



### Supportive Pathways Education Program


#### Module 4

#### Effective Communication



### Objectives

- To discuss the importance of non-verbal communication
- To understand how the disease process affects communication
- To discuss different strategies to use when communicating with persons with dementia



### Have any of your Clients ever asked this?

" Can I go home now?"



" Where is my mother?"




### Communication Exercise



### Communication

The most important skill we have is the ability to 'listen' to verbal and non-verbal communication

Never assume a client does not understand you or what is being said around them



### What effects our ability to listen?

- Impatience - not waiting
- Distractions
- Thinking we know the answer
- Focused on own problems
- Workload/ routines



### What effects our client's ability to listen?

- May not see the person talking to them
- Hard of hearing/background noise
- Stressed / worried/in pain/not feeling well
- English is not their first language
- We give too much information at once
- We don't give them time to respond
- Dementia disease processes

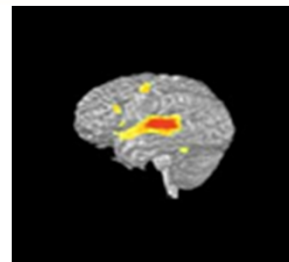


### Communication Difficulties

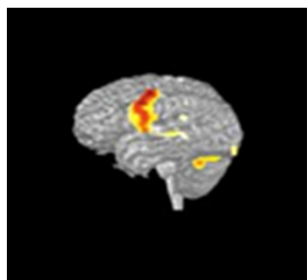
- Are often a result of damage to the brain caused by the disease processes of dementia
- Problems with communication can depend on what part of the brain the disease has affected
- The next 4 slides will illustrate this



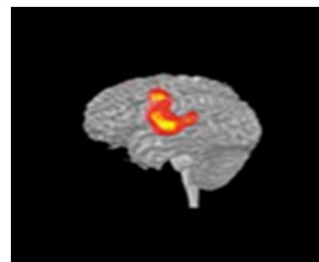
### Hearing Words



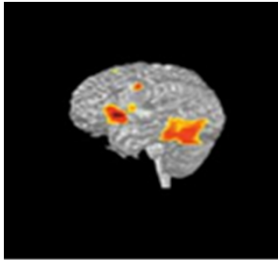
### Seeing Words



### Speaking Words



### Thinking of Words



### How do we communicate non-verbally?

- body language (posture; space)
- gestures or props
- touch/eye contact / facial expressions
- use of social rules e.g. handshake
- tone of voice
- pictures / signs / symbols / orientation boards
- environmental clues e.g. smells can ↑ appetite



### Key Message

**We need to watch for the person's reaction to our body language/communication to ensure we are not causing them more distress...**



### "Communicating with Confused Older Adults"

During the video clip:

Observe the verbal and non-verbal communication skills of the staff person



Also note how long it took to have a meaningful conversation – can we find 5 minutes to 'make someone's day'?



### Verbal/Nonverbal Communication Skills

#### What did you observe?

- Touch
- Eye contact/Closeness
- Warm tone of voice
- Short Sentences – Waiting for the answer
- Full attention
- Quiet environment
- Validation
- Reminiscing
- Giving her value – making her feel good



### Validation

**Respects** the individual's sense of reality.

**Validates** what they may be feeling

So we need to

**Join their journey** – go to their reality



## Reality Orientation

- Orientates to person, place, time
- Is more useful in early stages
- Can provide cues

**Should not be used if it creates distress**



## Toolbox-Communication Strategies



## How could we respond?

" Can I go home now?"

"I need to go to work!"

" Where is my mother?"

"Can you call my wife?"  
(Asks every 15 min)



## Practice Exercise - Reminiscing



## 'NICE and EASY' Communication tips

- |                       |                       |
|-----------------------|-----------------------|
| N - Name they prefer  | E - Enter their world |
| I - Identify yourself | A - Avoid arguments   |
| C - Contact           | S - Smile             |
| E - Explain           | Y - You are the key!  |

Source: Alzheimer Society



## Communication Exercise



### Exercise Debriefing - Key Messages

When two people are providing care together it is essential that:

- ✓ Only one of the two people provides any instructions
- ✓ All conversation includes the client (observe for body language)
- ✓ Staff speak English or in the client's native tongue



### Key Messages

**Persons with Dementia may be  
cognitively impaired  
but remain  
emotionally sensitive**

- they feel our kindness,
- they know if we care,
- they know if we are upset



### Best Practices for Communication

- Ensure you follow these practices for the benefit of your clients
- Be a good role model for families and other staff



### Questions?



Please refer to your handouts



### **Message to Family Members, Friends and Staff**

- Please don't correct me. I know better – the information just isn't available to me at the moment
- Remember, my feelings are intact and I get hurt easily
- I usually know when the wrong word comes out, and I'm as surprised as you are.
- I need people to speak a little slower on the telephone.
- Try to ignore off-hand remarks that I wouldn't have made in the past. If you focus on it, it won't prevent it from happening again. It just makes me feel worse.
- I may say something that is real to me but may not be factual. I am not lying, even if the information is not correct. Don't argue, it won't solve anything.
- If I put my clothes on the chair or the floor, it may be because I can't find them in the closet.
- If you can anticipate that I am getting into difficulty, please don't draw attention to it, but try to carefully help me through it so nobody else will be aware of the problem.
- At a large gathering, please keep an eye on me because I can get lost easily! But please don't shadow my every move. Use gentle respect to guide me.

## *Best Practices for Communication*

Staff will **use the appropriate best practices** when communicating with clients, recognizing each person as an individual. Adapt communication strategies to the stage of dementia.

Best practices include the following strategies:

Ensure you have the person's attention

Approach within their **field of vision**

Obtain and use **direct eye contact**

Converse with the resident at **eye level** e.g. if in a wheelchair squat down

**Identify yourself**

Eliminate background noise

**Remove distractions**

Use cueing (verbal or physical)

Use **short** simple **sentences**

Use **one-step directions**

Use **gestures** e.g. washing face

Use **props** e.g. hair brush

Hold out **items** to ensure items are **visible**

Label the door with written labels or diagram

Communicate using environmental cues such as personal belongings and photos

Be aware of **tone voice**

Put the resident at ease with a **calm manner** and tone of voice (client will usually pick up more from your emotions than your words)

Be **aware of body language**

Use an **open gentle approach** e.g. offer your hands palm up

Use appropriate **gestures** e.g. nodding, beckoning

Use facial expressions e.g. **smiles**

Attend completely when listening

**Be patient** – give the resident time to respond

**Listen** for what the person is not saying – watch body language for pain, fear, hunger, etc.

Watch for signs of increasing **frustration**

**Do not argue or criticize**

**Limit questions** to yes / no answers and then validate what the person is saying

**Empathize** with the person and validate feelings and joining the person where they are in their reality (joining their journey):

- nodding, holding hands, verbalize their feelings e.g. “you sound sad”
- when responding to a client who is looking for her mother you might say: “Tell me about your mom...”
- Look past the behaviour to the person within and connect.

**Respond creatively** to help them find comfort in a situation – even if this means telling a “therapeutic fib” (source: Mary Lucero) e.g. if someone wants to catch a bus to leave, encourage them to have a cup of coffee while you check on the bus schedule – then return to let them know the bus won't come until tomorrow).