



**Suggestion:**

If this is a start of a new day perhaps ask each participant to tell you one thing they remember from each previous module (ah-ha moments).

If they miss any key messages add them to the discussion.

This helps remind participants of what has already been covered.



**TIME REQUIRED:** This module takes about one (1) hour or a little less

**TRAINER NOTE :**

- Recruit 2 participant volunteer for the last exercise in this module before starting the module – explain that their role is to instruct an ‘artist’ volunteer to draw an animal but they will both be telling the person at the same time in an assertive way to draw different animals.
- Tell one to instruct the person to draw a giraffe and the other to draw a pig.
- **Make sure you tell them not to say the name of the animal to the artist.**
- It is helpful to tell these volunteers that what we are trying to show is what it must be like for our clients when two staff try to tell them what to do at once.  
(For this exercise being polite isn’t an option!)

**SUPPLIES NEEDED:**

- One (1) piece of letter size paper for each participant
- Flip chart and markers
- Video: *“Communicating with Severely Confused Older Adults ”* ( 5 minute clip)
- if available bring a model of the brain

**BEST PRACTICE** –summary of points we want to integrate in the teaching.

**Staff** will use **the appropriate best practices** when communicating with clients, recognizing each person as an individual and 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 **client at eye level** e.g. if in a wheelchair, squat down
- Identify yourself**
- Eliminate **background noise, distractions**
- Use cueing (verbal or physical) e.g. gestures, props
- Use **environmental cues** such as personal belongings, photos, signage.
- Use **short simple sentences (5 word rule) / one-step directions**
- Be **aware of our tone of voice and body language**
- Use humor appropriately**
- Put the client at ease** with a calm manner and tone of voice (client will usually pick up more from your emotions than your words)
- 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 client time to respond
- Listen** for what the person is not saying - **watch body language** for hunger, angry,
- 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.
- Utilize concepts of **Validation** (Feil,1982) and **Reality Orientation**, as appropriate.
- Empathize** with the person and validate feelings by nodding or verbalizing their feelings e.g. "you sound/look sad"
- Join the person where they are **in their reality** ('join their journey')
- Look past the behavior to the person within and connect.
- Respond creatively** to help them find comfort in a situation.
- Tell them what they need to hear to help them cope**

## 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



## OBJECTIVES

Trainer reads the objectives aloud.



Ask if any of the participants have heard these questions.

Share with the participants that this module will give them some strategies re how best to respond

**Do not go into the answers now – this will be covered later in the module**



**Instructions:**

- The trainer distributes **one (1) letter size piece of paper to each person.**
- Ask the group to “divide their paper into 4 quarters”.
- Then ask the participants to do the following
- Expect confusion – part of the purpose of the exercise is to demonstrate how communication can be confusing if you don’t understand the instructions – this will be part of the debriefing of the exercise.
- Make sure you do not add anything to the instructions.

**Trainer asks the participants to do the following:**

1. a) In the first upper left hand box ask participants to write the words “papa bull”, “mama bull” and “baby bull”  
b) Tell a sappy story about a poor baby bull getting hurt e.g family is out for the day in a field, the baby is jumping around and gets hurt in some barb wire. The baby bull turns to one parent for comfort.  
c) Ask participants - **“Who does he go to for comfort?”**  
d) Request they draw a circle around the appropriate one.

**Don’t discuss the answers until all squares are done**

**Move on fairly quickly.**

**Have them complete all four sections then discuss answers.**

Remaining questions and answers on next page of notes

2. a) In the upper right hand corner ask participants to draw seven lines/dashes in the upper part of the box.  
b) In the lower part of this same box ask participants to **write** the word 'friend'. (Don't overemphasize write)
- 3 a) In the left lower box ask participants to make an "I" with a dot over it. Don't explain more
4. a) In the last right lower box ask participants to write drum, sex and egg. Then ask them to draw a circle around the odd one out.

