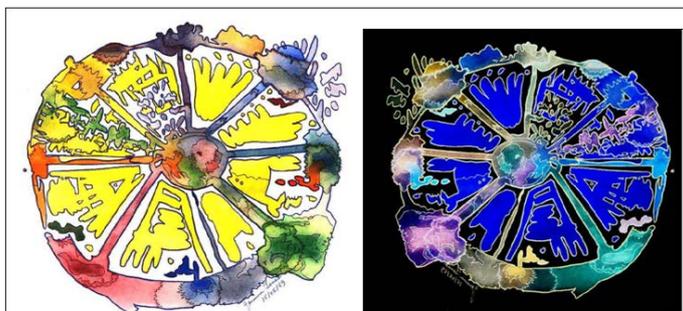


from 'TheWideSpectrum.co.uk' website
TAD (Thoughts About Dementia) Newsletter
By Gemma M. M. Jones



TAD 64, 7 May, 2020
Example of using The ACCORDION method:
for a lady who resists baths and showers

Related ideas for observations, reflection, and research

- . Have you encountered people who are resistant to bathing or showering?
- . What did you do initially – leave them and try again later?
- . How persuasive are you? How many types of logical arguments, distractions, incentives, firm directives, and ruses have you tried?
- . How long can you leave a person before your 'duty of care' comes into play?
- . Does your workplace require documentation when someone is resistant and you must find a way to wash/clean a person?

Dear Reader,

Here's yet another example, showing how the ACCORDION Method can be used to help a lady who is resisting taking a bath or having a shower. (Notice the many ideas that staff discussed, before choosing a particular set of interventions.) Although written from the perspective of care given in a care home, the ideas can apply to home, respite, and day-care settings too.

In case you missed it: background information for using the ACCORDION Method is in **TAD 63**, from (19 April, 2020). It is in the archived TADs, in the website TheWideSpectrum.co.uk

You will need to sign in to the website to access the archived material.

TAD 63 gives the example of help **a gentleman who was repeatedly getting lost**.

It also contains a description of the:

- . 'assumptions' and 'terms used' in the ACCORDION Method
- . 4 core principles
- . 8 values
- . blank templates to use
- . references

Box 1 shows the steps in the method. **Tool 1** can help you remember the 'core principles' and 'values' and who is involved. This one has been marked with 'x' to show the points that will be considered in the example. [**Note:** not every category will be relevant.]

| Box 1 Summary of the 9 steps in the ACCORDION method for solving dilemmas in dementia care | |
|--|---|
| 1 | A assimilate the dilemma - describe in a nutshell |
| 2 | C collect relevant facts |
| 3 | C consider questions re: - legal principles, values, interests, resources |
| 4 | O organise a tighter description of the dilemma |
| 5 | R reflect and compare similar examples; generate various options for the intervention/s |
| 6 | D decide on best intervention/s; document details of the decision and implementation |
| 7 | I implement intervention/s |
| 8 | O on-going evaluation of intervention/s |
| 9 | N note new changes and options for next meeting |

Some people find it helpful to think through the dilemma by making a table and considering each person involved (stakeholder) individually, as shown below.

A tool to assist discussions:

Table to note the principles, values, and the people involved in a dilemma

| Tool 1 | Person with dementia | Spouse partner | Other family or friends | Caregiving (paid) staff | Services and organisations involved | Others - attendees/ residents in care settings | Others ... |
|---|----------------------|----------------|-------------------------|-------------------------|-------------------------------------|--|------------|
| 4 CORE PRINCIPLES affect quality of life | | | | | | | |
| 1 Help | x | | | x | | | |
| 2 Do no harm | x | | | | | | |
| 3 Autonomy, well being, identity | x | | | | | | |
| 4 Justice (also for others) | x | | | x | | x residents visitors | |
| 8 DEMENTIA CARE VALUES (these affect quality of life too, but CORE PRINCIPLES are dominant) | | | | | | | |
| 1 Safety | | | | x | | | |
| 2 Health | x | | | | | | |
| 3 Life values | x | | | | | | |
| 4 Communication | x | | | | | | |
| 5 Hygiene | x | | | | | | |
| 6 Connectedness | x | | x | x | | x | |
| 7 Appropriate intimacy | x | | | x | | | |
| 8 Efficiency | | | | | | | |

Example - a lady resists having a shower or bath

How is it possible to help a lady to have a shower or get washed even though she resists?
What options might help, limit her distress, and optimize her cooperation?

