An Australian Government Initiative

WA DTSC
For health-care professionals

Promoting Positive Communication Strategies In Dementia

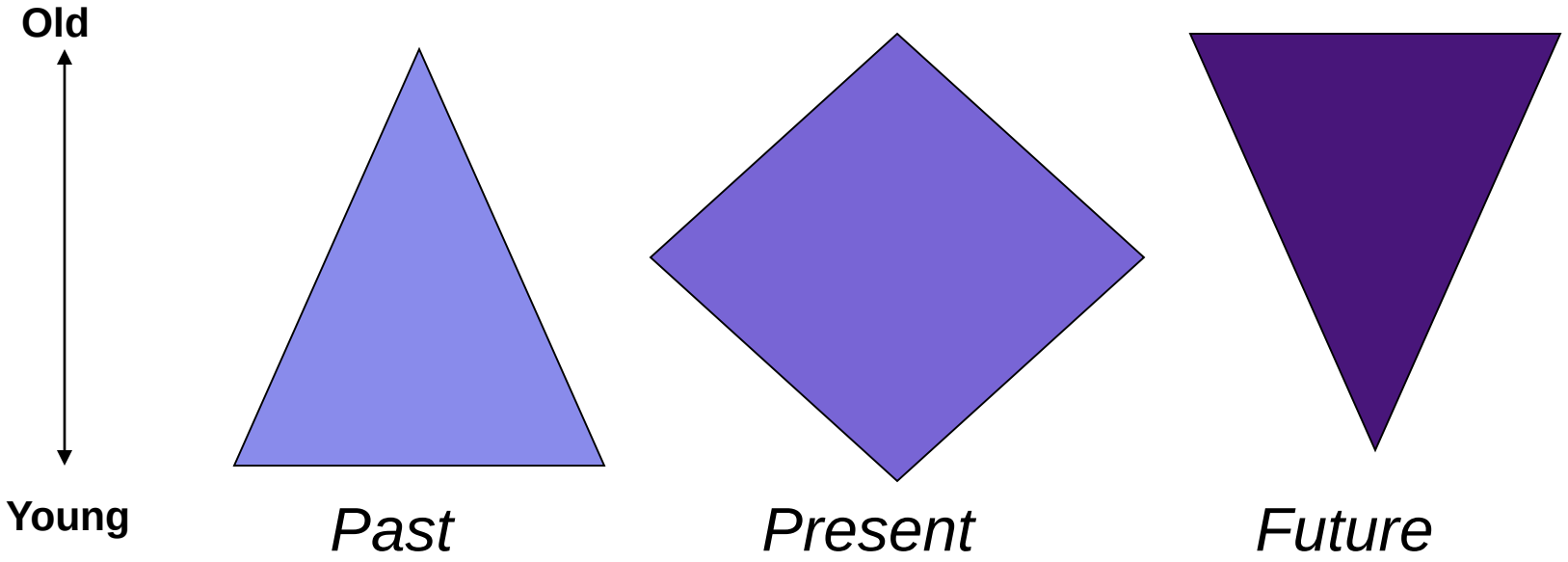


Training support • Skills development • Competency • Assessment • Scholarships • Education

Learning Objectives

- Understand the nature & extent of communication difficulties in dementia
- Apply client centered care to communication management
- Become familiar with a range of communication support strategies
- Increase focus on rehabilitation planning

The Aging Population



The Dementia Problem

- Dementia is:
  - A progressive, acquired and persistent deficit of intellectual function involving at least 3 aspects of cognition.
  - Interferes with activities of daily living.
- Alzheimer's disease is the most common form of dementia.
  - Pick's disease, Parkinson's disease, Multi-infarct dementia, Hungtington's disease, fronto-temporal dementia…
- Dementia puts IMMENSE pressure on the health system.

