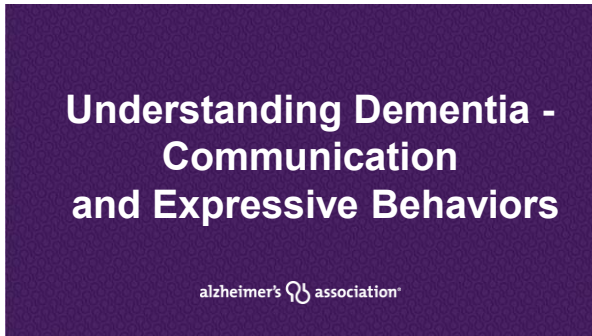


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Objectives

- Identify communication challenges with dementia
- How stages of dementia affect communication and expressive behaviors
- When behaviors are a concern
- Understand non-verbal communication strategies
- Create a positive physical approach
- Tools for improving verbal communication
- Understand why individuals may behave in certain ways

3

What is Communication?

- The exchange of information, ideas, emotions
- How we relate to one another
 - Impact on personal relationships
- More than talking and listening
 - Attitude
 - Tone of voice
 - Facial expressions
 - Body language



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The goals of all communication

- Encourage self-expression of thoughts, words and ideas**
- Preserve an individual's self-image and self-esteem**
- Increase enjoyment and quality of life**
- Develop an understanding of others and the environment**
- Promote socialization and a sense of community**



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Types of communication

Verbal Communication:

Spoken meaningful words, nonsense or made-up words, singing, shouts, sounds, tone of voice

Non-Verbal Communication:

Body Language – using eyes, touch, facial expression, gestures, hand-movements, posture, position

Prompts/External Cueing:

Written words, pictures, symbols



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What has the most Impact?

Verbal communication • 7 percent

Non-verbal communication • 57 percent

Voice tone/loudness • 36 percent

93% OF COMMUNICATION DOES NOT INVOLVE WORDS

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Effects of dementia on communication

Dysfunction in at least one area of the brain identified with memory

- Registration
- Storage
- Retrieval

May require several sensory inputs for retention/comprehension

- Visual
- Auditory
- Tactile

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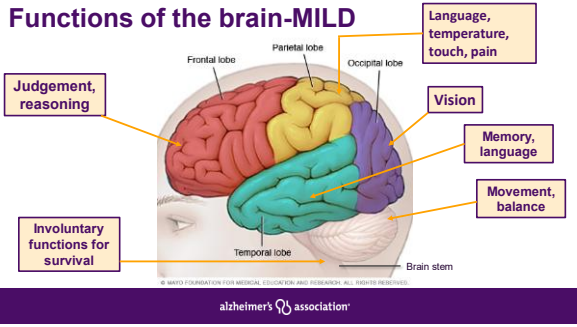
Other influences

- Poor attention
- Impaired judgement
- Poor sequencing/organization abilities
- Environmental stimuli
- Pain
- Hunger/thirst
- Outside influences

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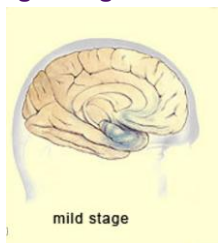
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Functions of the brain-MILD



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Early/Mild Stage Progression



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Early Stage - Mildly Impaired

- Tip of the tongue – can't find the words they need
 - Use of nouns seems to be lost first: *"I've lost my..."*
 - Repetition of words and phrases: *"I just don't know..."*
 - Made-up words are used if the individual can't remember the proper word
 - Use "cover phrases": repeats simple phrases or clichés that preserve person's dignity
 - May speak less because they are aware of their mistakes and are embarrassed
 - May require more time for processing information
 - May not understand and/or respond appropriately
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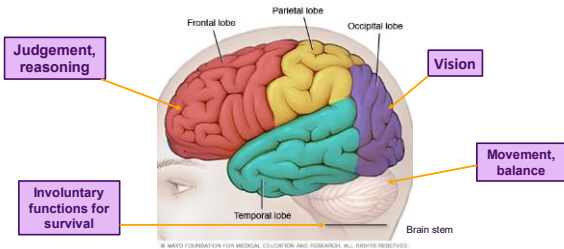
Probable Outcome

