

The Chinese University of Hong Kong The Nethersole School of Nursing

CADENZA Training Programme
CTP004 – Dementia: Preventive and Supportive Care

Chapter 5 Working with dementia patients: positive communication and counseling

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Content

- Ø Communication issues in people with dementia
- Ø Challenges in communicating with people with dementia
- Ø Effective communication with people with dementia
- Ø Counseling people with dementia

Communication Issues in People with Dementia

Communication Losses

Loses ability to ...

- Understand rapid speech
- Understand speech in distracting environment, complicated or abstract conversation
- Understand prolonged conversation
- Read facial expression
- Understand most word meanings

Communication Losses

Loses...

- Rapid naming ability
- Ideas of what to talk about
- Ability to use related words
- Fluency in speaking
- Vocal expression in conversation
- Ability to complete sentences

What may preserve in later stages?

The use of procedural memories

- Knowledge of how to **perform familiar task**
 - e.g. They may forget what they are saying, but they still know how to talk!!
- Other **social rituals**, such as pouring tea, setting the table, etc.
- **Recreational activities**, such as dancing and even playing the piano!!

What may preserve in later stages?

- The ability to access early life memories/ remote memories
 - They can recall memory in **childhood**
- The ability to read aloud and sing
 - Can respond automatically to **greetings and old songs**
- The ability to engage in social rituals
 - Say "食左飯未?", "唔該!", "早晨!", "靭靭!"

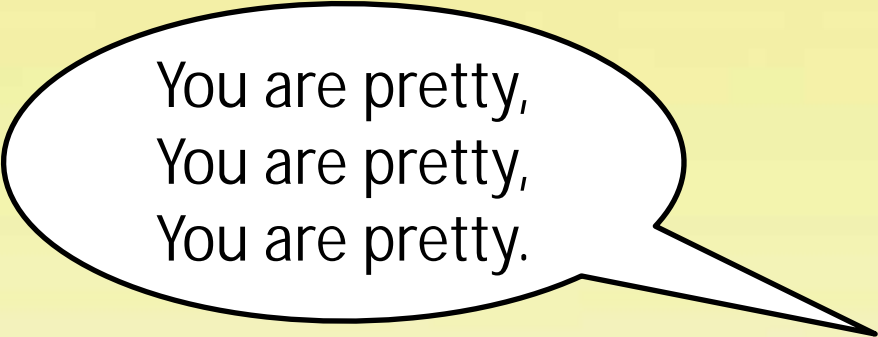
What may preserve in later stages?

- Desire for interpersonal communication
 - Needs for **human contact**
 - Loss of desire to communicate may be a signal of more severe stage of dementia
- Desire for interpersonal respect
 - Lack of respect include: taking with patient as if he/she was children, receiving medical treatment without explanation, etc.
 - Patient would react more positively and perform better when **being addressed as adult**

Communication changes

Stereotypic language

- Use more stereotypic language in their daily exchanges
- Tend to make remarks over and over again



You are pretty,
You are pretty,
You are pretty.

Communication changes

Empty speech

- Use more vague or general terms instead of specific words
- Difficult to deliver detailed information such as who, what or where
 - E.g. "幫我拎呢樣野放係果度" instead of "幫我拎個杯放係隻碟上面"

Communication changes

Paraphasias

- Confuse words that are related
- Use words that are with opposite meaning
 - For example, uses 'hot' instead of 'cold' or 'salt' instead of 'sugar'

A white speech bubble with a black outline and a tail pointing towards the bottom-left. Inside the bubble, the text "Ve...ry....h.hh..ot!" is written in a black, sans-serif font, illustrating a paraphasia where 'hot' is used instead of 'cold'.



