



Addressing the Communication Predicament of Residents with Dementia

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Importance of Topic

- Incidence of dementia in Canada
 - In 2008 – 500,000 (1.5%)
 - By 2038 - 1,125,200 (2.8%)
 - AD Society of Canada (2010)
- Persons with dementia in LTC
 - 2008 – 183,268 (45% of total number)
 - 2038 – 442,682 (38 % of total number; 259,414 more people)
 - **Residents in nursing homes with more advanced illness and more complex needs**

Importance of Communication with Residents with Dementia in LTC

- Caregiver interaction strategies impact residents'
 - Communication skills
 - Function
 - Well being
 - Personhood
 - Orange, Ryan, Meredith & McLean, 1995; Wolf & Orange, 2009



Topics of this presentation

- Definitions of communication
- Communication and dementia
- Interacting Influences on Communication
 - Reflections
- Communication Predicament Model of Aging
 - Attitudes and behaviors of caregivers
 - Environmental barriers and facilitators to communication
 - Caregiver stressors
- Communication Enhancement Model of Aging
- Five Minute Communication Strategies

Communication: Speech and Language Definitions

- Communication refers to the sharing of information by means of language, signs, and symbols
 - **Speech** refers to the motor production of sounds
 - Bayles & Tomoeda, 2007; WHO, 2001
 - **Language** refers to symbol system
 - Sound paired with meaning for particular purpose
 - Meaning of words result of developmental and social processes
 - Blumer, 1969; Mead, 1934



Non-Verbal Communication

- Non-spoken communication

- Physical appearance
- Mannerisms
- Use of interpersonal space
- Gestures
- Facial expression
- Touch
 - Ryan, Giles, Bartolucci & Henwood, 2001.
WHO, 2001

Communication in Caregiving

- Communication is means of negotiation between staff and residents
 - Sociologists Carpiac-Claver & Levy-Storms
- Two purposes
 - Task oriented
 - Affective or rapport building
- Communication - two components
 - Content
 - What is said
 - Relational
 - Non-verbal or emotional message

Affective Verbal Communication

- Affective communication
 - Personal communication
 - “please”, “thank you”, laughter, talking about aspects of resident’s life
 - Addressing resident
 - Using name or terms of endearment
 - Checking in
 - “How are you?”
 - Emotional support and praise
 - “Good for you”; “You can do it”
 - Carpiac-Claver & Levy-Storms, 2007

Affective and Non-verbal Communication

- Residents in late stage of dementia
 - Rely on non-verbal communication
 - More susceptible to non-verbal communication
 - Reduced inhibition response
 - Emotional areas of brain less affected by dementia
- Care staff exert influence on mood states of residents
 - Magia, Cohen & Gomberg, 2002

Dementia and Communication

- Dementia always accompanied by impaired communication
 - Neurological changes affect memory, judgment and thinking
 - Bayles & Tomoeda, 2007
- Communication occurs within the physical, social, and institutional environments of residents with dementia
 - WHO, 2001

Communication and Dementia

- Early Stage (MMSE 16-24)
 - Fluent spoken language
 - Increased use of empty words
 - Reduced vocabulary
 - Written language affected more than spoken language
 - Comprehends but forgets what is said
 - AD Society, 2010; Folstein, Folstein, & McHugh, 1975; Bayles & Tomoeda, 2007; Wolf & Orange, 2009

Communication and Dementia

- Middle Stage (MMSE 8-15)
 - Spoken language fluent but slower
 - Less comprehension of what is said
 - More nouns than verbs
 - Reduced vocabulary
 - Inappropriate communication
 - Folstein, Folstein, & McHugh, 1975; Bayles & Tomoeda, 2007; Wolf & Orange, 2009

Communication and Dementia

- Late-Severe Stage (MMSE 0-9)
 - Spoken language slow and halting
 - Use made up words and jargon
 - Some individuals become mute
 - Rely on speaker's vocal pitch & loudness, facial expressions, body language
 - Folstein, Folstein, & McHugh, 1975; Bayles & Tomoeda, 2007; Wolf & Orange, 2009

Remaining Strengths of Person with Dementia

- Absolute self
 - Kitwood & Bredin, 1992
- Remaining cognition
 - Denet, 1976
- Existence of the body
 - Hughes, 2001
- Life history
 - Hughes, 2001
 - Personal narrative
 - Elder, 1998; Neisser, 1988; Schechtman, 2005

Remaining Strengths of Person with Dementia

- Spiritual strengths
 - Kitwood & Bredin, 1992; Nash, 1983
- Relationships
 - Denet, 1976; Kitwood, 1990
- Accomplishments
 - CAOT, 1998; Wolf, 2005
- Personality
 - Kolanowski & Whall, 1996; Reber, 1995
- Normal emotions and desire to interact with others
 - Tappen, Williams-Burgess, Edelstein, Touhy, & Fisherman, 1997



