



## McCormick Dementia Services

Advancing Community Outreach

Your Connection to Dementia Care and Support



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## Note from the Director



We held our annual forum meeting in April. The sessions were open to anyone, including people currently attending the program and those on the waitlist. Participants received a year-in-review update, along with a preview of what’s planned for the year ahead. There were many questions about overnight respite, and plenty of appreciation for the services provided and the professionalism of our staff. If you would like to read the meeting minutes, you can find them at:

<https://mccormickcaregroup.ca/resources/client-and-care-partner-council/>

You’ll notice a lot of overnight respite information in this newsletter, as we continue to have overnight stays available. We are now opening our overnight respite service to clients who attend other adult day programs (e.g., Dorchester, Parkhill). This will expand respite access in the community and help us keep our beds filled. If you are interested in using overnight respite but are feeling reluctant, please reach out to your social worker to talk it through.

Booking a stay with a friend from the Club is one way to make the experience more comfortable and successful. It can take time for folks to adjust to staying with us, so we encourage care partners to try overnight respite before it becomes necessary—for example, when you need to travel or attend an event such as a wedding.

We would love your feedback about overnight respite:

<https://tinyurl.com/2tp3yedu> ✨

Funding continues to be very restricted, so we are exploring alternate revenue streams, in addition to continued advocacy. The need for our services keeps growing, and our staff are feeling the pressure. We remain committed to finding resourceful ways to respond to community needs while also protecting the well-being of our team members. As soon as there is news to share about our next strategic plan, you will be notified.

As always, I welcome your feedback and suggestions. Please reach out to set up a time to discuss your ideas.

*Becky Clark*

Becky Clark, Director



If you'd like to learn more about overnight respite, please watch this video:

<https://www.youtube.com/watch?v=w1SJe0uzisY> ✨

### If you like stats, the following data from the 2025/2026 fiscal year may interest you:

- Number of client referrals to the day program: 353 (increase of 16%)
- Number of clients on the wait list: 269 (increase of 19%)
- Number of clients who accessed the day program: 369 (increase of 11%)
- Number of day program visits (attendance days): 15,706 (increase of 3%)
- Number of care partners supported: 1,219 (increase of 20%)
- Number of support group and education sessions: 168 (0% change)
- Attendance in groups, education, and webinars: 1,495 (decrease of 10%)

# MESSAGE FROM NURSING

## Rest, Recharge, Respite.

Lindsay Stewart, Nursing Care Manager

McCormick Dementia Services provides overnight respite care seven days a week for clients who already attend “The Club”. Care partners may book stays of three, four, or seven nights. Clients are eligible for one stay per month, with bookings available up to two months in advance. Additionally, clients may request to be placed on a cancellation list, which may allow for an additional respite stay within the same month, subject to availability. Bookings can be made with our administrative assistance.

### What to Expect During a Respite Stay

Once clients arrive, they are welcomed into the programming room that best suits them and their interests. Clients will be involved in a variety of person-centred recreational programs which may include art, crafts, music, word puzzles, trivia, exercises, physical games, table games, Montessori activities and helping tasks. Clients receive recreation programming until 8:00 pm. Clients are provided with breakfast, lunch and dinner during their stay. Meals are prepared in the kitchen of McCormick Home, which allows us to offer modified textures (regular, minced, puree) and fluids (regular, thickened). All meals are served by our nursing team in their programming rooms.

### Personal Care

Our nursing team, which includes registered practical nurses and personal support workers, supports clients 24 hours a day. Our nursing team is available to provide personal care assistance from supervision to full mechanical lifts.

Our nursing team takes pride in ensuring clients receive the additional personal care they need during their respite stay, such as cleaning and trimming fingernails, brushing and styling hair, and shaving men’s faces, if requested. Bathing services can be scheduled for an additional fee.

### Medication

Clients are supported to follow the same medication regimen that they receive at home. We ask that medication come in blister packs or original, labelled bottles and be prescribed by a physician/nurse practitioner, including over-the-counter medications (e.g., Tylenol, Vitamins). Our team is not permitted to administer medication that is not in the accepted packaging.