- "Denial"
- Anger/Frustration
- Depression/Anxiety
- Use of "cover phrases"
- Attempting to distract/redirect your attention
- Speaking less
- Withdrawal from activities of interest



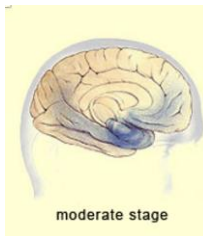
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Functions of the brain-MODERATE



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Middle/Moderate Stage Progression



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Middle Stage - Moderately Impaired

- Loses or forgets words
- Relies on more familiar words/made-up words
- Hears words - difficulty with interpretation
- Illogical speech - combined made-up words with gaps in flow
- May not form full sentences
- Can read words yet unable to process meaning
- Often speaks of the past due to short term memory loss



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Middle stage - continued

- Difficulty staying focused on task or conversation
- Sentence structure may be disorganized
- May revert to a primary language
- Relies more on non-verbal communication
- Conversations become “empty” or self-centered



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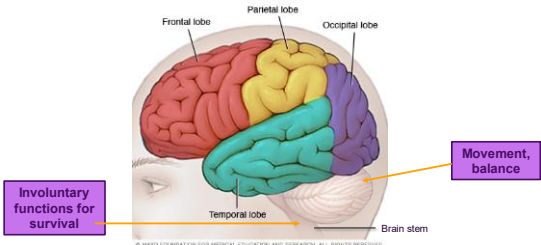
Probable Outcomes

- May use profanity more frequently
- May become disinhibited or socially inappropriate
- Easily distracted
- Agitation/aggression
- Reminisces about past



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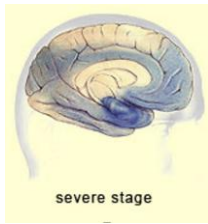
Functions of the brain-SEVERE



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Late/Severe Stage Progression



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Late Stage - Severely Impaired

- Speaks in short (1-2 word) phrases
- Vocabulary limited to common phrases
- Non-word vocalizations
- Relies on non-verbal communication to convey message
- Relies on other senses to supplement receptive messages

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Probable Outcomes

- Agitation/aggression
- Only able to follow one-step instructions, if at all
- Hand-over-hand care more helpful than verbal instructions
- Be the Narrator

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Guidelines for Communication

Before speaking:

- Obtain knowledge of the person/biography/history
- Always approach the person from the front
- Think about your personal delivery style
- Use a gentle touch (if appropriate) to communicate your message

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While Talking...

- Begin the conversation socially
- Then offer orienting information
- Eliminate distractions
- Make eye contact
- Position yourself at eye level
- Speak slowly and clearly
- Offer short, simple sentences/questions
- Use simple terms and familiar words
- Present a warm, easy-going manner
- Voice tone is calm

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Difficulty being Understood

- Be patient; allow enough time
- Demonstrate visually what you are saying
- Keep words simple
- Use alternative forms of communication (e.g. cueing, written words)
- Redirect with a hug (if appropriate) and redirect the focus

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Difficulty Understanding

- Listen actively to what the person is trying to say
- Focus on a word or phrase that makes sense
- Respond to the emotion of the statement
- Stay calm and be patient
- Ask other caregivers/providers or family members about possible meanings for words, names, phrases

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Non-verbal Communication Strategies

TONE GESTURES



FACIAL EXPRESSIONS



PERSONAL TOUCH



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Use tone and gestures

- Supplementing words spoken
- Signals when person is done talking
- Replaces or facilitates speech (head nod, "more" gesture)
- Emphasizes speech via cadence and rhythm
- Emphasize/demonstrate an abstract concept with gestures (i.e. weighing pros and cons)

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How Did You Say It????

