

SESSION FOUR

■ Dementia Communication Techniques



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PICKING UP WHERE WE LEFT OFF LAST TIME

- The next 8 slides are what we did not get to last month.

- They will fit nicely with our topic of communication.



2

QUESTION FROM LAST MONTH

- Question: Cholesterol medications - not at bedtime?
- Answer:
- If there are side effects of mild insomnia or vivid dreams (this could be very problematic for someone with dementia)
 - taking it in the morning could be preferable.

Speak to your prescribing provider regarding this



3

MANAGE SUNDOWNING

- Late afternoons and early evenings
- Listen to their stories – try to figure out their unmet need & where you can offer comfort
 - “I want to go home” Your response “Tell me more about your home”

Do NOT say “Calm down.

- Instead say “Wow, I made you angry.” (You are recognizing and acknowledging that the person doesn’t like what you are doing. You validate their point of view.)



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REPETITIVE BEHAVIORS

- The person does not remember they just asked that same question. **They cannot stop their repetitive behavior.**
- **Pain** can cause the person to rock, pace or move in other rhythmic ways when they are uncomfortable.
- When they are **depressed**, repetitive actions may be the **only way to express themselves or cope.**
- Feeling **bored or unsure** of what to do can prompt some people with dementia to repeatedly ask, “what do I do now?”



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REPETITIVE BEHAVIORS (CONTINUED)

- **Expressing a need:** She may constantly ask “what’s for lunch?” or “is it time to eat?” due to **hunger**. Or need to go to the restroom and **fidget with his belt buckle or her pants, or pace**. Feeling **cold**, they may **repeatedly check closets** for a blanket or sweater.
- Expressing **fear, anger or insecurity**, a person may **wring their hands or tap fingers on a table trying to comfort self.**



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STRATEGIES FOR REPETITIVE BEHAVIORS

- Try to redirect to a favorite activity or a favorite food
- Try physical activities during the day - a walk, chair exercises, toss a ball – to reduce stress, tension, frustration, and help mood.
- Rubbing hands, tapping, repetitive mouth movements, try occupying the person's hands with something to hold – a soft blanket, a doll, a stuffed animal, a nerf ball



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STRATEGIES FOR REPETITIVE BEHAVIORS (CONTINUED)

- Try distraction with music, food, exercise (have their favorites on a play list)
- Offer folding laundry, dusting, sweeping, raking.
- Are there cues that are causing them to ask “Is it time to go now?” (coats, purses in their environment).
- Too much stimuli (too many people, too much activity or noise can cause a person to say “Let’s go now.”)
- Try to understand that repetitive motions may be necessary before the person can move on to the next part of a task.



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ENHANCE SAFETY IN THE HOME

- Remove tripping hazards such as rugs and loose cords.
- Install grab bars in bathrooms and hallways.
- Use locks or alarms on doors and windows to prevent wandering.
- Label important areas like the bathroom and kitchen.



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SELF-CARE TIPS FOR CAREGIVERS

- Take breaks and ask for help when needed.
- Join a support group for caregivers.
- Engage in activities that bring personal joy and relaxation.
- Seek professional respite care when necessary.



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LIFE STORY FORM – VERY IMPORTANT

- Virginia Bell, David Troxel: Best Friends Approach to Alzheimer's Care
- Use as a template to create the best life story form to assist in caregivers getting to know your person – home care, residential care – VERY USEFUL. A person who knows their story is better trusted

Name _____ Birth date _____
 Birthplace _____
 Nickname/Terms of endearment _____
 Marital Status _____ Spouse's/ Partner's name _____
 No. of children _____ No. of grandchildren _____ No. of great-grandchildren _____
 Name of children Age Spouse Their Children's names
 1) _____
 2) _____
 3) _____
 4) _____
CHILDHOOD
 Mother's name _____ Birthplace _____ Occupation _____
 Father's name _____ Birthplace _____ Occupation _____