[Note: the word 'staff' is used to represent one or more members of staff/ professional (paid) caregivers.]

TEMPLATE: The 9 step ACCORDION process

1 **A** assimilate the issue: name and describe the presenting issue/ care dilemma

What is happening - in a nutshell, in your own words? (This is expressed more formally, in part 4.)

A lady who moved into a care home six months ago because of difficulties associated with her dementia, is becoming increasingly aggressive to caregivers who try to help her to have a bath, shower or get washed. She is incontinent of urine, prone to urinary tract infections (UTIs). She does not like having her incontinence pads changed - but usually tolerates that.

She also resists having her clothes changed and continues to wear them even when they are dirty. Staff have managed that by having them washed during the night shift so they are clean for the morning, and the lady is not aware of this.

2 **C** collect the facts – those relevant to this care dilemma

**Details about the person with dementia – for example questions such as:
The type of dementia, their awareness and acceptance of their diagnosis**

. What is known about the person who the dilemma revolves around?

This lady is 78, never married, childless, worked as a teacher, and lived independently until she was admitted to a care home six months ago. Neighbours complained to social services about her being unkempt, suspicious of people stealing from her, and knocking on people's doors during the night – asking to be let in because she was frightened. It is not known if she has any family.

. Is it known **what type of dementia** this person was diagnosed with?

(Or was a generic term like 'mild to moderate dementia' or, 'moderately severe dementia' used?)
No. She was only described as having 'mild to moderate dementia'.

. **When** was dementia diagnosed?

Six months ago, at the time of her admission to the care home.

. **By whom?** (GP, geriatrician, old-age psychiatrist, neurologist, at a memory clinic, or other?)

Unknown

. Was (she) the person with dementia told their diagnosis?

Yes.

. Were family or someone from their support network with them?

This isn't known.

. Did/do they discuss the diagnosis?

This isn't known.

. **Did the person with dementia accept the diagnosis?**

She knows she has trouble with her memory and thinking

. Does the person with dementia understand what a diagnosis of dementia means?

This isn't known.

. What words/terms does the person use to refer to their dementia or 'thinking difficulties'?
She sometimes tells staff that she's forgetful and 'just batty'.

. **What Behavioural stage** (or Split-Staging profile) can the person be described as being in?
She fits into (early) Behavioural Stage 2 -Time confusion (permanent disorientation in time)

. Is this person on a Deprivation of Liberty Safeguards (DoLS)? (Since 2019, this is a Protection of Liberty Safeguards.) (if so, When?)
Yes she had a DoLS. It was made before her admission to the care home, around the time she was diagnosed with dementia.

. Is this situation likely to continue without intervention?
Yes, her resistance to washing is likely to get worse - especially if she becomes doubly incontinent.

Details of what is happening – questions such as:

. **What** (has) happened?
When this lady moved into the care home she was helped to have a shower, once weekly, but somewhat reluctantly. After the three months she has become more incontinent, but is increasingly refusing to shower saying she doesn't need to because she's already washed herself, for which there is no evidence. (She has refused offers to use the Parker bath so far. She absolutely refuses to be helped by male members of staff for any kind of assistance, especially washing.)

Staff members have been wary of helping her because of her shouting and being upset, and their concern about using any kind of restrictive intervention with her.

Although she is defensive when being helped to have a shower, she is grateful afterwards. She has had two UTI's in the past six months, which worsen her cognition and increase her need for good hygiene. Staff say that she needs to wash her perineal area at least daily - sometimes twice daily. She resists this too, but staff try to do this when changing her incontinence pads in the morning, which she does not object to being helped with. Also, this lady does not seem to be able to smell that her clothes and body odours are unpleasant and stop others from wanting to sit near her.

. **Where?**
Washing is done in the shower in her bedroom. She has refused to use the assisted bath so far.

. **When** did it start? When it is happening? How often? For what duration?
This is happening as mentioned above.

. **Who** is involved and/or affected by this?
Everyone who is physically near this lady is affected by the mal-odours on her clothes and body.

. **Who** (all) knows what is happening?
Staff, residents and visitors. It is not known if this lady has any family – no one yet visited or phoned.

