Communication

CAMTED-OP
Last sessions activity task
Learning outcomes

1. Understand how and why we communicate

2. Understand how communication can be impaired as a result of dementia

3. Understand the importance of meaningful, genuine and positive interactions for a person with dementia

4. Understand some of the ways in which communication can be enhanced or supported

5. Explore how we respond to different realities and the benefits of validation - VERA
How and why do we communicate and what do we do when it goes wrong?
Recap of how the brain is affected in Dementia …

There are specialist language areas – Brocca’s (speech) and Wernicke’s (language) - but communication is also a global function.
Conversation – Activity

“What is your favourite colour?”
Communication Wheel

Boulton 2011

Communication is a complex process so let’s break it down …
“What is your favourite colour?”

Motivation

• Why did you ask that question?
• Why do we communicate? (Brain storm)
• Need vs desire
Motivation
What happens in dementia?

- May have less to say, fewer experiences to share
- Repetition (says the same few things)
- Less aware of other people and their needs
- Frustration from listener puts them off
- Depression
Motivation
What can we do to support communication?

• Initiate conversation
• Recognise that small events may be more meaningful to a person with dementia
• Continue to share your news
• Accept quietness and pauses
• Support their communication attempts
“What is your favourite colour?”

Mental function

- Attention
- Cognition
- Awareness
Mental function
What happens in dementia?

- Reduced ability to concentrate
- More easily distracted
- Less able to pick out salient/important information
- Loss of social skills
- Reduced awareness of when being addressed
- MEMORY - limited and repeated topics
- Confabulation – may unconsciously fill in gaps in their memory with guesses which they believe to be fact
Mental function
What happens in dementia?

Activity
Once upon a time
Mental function
What can we do to support communication?

• Gain attention
• Remove distractions
• Stick to important information
• Be prepared to repeat yourself
• Physical contact can show empathetic listening
“What is your favourite colour?”

Sensory function

- **Hearing**: age related hearing loss (presbycusis)
- **Vision**: 83% of information is received visually, lip reading
Sensory function

What happens in dementia?

• Hearing aids become less effective
• Reduced ability to interpret auditory information and separate out meaningful noise
• Noise can cause agitation
• Auditory hallucinations

• Vision can become further impaired
• Glasses become less effective
• Reduced ability to make sense of what can see
• Visual hallucinations
Sensory function
What can we do to support communication?

• Check if hearing aid is working properly
• Batteries need changing!
• Why is a person taking their hearing aid out (confusion vs discomfort)?
• Use visual information
• Do they have their glasses with them?
• Are glasses correct prescription(s)?
• Ensure light is on your face (silhouettes)
• Eye level
“What is your favourite colour?”

Comprehension

• How did we know we were being asked a question?
• Meaning from words
• Meaning from word order
• Implied meaning
• Meaning from non-verbals
Comprehension
What happens in dementia?

- Reduced understanding
- Loss of meaning – concepts, words, language
- Affects spoken and written language
- May respond just to part of the sentence
- Anxiety – aware something wrong, less able to concentrate, cyclical
- May begin to use strategies to try to compensate or blame other people for their errors
Comprehension
What can we do to support communication?

- Simplify vocabulary
- Simplify language
- Use shorter sentences
- Use closed questions (yes/no) or forced choice (this or that)
- Use written information, photographs, pictures, real objects to enhance understanding.
- Stick to topic
- Check back that information has been understood
Activity: Simplify Communication

“Would you like to wear your red dress with the white collar or the new blue dress which your daughter brought last weekend or the green dress you often wear, which I’ve just washed? It’s quite chilly today and we’re going out later so you need to wear something warm”.

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“What is your favourite colour?”

Expression

- What do I want to say? “Blue”
- How do I say it? Blue/light blue /the colour of the sky on a hot summer’s day when there isn’t a cloud in sight…
- Word finding
- Word ordering
- Sounds
- Non-verbal
Expression
What happens in dementia?

• Begin to forget names
• Jargon/made up words
• Reduced vocabulary
• Circumlocution (“going round the houses”)
• Perseveration (gets stuck on the same word)
• Echolalia (repeats back what you’ve just said)
• Gramophone syndrome (“a stuck record” – saying the same thing over and over again)
• Begin to rely on other people to help them explain things and answer questions
Expression
What happens in dementia?

Activity
Articulate
Expression

What can we do to support communication?

- Respond to what you think they are trying to say
- Do not correct – respond to meaning not accuracy
- Elicit shorter responses by asking simple questions
- Give prompts “the doctor said …?"
- Ask questions “are you saying ….?”
- Check that you have understood “you mean ….?”
- Beware that expressive difficulties can mask severe difficulties understanding (refer back to clip of reporter)
"What is your favourite colour?"

Physical communication

- Speech
- Writing
- Text/email
- Pictures
- Symbols
- Signs
- Code
- Braille
- Semaphore
Physical communication
What happens in dementia?