Communication changes

Windows of lucidity

- Refers to a moment when demented patients **suddenly remember** things or talk clearly, and seem to function better than usual
- Likely to experience occasional windows of lucidity

Challenges in communicating with people with dementia

Challenges in Communication

Hearing impairment

- According to a research conducted in 85 elderly centers in 2006, 7.5% of 2,500 elders have suffering from middle level of hearing impairment
- It is a serious and common communication problems among patients with dementia
- Patients becoming **suspicious and depressed and withdraw** from social contact

Challenges in Communication

Recommendation: hearing impairment

- ü Talk in quiet place
- ü Establish eye contact before speaking
- ü Encourage use of hearing aid if needed
- ü Speak slowly, lower the pitch which is more easily understood by patient
- ü Learn how to maintain the hearing aids

Challenges in Communication

Vision impairment and blindness

- Loss of vision causes barriers to good communication
- Clouded vision interferes with the ability to process and understand important messages from a speaker's facial expressions, gestures and body language will be lost

Challenges in Communication

Recommendation: visual impairment

- ü Use large and bold printed material and signs
- ü Check whether the eyeglasses fit well and are properly worn by the patient

Challenges in Communication

Aphasia

- A language problem that results from a stroke, dementia or other injury to the brain
- Patients with aphasia have difficulty in understanding and expressing language

Challenges in Communication

Recommendation: Aphasia

- ü Carer position: in patients' visual field (usually on left side)
- ü Get patients' attention first: sit at eye level, address their name, hold their hand
- ü Give time to response
- ü Reinforce patients' nonverbal response e.g. hand squeezing, pointing
- ü Talk more to patients, or give patients more opportunity to observe communication with others

Challenges in Communication

Dysarthria

- A speech problem caused by muscle weakness resulting from neural damage
- Symptoms vary widely depending on the site of lesion
 - e.g. Slurred speech, harsh voice with low pitch, monotonous tone

Challenges in Communication

Recommendation: Dysarthria

- ü Give more time to speak
- ü Encourage patients to speak slowly
- ü Provide firm hip, trunk and head support because patients can speak best when sitting in an upright position

Challenges in Communication

Slur Speech

- Speech becomes slurred, mumbling, or unable to speak with facial droop or drooling
- Indications: Signs of impending stroke or reaction to medication

Recommendation: slur speech

ü Report to physician or nurse immediately

Challenges in Communication

Agitation

- Communication and behaviors are agitated, repetitive, or rude and even combative
- Indications: Signs of pain or impending illness, with difficulty expressing

Recommendations for agitation

- ü Keep monitoring
- ü Seek and provide intervention to pain or illnesses
- ü May need more opportunities for social conservation in order to simulate and maintain communication ability

Challenges in Communication

Distracted

- Patients becomes impatient or distracted during group activities that were previously enjoyed
- Indications: use of language may be too much and too complex for clients

Recommendation for distraction

- ü Simplify language and decrease rate of speech
- ü Shorter conversations

Challenges in Communication

Mute

- Patients become mute with no other indications of disease causing deterioration and social withdrawal
- Indications: having depressed mood or sores in mouth (e.g. miss-fit dentures, bacterial infection)

Recommendations for mutism

- ü Try more one-to-one communication and acceptance complaints or distress
- ü Report to nurse or physician

Challenges in Communication

Abusive languages

- Cursing, swearing or speak with abusive language
- Indications: Mental decline and feeling upset

Recommendation for abusive languages

- ü Look for physical, emotional and environmental cause (e.g. overstimulation)

Challenges in Communication

Soft voice

- Voice becomes very weak and difficult to hear
- Indications: signs of physical deterioration or illness

Recommendation for soft voice

ü Monitor carefully

Challenges in Communication

Voice is hoarse or 'moist'

- Voice remains hoarse for ≥ 3 weeks
- Indications: may due to polyps or cancer of the vocal cord
- Voice is wet-sounding especially after eating or drinking
- Indications: swallowing problems

Recommendations for hoarse or moist voice

- ü In both case, report to nurses or physicians immediately

Effective communication with people with dementia

Effective Communication

Choice question (close-ended question)