- Choice of words
- Slang
- Too many words
- Hand gestures
- Facial gestures
- Emphasis
- Tone
- Volume



Photo by The Telegraph

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Use facial expressions



Emotional expression



Emotional contagion



Mimicry



Facial feedback

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Use touch

- Signals degree of interest, involvement, and attraction
- Appropriate versus inappropriate touch leads to perception of personality
- Can signal threat, so ask first



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Personal Space

- **Intimate distance** – contact to 18 inches
- **Personal distance** – 18 inches to 4 feet
- **Social distance** – 4 feet to 12 feet
- **Public distance** – 12 feet to 25 feet

When these rules are not observed, the outcome may be **FIGHT** (defend our territory) or **FLIGHT** (avoid the uncomfortable situation) or **FREEZE**



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Use eye contact

- Signals emotions
- Making eye contact invites participation and establishes a positive relationship
- Lack of eye contact says "stay away"
- Too much eye contact can signal negative or threat emotions



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Limit distractions

- Noise
- Light
- Movement
- Temperature
- Discomfort
- Hunger/thirst
- Need to use the bathroom



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Making a positive physical approach

- Come from the front
- Go slow
- Get to the side
- Get low
- Offer your hand (palm up)
- Get attention by using the person's preferred name
- Wait for a response



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Communication Strategies

- Introduce yourself and your role
- Use familiar words and phrases
- Speak slowly and clearly
- Ask for what you want



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Communication Strategies

- Keep it simple when giving directions or choices
- Use concrete terms/phrases and avoid pronouns
- Offer multiple cues
- Use the same words when repeating is necessary
- Check hearing aids and glasses



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Approaches to listening

- Be supportive and patient
- Show your interest and engagement through non-verbal signs
- Offer comfort and reassurance through tone of voice, touch, facial expressions
- Validate feelings and emotions
- Be accepting of any communication efforts made by the individual
- Watch for non-verbal signs of emotions, identity, and/or needs



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Gentle Deceptions & Therapeutic Fibs

LYING **WITHOLDING THE TRUTH** **THERAPEUTIC FIB** **APOLOGIZING** **AGREEING**





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What NOT To Do

- Don't argue
- Don't try to use logic
- Don't order the person around
- Don't tell the person what CAN'T be done
- Don't "talk down" to the person
- Don't ask questions that require the person to remember facts
- Don't talk about person in front of them
- Don't raise your voice

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What to Do

-  INDIVIDUALISIM
-  ACKNOWLEDGE
-  EMPATHIZE TO UNDERSTAND
-  RESTATE
-  BE IN THE MOMENT
-  LISTEN AND OBSERVE

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WHO IS THIS?



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The Three R's

- **RIGHT**
 - The person with memory loss is *always right*
- **REASSURE**
 - Respond to the *emotion* - not to the words
- **REDIRECT**
 - *Validate* the person then redirect attention to a more meaningful activity

What Are Behaviors?

By definition –
the actions or reactions of persons or things in response to things that happen around us.

- Ways someone or something functions or operates
- Actions and responses to stimuli
- Ways we conduct ourselves

All Behaviors
 have
 Meaning

What Causes Behavior Changes?

- Changes in the brain
- Physical and emotional health issues
- Environmental factors
- Task-related factors

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Atypical Behaviors with Dementia

- Abrupt
- Speaking loudly
- Wanting solitude
- Napping
- Tired
- Touching others
- Walking around
- Trying to leave
- Erratic sleep
- Shopping
- Restlessness
- Repetitive actions

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What Behaviors Could Mean

Abrupt	Sundowning	Walking Around	Innate mobility
Speaking loudly	Loss of hearing	Trying to leave	Recalled Memories
Wanting solitude	Over stimulation	Erratic sleep	Cognitive overload
Napping	Medications	Shopping	Curiosity/familiarity
Tired	Depression	Restlessness	Pain
Touching others	Human touch	Repetitive actions	Brain looping

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Physical Health Influences Behaviors

Medication	Impairments
Illness	Dehydration
Constipation	Fatigue
Sleeplessness	Pain
Disease progression	Others