. **What** has been tried so far, by way of helping or offering an alternative or distraction?
When staff have tried to encourage her to 'freshen up so she'll feel good' and she refuses, she has variously been:
- verbally defensive - swearing and telling them to mind their own business and leave her alone
- physically defensive – shaking her fist at staff; waving her arms about to keep them out of her personal space'
- non-compliant - even with mild invitations such as: 'let's just have a quick shower', or 'let's try this new body wash'
- she has refused other options to wash at the time of day of her choosing, and, an invitation to have a nice soak in the walk-in bath or the 'Parker bath'.

. Is the person aware of, even briefly or intermittently, what they are doing, and how others are affected by what is happening?
She does not seem to be aware, even briefly.

- . **What are the risks** if this situation continues?
 - developing UTI's and kidney, or other infections
 - the spread of bacteria to furnishings she sits or lies on
 - social isolation; other residents/people refusing to sit next to her, and limiting contact
 - residents, and their visitors, complaining to staff that this lady is not being looked after - and questioning the quality of care being given in the care home; wondering whether this is happening because there is no one to stand up for this lady, and whether if they didn't visit their family member, they would be neglected too
- . **Are there any benefits** to this this situation continuing?
 - Leaving her unwashed will reduce her emotional upset, but at the risk of her health, and upsetting people around her.

3 **C** consider other questions: legal, core principles, values, interests, resources

LEGAL CONSIDERATIONS

- Are there things related to this situation that the law prohibits or requires?
- . This lady has a 'Deprivation of Liberty Safeguards' (changed to 'Protection of Liberty Safeguards' in 2019)
- . The care facility, and staff have a legal duty of care for this lady, as for the other residents
- . If some sort of restrictive intervention (RI) is (ever) required to help her with washing, then it must be done in the least restrictive way, according to the guidelines of SCIE, and the policy of the care home (e.g. talk calmly to her first whilst doing the intervention, try having another member of staff distract her by speaking with her as she is being washed and hold her hand/s, whilst another person is washing her, let the lady hold something to see if that will work as a distractor - and if needed - as further described in the IHC policy and guidelines for RI).

CORE PRINCIPLES

1 Help, heal, benefit to optimize health/wellbeing

This will be the goal of the intervention/s chosen.

2 Do no harm

No one wants to harm or upset this lady by washing her; but this principle is in conflict with the first principle of maintaining her health. Her upset at being helped to wash is brief, in comparison to the on-going harm of not being clean.

3 Autonomy/freedom – respect for person's wishes and identity

This lady was a teacher - always well groomed in the past. Helping her to maintain basic hygiene is about her dignity as well as her health.

4 Justice / fairness – consider others

It is in the interests of the health and well being of this lady, and everyone in her environment, that her hygiene and cleanliness are maintained.

VALUES

1 Safety – physical, sensory-perceptual and emotional

This lady does get emotionally upset at being helped to wash, however this is short-lived and she is grateful afterwards.

2 Health, wellbeing, quality of life

Her health, wellbeing and quality of life are all affected by her cleanliness, as evidenced by her UTIs, people avoiding sitting near her, unpleasant comments made to her, and residents and visitors complaining to staff about her.

3 Respect for life values

Given this lady was never, and would likely not now, want to be unkempt; neither would she want to cause upset to others about her body odours. Both her lack of washing, and this causing upset others, are not in keeping with her life values.

4 Communication and honesty

This lady is unaware of her body and clothing odours, and hence, does not believe staff when they try to explain to her that more frequent washing is essential.

5 Hygiene

Maintaining this lady's hygiene is the major concern staff have for her.

6 Connectedness and inclusion

This lady seems to have no family or friend visitors. It is of concern that her poor hygiene is upsetting other residents and their family/visitors – who are a key source of social contact and sense of connection to others at this time.

7 Appropriate intimacy

Helping people to get washed, whether showering, bathing, or doing a perineal wash, requires being close to people physically, getting into their personal space, and seeing people naked. When people are unused to and upset by this, for whatever reason/s, there is a possibility that they will object, defend themselves, and possibly become aggressive. (It may be helpful to see which members of staff, which timing, and which settings 'feel safest' to this lady.)

8 Efficiency and timing

Have the all the preparations made before starting to wash this lady, so as to minimize the possible duration of her distress.

RELEVANT INTERESTS

Apply relevant principles, values and interests to each aspect of the dilemma being considered.]

[**Note:** one value may clash with another value.

[**Note:** one value or interest may take precedence over another at a particular time.]