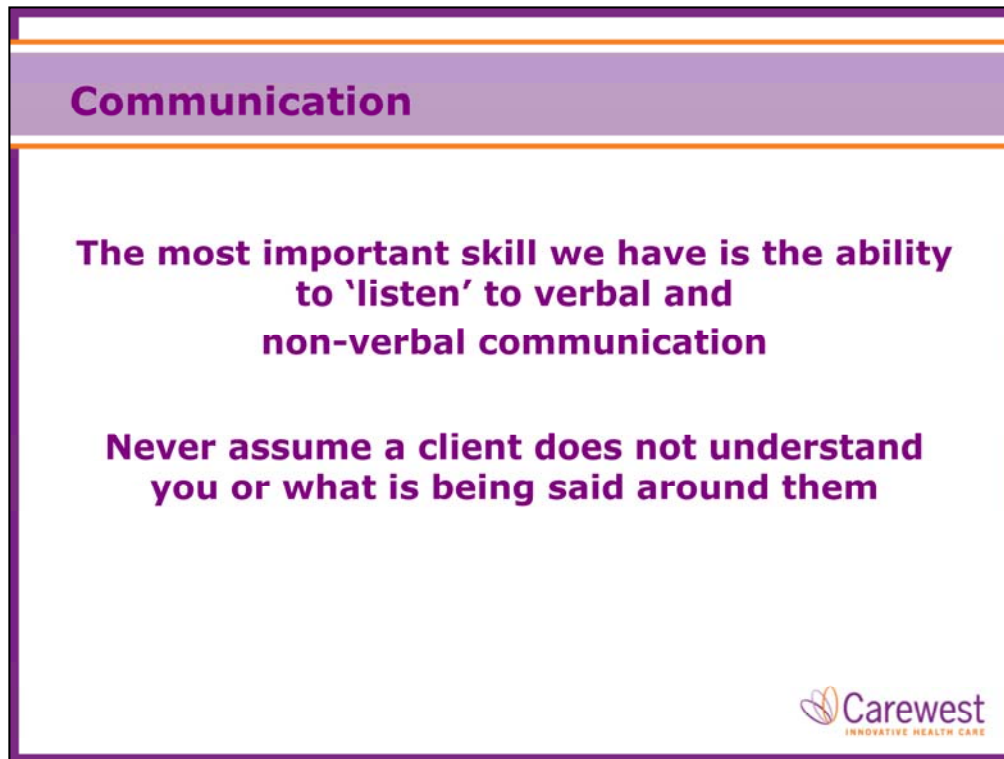
### **Answers:**

1. ***Baby bull must go to the*** papa bull because there is no such thing as a mama bull! (***female is called a cow*** !)
2. Ask how many ***printed or wrote in script*** the word? The instructions were to write. Discuss ***different ways to draw the lines-up and down / sideways / diagonals***
3. Ask what they drew? Some will draw ***either an "I" or an "i" or a picture of an eyeball with a dot over it.***
4. Ask them for their answer - then state "***you can beat an egg and you can beat a drum, but you can't beat sex!***"

Also review how sheets were folded – would it have been helpful to show the group - visually?

**Key Messages:** Trainer to share these thoughts

- How we interpret what we hear can be very different from what the person who said it meant.
- Communication involves a sender and a receiver - both are factors in good communication



**ASK: do you agree with these statements?**

**Examples of when clients taught us to always be aware that even in the advanced stage of their dementia disease process, they likely understand what is being said:**

A lady in late stage one day said to the nurse - "What are we going to do about all these health care cuts?", while the rest of the time her communication was in the form of "word salad". With 'word salad' their words get all jumbled together.

A man with late stage struggled but successfully expressed: "I'm not a child going up, I'm a man going down."



## What effects our ability to listen?

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



**ASK the question and listen to their feedback.**

Answers will appear on slide with second click.

## 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



Ask the question and listen to their feedback.

Answers will appear on slide with second click.

**Discuss that client responses may be delayed.**

**Vital to give client time to express themselves and to process what you have said.**

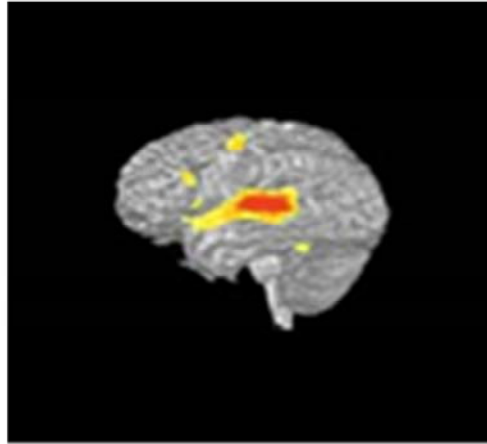
## Communication Difficulties

- 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



**Suggestions: Do not spend a lot of time on the next slides – they are to help participants know that communication difficulties can relate to the disease processes of dementia**