### Respite Rooms

Clients have their own personal sleeping room in the program space, furnished with Murphy beds, or the hospital bed. Clients also have access to an adjacent washroom with a toilet and sink. While clients are participating in recreational programming, they will have access to recliner chairs for additional rest and relaxation.

- When clients book their respite stay, a list of what to pack for their stay is provided to assist with ensuring your person has everything they will need to make their respite stay successful.
- Following their respite stay, a “Respite Recep” note is sent home with the client to let care partners know how their stay went.

# MESSAGE FROM SOCIAL WORK

## Overnight Respite: Working Through Common Experiences of Guilt

Sonja Radoja, MSW RSW

For some care partners, leaving their person at respite for their first overnight stay can be an emotional experience. Many have questioned whether they are doing the right thing and wonder how their person will adjust to being in a new location without them. Care partners have expressed feelings that include guilt, anxiety, or even relief. All of these are normal responses to a tremendously emotional journey. Guilt is one of those powerful, complex emotions that requires some observation. Gaining awareness of the thoughts that arouse these feelings can be helpful. We don't all feel guilty over the same things, and when it comes to caregiving, relationship dynamics can play a large role in how we interpret them. Perhaps we can relate to what humorist Erma Bombeck penned, "*Guilt: the gift that keeps on giving.*" So, **what is guilt, and where does it come from?**

The American Psychological Association (APA) defines guilt as "*a self-conscious emotion characterized by a painful appraisal of having done (or thought) something that is wrong and often by a readiness to take action designed to undo or mitigate this wrong.*" We also know that people experience guilt for a variety of reasons, including actions they did or failed to do.

Guilt may be beneficial in promoting prosocial behaviour, repairing relationships, or even serving as a motivator for social change by helping us discern the difference between right and wrong. But what happens when the overwhelming feelings we've been experiencing don't necessarily match the actions we've taken or decisions we must make? In these circumstances, guilt can be experienced as an overly heavy burden on those who are simply trying to do their best.

It may be valuable to remember that guilt is an emotion, not a fact. Increasing our awareness or becoming conscious of the thoughts that provoke these feelings, may be useful in helping us to view our situation from an alternative perspective.

We can be mindful of our emotions while still recognizing we may not always be interpreting our thoughts and feelings in a way that truly reflects our current circumstances, past experiences, or be a positive contributor to future outcomes. This is especially true when it comes to those common feelings of guilt that caregivers are all too familiar with.

There are times we might interpret our feelings of guilt in ways that can prove to be counterproductive to us. When it comes to caregiving, this may contribute to making this already challenging role feel even more stressful than it may already seem, ultimately leading to poor outcomes on caregiver health and wellbeing. Normalizing this experience can help us challenge the thoughts that may arise from time to time.

When it comes to making the decision to utilize overnight respite services, these are some of the contributing factors our care partners have expressed regarding their own personal feelings of guilt:

- Feeling guilty for wanting time to yourself to do “unproductive” things such as being with family, friends, or simply taking time out to rest.
- Guilt being directed at you from your person.
- Feeling guilty for having strong emotions of relief when your person leaves the home.
- Believing you may not be living up to the expectations of others who have no understanding of your relationship, personal health, or investments you have already made in being a care partner.
- Guilt that may be attached to the complexity of your past relationship with the person, either positively or negatively.
- Thinking of past promises made to your person regarding what you may or may not have agreed to before their dementia diagnosis.
- Guilt that arises from comparing your situation to someone else’s or comparing your worst days to someone else’s best moments.
- Guilt for not feeling guilty at all.

