

■ Speaking Dementia

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■ Communicating With a Person With Alzheimer's Disease

- Communication is **essential** in providing care and support
- Staff members become "friends" to the individual with Alzheimer's disease due to old friends disappearing

■ Six Basic Principles of Communication For a Meaningful Relationship

1. A willingness to become involved with the person, to know the life story.
2. Convey a positive regard for person.
3. Speak to them as an adult.
4. Develop an atmosphere of acceptance.
5. Have the desire and capacity to LISTEN.
6. Communicate empathetic understanding.
7. Be REAL!

■ LISTENING

"One does not listen with just his ears: He listens with his eyes and with his sense of touch, he listens by becoming aware of the feelings and emotions that arise within himself because of his contact with others he listens with his mind, his heart, and his imagination."

■ LISTENING CONTINUED....

"He listens to the words of others, but he also listens to the messages that are buried in the words or encoded in all the cues that surround the words . . . he listens to the voice, the demeanor, the vocabulary, and the gestures of the other. He listens to the sounds and to the silences."

■ "How I Feel"

"No theory of medicine can explain what is happening to me. Every few months I sense that another piece of me is missing. My life . . . my self . . . are falling apart. I can only think half thoughts now. Someday I may wake up and not think at all . . . not know who I am. Most people expect to die someday, but who ever expected to lose their self first?"

What about me?



A person with Alzheimer's disease can't change, we need to change

Brain Function

- The **hippocampus** is a part of the forebrain, located in the medial temporal lobe.
- It belongs to the limbic system and plays major roles in short term memory and spatial navigation.
- Fully develops in females by age 18 and males by age 25.
- First part of the brain effected by Alzheimer's.
- Without a fully functional hippocampus, humans may not remember where they have been and how to get where they are going.



"We are an adult once and a child twice."

- Stage One – Think of them as a young adolescent – age 5 - 11
- Stage Two – Think of them as a toddler – age 2 - 4
- Stage Three – Think of them as an infant

Communication Techniques

- Use concrete words. "Put that over there." may be confusing to someone with AD. Instead say "Put the newspaper on the coffee table."
- Avoid open-ended questions. Its better to substitute questions that require only a "yes" or "no" or short phrases.

Communication Techniques

- Identify yourself
- Use eye contact
- Use a calm voice
- Eliminate background noise

■ Communication Techniques

- Use short sentences
- Use one step commands
- Ask “yes” or “no” questions
- Use word cues

■ Communication Techniques

- Allow time to answer, don't rush
- Use demonstration, pictures, magazines
- Talk about real things, not abstract
- Avoid “what if” scenarios
- Don't project into the future – deal in the “here and now”

■ Communication Techniques

- Repeat using the same words
- Offer acceptable choices
- Keep it simple!
- Be patient and don't rush the person they need a few extra seconds to process your request
- Cloak your own personal problems
- Mask your frustration

“The reality is that when diagnosed with Alzheimer's, we are often discounted; our views are discredited because of the disease.” – Jan Mina Phillips

■ Communication Suggestions

- Make sure person is ready:
 - Glasses, hearing aides, dentures
 - Glare is eliminated
 - Background noise is eliminated – radio, TV
 - Seating is comfortable

Key: Anticipate their needs; don't put them on the spot; do make them a part of your conversation.

■ Communication Suggestions

- Pay attention to approach:
 - Address by name
 - Identify self (every time you meet)
 - Don't quiz
 - Approach person from front, at eye level
 - Don't hover over the person
 - Don't approach from behind
 - Don't shout across the room
 - Establish eye contact

Key: use common courtesy and active listening

■ Communication Suggestions

- Use all the senses when communicating:
 - Vision
 - Watch own facial expression . . . SMILE
 - Watch body language
 - Hearing
 - Tone of voice can project support or rejection
 - Use calm, clear, low-pitched tone of voice
 - Talk slowly
 - Be patient

■ Communication Suggestions Cont.

- Touch
 - Touch is the most powerful communicator
 - Handshake, touch on the arm, holding a hand
 - Gentle massage on the shoulder
 - Hug, if appropriate

■ Communication Suggestions Cont.

- Truthfulness may not always be the kindest response.
- Confronting a person with dementia with a reality such as the death of a spouse or loved one may actually be cruel.
- Forcing a person with a memory problem to face a “truth” will cause emotional pain.
- It is better to validate the *feelings* the person is expressing rather than to make them face a reality that is totally gone from their memory.

