

DO YOU SPEAK “ALZHEIMER’S”?

Effective Communication Strategies in Dementia Care

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South Florida Geriatric Workforce Education Program

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Disclosures

- Dementia Education Coordinator, Nova Southeastern University, College of Osteopathic Medicine, Geriatrics Department GWEP
- Florida-Approved Dementia Education & Training Provider

Alzheimer's disease and related disorders/dementias (ARD) gradually diminish a person's ability to communicate.

Communication with a person with ARD requires patience, understanding and good listening skills.

Communication

Understand that communication skills is one of the first areas affected by Alzheimer's – not only speaking, but comprehension, as well. A person often has trouble locating words or phrases to communicate her thoughts. She has trouble following a conversation, many times because she can't recall what was said just a few minutes ago.

IMPORTANT NOTE!

Instead of using “behavior” – we should realize that people living with dementia are in **DISTRESS** and care for them accordingly!

Strategies for Communicating with Persons Living with ADRD

- Orientation
- Validation
- Redirection
- Simple sentences/questions
- Memory Cueing

Orientation

- Identify yourself
- Approach the person quietly and slowly from the front and say who you are
- Keep eye contact; if the person is seated or reclined, approach them at eye level
- Call the person by name as this helps to get her attention
- Speak slowly

Validation

- Often a person believes that she is living in a different time or place
- This is HER reality
- “Validate” this whenever possible by entering her reality
- You will never convince her that what she “believes” is not true
- Ask questions about the time and/or place she is in
- This approach conveys safety in her surroundings
- Don’t feel guilty about “lies”

Redirection

- Don't contradict a person or argue with her – you will never win an argument with a person with Alzheimer's!
- Use creative ways to “redirect” the conversation to a topic that she can understand
- Bring up happy memories that you know she will connect with
- Since her short-term memory is impaired, changing the subject gently is often the best course of action to take
- If need be, actually redirect her to a calm and quiet place

Simple sentences/questions

- Always use easy to understand words and short, simple sentences
- Avoid asking several questions at once
- Avoid asking questions that require difficult decision-making

Memory Cueing

- Use words, photographs or music to help cue memories
- Use gestures or prompts to help get her point across
- Place reminder notes for help in completing tasks
 - Color code
 - Number things in the order in which they should be done
- Lay out clothes in the order they should be put on
- Point or touch the item you want her to use
- Begin the task for her and ask for her assistance

Non-verbal Communication

- Non-verbal signals are a primary source of communication
- Looks, head nods, body positioning and posture, gestures, facial expressions and even breathing contribute to the relationship and communication between care provider and person living with dementia

Tips to improve communication through non-verbal methods

- Limit distractions
 - Face the person and be at their eye level
 - Use simple gestures
 - “Listen” with your eyes
 - When she uses non-verbal cues, show that you understand
 - If you don’t understand, prompt her gently until you do
 - Observe breathing to help predict emotional responses
 - Look for permission to touch the person to help soothe her
 - Remain calm

Remember:

The person living with Alzheimer's and dementia can often understand even the slightest of non-verbal cues on your part. If YOU are frustrated, SHE might become frustrated and exhibit negative emotional or behavioral patterns.

Types of non-verbal communication

- Eye contact
- Touch
- Body Language
- Vocal sounds without words

Cultural/language differences

- Understand diversity of a person and her family
- Familiarize yourself with a person's culture and background
- If there is a language barrier, try to learn simple words and phrases in her native language to help communicate with her
- It is important to learn how the person views family and healthcare from the perspective of her ethnicity and culture
- Don't assume that all people from one country, religion or background have the same cultural principles
- Get to know the person through her family, if possible
- Diversity also applies to sexual orientation
- Above all else, be respectful of the person and her diversities

Strategies for Communicating with Families

- Reframing is changing the way people see things and coming up with alternative and creative ways of viewing a situation.
 - Provide education about the disease and what to expect
 - TALK to the family
 - Recommend support groups
- Understand the family dynamic

Remember:

It is important to show respect and concern, but NEVER insert yourself into this family dynamic – no matter how difficult it becomes. You will never be a part of the family, nor will you completely understand what they are going through. If the situation seems unbearable to the family, encourage them to consult a social worker or other professional that can offer help.

Cultural/language differences

- Understand linguistic, economic and social barriers that individuals from different cultures face, preventing access to healthcare and social services. Try to provide services in a family's native language.
- Understand that families from different cultures consider and use alternatives to Western healthcare philosophy and practice.
- Cultivate relationships with families over time.

Cultural/language differences

- Consider the family's background and experience in determining what services are appropriate.
- Consider the culture's typical perceptions of aging, caring for elderly family members and memory impairment. Understand that a family's culture impacts their choices regarding ethical issues, such as artificial nutrition, life support, end-of-life decisions, and autopsies.
- Regard the faith community for various cultures as a critical support system.