- A question that gives the listener a choice between two possible answers
- Demented patients respond better to questions requiring recognition memory than to those requiring recall memory
- Open-ended or nonspecific questions are especially difficult to answer because information offered for responding is not enough

Effective Communication

Closure

- A technique that omits the last word or two from a sentence to let the listener 'fill in the blanks'
 - For example, 'your daughter's name is _____?'
- A good technique for the caregiver who is looking for a way to help the demented patients to practice the vocabularies they have left

Effective Communication

Repair

- A word or statement that corrects patients' utterance or fills in a missing piece of information in patients' utterance
- Demented patients are used to deliver messages by using vague term, a repair can be used by substituting a specific word for a vague term
- Caregivers need to think about the patients' personal history, guess what they want to express, try to interpret an empty speech statement and make a successful repair

Effective Communication: Dos

Do

1. Use adult language

- To help **maintain patients' self-respect** because patients tend to respond negatively when they are treated as children

2. Maintain eye contact

- Always stand face to face to people with dementia, they **need as many nonverbal cues** as possible

Effective Communication: Dos

Do

3. Use visual cues

- People with dementia **respond appropriately to visual communication longer** than they do to spoken communication
 - E.g. pictures, written words, facial expressions, body gesture

4. Use simple words and short sentences

- Simple words and short sentences are **easier for the patients to understand**
 - E.g. using nouns (e.g. Toilet, cup) instead of pronouns (e.g. their, it)

Effective Communication: Dos

Do

5. Keep your explanation short

- People with dementia are more likely to complete tasks which are broken into **small one-step directions**

6. Paraphrase, but not just repeat

- Find a **different way to say** your sentence if patients have difficulty to understand a message, but do not repeat the original words over and over

Effective Communication: Dos

Do

7. Use touch

- Care, warmth, affection and humor can be communicated to the patients through touch

8. Use a calm and reassuring tone of voice

- If the voice is warm and pleasant, it should deliver support and reassurance
- People with dementia do respond to emotional tone

Effective Communication: Dos

Do

9. Be realistic in your expectation

- Know the patients' weakness, **do not expect normal or rapid responses**, or you will be disappointed

10. Allow extra time to respond

- Be patient to receive a respond because patients **need more time to process information**

Effective Communication: Dos

Do

11. Pay attention to nonverbal communication

- Observe patients' **gestures, nods, smiles and frowns**, these are important nonverbal communication with meaning

12. Listen carefully to rambling communication

- Try to listen for hints of rambling statements, it may be **what the patients want to communicate**

Effective Communication: Dos

Do

13. Be willing to talk about 'the past'

- It is typical for people with dementia to remember more about the past than the present, and they often enjoy reminiscing

Effective Communication: Don'ts

Do not

1. Direct orders

- Direct orders are boss in tone and intention
- Research has shown that the **more commanding** a caregiver is, the **more resistant** a demented patient become
- It is a poor behavior management skill, and is destructive to the patients' self-esteem

Effective Communication: Don'ts

Do not

2. Insist on the truth

- Insist on reality in conversation, constantly correct the patients' errors will result in **frustration for both the caregivers and patients**

3. Say 'don't you remember?'

- Constantly remind the patients' failing memory can be **very discouraging**
- It **may not help** in bringing memories back

Effective Communication: Don'ts

Do not

4. Shout

- Shouting may frighten the patients or put them in a **defensive mood**, it also distort conversations