As you might imagine, this is just a sampling of the feelings that a person might face. Along with these feelings of guilt, thoughts and fears related to the unknown might also contribute to a person’s hesitancy to access supports. Care partners have also wondered:

- **Will a change in location make my person’s dementia worse?**
- **What do I tell them about staying overnight?**
- **What happens if they don’t like it? I don’t think I could bear knowing they are unhappy.**
- **Will I be ok on my own? We’ve never spent any time apart.**
- **Will the staff know how to provide the same level of care for my person as I do?**
- **What if they miss me?**
- **What if they don’t remember me?**
- **Am I doing the right thing?**

Cue – guilt. As we circle back to this emotion, knowing we share this common experience can provide some context as to why we feel the way we do, and reassure ourselves that we’re not the only ones. Along with this, there may be some practical ways in which to ease the tension regarding the decision-making process and its provocation of guilt. I certainly don’t propose the following considerations to be a promise akin to the magical outcomes from fairy tales of old; however, they might prove to be worthy of reflection when it comes to knowing what to do with some of the feelings that you experience.

- **Acknowledging the emotion.** Recognition is one of the key steps in being able to feel and interpret our physical and emotional states.
  - **Giving yourself permission to feel this way.** Feeling guilty is not wrong, nor does it necessarily mean you've done something wrong. Denying or covering up our emotions may be one of our go-to coping strategies, but being open to them might offer up a different perspective.
  - **Accepting what is.** Is it time to re-examine the expectations you've placed on yourself and shift these in a way that is more in alignment with your present reality?
  - **Many people have reported that journaling their thoughts and feelings** has been quite useful and may offer a cathartic avenue of release.
  - **Reminding yourself that you are doing the best you can with the circumstances you've been presented with.** We are all human and no one will walk through this life perfectly. A little self-compassion can go a long way.
- **Considering how you might respond to your best friend if they came to you carrying the same heavy load.** What might you say to them? This may provide a way to reframe some of the more persistent negative thoughts that often precede feelings of overwhelming guilt.
  - **Finding support in the collective.** Shared experiences can do a lot to reduce isolation and perceived suffering. You might think about joining one of our Care Partner Support Groups or elicit support from family and friends.
  - **Reaching out to a professional.** Whether that's your primary care provider, your McCormick Dementia Services Social Worker, or another professional, we can offer up some perspective and provide you with an empathetic ear.



The team at McCormick Dementia Services understands that each person has unique needs, and every care partner faces exceptional challenges. This is one of the reasons why overnight respite begins with a one-night stay. Adjustment takes time, if not for the person living with dementia, but often for the care partner themselves. Ask questions and seek support. Our team is here to assist you through the transition, so please reach out to us. Receiving the gift of respite and laying down the gift of guilt might be just what you need in this moment.

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# MESSAGE FROM RECREATION

## Engagement Boxes for People Living with Dementia

Heidi Smythe, Recreation Specialist

Creating an engagement box (sometimes called an activity box or memory box) is a meaningful way to provide stimulation, comfort and connection for the person you are caring for.

These boxes can be an individual activity or can be a shared experience, where you explore the contents together. Filled with familiar and everyday objects, engagement boxes encourage people to interact, communicate and reminisce. They can also serve as a soothing distraction during times of restlessness or anxiety.

**The purpose of these boxes is to offer a positive, calming experience through gentle stimulation of the senses: sight, sound, smell, taste, touch and movement.**

There are endless possibilities! Boxes can be customized to the individual's interests, history and abilities.

- **Personal box:** Filled with meaningful personal items such as photos, favorite music, jewelry, cards & letters, small keepsakes
- **Themed box:** Office – Ideal for individuals who may feel that they still need to 'go to work'. Use file folders, pens and highlighters, a hole punch, clips, in-out trays, etc
- **Sensory:** Sensory activities help stimulate and process information from the environment using the 5 senses. Sensory items could be music, lotions, safe textured items, textiles, or fiddle gadgets.