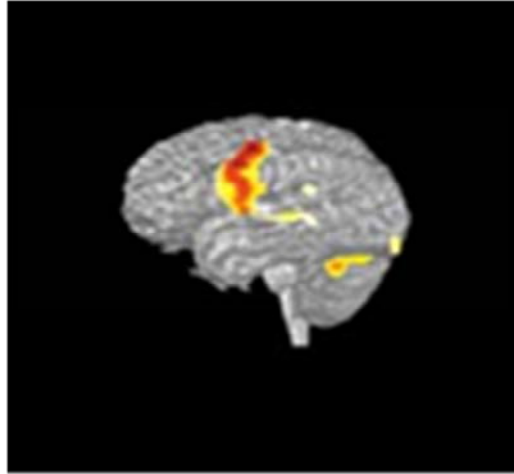
## Hearing Words



 **Carewest**  
INNOVATIVE HEALTH CARE

The ability to 'hear' words is processed in the area of the brain noted in red

## Seeing Words



 **Carewest**  
INNOVATIVE HEALTH CARE

Ability to 'see' words is stored in various parts of the brain  
(as you can see from this picture).

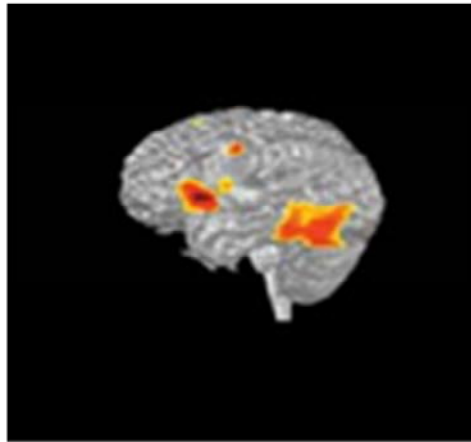
Some activity occurs in occipital lobe at the back.



## Speaking

- This is why the person may have difficulty **speaking but is still able to read** or be able to speak but not read (or sing songs but not able to speak)
- This is important when dealing with persons with end stage dementia that have lost the ability to speak
- They may still be able to understand words
- Communication difficulties can **range** from word finding difficulties to being totally unable to speak
- The onset and type of communication difficulty may help distinguish what type of dementia is present e.g. Pick's - early onset of communication problems.

## Thinking of Words



- Thinking of words ('Word finding' ) requires multiple parts of the brain as noted in the slide.
- **These pictures remind us that communication will be impacted differently depending on where the damage in the brain has occurred.**

## 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



### Research tells us body language and tone are significant:

- 55% is body language - the message we give by facial expression, posture, gestures
- 38% tone and pitch of voice
- 7% words we use
- Negative body language like sighs and raised eyebrows are easily picked up by persons with dementia.
- Also they retain their feelings and emotions even though they may not understand what is being said.

Source: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

- Also remember there may be cultural considerations

### Optional activity:

**Have volunteers role model some non verbal communication and have the rest of the group tell them what they think the person is communicating**  
(like charades - should be fun) – just spend a few minutes doing this



## 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...**



Staff can 'mirror the client's emotions' to help communicate 'understanding' even if they don't understand the content of the words the client is using.

Share a story from personal experience

**Reminder: if we listen to our clients' verbal and non-verbal response – they will teach us how they would like us to approach them**

**This is how we will learn**

## "Communicating with Confused Older Adults"

During the video clip:

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

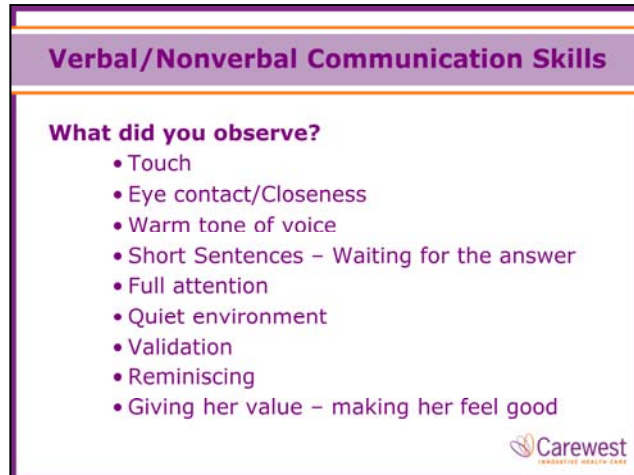


Also note how long it took to have a meaningful conversation – can we find 5 minutes to 'make someone's day'?"