- Increasing difficulty physically communicating
- Speech can become slurred, or dysfluent
- Increasing difficulty writing or drawing
- Difficulties using communication equipment such as telephones, computers

- Video example: gentleman with Parkinson’s Disease Speech is very difficult to understand as it is slurred and fast
Festinating speech starts clear...
Unaided Speech
Physical communication
What can we do to support communication?

- Alternative and Augmentative Communication (AAC) can be used when physical impairment is greater than cognitive impairment
- Complex communication aids CANNOT be used by people who have impaired language skills
- They DO NOT think for the person, only “speak” what has been programmed
- Who is the most well known communication aid user?
Physical communication
What can we do to support communication? Continued

• Support for communication does not have to be high-tech
• Paper/whiteboard and pens
• Body language/eye gaze
• Encourage simple responses by asking closed (Y/N) of forced choice (this or that) questions.
“What is your favourite colour?”

Environment

• Social – is this the right place for this conversation?
• Cultural – be aware of differences
• Physical – ever had a conversation in a night club?
Environment

What happens in dementia?

• May say inappropriate things
• Changes in ability to judge social situation
• The environment impacts much greater on the persons ability to make sense of what they can see and hear
Environment
What can we do to support communication?

- Reduce background noise
- Have conversations in a quiet room
- How can we preserve a person’s culture in caring for them?
- How can we adapt their physical environment to support communication?
Communication – Activity

Origami
Communication difficulties are just one of the disabilities caused by Dementia ….

… but remember that communication is two way!
How do we make interactions meaningful, genuine and positive for a person with dementia?
Brainstorm

- Can you think of a situation where you have tried to have a conversation with somebody and they have replied in an inappropriate way?

- How did it make you feel?
Eric Berne – Transactional Analysis

- **P** (Parent Ego State): Behaviours, thoughts and feelings copied from parents or parent figures (TAUGHT)
- **A** (Adult Ego State): Behaviours, thoughts and feelings which are direct responses to the here and the now (THOUGHT)
- **C** (Child Ego State): Behaviours, thoughts and feelings replayed from childhood (FELT)
The Parent Ego State

• Physical - angry or impatient body-language and expressions, finger-pointing, patronising gestures
• Verbal - always, never, for once and for all, judgmental words, critical words, patronising language, posturing language
• N.B. beware of cultural differences in body-language or emphases that appear 'Parental'
The Child Ego State

• Physical - emotionally sad expressions, despair, temper tantrums, whining voice, rolling eyes, shrugging shoulders, teasing, delight, laughter, speaking behind hand, raising hand to speak, squirming and giggling

• Verbal - baby talk, I wish, I dunno, I want, I'm gonna, I don't care, oh no, not again, things never go right for me, worst day of my life, bigger, biggest, best, many superlatives, words to impress
The Adult Ego State:

- Physical - attentive, interested, straight-forward, tilted head, non-threatening and non-threatened
- Verbal - why, what, how, who, where and when, how much, in what way, comparative expressions, reasoned statements, true, false, probably, possibly, I think, I realise, I see, I believe, in my opinion.
Transactions

• For communication to be effective transactions must be *matched* e.g. parent-to-child and child-to-parent

• In a “crossed transaction” such as parent-to-adult, communication will break down

• What is the emotional consequence of this?

• Infantalisation – do we cause it or is it an appropriate response?
Discussion points

• Do we stop to think about the way we speak to residents
• Do we have different communication styles for different residents and if so why?
• Does this correlate with the information we know about them?
• Can we be more reflective about our communication styles?
• Is this something we could use in care planning?
Meaningful Communication

• Everything we do with a person with dementia provides an opportunity for communication
• Every moment of communication we have with a person is significant and we can have a positive or negative effect
• An exchange with a person with dementia can have value, even though it may not always make sense to us
• Non-verbal communication is often the most important form of communication for people with dementia
• We must believe that a person with dementia will understand, at some level, any comments made in their presence
• Active listening is a fundamental communication skill
• Think about enhancers and detractors from Person Centred Care
Communication - Activity

Draw my bug
Enjoying good communication

- Empathising
- Giving full attention
- Choosing the right time
- Avoiding distractions
- Keeping our own turns short
- Not interrupting
- Tolerating pauses
- Allowing time for a response
- Believing there is meaning in muddled speech and behaviour
- Showing we are listening
- Responding to nonverbal communication
- Being aware of what we are communicating unintentionally
- Avoiding corrections
- Taking turns
- Shorten and simplify sentences
- Using intuition to make inspired guesses
- Remembering what has been said
Can we respond non-verbal behaviours?

Video: Naomi Feil & Gladys Wilson

5 mins 46 seconds
Responding to different realities and the benefits of validation

Do any of the people you work with here live with a different reality to ours?
How do you respond?