## When presenting the box.....

- Create an environment and set a tone, you don't want to overstimulate
- Soft music, dim or natural light
- Choose items that may spark emotion or bring joy. Remember, items can be removed/ rotated at any time!!
- When offering the box, refer to it as "your box" or "your things."
- Indicate that it "needs to be organized" or "let's see what's in this box"

**Have Fun! Engagement boxes are about connection, comfort and joy!  
Enjoy the moment, be present, and let the experience unfold naturally.  
Create an environment and set a tone. You don't want to overstimulate.**



# The InterRAI Community Health Assessment

Andrea Fagan, InterRAI-CHA Assessor

The Adult Day Program (or ‘the Club’) within McCormick Dementia Services strives to offer you the highest standard of care possible. One tool we use to achieve this goal is the InterRAI Community Health Assessment (RAI-CHA). This standardized assessment tool is designed to accurately assess your abilities and needs, enabling us to connect you with the most suitable care and support in a timely manner.

Club clients receiving in-home services through Ontario Health atHome or those on a waitlist for Long Term Care will already have a Care Coordinator, who regularly completes a similar InterRAI assessment.

For Club clients without a Care Coordinator through Ontario Health atHome, we have a RAI-CHA Assessor who provides this service.

## What is the InterRAI Community Health Assessment (CHA)?

The InterRAI-CHA is a research-validated questionnaire with several questions that help us assess our clients’ needs. It is often completed in the comfort and privacy of your home during a visit from the RAI-CHA Assessor. The questions cover areas such as medical background, social support, and overall health status.

The information provided during this assessment offers a current and accurate view of your health status, which in turn assists in finding the services that best meet those needs. Appropriate services can help enhance your ability to stay as independent as possible in your home and remain connected to the community.

## Who is the RAI-CHA Assessor?

We have recently welcomed Andrea Fagan to the role of RAI-CHA Assessor. Andrea comes with decades of experience in the home care and community sector, having started out as a visiting nurse with the Victorian Order of Nurses (VON). Her work included public health, community development in northern British Columbia, 17 years with Community Care Access Centre (now known as Ontario Health atHome), and six years as a Professional Practice Specialist with the nursing union.



When Andrea 'retired' from her 32-year nursing career, she quickly realized that yoga teacher training, gardening and a new puppy provided enough space for a meaningful connection to the community. After years of referring clients to McCormick Dementia Services, she leapt at the chance to join the team in April of '26.

## What are the benefits of the InterRAI-CHA?

The greatest benefit is that the client has direct input into any areas of concern. As the RAI-CHA Assessor, Andrea can coordinate services, helping the client and care partner navigate the healthcare system. This information can also be viewed by other agencies providing services or those accessed in the future, thereby avoiding the need to repeat information.

## How does it work?

Andrea keeps track of all clients who attend the Club and their status with Ontario Health atHome. If a client is not involved with Ontario Health atHome, Andrea will reach out to their primary care partner to schedule an appointment to complete the assessment.

If supports are needed in the home, Andrea will assist in completing the requested service registrations. The RAI-CHA is typically completed every six months but if something changes, we can reassess to provide support sooner.

If you have any questions about this process or need assistance accessing community supports, please reach out to:

**Andrea Fagan**

**InterRAI-CHA Assessor**

**Phone: 519-439-9336 x 2341**

**Email: [afagan@mccormickcare.ca](mailto:afagan@mccormickcare.ca)**

# UPCOMING DATES



## HEAR FROM MCCORMICK CARE FOUNDATION

**RITZ**  
GALA

PRESENTED BY SILVER FOX PHARMACY

Thank you for making this year's event a great success!

**McCormick Care Foundation**  
Advancing Excellence in Dementia Care  
[mccormickcarefoundation.ca](http://mccormickcarefoundation.ca)



**McCormick  
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# FAQ OVERNIGHT RESPITE



## WHO CAN BOOK RESPITE?

Our overnight respite program is available to clients who attend McCormick and Salvation Army adult day programs. Clients on our waitlist can also be considered.

## WHAT IF MY PERSON REQUIRES A HOSPITAL BED?

The day program offers one hospital bed for those who require assistance with safe transfers and positioning. Nursing staff assess clients to determine if they would be safer and more comfortable using this bed. Due to the limited availability, those who require the hospital bed may have more limited options when booking respite. We do our best to accommodate specific date requests, but these cannot always be guaranteed.