See
handout



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OTHER HANDOUTS

- Activities at Home
- Bathing
- Care Options
- Choosing a Doctor
- Choosing and Adult Day Center
- Choosing an In-Home Care Professional
- Choosing a Residential Care
- Communicating with your HealthCare Team
- Dental Care
- Dressing
- Eating
- Holidays
- Discharge Planning
- Incontinence
- Rights in Facilities
- Late Stage Care
- LGBTQ+
- Living with Younger Onset Dementia
- Personal Care
- Planning for Long Term Care Expenses
- Planning for the Future
- Changes in Sexuality and Intimacy
- Financial Forms

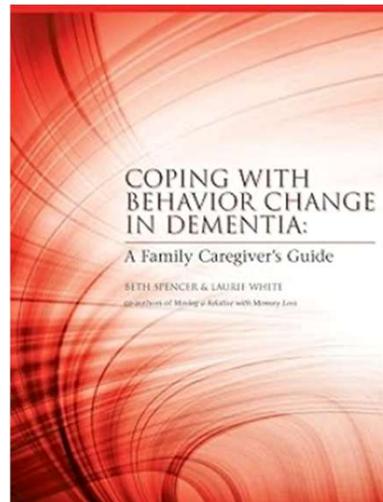
<https://www.alz.org/help-support/resources/publications>



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COPING WITH BEHAVIOR CHANGES IN DEMENTIA

- Authors: Beth Spencer
& Laurie White
- Published 2015



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SEEK OUT PROFESSIONALS

1. Family Means. 651-439-4840
 2. Wilder 651-280-2273
 3. Alzheimer's Association 24/7 1-800-272-3900
- Dementia Support Groups
 - Care Consultations
 - Group Respite – i.e. Lyngblomsten 651-632-651-632-5320
 - Trellis <https://trellisconnects.org/dementia-care-navigation/>



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LEARN TO LISTEN

- Visit **one-on-one** in a **quiet space** with minimal distractions
- **Speak directly to the person**, not their partner or caregiver
- **Maintain eye contact**
- **Focus on the Feelings, NOT the FACTS**



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COMMUNICATION: A BASIC HUMAN NEED

- The ability to exchange ideas, wishes and feelings is a basic need!
- Alzheimer's disease and other dementias gradually diminish a person's ability to communicate.
- One needs patience, understanding, and listening skills to communicate with dementia.



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COMMUNICATION CHANGES YOU MAY NOTICE

- Using words repeatedly
- Inventing new words to describe familiar objects
- Easily losing his or her train of thought
- Reverting back to a native language
- Having difficulty organizing words logically



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DEMENTIA: COMMUNICATION TIPS



- Identify yourself.
- Call the person by **PREFERRED** name.
- Use short, simple words and sentences.
- Speak slowly and distinctively.
- Patiently wait for a response
- Repeat information or questions as needed
- Turn questions into answers

Source: <http://www.alz.org/care/dementia-communication-tips.asp#helping>



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Dementia: Communication Tips (CONTINUED)

- Avoid confusing and vague statements.
- Turn negatives into positives.
- Give visual clues.
- Avoid quizzing.
- Write things down.
- Treat the person with dignity and respect.
- Convey an easy-going manner.
- Speak less often.



Source: <http://www.alz.org/care/dementia-communication-tips.asp#helping>



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TO HELP THE PERSON WITH DEMENTIA, YOU MUST BE AWARE ABOUT THE WAY YOU COMMUNICATE.

- Be aware of your feelings and attitude.
- Be patient and supportive.
- Offer comfort and reassurance.
- Avoid criticizing or correcting.
- Avoid arguing.
- Offer a guess.
- Encourage unspoken communication.



****Non-verbal
communication**

Source: <http://www.alz.org/care/dementia-communication-tips.asp#helping>



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COMMUNICATION IN THE EARLY STAGE

- Don't exclude the person with the disease from conversations.
- Speak directly to the person
 - rather than to his or her caregiver or companion.
- Take time to listen to the person express his or her thoughts, feelings and needs.
- Give the person time to respond.
 - Don't interrupt unless help is requested.