5. Interrupt

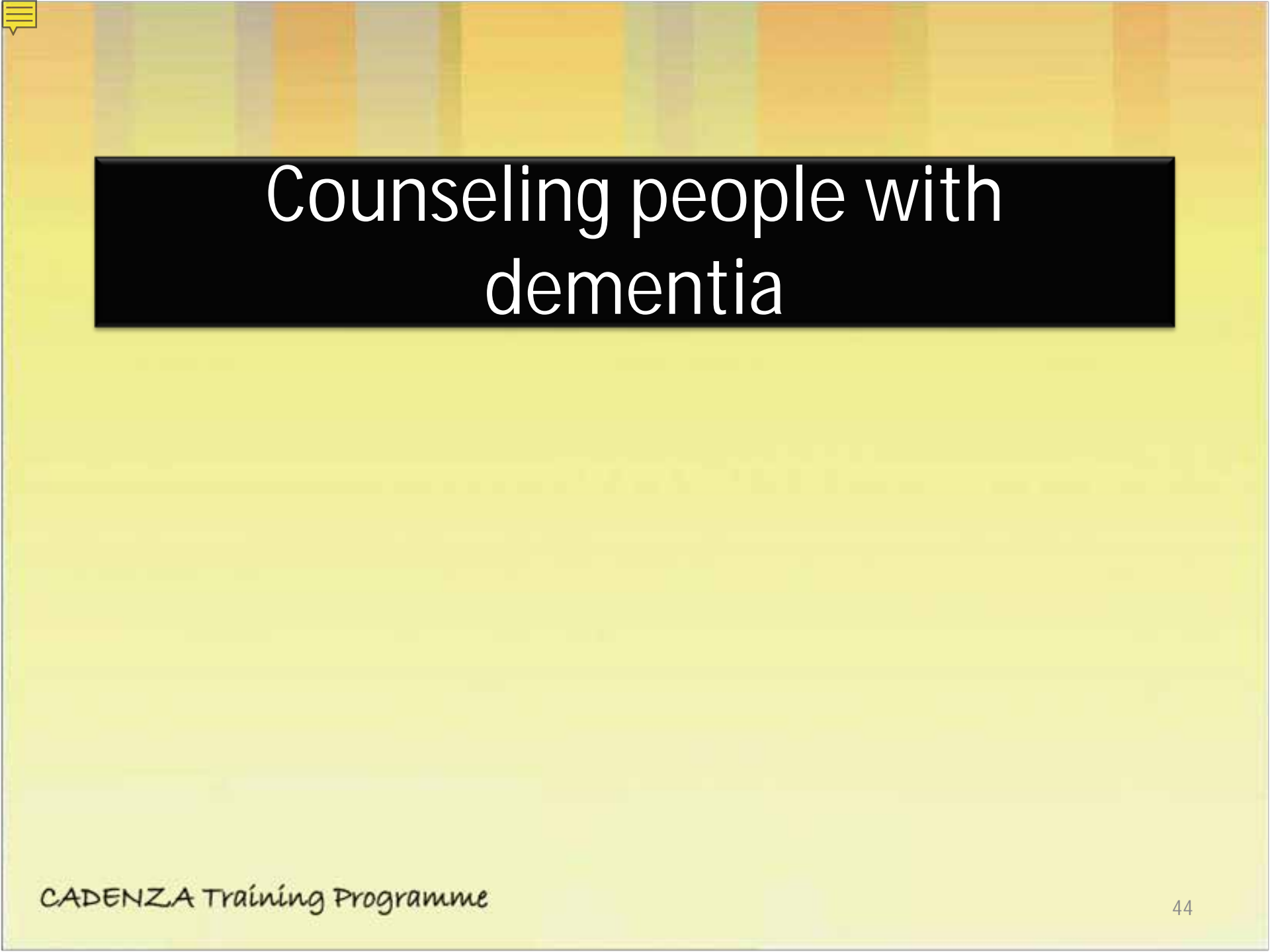
- It may make demented patients **distracted**, or forgot what they were saying or doing

Effective Communication: Don'ts

Do Not

6. Distract

- Avoid competing signals such as TV, radio or other conversations, speak to the patients **face to face in a quiet place**



Counseling people with dementia

Counseling people with dementia

- Target
 - people with dementia who are **aware of their own diagnosis** but need to deal with emotional changes, loss of skills and fear of future
- Counselors
 - should be **creative and flexible** in dealing with complicated problems, and rapidly changing psychosocial needs