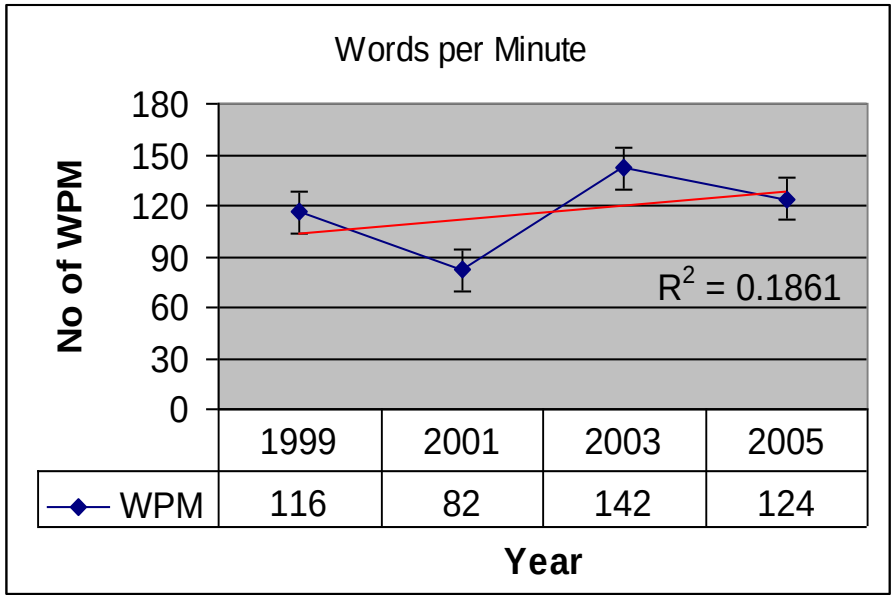
Focusing on Communication

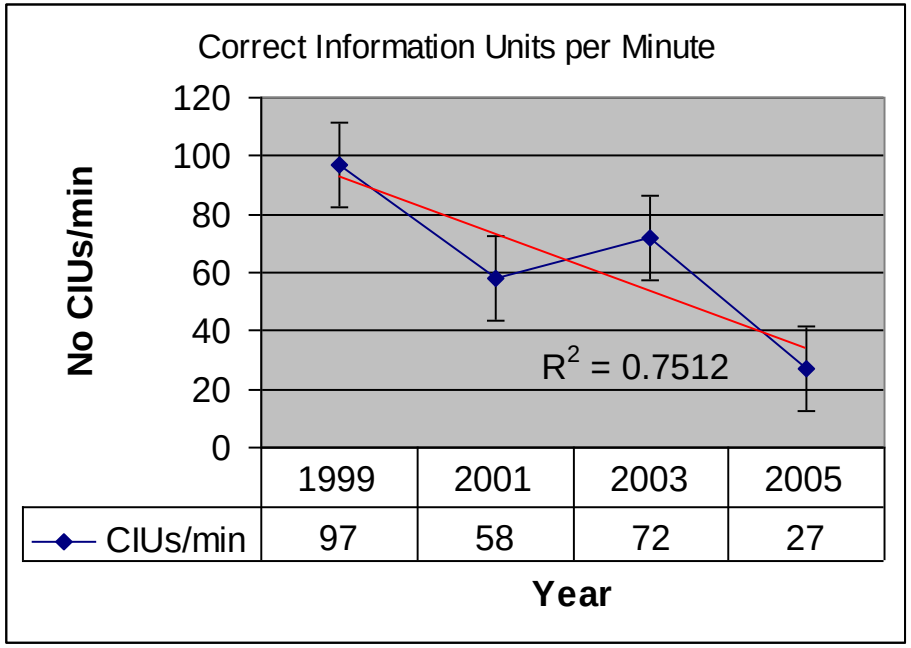
- Episodic memory loss is the hallmark feature of Alzheimer's disease, however…
- Word finding problems may be evident at initial presentation & language symptomatology often emerge within three years of onset.
- The loss of language affects QOL, independence and participation within activities of daily living.
- Individuals with dementia have failed to be prioritized for speech pathology services.

Appreciating Speech Decline

1999
2003
2005

Speech Decline cont…





Stages of Communication Decline (Clark, 1995)

Borderline-Mild Stage (GDS 2 & 3)

- Mild word finding difficulty (especially for low frequency / uncommon words)
- Digression from conversational topic but returns without assistance
- Mild difficulty comprehending lengthy & complex material
- Good insight into communication difficulties (self corrections / apologies)

Moderate Stage (GDS 4)

- Increased word finding difficulty for nouns (semantic errors / difficulty recalling names)
- Digresses from conversation topic and unable to return without assistance
- Difficulty making inferences
- Difficulty following > 2 stage commands
- Requests repetition of more complex information
- Aware of communication problems

Moderately Severe Stage (GDS 5)

- Increased word finding difficulty for all parts of speech
- Noticeable reduction in vocabulary
- Mild difficulty comprehending vocabulary items
- Difficulty following commands / directions
- Withdraws from speaking attempts
- May begin repeating sounds, syllables and whole phrases
- Focuses more on secondary than primary details in describing a story / picture
- Mild pragmatic difficulties – digresses from topic and requires constant assistance
- Becomes unaware of communication failures

Stages of Communication Decline (Clark, 1995)