Play video clip from "**communicating with severely confused older adults**" of Viola and a staff person talking together (clip is about 5 min. long).

See next slide to debrief



**ASK: What did you observe in the clip with Viola?**


- Answers will appear on next (second) click as follows:
  - ✓ **touch** –he got the person's attention
  - ✓ **eye contact** - but don't stare!
  - ✓ **closeness** – came within her field of vision  
(Viola has visual problems)  
*Spacial comfort is important*  
(watch for the clients reaction to the space between you)
  - ✓ **warm, adult tone of voice** - ***tone of voice is very important***
  - ✓ **quiet environment**
  - ✓ **short sentences (use the five word rule) - explain**
  - ✓ **waiting** for an answer - **full attention**
  - ✓ **reminiscing** - "What do you remember about your father?"  
- Avoided asking questions that rely on short term memory
  - ✓ **validation** - found out where she was in time  
e.g. "Are your parents still living?" – didn't argue with  
her that her parents must be dead – he '**entered her world**'  
- listening carefully and meet her where she is  
e.g. "They must be very proud of you"
  - ✓ **giving her a sense of value by promoting her self esteem**  
e.g. "You are helping us a lot right now"

## 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

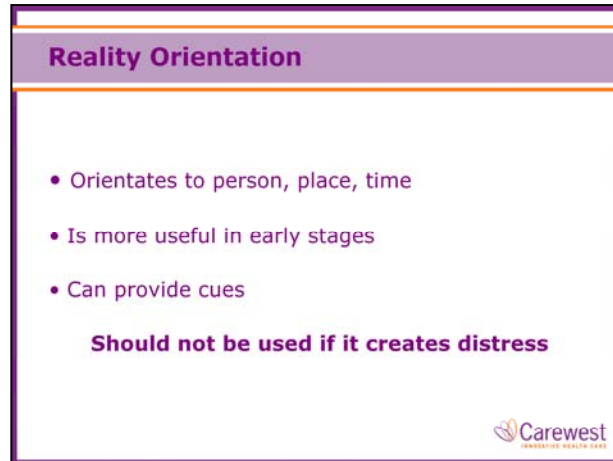


Validation Therapy (VT) emerged over 25 years ago as a method for communicating with older adults with Alzheimer-type dementia.

Naomi Feil, a gerontological social worker and originator of VT, describes it as:

**"the process of communicating with a disoriented elderly person by validating and respecting their feelings in whatever time or place is real to them at the time, even though this may not correspond with our 'here and now' reality"** (Vanderslott, 1994, p. 151).

*Journal of Gerontological Nursing*, April 1997



**REMIND participants that:**

- **reality orientation should only be used as cues as it not our job to bring our clients back to our reality**
- **we need to be aware of when Reality Orientation in no longer appropriate -i.e. whenever it causes the person distress**

Examples of useful reality orientation clues include:

- Introductions (tell them who they are meeting)
- Calendar (today's date highlighted)
- Orientation Boards with date, weather, season etc – but they must always be updated
- Activity calendars
- Menus
- Newspapers
- Photos
- Signage



**Briefly describe the strategies:**

**Don't argue** – explain that clients with dementia have usually lost their ability to reason – therefore arguing doesn't work.

e.g. If they are saying their shirt is red when it is black – rather than argue and insist it is black - it is better to say you must like red and talk about red. Similarly if they are calling you their daughter or son's name – it is better to talk about their daughter with them rather than argue and insist that they know your name.

**Positive Redirection** – saying 'let's go this way' instead of 'you can't go there'.

**Reminiscing** – talking with the client about something they are remembering

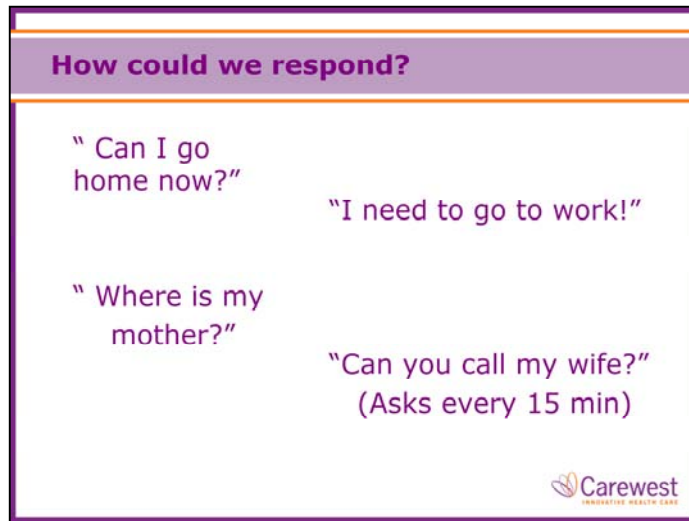
**Path of Least Resistance** – trying to avoid confrontation and client distress