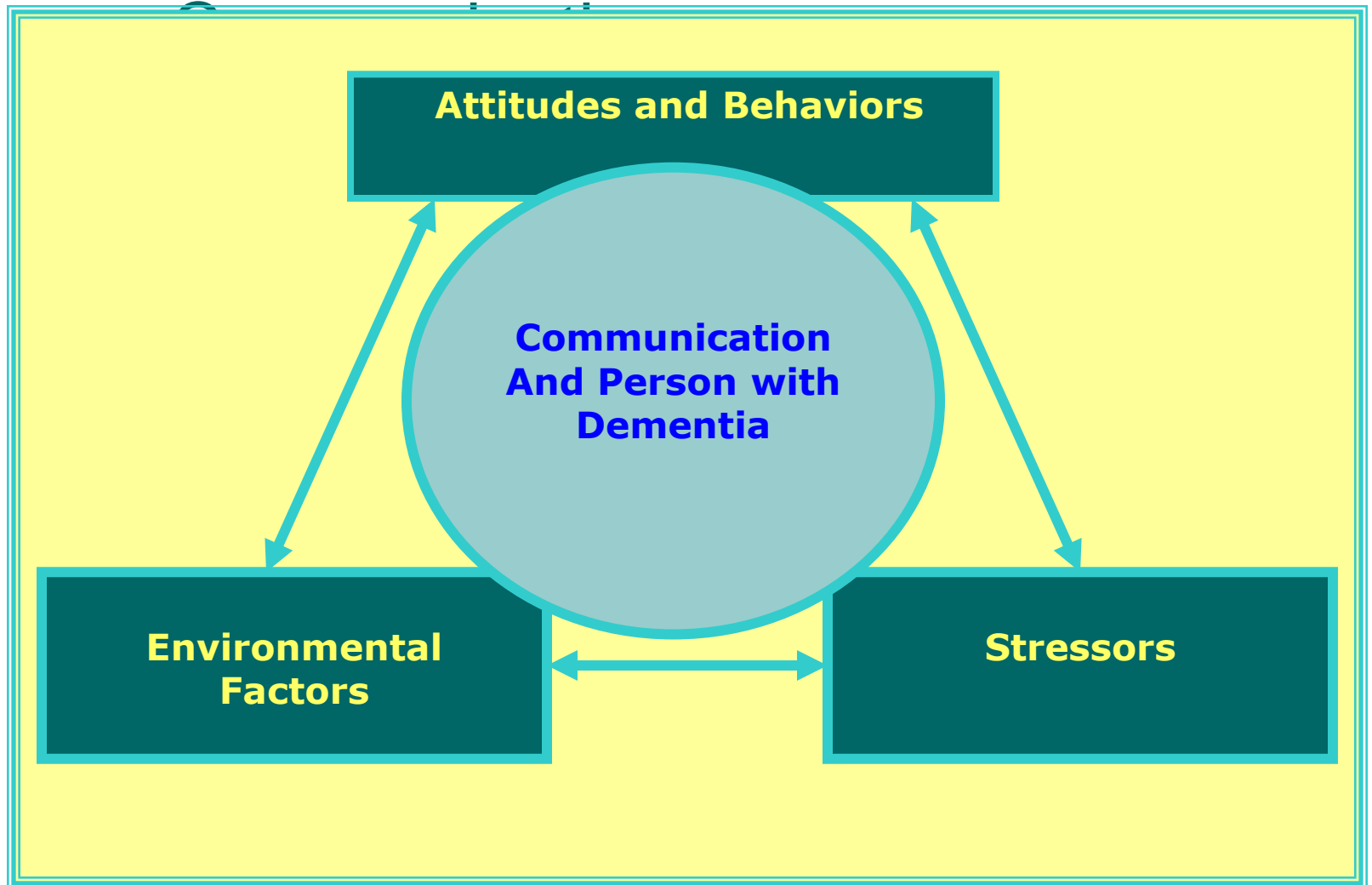
Goals for Communication Strategies

- Goals for person with dementia
 - Preservation of personhood
 - Preservation of existing communication abilities
 - Self confidence to seek out conversational opportunities
 - Preservation of function
 - Retained confidence in remaining abilities

Goals for Communication Strategies

- Goals for caregiver
 - Increased insight
 - What are my communication strengths?
 - What am I feeling about this person that I am talking to?
 - What is happening to me today?
 - Caregiver mastery
 - Increased confidence
 - Increased satisfaction with interactions with residents