. Whose needs and interests need to be considered and/or balanced?

(E.g. primary carer, family, neighbours, friends, staff, other residents, professionals, others)

The lady, other residents, visitors, and staff; all of their needs need to be considered.

. What are the conflicts of interest (in terms of principles or values)?

(involving others, organisations, services, policies/procedures, precedents)

There is a conflict of interests between this lady's need for autonomy, and her need to be clean and remain healthy. Given that staff have 'a duty of care' to act in her best interests, maintaining her hygiene is the dominant need and is a legal requirement.

. Is there any other knowledge needed to solve this dilemma?

. This lady seems to have developed a preference for one of the new, young caregiving staff members. It is not yet known whether, or how, this lady would tolerate being assisted to wash by the young member of staff.

More information could be asked of this lady to find out:

. If this lady ever took baths; her previous residence only had a shower. (Maybe she did have baths previously in life, but a long while ago.)

- If so, did she take baths, did she like to soak or just get washed quickly?

Does she have a preference for how the bath is prepared, i.e. is there any way of enticing her to take one? (Favourite type of soap, body wash, bath oil, colour of towel?)

- Find out which members of staff, and which settings 'feel safest' to assist this lady. Ask her who (which member of staff) she would prefer to have help her get washed (whatever way she gets washed).

- What time of day would she prefer to get washed? (Except in emergency situations)

- . **Do any other issues** require consideration? (E.g. time of day, staffing...)

It is a care priority to help this lady to wash, with the aim, eventually, to get her used to being helped to wash routinely, without being upset. Given this, all staff will be told to 'be on stand-by' to help whoever assists this lady. (It is not known yet whether, once in the shower or bath, this lady will eventually relax and enjoy having a leisurely bath, or, whether she will want to wash as quickly as possible.)

- . **What are the "ideal possible outcomes"** that can be imagined?

That this lady is able to be helped to be wash, as needed, without becoming distressed - regardless of whether it is having a shower, bath, washing at the sink, or bed bath.

- . **What are the "less or least-ideal possible outcomes"** that can be imagined?

- that this lady remains resistant to staff helping her to wash, and has continuous infections and cognitive decline and poor health associated with that
- that she will become more frightened and combative over time
- that additional members of staff will be needed to help wash her - under duress
- that other residents and visitors will be upset at hearing her calling out loudly and protesting

RESOURCES - What intervention/s are possible - given the available resources?

E.g. time, timeliness, and timing of the interventions required; the overall resources of those involved in caregiving, such as their:

- . proximity
 - *there are enough staff to help wash this lady, and assist the person washing her, at any time of the day*
- . physical and emotional health
 - *not applicable – the staff have the mandate to do this*
- . financial means - to assist with proposed intervention
 - *not applicable*
- . access to knowledge and to a support system
 - *staff have not thought about all the options to wash this lady yet, nor spoken to other professionals*
- . availability and the sustainability of the various types of resources required
 - *anything necessary is available or can be acquired*

4 O **organise the description of the dilemma in terms of which core principles, values, and interests need to be addressed**

Consider all those that apply. Also consider which interests are the most urgent right now.

The Reworded dilemma:

In the past months, a female resident (in Behavioural Stage 2, who has a Deprivation of Liberty Safeguards (DoLS)), has become increasingly resistant (shouting, waving her arms about) to being helped to wash or shower, although she is grateful afterwards. She is unaware of her poor hygiene and the complaints of others about this. She is incontinent of urine and has had two UTIs in the past few months, which makes daily washing a necessity.

This lady's need for autonomy is in conflict with her health, hygiene, social, and overall well-being needs. Since staff members have a legal duty of care to maintain her health and hygiene, they must find the safest, least restrictive way of helping her to wash, regardless of her resistance.

5 R **reflect and discuss the situation with others to gather ideas for interventions.**

Consider similar examples, and generate all possible, relevant options.

- . Think how would you wish to be treated in similar circumstances?

- Some members of staff say they would wish to be washed by an older and experienced female caregiver (who felt more like a mother figure with a firm, confident presence), who was directive and felt in control, to help them have a quick shower.
- Other staff say they would like to be 'gently tempted' to have a nice, bubbly bath with a chatty, younger member of staff who felt more like a friend.
- Yet other staff say they would appreciate a professional 'no fuss approach', as in, "I've got the towels and things ready; let me help you get washed now."