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COMMUNICATION IN THE EARLY STAGE (CONTINUED)

- Ask what the person is still comfortable doing and what he or she may need help with.
- Discuss which method of communication is most comfortable.
 - This could include face-to-face conversation, email or phone calls.
- It's OK to laugh. Sometimes humor lightens the mood and makes communication easier.
- Don't pull away.
 - Your honesty, friendship and support are important to the person.



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COMMUNICATION IN THE MIDDLE STAGE

- Engage the person in one-on-one conversation in a quiet space that has minimal distractions.
- Speak slowly and clearly.
- Maintain eye contact. It shows you care about what he or she is saying.
- Give the person plenty of time to respond so he or she can think about what to say.
- Be patient and offer reassurance. It may encourage the person to explain his or her thoughts.
- Ask one question at a time.



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COMMUNICATION IN THE MIDDLE STAGE (CONTINUED)

- Ask yes or no questions. For example, “Would you like some coffee?” rather than “What would you like to drink?”
- Avoid criticizing or correcting. Instead, listen and try to find the meaning in what the person says. Repeat what was said to clarify.
- Avoid arguing. If the person says something you don’t agree with, let it be.
- Offer clear, step-by-step instructions for tasks. Lengthy requests may be overwhelming.
- Give visual cues. Demonstrate a task to encourage participation.
- Written notes can be helpful when spoken words seem confusing.



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COMMUNICATION IN THE LATE STAGE

- Approach the person from the front
 - and identify yourself.
- Encourage nonverbal communication. If you don't understand what the person is trying to say, ask him or her to point or gesture.
- Use touch, sights, sounds, smells and tastes as a form of communication with the person.
- Consider the feelings behind words or sounds.
 - Sometimes the emotions being expressed are more important than what's being said.




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COMMUNICATION IN THE LATE STAGE (CONTINUED)

- Treat the person with dignity and respect.
 - Avoid talking down to the person or as if he or she isn't there.
- It's OK if you don't know what to say;
- **your presence and friendship are most important.**




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Communication Tips: A Positive Physical Approach

- Signal your approach.
- Get permission to approach.
- Make eye contact.
- Call person by preferred name.
- Move hand to handshake position.
- Approach from the front.
- Move slowly.
- Move to the right side of the person.
- Stand to side of person at arm's length.
- Shake hands while making eye contact.
- Slide your hand from a "shake" position to hand-under-hand position. (see next slide)
- Give you name, and greet.
- Get to that person's level, kneeling, sitting, or squatting if necessary.
- Deliver message.



Source: Practical Communication Tips When Caring for Someone with Dementia! Teepa Snow, MS, OTR/L, FAOTA, Dementia Care and Training Specialist, www.alz.org



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HAND – UNDER – HAND POSITION



To help with cares, i.e. dressing, eating, bathing



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Memory Care Mass

Join St. Odilia and St. Mary of the Lake for a Memory Care Mass

What is a Memory Care Mass?

- Designed to fit the needs of those living with dementia
- Shorter in length – approximately 30 minutes
- Held in a chapel, a smaller and more comfortable environment
- Hospitality following Mass allows for important social time

LOCATIONS

 <p>Catholic Community of St. Odilia 3495 Victoria St., Shoreview, MN 55126</p>	 <p>SAINT MARY OF THE LAKE St. Mary of the Lake 4741 Bald Eagle Ave. White Bear Lake, MN 55110</p>
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As many as 30 have attended!

Share this with others!

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UPCOMING SESSIONS

<p>■ March 11</p> <p>April 15</p>	<p>1 p.m. to 2:30 p.m.</p> <p>6:30 p.m. to 8 p.m.</p>	<p>Metro Wide Resources</p> <p>Typical Aging, The Significant Role of Faith & Spirituality – What the Church body can do</p>
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ONLINE ACCESS TO PREVIOUS SESSIONS

<https://www.stodilia.org/dementia-friendly-parish>



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QUESTIONS & ANSWERS

Thank you for coming.

I will stay after to answer everyone's questions.



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