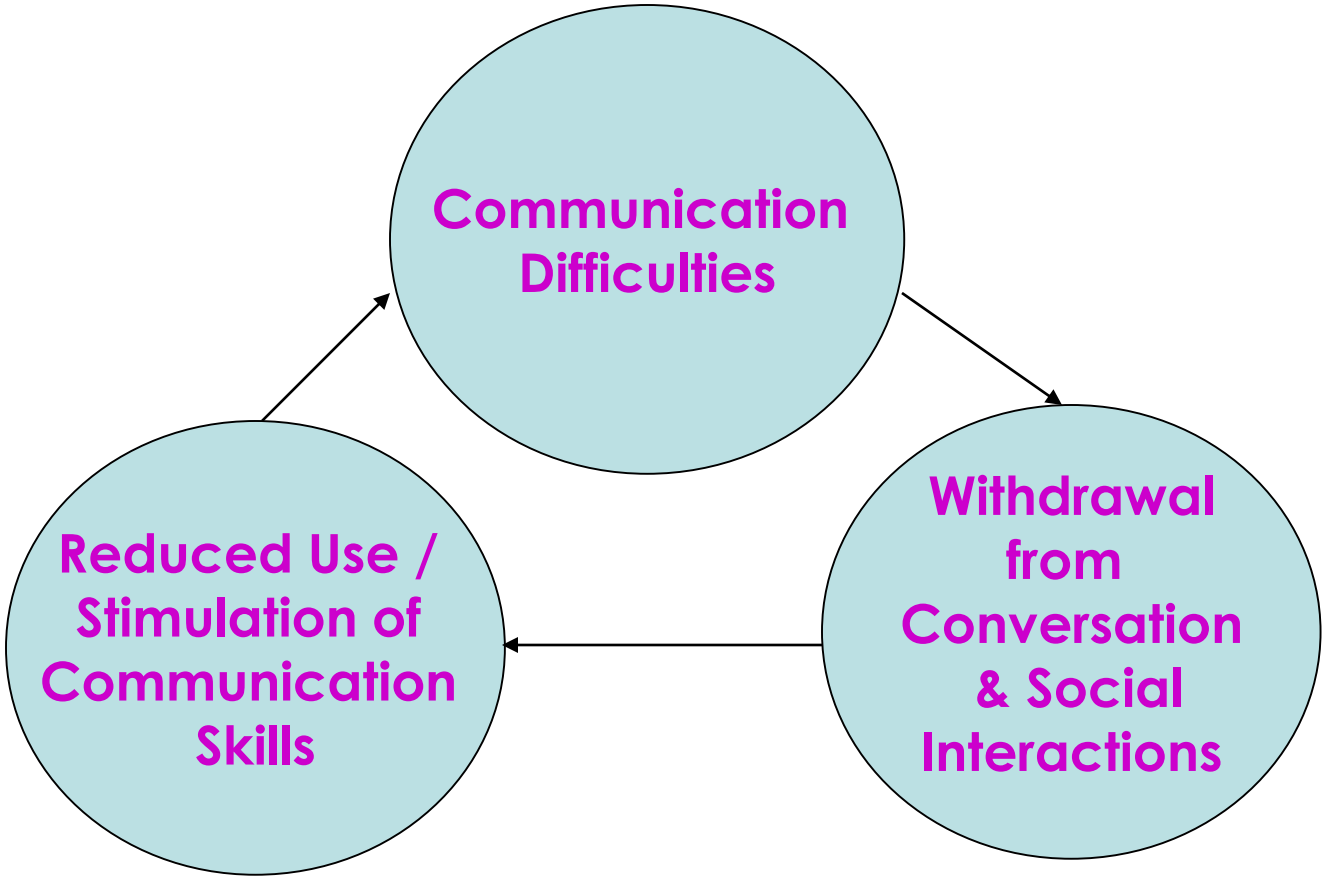
Severe Stage (GDS 6)

- Severe word finding difficulties (vague empty speech / unrelated semantic errors / neologisms)
- Expressive vocabulary is severely reduced
- Excessive output may contain semantic jargon / echolalia / perseverations
- Speech may be limited to automatic daily phrases / words / incomplete phrases
- Observable physical difficulty initiating speech
- Yes / No response becomes unreliable
- Fails to adhere to conversational discourse rules
- Pragmatic difficulties