Counseling people with dementia

- Counselors
 - Need to be **proactive** because people with dementia often find it hard to recall their experience which causes distress
 - Need to **take more initiative**, but also need to offer reflections tentatively and be **sensitive** to client's reactions

Counseling people with dementia

- Counselors should:
 - take account the **views of those who are close to the clients**
 - interact with **family members**
 - E.g. caregivers who can provide vital background information that the clients may not be able to give
 - assist clients to express feelings or **help translate clients' expression** to their caregivers

Counseling Process

1. Building Rapport

– To create **rapport and a trusting relationship**

- Set up clear goals and purposes
- Listen to both verbal and non-verbal communication
- Let clients know that what they are trying to say is being understood and accepted
- Remind clients of their achievements
- Recognize clients' tremendous efforts on actively coping with dementia
- Encourage clients to express their feelings and concerns
- Reduce clients' sense of isolation by letting them know that other people with dementia are experiencing similar fears and difficulties

Counseling Process

2. Improving Self-esteem

- Clients usually have a sense of loss
 - Loss of intellectual ability
 - Loss of ability to communicate
 - Loss of independence
- Maintenance of self-esteem is essential for good learning, efficacy and constructive relationships with other

Counseling Process

2. To improve self-esteem, counselors may

- Stress the importance of clients' concerns and feelings
- Help clients to recognize own achievements
- Make clear to clients that "they are not alone"
- Revise and **create a life story that is meaningful** for clients
- Encourage clients to express and share experience

Counseling Process

3. Accepting their conditions

- Clients usually find it hard to accept the diagnosis of dementia
 - Universal response of disbelief or denial
- A sense of guilt is common due to fail to remember
- **To decrease a sense of guilt**, counselors should
 - emphasize that clients are not responsible for their dementia
 - allow client to express any feeling of guilt and let them know that their feelings are normal and accepted
- Provide information about dementia
 - Repeat helpful information and reassurances if necessary

Counseling Process

4. Increasing social contacts

- People with dementia often find it difficult to maintain social contacts because they
 - Feel embarrassed when not being able to remember the names of people they meet
 - Find it difficult to initiate and sustain a conversation
 - Are afraid of being judged by others
 - Feel like a burden to others
- Important to find **settings where they feel safe and accepted**
 - In groups of clients with dementia who are also aware of their own diagnosis, facilitated by experienced staff
 - Although this may not fully compensate for the loss of normal social experience

Counseling Process

5. Developing effective coping skills

- Acknowledge and **reinforce the useful techniques** that clients are already using and give them 'permission' to continue
- Suggest other strategies that seem appropriate for the clients

Counseling Process

6. Working with caregivers

- Family caregivers can provide **background information** so that counselors could understand the significance of statements that the clients make
- Counselors can help caregivers to understand what clients are experiencing and help them to **alleviate burnout**

Summary

- Ø People with dementia may have difficulties in communication, but they still desire for interpersonal relationships, respect, love and care
- Ø Use choice question, repair and closure to help people with dementia to communicate
- Ø Do not shout or say "don't you remember?"

Summary

- Ø Counseling clients with dementia requires **creativity and flexibility**
- Ø Improving **self-esteem** and using **active coping strategies** are important in counseling
- Ø Working closely with **family caregivers** is essential

References

- Bartlett, E., & Cheston, R. (2003). Counselling people with dementia. In T. Adams, J. Manthorpe (Eds). Dementia Care. London: Arnold
- Cheston, R., & Bender, M.P. (1999). Understanding Dementia: The Man with the Worried Eyes. London: Jessica Kingsley
- Normann, H.K., Henriksen, N., Norberg, A., & Asplund, K. (2004). Lucidity in a woman with severe dementia related to conversation. A case study. Journal of Clinical Nursing, 14, 891–896
- Pietro, M.K.S., & Ostuni, E. (2003). Successful Communication with Persons with Alzheimer's Disease. An In-Service Manual, 2nd edition. USA: Butterworth Heinemann

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