

Communication Techniques for Patients with Dementia



Persons with Alzheimer's disease may have difficulty expressing thoughts or finding the right words. Their understanding of what is being said to them may also be impaired. Having difficulty with communication can be frustrating, embarrassing and discouraging. The following suggestions may be useful when communicating with an impaired person.

- Converse in an environment free from distraction
- Use a calm, gentle, matter-of-fact approach
- Keeping direct eye contact, look directly at the person and make sure you have his or her attention
- Talk in a pleasant, easy-going, reassuring tone
- Speak slowly and clearly, keeping the pitch of your voice low
- Use touch (is appropriate) to engage the person and to help convey the message
- Keep instructions short and simple; present information in a step-by-step approach, using familiar words
- Ask questions that require a 'yes' or 'no' answer, avoiding multiple choice or open-ended questions
- Be compassionate and provide praise
- Always remind the person who you are, giving your name and your role
- Explain why you are there and if there are specific tasks to be done
- Use proper names and common names such as 'Jane' and 'chair', rather than pronouns like 'she' or 'it'
- Give the most important information at the end of the sentence, for example, "Do you want to drink coffee or tea?"
- Provide immediate feedback and reassurance
- Assume the person can understand more than he or she can express
- Treat each person as an adult, with dignity and respect; just as you would want to be treated
- Use open, friendly and relaxed body language
 - Move slowly and gently
 - Maintain eye contact
 - Use positive facial expressions and gestures
 - Converse at eye level; don't look down on the individual
- Use objects and pictures to illustrate your message
- Be sure your verbal and nonverbal messages match
- Pay attention and respond to the feeling expressed, even if the words are wrong
- Avoid clichés, idioms, sayings, generalizations, and colloquialisms such as "Don't cry over spilled milk." These phrases require extra interpretation or special knowledge in order to understand their real meaning
- Don't argue with the person; it only makes the situation worse
- Don't be condescending; it is hard not to use a condescending tone of voice when you are speaking slowly and in short sentences, but a condescending tone is likely to provoke anger, even if words are not understood
- Don't give up or stop communicating – offer a hug and keep trying!

CONVERSATION VALIDATION

The following examples allow us to support our patients with dementia in a caring manner:

Example Statement from Mrs. Jones: *"I just saw my daughter and her husband outside in the parking lot. I need to go outside and find them."*

Reality (almost always incorrect) statement: *"Mrs. Jones, you know that your daughter lives in California and was here to visit you last winter. I'm sure you're mistaken."*

The Validation or Redirection (almost always correct) response: *"Well Mrs. Jones, if your daughter has come all this way to visit you, I'm sure she remembers where your apartment is. Let's sit down and I'd enjoy hearing more about her."*

Example Statement from Mr. Smith: *"I just want my breakfast – why is everyone so mean to me?"*

Reality (almost always incorrect) statement: *"Now Mr. Smith, you know you just had dinner – remember it was roast beef, mashed potatoes, and apple pie! You will have breakfast again tomorrow morning."*

The Validation or Redirection (almost always correct) response: *"Sounds like you are hungry – would you like me to make you a piece of toast and a cup of coffee?"*

CONVERSATION DO'S AND DON'TS

AVOID SAYING

Is that a new sweater?
Do you know who I am?
What would you like to do?
You already told me that.
I just explained that to you.
Has your family been to visit?

TRY SAYING

What a nice sweater!
Hi, I'm so glad to see you.
I'd like to invite you to take a walk with me.
That's interesting – thank you for sharing!
Let me show you.
I would love to hear about your family.

OFFERING A POSITIVE RESPONSE

Sometimes the best thing we can do with a conversation is make the person feel special. Consider the following 'I care' statements:

"This is so relaxing, sitting here with you."
"I don't know how you do it, but you always make me laugh."
"I enjoy your company so much."
"That's great advice – I'll have to use that."
"Your smile makes my day."
"You have such pleasant memories – I really enjoy listening to you."

WHEN CONVERSATION IS NO LONGER

The word *conversation* means literally 'talking with', implying both a sharing and a receiving partner. It is important to remember that even though dementia may reduce or eliminate the sharing part of a conversation, the receiving part might still be active, and we can say/do things to continue to support and care for the patient.

If the *sharing* part from the patient is no longer...

- Sing! Or just hum!
- Read scriptures, or any book that person might enjoy
- Remark about mementoes you may see around the room
- Don't be afraid to just sit. You can softly hold their hand.

If the *sharing* part from the patient is undecipherable...

- Offer statements that reflect the feeling of the words – "it made you feel good" or "what a surprise that must have been" or "I'm still here"
- Nod agreement
- Never laugh at what may seem to be nonsensical repetitions
- "Word salad" is a combination of statements that make no sense together. An appropriate response may simply be "Thanks for telling me that."

If the *sharing* part of the patient becomes an outburst...

- Stay calm, talk quietly. Respect their personal space.
- Try to distract or re-direct the person.
- Recognize that the outburst may be out of fear – try to calm those fears