. Is it known how this person would want to have been treated in these circumstances, given their prior belief-system, or, what they said previously about such issues before they had dementia?
 - It is assumed this lady would have wanted and appreciated help to maintain her health, hygiene, and appearance; she would have wanted to maintain her usual sense of decorum, and not to be a cause of upset to others.

. Is it known what this person would choose right now?
 - No it is not known – but likely she would be wish to be helped to be clean.

[**Note:** If there are no comparable examples, consider those that are most similar to the situation being considered, or those involving similar conflicts of values.]

For this example there will be many comparable examples for staff to find them and discuss. Other related examples that staff could think of, and found out about included the ideas in **Box 2**.

Box 2 Additional examples and ideas staff came up with to help residents resistant to bathing and showering

A polite question to give someone the feeling of having made a choice

Ask this lady about her preferences each time she is washed: How would you like to be washed – a bath, shower, or at the sink?

[Idea: Would the lady in this example be helped by this?]

Persuasion:

- Staff knew of residents who had responded positively to being asked: What can I do to tempt you into the shower or bath? They had examples of people wanting favourite bath lotions and aromatic candles, of people being given a sherry in the bath (and shower), and of LED candles being put on and the lights dimmed in the bathroom.

Distraction and distractors:

- One resident, whilst standing in the shower, was asked to wash her top half with a facecloth; this allowed staff to shower her bottom half. A large towel was ready, near to hand to, to minimize the time she was naked, and feeling a chill. A small towel was ready to wrap around her hair.
- One resident, was distracted by putting some water toys (plastic ducks) in the bathtub
- One resident was distracted by giving her things to hold (like the soap and shampoo bottles, and a shower cap), already while being helped to get undressed, even before getting into the shower.

[Idea: Would the lady in this example be helped by holding things?]

Timing:

- One resident had resisted washing during the daytime, but not in the late evening.
 [Try asking the lady in the example what time of day she would like to get washed.]

Preference for the feel / appearance of the carer: firm, gentle, nonchalant

- One gentleman, formerly in the army, responded better (felt safer?) with staff members who wore a formal uniform (like a nursing uniform or white medical uniform), and sounded in control of the situation. Such as, "Sir, your bath is ready, would you please follow me?"

[Idea: Check if the lady in the example would prefer staff who were formally or more casually dressed?]

- Some residents preferred having particular members of staff to assist them. For example, for some it

was their **favourite caregiver**, for others it was **younger** members of staff seem to have felt gentler, less threatening. Others preferred **older** members of staff (more life experience).

[**Idea:** Would the lady in this example feel best with the new caregiver, whom she seems to like?]

Washing with two caregivers to help

- a resident, who staff were unable to wash alone, was cooperative when two caregivers were present. Possibly - this provided them with more attention, distraction, or made them feel safer.

[**Idea:** Would the lady in the example respond better to two members of staff helping her - one to talk with her and perhaps hold her hand, while the other helped with the washing?]

Tapping into old routines and norms

- a resident, who, when told 'that the doctor was visiting that afternoon', suddenly wanted to get washed as a priority. Most everyone gets washed before going to the doctor, or brushes their teeth before going to the dentist.

[**Idea:** Would the lady in the example be more inclined to accept help to wash if she was told a similar thing? Would there be a chance of this tactic 'not working' if it was used more than once? Should it only be used in an urgent situation? Note: For caregivers concerned about lying to a resident, would it be more acceptable to say that the doctor 'might' be visiting, or, 'in case' the doctor visited?]

Many residents who do not like being exposed or naked for any length of time

for different reasons, including feeling vulnerable, unsafe, immodest, cold, or 'bad' at being naked in front of strangers.

. one resident was helped to have a shower whilst having a towel around during the shower. (In yet more extreme examples, residents were cooperative if allowed to keep their clothes, a nightgown, underwear, or a bed-sheet on. After the shower, as the wet items were removed, the resident was quickly covered in a very large towel. In one example, where a resident was afraid of being naked in front of others, a bed-sheet was wrapped around them and left there the whole while as they were helped to get dried, and dressed, underneath it.

[**Idea:** Is the lady in the example self-conscious, afraid of being naked/vulnerable, does she feel cold when she's undressed?]

Be efficient, be well prepared in advance

- A lady responded better to getting undressed and dressed in the shower area, rather than in her bedroom (where it might be cooler, breezier, or she might feel more exposed) and then walked into the shower area.