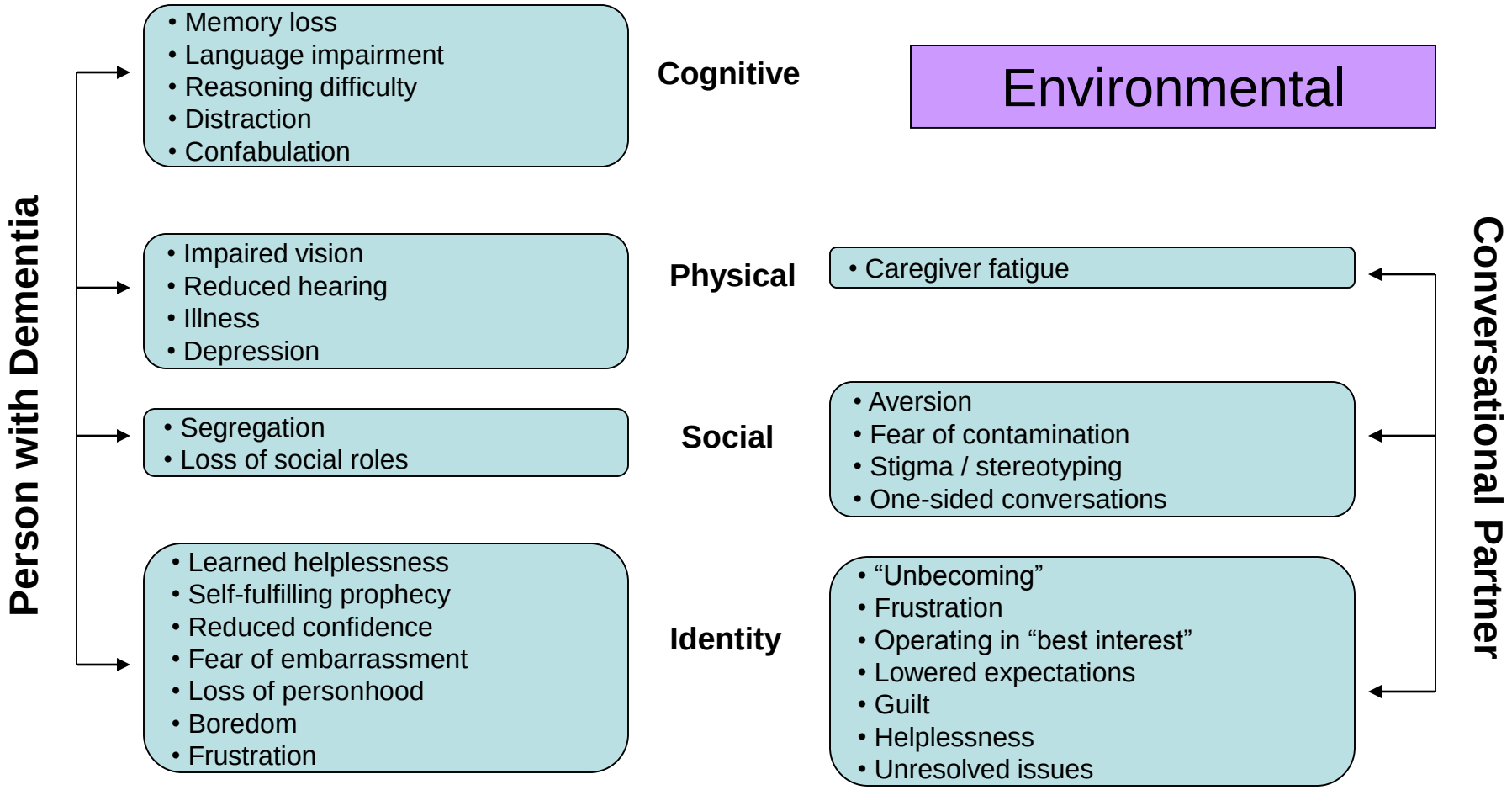
Marked Stage (GDS 7)

- May utter a few non meaningful words or non words
- May vocalize in response to painful stimuli or remains mute
- Fails to comprehend spoken language but shows an awareness for simple gestures, facial expressions, familiar musical tunes, environmental sounds and the emotional tone of voice

Cycle of Decline



Communication Obstacles (Dubac & Blackwell, 2005)



Is there a Homogenous Language Profile Associated with Dementia?

- No!
- Great variability across & within individuals
- Can present with different “types” of language or communication difficulty:
  - Fluent vs Non Fluent presentation
  - Impact of memory on language / communication
  - Varying insight & awareness of communication breakdown
  - Varying perceptions of the importance of communication

Person Centered Care

- Each individual experiences dementia differently
- Focus on independence and well being
- Feelings of importance, support, value and confidence
- Respect the uniqueness of each individual
- EMPOWER individuals and their families
- Focus on mental, emotional & physical needs

Person with DEMENTIA

PERSON with dementia

Principles of Quality Communication Care

- Appreciate the complex nature of communication
- Appreciate that individuals with dementia compensate for deteriorating functioning by making greater use of residual abilities
- Reflect on own communication style and how that could affect interaction
- Tailor communication strategies to each individual's needs
- Always look for the "reason" for why an individual with dementia is behaving in a certain way

Devising a Comprehensive Management Plan

1. Comprehensive case history
2. Careful observation of performance
3. Thorough assessment / profiling
    - Assessment of mood and well being
    - Consideration of the social & environmental context
    - Performance on formal and/or informal communication assessment tasks
4. Clear documentation & communication
5. Family, staff and client education

It is breakfast time and Mr Smith is still resting in bed. Tom has come to get him up for his meal.