**FOR MORE INFORMATION,  
INCLUDING A PACKING CHECKLIST,  
FEES, AND A VIDEO OVERVIEW,  
PLEASE VISIT OUR WEBSITE.**



<https://tinyurl.com/3ds8vkav>

## HOW LONG CAN MY PERSON STAY?

The day program offers three-night and four-night stays that run from Monday to Thursday and Thursday to Monday, respectively. One bed per week is also designated for seven-night stays that fill up quickly! If you are interested in a seven-night stay, please note that it must run from Monday to Monday or Thursday to Thursday.

## HOW FAR AHEAD CAN I BOOK A STAY?

Respite bookings are always done two months in advance. For example, on February 1st, you can begin booking stays in April, and so on. Reminders will occasionally be sent out, but it is the responsibility of caregivers to call and book stays. Spots often fill up quickly!



[nkozinska@mccormickcare.ca](mailto:nkozinska@mccormickcare.ca)



519-439-9336 ext. 2347

# Client Bill of Rights

In keeping with the Patient Bill of Rights under the Connecting People to Home and Community Care Act, 2020 and the new Home and Community Care Services Ontario Regulation 187/22 under the Connecting Care Act, 2019 for people who access home and community care services, McCormick Care Group shall ensure that the following rights of clients receiving services at the McCormick Dementia Services Adult Day Program will be fully respected and promoted.

- 1 Every client has the right to be treated in a respectful manner and to be free from physical, sexual, mental, emotional, verbal and financial abuse by the provider.
2. Every client has the right to be treated in a manner that respects the client's dignity and privacy and that promotes the client's autonomy and participation in decision making.
3. Every client has the right to be treated in a manner that recognizes the client's individuality and that is sensitive to and responds to the client's needs and preferences, including preferences based on ethnic, spiritual, linguistic, familiar and cultural factors.
4. Every client has the right to receive home and community care services free from discrimination on any ground of discrimination prohibited by the *Human Rights Code* or the *Canadian Charter of Rights and Freedoms*.
5. Every client who is First Nations, Metis or Inuk has the right to receive home and community care services in a culturally safe manner.
6. Every client has the right to clear and accessible information about their home and community care services.
7. Every client has the right to participate in the assessment of their needs, development of their care plan, reassessment of their needs and revision of their care plan.

8. Every client has the right to designate a person to be present with them during assessments.
9. Every client has the right to designate a person to participate in the development, evaluation and revision of their care plan.
10. Every client who receives more than one home and community care service has the right to receive assistance in coordinating their services from the health service provider or Ontario Health Team.
11. Every client has the right to give or refuse consent to the provision of any home and community care service.
12. Every client has the right to raise concerns or recommend changes in connection with the home and community care service provided to them and in connection with policies and decisions that affect their interests, to the provider of the home and community care service, the agency and its employees, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
13. Every client who receives a home and community care service has the right to be informed of the laws, rules and policies affecting the operation of the provider of the home and community care service, including this Client Bill of Rights, and to be informed, in writing, of the procedures for initiating complaints about the provider.
14. Every client has the right to have personal records kept confidential in accordance with the law.



**McCormick  
Dementia Services**

Advancing Community Outreach



# McCormick Dementia Services

Advancing Community Outreach

## STAFF LIST

Please feel free to contact us regarding your care partner's participation in the day program or to discuss any questions or concerns you may have.

Phone	519-439-9336	Extension
Director	Becky Clark	2343
Social Workers	Tara Machacek Catherine Robson Sonja Radoja Nancy O'Regan	2337 2553 2373 2340
Administrative Assistant	Natalie Kozinska	2347
InterRAI-CHA Assessor	Andrea Fagan	2341
Day Program Manager	Elizabeth Hardy	2344
Recreation	Julie Riddell Becky Vandermey Jane Greenwell Heidi Smythe Vanessa Rubini Natalie Woods	2391
Nursing Care Manager	Lindsay Stewart, RPN	2343
Nursing	Rajeev Sharma, RPN Arlene Trabado, RPN Novie Lucena, RPN Shymol Joshi, RPN Ashly James, RPN Diane Centeno, RPN	2346