**Tell them what they need to hear** – if they are distressed about something – try to find a way to calm them by telling them what they need to hear.

e.g. If they are trying to leave because they feel they need to look after their children – try to calm them by telling them that you know her children they are safe and being looked after (you will need to be creative – whatever works)

**Distraction** – try to interest them in something to reduce their distress,

e.g. 'let's see if we can get a cup of tea', 'let's look at some photos of the children'



If time allows break into small groups and have each group discuss one of the quotes on this slide and then report back (or do it as a large group )

While they are working on their quote and providing their feedback show the last slide of tool box – communication strategies  
(to get there use the back arrow on your computer)

Ask each group to come up with at least 2-3 ways they could answer the client using the different tools

The notes below and on the next page of notes offer suggestions you can use to add to their feedback.

**"Can I go home now?"**

**Validation:** "You are thinking about your home- can you tell me about it?"

**Try distraction:** "The ladies are having tea do you want to go?" "Let's go over here and talk about it."

**Tell them what they need to hear:** " For tonight you are going to stay here with us in this nice room. Tomorrow we can look into it again."

Ask family to bring in pictures so you can reminisce with them about their home and related memories. Often when families take them to their home they ask to go home while they are there. Perhaps they are wanting to return to good memories instead of the actual place).

**Wrong Approach? Reality Orientation:** " You are in Calgary at the Signal Pointe Care Centre and we are going to look after you." **(If this is upsetting to the client avoid this approach and document on care plan).**

**“Where is my mother?”**

**Validation** – “You are thinking about your mother. She must have been very special to you. What do you remember about your mother?”

**Distraction** etc. as above

**Wrong Approach? Reality orientation** – “Your mother is dead” - could cause unneeded stress and grief. (Also never assume mother is dead).

**“I need to go to work!”**

**Validation** – “You must be thinking about work today” .Staff should be aware of the type of work they did and talk to them about it. E.g. “farming sure must have kept you busy – what type of animals did you keep?” etc. or, “As an accountant tax time sure must have been busy. You must like working with numbers.....”

**Tell them what they need to hear** - Could say that it is a holiday and there is no work today then ask him to join you for coffee.

**Distraction** - offer an activity – perhaps one related to the type of work they did, (suggest they go back to the room to get ready – on the way reminisce about the person’s work – may be able to distract the person from ‘leaving’).

**Wrong Approach?: Reality Orientation** - Staff tells him he is in a nursing home and doesn’t have to go to work. (Wrong Approach? - as he may react badly to this and angrily call the staff member a liar and head for the door.

**“Can you call my wife?” “ CLIENT IS USING REPETITIVE QUESTIONS.**

**Validation** – “you are thinking about your wife – will she be at work today? “ Ask him about his wife and the things they like to do together.

**Distraction** - Call the wife if appropriate to do so. If he has photos of her ask to see them. Invite him to come to an activity

**Tell them what they need to hear** - Give a reason why you can’t call right now. Let him know she is okay. If you know when she will visit reassure him that she will be coming.

**Partner with the family** - Discuss situation with wife to see if there is a time that is okay to call so it can be arranged. Then you may have tell the client, “Your wife isn’t home right now but she said you could call at 5 PM as she plans to be there then”.

**Be prepared to answer the same question over and over again with patience and understanding.**

**Wrong Approach?** - Staff member ignores his question and uses a hand gesture and tells him “go sit over there - that’s a good boy”. *Not dealing with him will likely cause his behavior to escalate. **Never treat adults as if they were a child***





## INTERACTIVE ROLE PLAY

Ask participants to pair with person beside them (one is the 'staff' member and the other is the 'client'). Non nursing staff may want to be the client.