Scenario 1: Tom walks into the room, turns on the light and opens the curtains, "Good morning - up you get Mr Smith. Its time for breakfast. Then we have to get you organised for the bingo game this morning – should be a good competition", he says. Mr Smith is staring off into space and then looks up, confused. Tom sighs loudly and exclaims "My goodness, why do I even bother?" as he walks back out of the room.

Scenario 2: Tom walks into Mr Smith's room and smiles at him as he goes across to the bed. "Good morning Mr Smith", he says touching him on the shoulder. "Look, its morning. I will help you to get up for breakfast, are you ready?". Mr Smith nods his head and gets up out of bed.

- ***What makes these two scenarios different?***

(Adapted from the Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Basic Interaction Principles

- ✓ Give your full attention
- ✓ Allow plenty of time for a response
- ✓ Be flexible, resourceful and in tune with their needs
- ✓ Use short, simple sentences
- ✓ Give one instruction or piece of information at a time
- ✓ Speak slowly and clearly – go at the resident's pace, not your pace
- ✓ Walk away or get assistance if you can't remain calm
- ✓ If talking is a problem, try activities that don't involve too much talking (e.g. play board games, pursue hobbies like stamp collecting, or give a manicure).

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Body Language

- ✓ Smile and maintain eye contact
- ✓ Always speak face to face & get down to the resident's level
- ✓ Use more natural gestures to demonstrate and assist understanding
- ✓ Always have something 'real' to refer to (e.g. pictures / objects)
- ✓ Always respect their personal space
- ✓ Avoid negative body language

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Removing Environmental Barriers

Its Saturday morning. The midday movie is playing on the television, Betty's husband is doing the vacuuming and the neighbors are out mowing their lawn. Betty's friend Mary is visiting and they are trying to have a conversation in the living room.

- ***What changes could you suggest to make this a more 'communication friendly' environment?***

(Adapted from the Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Environmental Modifications

- ✓ Turn off or reduce background noise if possible
- ✓ Avoid having competing noises on at the same time
- ✓ Calming background music may be appropriate
- ✓ Remove clutter and unnecessary items that may be distracting
- ✓ Stay still while you are talking
- ✓ Maintain regular routines and environments
- ✓ Have quiet rooms or spaces for important discussions

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Increased focus on Intervention

- Even into older age, striking evidence exists for preserved cognitive plasticity.
- Growing body of research supports the notion that individuals with AD retain the ability to learn (Hopper, 2003) & benefit from training programs.
- These interventions aim to:
  - Slow cognitive decline / help maintain abilities
  - Enhance residual functions / preserved strengths
  - Target depression and other affective reactions
  - Enhance well being and independence
  - Alleviate caregiver stress

Types of Intervention Approaches

- Cognitive Training vs Rehabilitation
  - Restoration vs Compensation
  - Deficit focused vs Need focused
  - Clinician directed vs Client-centered

- Approaches targeting elements of communication difficulty include:

Reality Orientation
Validation Therapy
Reminiscence Therapy
Life Review
Spaced Retrieval
Errorless learning

Cognitive Stimulation
Chat Books
Memory Wallets
Effortful Processing
Semantic Elaboration
Word Finding Strategies

Meeting the Challenge ①

A carer is trying to have a conversation with Martha (a long term resident) about this week's activities at the nursing home, however Martha is distracted asking repeatedly "Where's my mother? She said she would be here by now. She can't have forgotten that we're catching the bus into the city – we're going to miss the movie!" Martha is starting to become upset and agitated – getting up and pacing back and forth from the window.

- ***What would you do in this situation?***

(Adapted from the Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Reminiscence Therapy

- How does it work? *Uses past events to distract and calm. Use events that you know were of interest or importance and have potential to calm them down.*
- Why does it work? *Encourages use of long term memories – tapping into their residual strengths. Helps the individual feel worthwhile and connected, not frustrated.*
- How do you do it? *Use multiple communication channels to draw attention to the past.*

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Applying Reminiscence Therapy

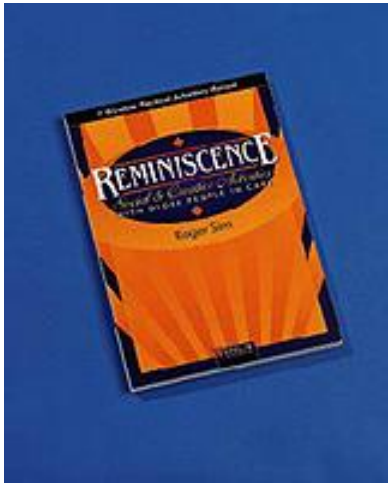
Recognizing Martha's escalating concerns - the carer walks over to the window and takes Martha's hand. "Did you like going to movies Martha?". "Oh yes", she replied. "What was your favourite movie?", the carer asks. "Casablanca" Martha replies. "I loved Casablanca too. I loved the costumes!" "Me too", replies Martha, starting to calm down.