Understanding “Behaviors” (DISTRESS)

- What we perceive as a behavioral problem is really someone living with dementia trying to communicate.
- As dementia progresses, people may lose the “filters” they once had to express themselves that are considered the norm in society.

Understanding “Behaviors” (DISTRESS)

- How does memory impairment lead to behavioral problems?
- How does language impairment lead to behavioral problems?
- How does impaired recognition lead to behavioral problems?

Understanding “Behaviors” (DISTRESS)

- How does impairment of performance of motor tasks lead to behavioral problems?
- How does impaired executive functioning lead to behavioral problems?

Strategies

- Keep it individual and person-centered
- Recognize areas of impaired function and areas of preserved function
- Help compensate for impairment
- Support residual abilities

Agitation & Aggression

Recognize Possible Triggers

- Physical discomfort
- Overstimulation or changes in the environment
- Inability to communicate
- Changes in care partner or care provider

Agitation & Aggression

- Once triggers are identified, take appropriate person-centered approaches to rectify the situation
 - Respond to safety concerns
 - Remain calm, do not confront, and do not get upset with the person
 - If the situation becomes unmanageable, stop the intervention/interaction

Causes of “Sundowning”

- Disruption of the body’s internal clock
- Fatigue
- Lighting that may be low or causing shadows
- Shift change!!
- Diet
- Lack of stimulation
- Complete brain exhaustion!

Exit seeking

■ Triggers

- Resident thinks she has a commitment (work, pick up children from school, “My mother is waiting for me”)
- Wanting to go “home”
- Discomfort with being in an unfamiliar environment
- Boredom
- Over/under stimulation
- Anxiety
- Loneliness

Wandering

- Wandering and exit seeking behaviors have many of the same triggers
 - Can be life threatening situation
 - Anyone with a memory problem and is able to walk is at risk for wandering and elopement
 - Unexpected resourcefulness

Care Partners

- **16.1 million** Americans provided **18.5 billion hours of unpaid care** to people living with ADRD in 2018
- **\$234 billion** is the estimated value of unpaid care
- **\$10 billion+** in health care costs for those providing care for loved one living with Alzheimer's
- Loss of tax & social security revenue to US Government
- Loss of productivity in economy, loss of wages & inability to re-enter workforce at previous level
- A **quarter of a million** American children 8-18 years old are providing care for a loved one living with ADRD

Economic Impact

- **5.8 million** people living with Alzheimer's disease & dementia
- **\$290 billion** will be spent in 2019 = **\$50,000** per person
- **\$234 billion** unpaid care by family & friends = **\$40,300** per person
- Average cost of care in skilled nursing facility
 - **\$89,000 - \$100,000** per year
- Cost of memory care in Assisted Living
 - **\$45,000 – \$100,000+** per year
- Only **8.1 million** people (and only 5% of older adults) in the US have long-term care insurance, (industry figures for 2014)

In summary:

- Be patient
 - with the person living with Alzheimer's and dementia
 - with her family
 - with yourself
- Be supportive
- Offer reassurance
- Be kind and never argue
- Speak in a slow, soft manner
- Use non-verbal communication
 - touch an item
 - look her in the eye, respectfully
 - gesture to describe something

In Summary:

- Help her focus by providing a quiet environment that doesn't create distractions.
- If she becomes frustrated trying to understand you or communicate with you, show her that you care about her and what she is trying to say; try not to interrupt her.
- Focus on the fact that sometimes the emotions behind the words are more important than what is being said; try to understand the feelings behind the words.
- Remember that a person living with Alzheimer's and dementia often has difficulty expressing her thoughts and emotions; she also has more trouble understanding others.

REMEMBER:

Instead of using “behavior” – we should realize that people living with dementia are in **DISTRESS** and care for them accordingly!

Resources for care providers:

Florida Aging and Disability Resource Centers (ADRCs)

<http://elderaffairs.state.fl.us/doea/adrc.php>

US Department of Health & Human Services

<http://alzheimers.gov/>

NIA – National Institute on Aging

<https://www.nia.nih.gov/alzheimers>

Alzheimer's Association www.alz.org

Alzheimer's Foundation of America <http://www.alzfdn.org/>

Alzheimer's Reading Room <https://www.alzheimersreadingroom.com/>

Teepa Snow <http://teepasnow.com/>

Training/Education Resources

- Alzheimer's Association <http://training.alz.org/>
- Alzheimer's Foundation of America <http://www.alzfdn.org/>
- CARES <http://www.hcinteractive.com/>
- Dementia Care Specialists <http://www.crisisprevention.com/Specialties/Dementia-Care-Specialists>

Training/Education Resources

- Florida, State of – “Find Approved Trainer or Curriculum”
<http://www.trainingonaging.usf.edu/>
- Nova Southeastern University GWEP <http://www.nova.edu/gec/>
- Relias Learning <https://reliaslearning.com/>

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Q&A



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