■ Treat With Dignity

- *Don't treat like children.*
- *Don't talk in a **condescending** manner.*
- *Don't talk in a **controlling**, commanding manner.*
- *Don't talk about them when they can hear about themselves or others.*

■ Undiagnosed Pain

- Many dementia patients can not communicate pain
- Very distracting and can trigger behavioral problems as they attempt to cope with it
- Can cause loss of appetite and weight loss
- Very difficult to diagnose
- Most common source - arthritis

■ Typical Dementia Symptoms

- Short-term memory loss
- Word-finding problems
- Asking the same question
- Denial
- Difficulty making decisions
- Paranoia
- Agitation

■ Short-term Memory Loss

- *Short-term memory loss* is normally the first symptom noticed.
- Patients become forgetful, lose things and have trouble remembering most recent events.
- Establish a routine and provide a written daily agenda such as notes or a special calendar.
- Leave items in plain view that are used daily such as hearing aides, glasses so that they can take advantage of visual cues.
- Avoid questions that test their memory such as “What did you eat for breakfast?” or “didn't you pay the credit card bill?” these serve only to make them more painfully aware of their loss.

■ Word-Finding Problems

- Common especially when they become fatigued or are emotional.
- Supply the word if she can't, if they lose their train of thought mid-sentence; tell them that they can come back to it later.
- Preserving the patient's self-esteem is critical. Some people may have difficulty following instructions or complex concepts.
- Use short sentences, and visual cues. Never assume that they have understood everything you have just said.

■ Word-Finding Problems

- Expressive aphasia – the loss of the ability to speak coherently
- Receptive aphasia – loss of the ability to understand what is being said
- Processing of both speech and understanding slows down with dementia.

■ Asking the same question

- Many people will *ask the same question repeatedly*.
- This is quite common and indicates that they are trying to remember something that is important to them.
- Be patient, and answer their question as if it was the first time you heard it.
- If the information is critical, jot it down for them.

■ Denial

- *Denial* is a common coping mechanism and a natural way of self-preservation.
- If you want someone with dementia to admit that they have it, they need to feel safe, supported, and that they have some control over their future.
- Resist the temptation to convince them of their condition. They are more likely to respond to emotional support, and opportunities to talk about their fears.

■ Difficulty Making Decisions

- Changes in the brains of early stage patients cause impairments in memory, reason and judgment rendering it *difficult for them to make decisions*.
- The “limbic system” in the brain is in charge of transferring information into memory.
- Many feel overwhelmed when asked to make choices, causing them to feel ashamed of their condition.
- Limit situations where choices are necessary.

■ Difficulty Making Decisions

- Limit Choices. “Would you prefer the grilled cheese sandwich or the tuna sandwich?” is easier for people with dementia to answer than “What would you like for lunch?”
- This way they still have input and feel involved, yet can answer the question without being forced to come up with an answer to something beyond their ability.

■ Paranoia

- Common in the disease, results from damage to the part of the brain that separated fact from fiction.
- It is also a way for the patient to avoid the painful realization that they have Alzheimer's disease.
- You will not convince an Alzheimer's patient that someone didn't take his wallet, so don't even try. Respond to the feeling behind the paranoia. Help him look around for it. Have extra sets of keys or eyeglasses available.
- Put a Care Plan together that can be agreed upon early in the disease process that you can refer back to.
- Avoid denying their reality.
- Try not to react if you get blamed for something.

■ Agitation

Possible Causes

- Sudden change in a well-known place, routine, or person
- A feeling of loss—for example, the person with AD may miss the freedom to drive or the chance to care for children
- Too much noise or confusion or too many people in the room
- Being pushed by others to do something—for example, to bathe, or remember events or people—when AD has made the activity very hard or impossible
- Feeling lonely and not having enough contact with other people
- Interaction of medicines

■ Agitation

Possible Solutions

- Reassure him or her. Speak calmly. Listen to the person's concerns and frustrations. Try to show that you understand if the person is angry or fearful.
- Keep well-loved objects and photographs around the house. This can make the person feel more secure.
- Reduce noise, clutter, or the number of people in the room.
- Try gentle touching, soothing music, reading, or walks.
- Build quiet times into the day, along with activities.
- Limit the amount of caffeine, sugar, and "junk food" the person drinks and eats.

■ Take Care of Yourself

Don't let care giving turn you into a patient

- Ask for help when you need it.
- Join a caregiver's support group.
- Take breaks each day.
- Spend time with friends.
- Keep up with your hobbies and interests.
- Eat healthy foods.
- Get exercise as often as you can.
- See your doctor on a regular basis.
- Keep your health, legal and financial information up-to-date.

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