Spending time talking about the past should be a natural part of your interaction with individuals who have dementia.

(Adapted from the Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)


COVER YOUR HAIR FOR SAFETY
GAS ATTACK
HOME FRONT


Magic Memories
A WALK DOWN MEMORY GAME


REMINISCENCE


WHIRLPOOL

“Chat” Books & Memory Wallets (Bourgeois, 1992)

- How do they work? *Chat Books promote positive interactions and provide a platform for conversation.*
- Why does they work? *The focus is on maintaining previously learned information. The picture and written supports also support word finding / discourse difficulties. Chat books help celebrate the persons life and experiences – helping to strengthen their sense of self and feelings of worth.*
- How do you use them? *Chat Books must be used frequently and consistently. They should travel with the individual and used to promote positive communication opportunities during the day. Chat books should be simple and obvious. Be used consistently and frequently.*

Reality Orientation

- How does it work? *Best used as a passive 24 hour approach (rather than a classroom approach) which gently brings the person back from their world to the present reality.*
- Why does it work? *This is a compensatory approach that aims to support poor memory and orientation, which declines in dementia.*
- How do you do it? *You guide the person throughout the day and night to be aware of: who they are, where they are, the time and the date – again using multiple communication channels if possible.*

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Applying Reality Orientation

Its nearly your birthday Martha. You'll be turning 84! What a great achievement!!

Good morning Martha. What a beautiful summers day. Look at the sunshine.

Its 12 O'clock. I can smell lunch cooking. Lets go into the dining room.

This month is flying by. Look at the date Martha, it is the 28th of September, 2007 already!

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Validation Therapy (Feil, 1982)

- How does it work? *Empathizes with the persons feelings and reality. It respects and confirms the person's emotions (Benjamin, 1995).*
- Why does it work? *It is successful in calming individuals down, as it does not confront or challenge behaviors. It comforts and responds to their retained ability to convey feelings and emotion.*
- How do you do it? *You do not correct the person or argue about the truth, because it is real to them. This technique allows us to 'enter into their world' and orient ourselves to their reality.*

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Applying Validation Therapy

"Martha, I can see you're very upset", the carer says. "Yes, I think she's forgotten me". "Look, I'll wait with you, why don't we sit down together and have a cup of tea while we wait".

Martha is happy to sit and have a cup of tea and the carer is then able to calm her down and divert her attention.

- **Can you think of any examples where you have used validation therapy successfully?**

(Aged Care Standards and Accreditation Agency LTD education package, Demystifying Dementia Care, 2004)

Spaced Retrieval Therapy (SRT)

(Brush & Camp, 1998)

- How does it work? *Repeatedly brings concepts into consciousness, giving individuals the opportunity to practice successful recall of information over progressively longer time intervals.*
- Why does it work? *Utilizes implicit memory. Requires little conscious effort and reduces demand on explicit / working memory.*
- How do you do it? *Uses repeated questioning as a method of learning and retaining information. When retrieval is successful, the time interval preceding the next recall test is increased. If recall fails, the participant is told the correct response and asked to repeat it.*

Applying Spaced Retrieval

Goals might target:

1. *Orientation (Where are you living?)*

2. *Use of memory strategies (How can we check where you are living?)*

- Typical SRT sessions last about 30-60 minutes targeting specific communication goals
- Goal is considered mastered when the participant is able to demonstrate initial recall to the question on 3 successive sessions with no prompting
- Success of the treatment depends highly on the motivation and active participation of the individual
- Questions should be asked regularly during the day

Martha's Care Plan

- Strengths: enjoys and seeks social interaction, likes old movies, enjoys gardening & sitting in the sun, loves children & animals.
- Barriers / Weaknesses: poor orientation leading to distress, reduced hearing, restless & easily bored, poor short term memory, staff frustration.
- Action Plan: *Strategies* / *Supports* / *Techniques*

ORIENTATION: (1) every morning look at calendar together, (2) remind Martha regularly during the day of the time / month / season / year, (3) spend time with Martha on a daily basis (sitting in the garden / quiet room) looking at photos or chat book & talking about the past, (4) regular participation in a reminiscence group, & (5) use validation techniques if Martha becomes disorientated or distressed.

Meeting the Challenge ②

Betty and Bob are sitting watching a midday movie together. Betty is having difficulty following the TV content and keeps forgetting who the main characters are and how they fit into the emerging plot. She is continuously asking Bob, "Who's that", "What's happening", "What's going on?". Bob is starting to get frustrated and eventually snaps at Betty, "Can you be quiet – I'm trying to concentrate!!"