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The Environment May Influence Behaviors

- Environment too large
- Too much clutter
- Excessive stimulation
 - Other people
- No orientating information or cues
- Poor sensory environment
 - Lighting
 - Noise Level
- Unfamiliar environment
- Hearing/vision aids
- Type of activities occurring
- No activities occurring
- Time of day



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Tasks May Influence Behaviors/Reactions

- Task too complicated
- Too many steps combined
- Task not modified for increasing impairments
- Task unfamiliar
- Task not structured



Photo by VarywellHealth



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Task Breakdown Tips



Encourage Simplify Demonstrate Jump start the task Allow enough time Praise

Set a person up for SUCCESS

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Ineffective Responses To Behaviors

- Unrealistic expectations
- Misunderstanding the cause of a behavioral change
- Caregiver stress
- Inappropriate communication patterns

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When Is Behavior A Problem?

It violates the rights of others

It poses a threat to someone's health and safety - including self harm

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Knowing personal preferences can help determine **WHY** behaviors occurs

- Preferred routines
- Habits
- Likes/dislikes
- Preferences
- Pet peeves
- Surefire smile-makers

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The Cues And Clues Model

- **Who** is the person?
- **What** is the behavior causing concern?
- **What** is it related to?
- **When** does it happen?
- **Where** does it happen?
- **Is** there a person present when it happens?
- **Possible** reasons for the behavior?
- **Does** the action need to change or is sustainable?
- **If** change is needed, what are the alternatives?

BE A COMPASSIONATE DETECTIVE

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Validation

When "validating":

- Agree
- Acknowledge
- Make positive statements
- Substantiate
- Verify
- Reassure the person
- Guide to a good outcome

- What were the most important skills used with Gladys?



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Three Keys To Quality Interactions

EMPATHY



Affirm feelings



Solve the problem



Distract/relocate



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Common Areas Of Concern

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Responding To Anger And Aggression

Assess **unmet needs** or **agitating stimuli**
 Use **calm verbal** and **non-verbal** communication
 Be sensitive to **personal** and **physical space**
Allow negative emotions to vent
Validate feelings with feedback



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Sundowning – What is IT?

- A syndrome occurring at a particular time of day when behaviors seem more predictable
 - Former routines
 - Shift change
 - A time of day/evening
 - Visitors
 - Body rhythms
 - Weather reactions



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Responding To Incontinence

- Check for infection
- Ensure the person can easily get into the bathroom
- Observe the process for obstacles
- Develop bowel and bladder routine
- Watch for warning signs
- Make use of available products



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Paranoia, Delusions, And Hallucinations

- Validate what is being shared
- Evaluate the situation to determine best response
- Are hearing aids and glasses in place
- Review medications
- Possible UTI or other medical conditions
- Simplify the environment
- Duplicate lost items

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Repetitive Speech And Actions

- Respond to the emotion expressed
- Remember the impact of memory loss
- Distract with a favorite activity
- Simplify responses

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Changes In Sleep Patterns

- Individual sleep history
- Stick to routines
- Engage in activities during the day
- Limit napping
- Adjust lighting
- Avoid watching TV/reading in bed
- Sleep quality vs sleep quantity

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General Guidelines

- ADULTS** deserving of respect
- Maintain a **CALM** stable environment
- Be **AWARE** of the person's reactions
- Encourage **INDEPENDENCE**
- Keep a regular **ROUTINE**
- BE** flexible and patient
- USE** simple, clear communication

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Self Check - Did I....

- Use a loud voice
- **Startle** the person with the approach
- Forget to use respect
- Talk over the person
- Only focus on the **task** and not include the person
- **Mirror** their behavior
- Not allow enough time to
 - Focus on the conversation
 - Understand/Process
 - Hear/Listen
 - Respond back
 - Demonstrate

FORGET THEY HAVE DEMENTIA

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For more information

Call our 24/7 Helpline
1 (800) 272-3900

or visit
www.alz.org/gmc

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