[**Idea:** Testing this idea with the lady in the example would require advance preparation to have her clean clothes ready in the shower area, so as not to leave her alone, or being undressed any longer than necessary.]

6 **D** decide on the best intervention/s after comparing options: (WRITE THE ACTION PLAN)

Weigh and balance the current situation against the examples.

After discussing the options above, to help this lady **right now**, staff have decided:

- when possible to try to help this lady have a shower because it is more thorough and quicker, than helping wash her at the sink. However, if she resists (likely from disliking being undressed and feeling cold and exposed), then wash her at the sink.

- try to get more information from this lady about her past experiences with baths, to see if that is another option, besides using the shower.

- in addition, the plan is to let the young, new member of staff try help this lady to shower. If that is unsuccessful, try have a second staff member present or assisting, (or vice versa for those roles).

- to offer to **keep this lady covered up while she is having a shower**, so she feels less vulnerable, exposed, and cold. Staff will have extra large towels ready to cover her up immediately, and try not to have her feel totally naked while being dressed.

- speak reassuringly to her the whole time they are with her.

- keep a **daily record** of how this lady is responding to her shower or wash,

First evaluation: to discuss the outcomes of these trials after a week, under the guidance of the unit manager.

Staff will note:

- which member/s of staff helped this lady
- what she said and did (either to help or resist)
- the time of day, and duration of the wash
- what type of comments staff made to encourage her and show appreciation for any cooperation she gave
- what the lady said, before, during, and after the wash was over, i.e. how resistive was she?; did she respond positively to anything that was done?; did she feel better afterwards?

Document details of the intervention chosen. This may include such information as:

. What is the intervention/s?

As stated above, or, when more is known about this lady, limit the plan to those things that worked best.

. **When** will it (the interventions) start?

The above ideas will start immediately. One of the first options will be to see how this lady responds to the new, young member of staff, (as soon as she has been informed about the various interventions to be tried). It will also be arranged for another member of staff to be on standby to assist if need be.

. **Where** will this be documented?

The interventions will be in the lady's care planning documentation.

. **Who** (staff, family, friends, neighbours, professionals) is to be told?

All members of staff (on all shifts), need to be told about this plan, and shown where the 'daily recording sheets' are to be kept. If this lady ever goes into hospital, or another care facility, information about how to wash her, needs to be shared.

. **Who** is involved in carrying it out?

Washing is to be started, as detailed above with the new member of staff, and thereafter, it will be continued with whoever this lady responds to best.

. **How often** is it to happen?

This lady will be washed as often as necessary to prevent obvious malodour, skin irritation and recurrent urinary tract infections (UTIs).

. **What else** needs doing/arranging for this intervention (it)?

This is not known yet in the longer term; all things are in place to start immediately.

7 **I** implementing the intervention

Decision: to prepare the recording sheets, speak with the new member of staff and other staff, and start immediately.

8 **O** on-going evaluation: evaluate, adjust and adapt - as required

- The first evaluation will start in one week.

- If the young member of staff is successfully able to help wash this lady, who else can learn how she does it, so that they can replace her when she is not working?

9 **N** note new changes (CARE PLAN REVIEW)

- Be observant for small details and successes. Anything that makes this lady feel safer is valuable information for her care.

End of this example

So, what happened next?

The purpose of this TAD was to illustrate the process of using the ACCORDION Method, not to follow the entire history of this lady, however - here are a few details of the following weeks.

The lady seemed to like the young member of staff, but she did not have the experience to help this lady very efficiently, and so the showering sessions were taking a long while. When a second member of staff helped out, things went much faster and the lady was calmer. Eventually, other staff helped out, in pairs.

The lady made a comment one day about not being able to see the towels. (Indeed, the towels were standard white ones, and hard to see if placed on a white chair, or light coloured clothing). One member of staff had the idea to buy several large, brightly coloured, beach towels for her. The lady was told that these towels were just for her. She was asked to choose which one she wanted to use, and to bring it to the shower area and hold onto it until the shower was ready. The lady seemed pleased by this, and became interested in, and possessive of 'her towels', which helped her to engage with showering more positively.

Best regards,
Gemma Jones

References

. TAD 63, GMM Jones (2020) The ACCORDION method for solving care dilemmas.
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Feedback: We are not yet set-up for feedback, but hope to be.

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