- **What communication difficulties is Betty experiencing?**
- **How can this situation be turned into a positive?**

Applying Aphasia Friendly Principles to Dementia Care: Improving Access

- Premorbid leisure pursuits are often no longer accessible to our clients with language difficulties.
  - Brennan et al (2005) highlighted the fact that written material is often inaccessible for people with aphasia, and proposed that ‘aphasia friendly formats’ be employed to enhance reading comprehension and ultimately improve access to information.
  - Such strategies may enable clients to have equal access to written information and to participation in society.
- With innovative flair most informational content can be transformed into a form that is more accessible and potentially more beneficial for individuals with communication difficulties.

Making TV Content Accessible (Cartwright & Elliott, in press)

- Priming TV content & vocabulary
- Pausing for reflection, clarification and consolidation of content
- Write key points down (permanent discourse record)
- Synthesising & summarising TV content at the end of the program
- Completing ‘feature analysis’ guide following the program
- Engage in conversation or discussion about the program to promote active use and consolidation of content

Viewing Interaction as a Collaborative Achievement

- Always view interaction as a flexible and dynamic entity - encouraging use of all available modes to enhance conversation, comprehension and speech production.
- View target behaviours as a 'collaborative achievement' resulting from an interaction between conversational partners, rather than being the sole responsibility of the speaker alone.

'just as buildings are modified with ramps to provide access for those who have difficulty with mobility, so communication should be modified to provide access for those who have communication difficulties' *(Kagan and LeBlanc, 2002).*

Meeting the Challenge ③

Henry has early stage dementia. His family and friends have noticed that he is spending a lot of time at home and is reluctant to go to his local bowls club. He now sits in the background at family gatherings and does not join in with conversations. His family are not sure what to do. They are concerned because Henry used to be the life of the party, always happy, always joking.

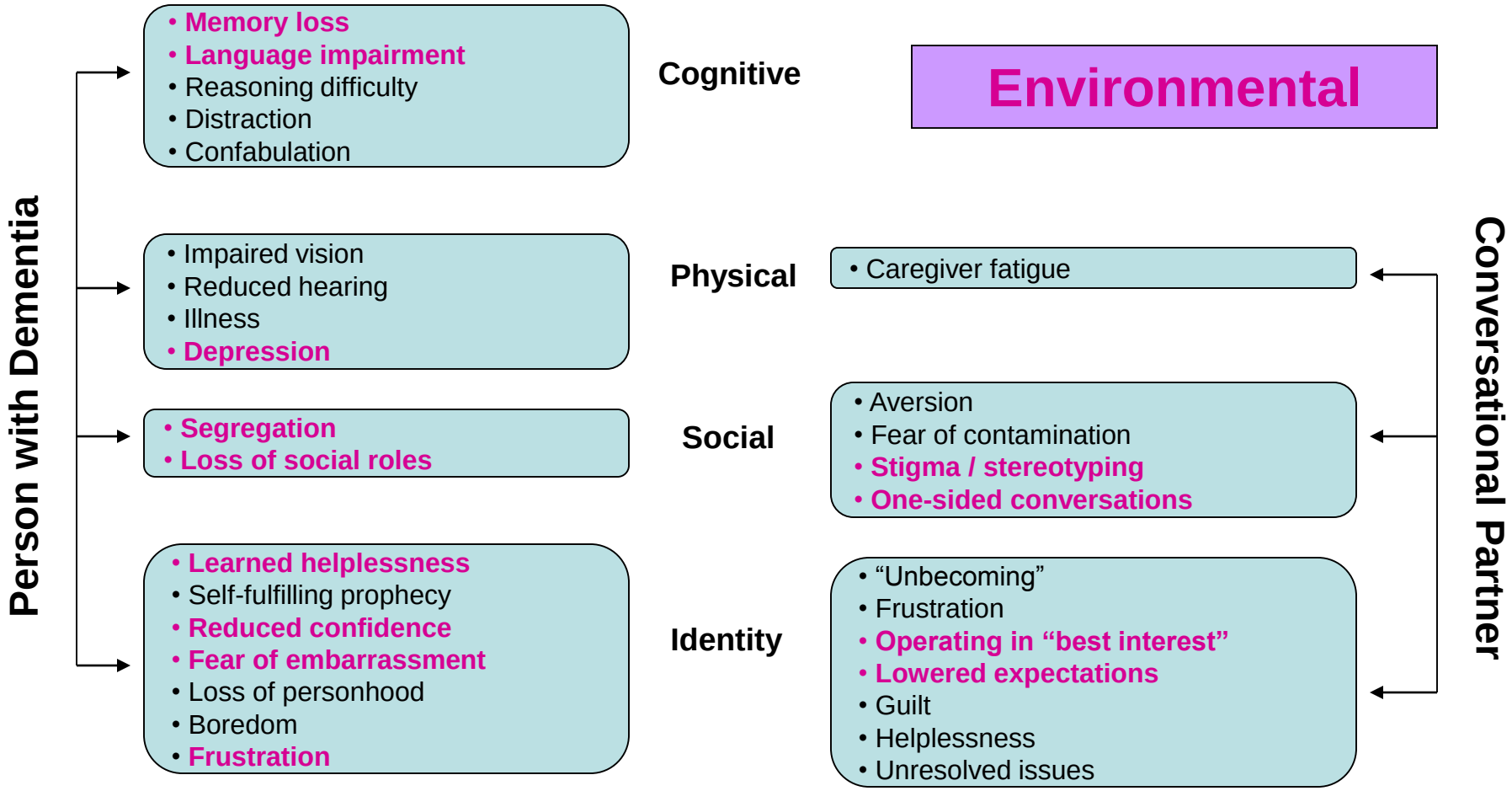
- **What communication difficulties do you think Henry may be experiencing?**
- **What would you suggest?**
- **Would you normally have considered 'rehabilitation' to be an option for Henry?**