1. The 'client' sits in the chair
2. The 'staff' stand behind them and **pretends to brush their hair while reminiscing about their hair. Just allow a minute or less**
3. Then ask them to do it again with the staff person sitting and facing the person. **(again less than a minute)**

### Debrief:

1. Ask the 'Staff':

***Was it easy to reminisce?***

***What questions helped you get the 'client' to talk?***

*Did you ever have long hair?*

*Who did your hair when you were little?*

*What colour was your hair when you were younger?*

2. Ask the 'Client':

***What did it feel like to be encouraged to reminisce?***

***Was standing behind or sitting facing them better?***


### Key Messages:

- Think of all the ways you could build 'reminiscing' into the care we give (two moments when you help them brush their hair!)
- Also think about where to best position yourself sitting and facing them is best

## 'NICE and EASY' Communication tips

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

Source: Alzheimer Society



- **Name**
  - ✓ Use their preferred name
- **Identify Yourself**
  - ✓ Introduce yourself each time if the person has memory problems (but don't over-do it! Watch for their reactions).
  - ✓ Avoid: "Do you remember me?" – May embarrass the person if they don't remember you and think they should.
- **Contact** - eye contact, gentle touch.
  - ✓ Get their attention.
  - ✓ Avoid competing distractions-turn off music, TV.
  - ✓ Be aware of vision and hearing problems that may prevent the message from getting through.

- **Explain** - What you are going to do.
  - ✓ Give them extra time to process.
  - ✓ If not responding, repeat using the same words so they don't have to start over before you change your words.
  - ✓ Show objects, use gestures to assist your communication.
  - ✓ Use short sentences-one topic.
  - ✓ Be sensitive-" let's get cleaned up " rather than "We need to change your diaper".
  - ✓ **State what you want them to do, not what you don't want them to do** ("come with me" vs. "don't go in there").
  - ✓ **Use language that is inviting and inclusive: "Let's go over here and see what Ethel is doing" not "Go over there..."**
- **Enter** their world
  - ✓ Find out where they are. Their reality may be different.
  - ✓ Use Validation.
- **Avoid arguments** - Does it matter?
  - ✓ ***"They are right- We are wrong". It is unlikely that you will change their mind by arguing.***
  - ✓ The part of the brain that allows us to consider that we might be wrong may be damaged.
  - ✓ Use diversion and distraction.
  - ✓ Don't give orders.
  - ✓ This is especially important to tell families that are dealing with a person at home.
  - ✓ Ensure that the intent is good.
  - ✓ This is used cautiously as it may make the person more agitated.
  - ✓ Keep in mind - **"It is better to be kind than right"**
- **Smile**
  - ✓ A smile or a hug speak volumes.
  - ✓ Your body language and tone of voice will be understood better than your words.
- **You** are the key!
  - ✓ We can change-they can't.
  - ✓ You can make or break a person's day.



- Ask for a volunteer to come forward to draw something on the flip chart for you.
- Then invite the two volunteers that you spoke to prior to the presentation to come forward. (see page one)
- Let the 'artist' know that the other 2 volunteers will give her instructions on how to draw an animal. Ask them to begin.
- Tell the group they have two (2) minutes to complete the drawing.
- At the end of two (2) minutes stop the exercise
- **Ask the 'artist' the following questions:**
  - ***Was it frustrating to have 2 people talk to you at once?***
  - ***Did you feel confused?***

**See next slide for the key messages related to this 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



It is very confusing for the person with communication difficulties to respond to more than one set of instructions

**For 2 person care – staff must decide who is doing the talking prior to going in to provide the care**

**If a person is requiring 2 person care related to behaviors – every effort must be made to think of other ways to work with the client**

**This discussion would include the team leader who should lead the problem solving process**

## 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



Perhaps talk about whether their clients seem to know when the shift or the Home support visit isn't going well

**Read the message below - it is in the participants handout**

**A 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

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



### Conclusion

Refer to the 'best practices' to ensure you have covered the points.

Ask them to take turns reading them from their handout.

**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 **client 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 of voice**

**Put the client 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 client time to respond

**Listen** for what the person is not saying- **watch body language** for think, halt, hunger, angry, usually tired, 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.

Utilize concepts of **Validation** Therapy (Feil,1982) and Reality Orientation, as appropriate.

**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 behavior to the person within and connect.**

**Respond creatively** to help them find comfort in a situation

**Tell them what they need to hear to help them cope** (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 to return to let them know the bus won’t come until tomorrow) . This may not always be the exact truth.



## Questions?



Please refer to your handouts

