

Seven Steps to Communicating With Dementia Adults

As a person's dementia progresses, the ability, skills and memory needed to communicate with others decreases. This is due to the increased damage to the brain. As the disease works its way through the brain, more of the lobes of the brain are affected. These various lobes control certain functions or behaviors in each person.

Two of these lobes, the Frontal and the Temporal contain much of the skills and memory needed for communication. But these lobes are also greatly affected by the disease process. These lobes shrink, fill with cerebrospinal fluid, or pieces of them disappear altogether. As the Frontal Lobes (short-term and long-term memory, speech, personality, impulse control, judgment, rational thought, attention, cognition and imagination) and the Temporal Lobes (language, hearing and smell) are damaged and eventually destroyed, memory and language skills are destroyed as well.

To continue to be able to communicate with our loved ones, we must alter our method of communication to allow them the best way to understand us. These are seven rules to remember when communicating with persons with dementia.

Remember to prepare to communicate, no chewing gum, etc. Relax; don't cover your mouth while talking. Monitor your non-verbal communication like annoyance, frustration, impatience, or quick movements. Slow down, use shorter sentences, prepare to repeat information and think out of the box. Use an eraser board for example and write messages to facilitate communication. (Black ink or white board is recommended, we just see it better.) Encourage eyeglasses and hearing aids, if needed. Persons who are older also hear and better understand a deeper tone of voice, so be certain to lower the pitch of your voice.

1. **Always address the elder as an adult.** Avoid baby talk or patronizing communication. Too often, loving caregivers fall into the habit of speaking to impaired adults as though they were children. Speaking with an exaggerated intonation or slow rate, overly simplified sentences, a higher pitched voice or referring to the person by pet names should be avoided.

Non-familial caregivers should not refer to persons as "Momma" or "Poppa" or "Boyfriend" etc., as this is disrespectful and confusing to the person with the disease. Any tone, statement or gesture that can be perceived as a lack of respect can lead to resistance, so be aware that some things are hardwired in the brain and are not lost until the end of the disease.

2. **Keep communication conversational, not inquisitional.** Have you ever been at a party of business function and a stranger asks "Do you remember me?" How did that make you feel? Folks with dementia suffer the same emotions when well-meaning family and friends "quiz" them when starting a conversation. Questions like this put a person on the defensive and increases confusion.

Instead try this approach: "Hi Aunt Betty. I'm Suzy and I'm your big sister Mary's oldest daughter. I used to come and stay with you during the summer and we would make cookies and bake pies. I always loved staying at your house in the country and feeding your chickens."

This greeting has given the person a lot of information to work with including your name, your relation, and some long-term memories to start with as clues for conversation. Remember short-term memory is affected first and long-term memories stay intact or viable for a long time, so use them to make each conversation successful! Knowing a person's background always makes for a better conversation, so use it!

3. **Always presume the person can hear or may understand the conversation.** Even very advanced dementia patients can still tell when the conversation is about them. Do not talk "around" the person, but keep him or her a part of the conversation. Be polite, explain you are now discussing him or her with the caregiver and ask for permission to do so.

Paranoia can already be a part of this person's world due to the inability to utilize the brain to understand the environment, i.e., hearing, sight, smell, touch, language, etc. So don't do social interactions that increase this behavior. Remember parts of social behavior are still

functional and almost hardwired into the long-term memory of the brain. Many of us would become upset if we thought others were talking about us behind our backs.

4. **Provide descriptive cues as well as accurate cues.** Alert the person you are there and would like to talk or interact. A touch on the shoulder or hand, a handshake and eye contact help start the process. Now prepare to provide adequate information for this person.

Instead of “Here you are,” and giving the person a glass of fluid and then walking away, try to give more information and instruction. A better approach would be “Mary, I brought you the glass of orange juice you wanted. You can drink it now.”

This approach has clued her to what is happening and what she is expected to do. She was addressed by name, the object was identified as a glass of orange juice and finally, she received a verbal clue that the item was for her to drink. When you use this type of statement, the person is provided with a great deal of information as well of a social interaction that is more complex.

5. **Provide as many clues and cues as possible for the person to alert him or her to the event.** Touch, tell, show, invite or offer assistance. For example, as the disease progresses the person has a harder time recognizing physical clues, like the need to empty his or her bladder.

Simply asking “Do you need to go to the bathroom?” can result in a negative response of “No,” followed a short time later with an accident. A method utilizing clues and cues would be to take the person by the hand and lead her to the bathroom and show her the commode. This type of cueing can prompt the person to realize her bladder is full.

6. **Simplify tasks and break them down into achievable parts.** Again use cues and clues. Don’t just tell a person to get dressed to point to a shirt to wear. Minutes later you may find the person standing with the shirt and not a clue as to what to do or to the shirt’s purpose.

Instead, tell her the steps involved. You can even help cue her by starting with putting an arm in the shirt, etc. Each individual situation calls for different cueing. Your experience will tell you what is involved with your elder.

7. **Eliminate competing stimulation.** Start with the right environment. Turn off the television and radio, face the person, and speak clearly and distinctly. Maintain the social roles of conversation and encourage talking and listening with a variety of contexts and topics.

Other handy tips include “**invite**” the elder to **participate** rather than ordering or informing him that now it’s time to do such-and-such.

Check to be certain of the person’s comfort level with touch. Some people don’t want to be touched by strangers and if the person doesn’t recognize her family anymore, this can cause some conflict and pain for the family. Also, don’t touch belongings without permission, as this can be misinterpreted. For example, you may pick up a photo off the mantle to discuss it with the person, but the person may think you are trying to take the photo or are invading her privacy. Watch and observe the behavior to determine how your moves are being interpreted.

Do not jump from topic to topic. Use a familiar vocabulary, preferably with nouns and not pronouns. Use gestures, pointing and pantomime to supplement the conversation.

SMILE, show positive emotions and attitudes. The last thing your loved one needs is to see how depressed or stressed out you are about your life, but on the other hand...key into the emotion of the moment. If the person you are engaging is in an emotional fixation of some sort, try to relate to what they are feeling and address their fears and concerns.

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