What should we do?

- Thorough case history
- Observation within home / social settings
- Arrange a thorough assessment
- Talk to family & friends about the difficulties and changes they have noted
- Profile strengths and weaknesses
- Identify obstacles to positive interaction and communication

Ultimately aim to foster improved participation in daily activities and thus optimize quality of life

Communication Obstacles (Dubac & Blackwell, 2005)

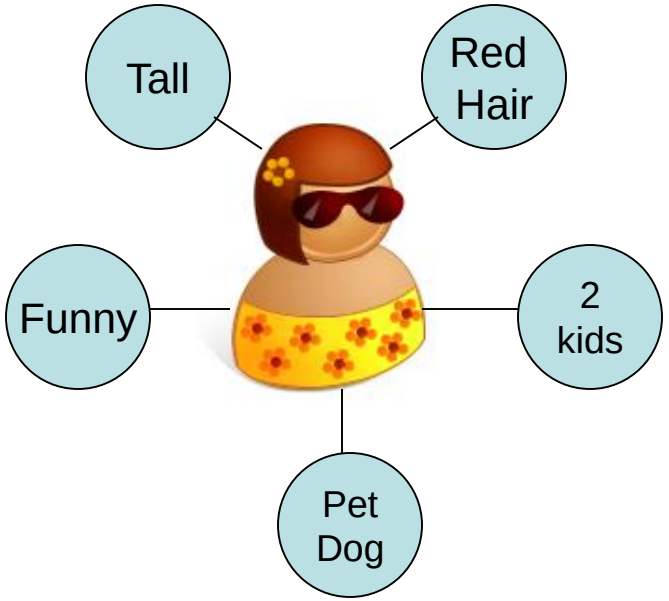


Goal Setting

1. To be able to remember the names of friends at the bowling club
2. To practice telling jokes
3. To increase confidence in engaging in conversation

Remembering Names

- Spaced retrieval
- Photograph cues
- Mnemonics / visual imagery
- Semantic webs
- Environmental modifications - *(name tags)*
- External aids – *(Chat book, Memory wallet)*
- Offline rehearsal / role play
- Communication / conversation Group



Telling Jokes

- Target “joke telling” in formal 1:1 therapy:
  - Practice telling jokes / role plays
  - Spaced Retrieval *(for a punch line he can’t remember or to learn a new, short or simplified joke)*
- Communication / conversation group
- External aids – memory wallet / cue cards
- Practice telling jokes at home
- Listen to jokes on a walkman

Education

- Provided to family & the bowling club
- Accompany Henry to the bowling club to help him practice & apply his new strategies and skills
- Encourage family / friends to attend treatment sessions
- Provide education on support strategies & facilitation techniques
- Highlight the importance of language stimulation

Stepping Outside the Box

- We are being increasingly challenged to move away from traditional therapy approaches and models to forge new frontiers in meeting the communication needs of people with dementia.
  - Increase quality of life by fostering improved “life participation”.
  - Help our clients with dementia (and their families) “cope” with the long term consequences that communication difficulties may have on their daily life and interactions.
- This aims to ensure that our clients have access to meaningful communication opportunities and focuses on facilitating communicative skill and confidence at *all* stages of disease progression.

Take Home Points

- Communication difficulties have a significant impact on independence & QOL in dementia
- Positive communication is a critical aspect of dementia care
- With innovative flair & careful thought we can help clients maneuver around communication road blocks
- Client centered – holistic management plans are the key!
- We need to make a concerted effort to support communication & seek meaningful opportunities for interaction & stimulation

Making it happen

- Creative / enthusiastic staff
- Multidisciplinary team
- Educate / empower / motivate staff
- Advocate the need for increased Speech Pathology services in aged care
- Increase the focus on “rehabilitation”
- Value the importance of positive communication

$$$$

Thank you!!

Questions Please…

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