in depth for someone living with dementia. For example, a black rug on a white floor can look like a hole in the floor. Use flooring in solid colors with little contrast
Labels and Signs	<ul style="list-style-type: none"> • Add signs that have instructions for daily tasks (for example, how to use the toaster) • Use pictures to show where something is (for example, a picture of a toilet on the bathroom door or a picture of glasses on the corresponding kitchen cupboard) • Decorate entryways with distinctive, consistent objects to make them recognizable
Furniture and appliances	<ul style="list-style-type: none"> • Paint walls a different color from floors to help with depth perception • Use different colors than the wall for cabinets, toilets, tables, etc. to help them stand out
Firearms	<ul style="list-style-type: none"> • Storing firearms safely is important to protect children and to avoid theft and misuse. You can also save a life by putting time and distance between someone who may be at risk for suicide • Many choices are available for safe storage, including: Lockbox, Safe/Vault, Trigger Lock, Cable Lock • It's safest to store a firearm unloaded, locked up and with ammunition locked in a separate location • Contact ALTCEW at (509) 777-1629 to get a free cable lock from the Veterans Crisis Line

Room-Specific Tips

Room	Recommendations
Bathroom	<ul style="list-style-type: none"> • Place medications in a locked drawer or cabinet • Remove inside locks on doors or find a way to unlock the door from the outside if necessary • Make sure the water temperature is safe • Install grab bars for the shower, toilet and tub and use a plastic shower stool • Remove small electrical appliances
Kitchen	<ul style="list-style-type: none"> • Add knob covers, locks or automatic shut-off devices on the stove • Consider disconnecting the garbage disposal and installing clear kitchen cabinets • Put locks on cupboards with knives, cleaning supplies, etc. • Place signs with pictures near appliances that get hot, like the toaster
Bedrooms	<ul style="list-style-type: none"> • Provide seating to help with dressing and other tasks • Use a room monitoring device to alert you to problems • Avoid furniture with sharp corners and buy clocks with large numbers
Outdoors	<ul style="list-style-type: none"> • Make sure walking surfaces are flat to prevent falls • Add seating (with shelter, if possible) • Secure outdoor spaces with fencing or monitoring devices

SPOKANE COUNTY LIBRARY DISTRICT

HEALTH & WELLNESS PROGRAMS – 2026 – LEARN MORE: [WWW.SCLLD.ORG](http://www.sclld.org)

2026—Memory Cafés: Memory Cafés are a comfortable way to connect with other caregivers and people experiencing memory loss while socializing and building new support networks.

- ⇒ **NORTH SPOKANE LIBRARY:** Each Tuesday, 11 a.m. to 12 p.m., Call (509) 893-8200 for accommodations.
44 E Hawthorne Rd, Spokane, WA 99218
- ⇒ **SPOKANE VALLEY LIBRARY:** Every 2nd Monday with the Alzheimer’s Association, 1:30 to 2:30 p.m.
22 N Herald Rd, Spokane Valley, WA 99206

Dementia Sessions: You can become a Dementia Friend, a Dementia Friend Champion, or take a professional dementia education course with the Spokane County Library District!

- ⇒ **UPCOMING SESSIONS:** [Click Here](#)

View the SCLD full event calendar at: www.sclld.org/health-wellness-programs



Upcoming Alzheimer's & Dementia Programs – Learn More: www.alz.org/alzwa

Memory Café: Persons living with Alzheimer's or dementia and their care partners can socialize in a relaxed setting, make connections, and create friendships. Walk-ins welcome, calling ahead is encouraged.

- ⇒ **Dementia Community Café:** 3rd Friday of each month, 2 to 3:30 p.m.
Central Spokane YMCA, 930 N Monroe St., Spokane, WA 99201, *parking pass provided*
Contact Sean Jonz if interested in participating or volunteering: (509) 207-7667

Spokane County Caregiver Support Groups: Build a support system with people who understand. Alzheimer's Association caregiver support groups, conducted by trained facilitators, are a safe place for caregivers, family, and friends of persons with dementia to develop a support system.

- ⇒ **Spokane North Caregiver Support Group:** 2nd and 4th Monday of each month, 1 to 2:30 p.m.
St. Luke Lutheran Church - 9704 N Division St, Spokane, WA 99218
- ⇒ **Spokane Downtown Caregiver Support Group:** 3rd Tuesday of each month, 1:30 to 3:00 p.m.
First Presbyterian Church - 318 S Cedar St, Spokane, WA 99201
- ⇒ **Spokane South Caregiver Support Group:** 4th Saturday of each month, 10:30 a.m. to 12 p.m.
Unity Spiritual Center - 2900 S Bernard St, Spokane, WA 99203
- ⇒ **Spokane Valley Caregiver Support Group:** 1st, 2nd & 3rd Wednesday of each month, 10 a.m. to 12 p.m.
Spokane Valley Senior Center - 2426 N Discovery Pl, Spokane, WA 99216
- ⇒ **Newport Support Group:** 4th Wednesday of each month, 1 to 2:00 p.m.
Hospitality House – 216 S Washington Ave, Newport, WA 99156