- Elsie is calling out for her mother, she sounds upset. Her mother died many years ago – how do you respond to this?
Telling the Truth e.g. “Your Mum is dead”

Possible outcomes:
• Unnecessary distress
• Person feels more isolated
• Conflict between person and member of staff
• Unmet needs
Distraction e.g. “Look, Eastenders is on”

Possible outcomes:
• Distress has been ignored
• Person feels more isolated
• Feelings have no outlet
• A short term distraction
• Unmet needs
Lying e.g. “she’s just popped out”

• Possible outcomes:
• False expectations
• Further confusion
• Mistrust of staff member
• Further distress
• Mistaken belief is enhanced
• Unmet needs
Is it ever acceptable to lie?

- Socially acceptable lies – *Father Christmas*

- Lying to protect somebody’s feelings
  “Does my bum look big in this?”

- “If a white lie is the only way to make your loved one feel better in a particular situation, and isn’t hurting anyone, then you’re helping your loved one by entering his world instead of forcing reality upon him.” Online dementia advice
Common ‘un-truths’ within dementia care

• Old age psychiatrists rarely informed their patients about the diagnosis and prognosis of dementia, Marzanski (2000)
• Covert medication
• Doll therapy - are we deceiving people?
• Environmental lies - a door painted as a piano, circular layouts of homes
• Practical lies - old pension book, false keys, fake money, “Reminiscence rooms”.
Newcastle Challenging Behaviour Service guidelines:

- Stage 1 – Identify and try to meet the underlying need.
- Stage 2 – Simulate or substitute the need
- Stage 3 – Distract
- Stage 4 – Only consider using a therapeutic lie as a last resort
Only use a therapeutic lie with the following safeguards:

- It is a last resort
- It is the least restrictive option (Mental Capacity Act)
- It is in the person’s best interests
- Everyone is saying the same thing
- There is documented evidence of care planning, discussion with family, and agreement
- Situations where a lie would not be used are specified

McKenzie 2004
What is Validation?

• Accepting, nurturing and understanding somebody’s feelings.
• Allowing someone to safely share their feelings and thoughts and reassuring them that it is okay to have the feelings they have.
• Listening and giving a sign of agreement or understanding. Being patient when the other person is not ready to talk.
• Painful feelings that are expressed, acknowledged and validated by a trusted listener will diminish.

Painful feelings that are ignored will gain strength.
V.E.R.A
Blackhall et al (2011)

- Validation
- Emotion
- Reassure
- Activity

This is not a step-by-step solution but a "state of mind"
Validate

Validation is “… a genuine acceptance of the client at face value and includes an empathic search for justification of the client’s experience”.

Duncan et al (2005)

e.g. “You want your Mum?”
Emotion

Pay “attention to the emotional content of the communication, rather than the … verbal content”.

Blackhall *et al* (2011)

e.g. “You sound upset and afraid Elsie”
Reassure

“Reassurance is any verbal or non-verbal act of communication that seeks to reduce a person’s distress by demonstrating kindness and optimism”. Blackhall et al 2011

e.g. “You’re safe here Elsie”
  Taking Elsie’s hand
Activity

Assess what the unmet need is and how it could be met.

Engage with the person in an activity as a means of maintaining personhood

Kitwood (1997)
A final thought:

"This interaction is not about me. This interaction is about someone who is seeking connection on terms that may not advance the interests or needs of my ego. I am going to go where your needs are taking you. I am going to be with you in that place, wherever and however it is. I am going to let my ego disappear now. I am going to love you in your image instead of trying to re-create you in mine."

MICHAEL VERDE,
President, Memory Bridge, Chicago, Illinois
Something for you to think about: activities to do before the next session

• Workbooks
References

• Alzheimer's Society (2008) A Person Centred Approach to Dementia Care
• Guita A, Malnati M, Vaccaro R et al. (2009) Impaired facial emotion recognition and preserved reactivity to facial expressions in people with severe dementia. Archives of Gerontology and Geriatrics 49 135-146
Example of a conversation using distraction and validation ideas

- Fred, “I have to find my car keys”
- Worker, “Your car keys,?” (Note he is Not being told he does not have a car and has not driven for many years.)
- Fred, “Yes I need to go home I have a lot to do today.”
- Worker, “You are busy today?” (Note he is Not told he is in a care home and not going home)
- Fred, “Yes I am busy everyday.”
- Worker, “Do you like being busy Fred?”
Fred, “Of course I don’t like it, but I have to work like everyone else in the world.” (Fred is now getting a little frustrated but has forgotten about his keys)

Worker, “Yes I know about work Fred, I do some of it myself, in-fact I was getting ready to prepare lunch for us, would you care to join me?”

Fred, “Lunch? What are you having?”

Idea here is to validate, or accept the reality of Fred. It is non-confrontational, so Fred is happier as is the worker. The conversation has been redirected, ie getting Fred to go in a different direction without pushing him.