Interacting Communication Influences



Influences on Communication for the Person with Dementia

| Attributes and Needs | Environmental Factors | Stressors |
|---|--|--|
| <ul style="list-style-type: none">○Life history○Personality○Habits and preferences○Fear of future○Need to be understood as unique○Need for emotional support○Need for respect | <ul style="list-style-type: none">○Isolation○In PCH, 85% of time alone○Attitudes of family and formal caregivers | <ul style="list-style-type: none">○Reduced physical capacity○Impaired sight and hearing○Emotional needs unrecognized |

Influences on Formal Caregivers' Communication with Residents

| Attitudes & Behaviors | Environmental Factors | Caregiver Work Stressors |
|--|---|---|
| <ul style="list-style-type: none">○ Stereotypes about older persons○ Past experiences with older persons○ Personal stressors (financial, family, health) | <ul style="list-style-type: none">○ Restricted budgets for staff time○ Negative attitudes toward staff/resident interactions (real or perceived)○ Lack of privacy○ Noise and interruptions | <ul style="list-style-type: none">○ Heavy workloads○ Lack of power to change things○ Abuse○ Lack of support from supervisors and peers |

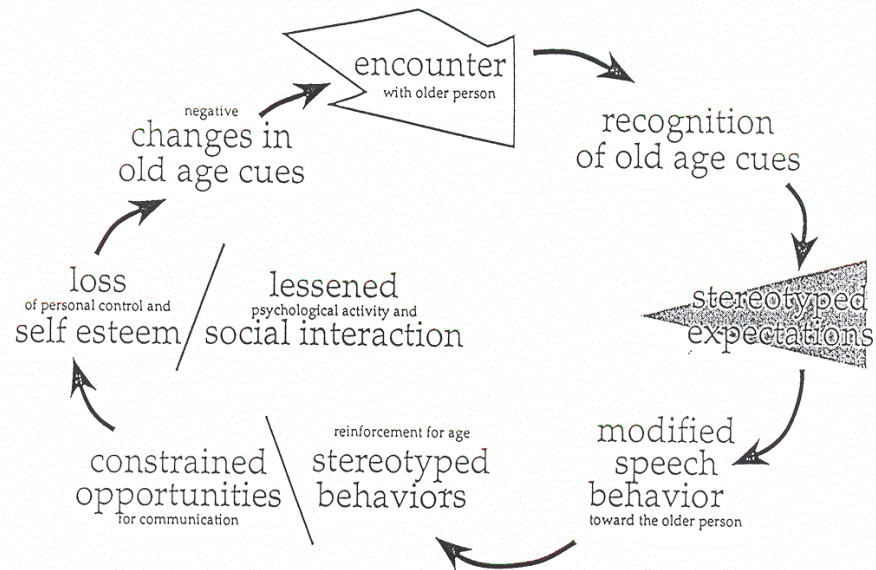
Example: Formal Caregiver Stress

- WRHA Paid Nursing Hours in LTC
 - 3.4 paid nursing hours/resident/day
 - RNs – 0.45 hours or 13%
 - LPNs – 0.54 hours or 15.8%
 - HCAs – 2.42 hours or 71%
- Health Care Aides provide 70- 90% of direct care.
 - Cruttenden,2006; Lori Lamont, personal communication, December 1, 2009

Communication Predicament Model

Ryan, Giles, Bartolucci & Henwood, 1986

The Communication Predicament of Elderly People





Communication Predicament Model

- Encounter with older person by younger person/caregiver
 - Recognition of old age cues
 - Physical appearance, deafness, cognitive deficits
 - Stereotyped expectations
- Leads to modified speech patterns
 - Restricted topics, directive speech, simple or childlike speech

Speech Accommodation Theory (SAT)

- How do we modify our speech when talking to others?
- Three aspects to interpersonal messages
 - Vocal
 - Non-linguistic features
 - Pitch, loudness, duration, silence
 - Linguistic
 - Choice of words
 - Non-verbal
 - Physical appearance, mannerisms, interpersonal distance, gestures, facial expression
 - Coupland, Coupland, Giles, & Henwood, 1988)

Patronizing Communication

- “Elderspeak” or secondary baby-talk
 - Simplified speech
 - Common to all cultures
 - No difference found between baby talk directed to children, normal older adults including residents
 - No correlation between use of baby-talk and resident’s characteristic
 - Language use, sociability, eating behavior, alertness and likability
 - Caporeal, 1981

Patronizing Communication

- Verbal characteristics
 - Simple; childish terms
 - Use of “we” and avoiding use of “me” and “you”
 - Simple; repetitious
 - First names; nicknames; “dearie”, “honey”
 - Limited, focus on tasks, exaggerated praise for minor accomplishments
 - Caporaal, 1981

Patronizing Communication

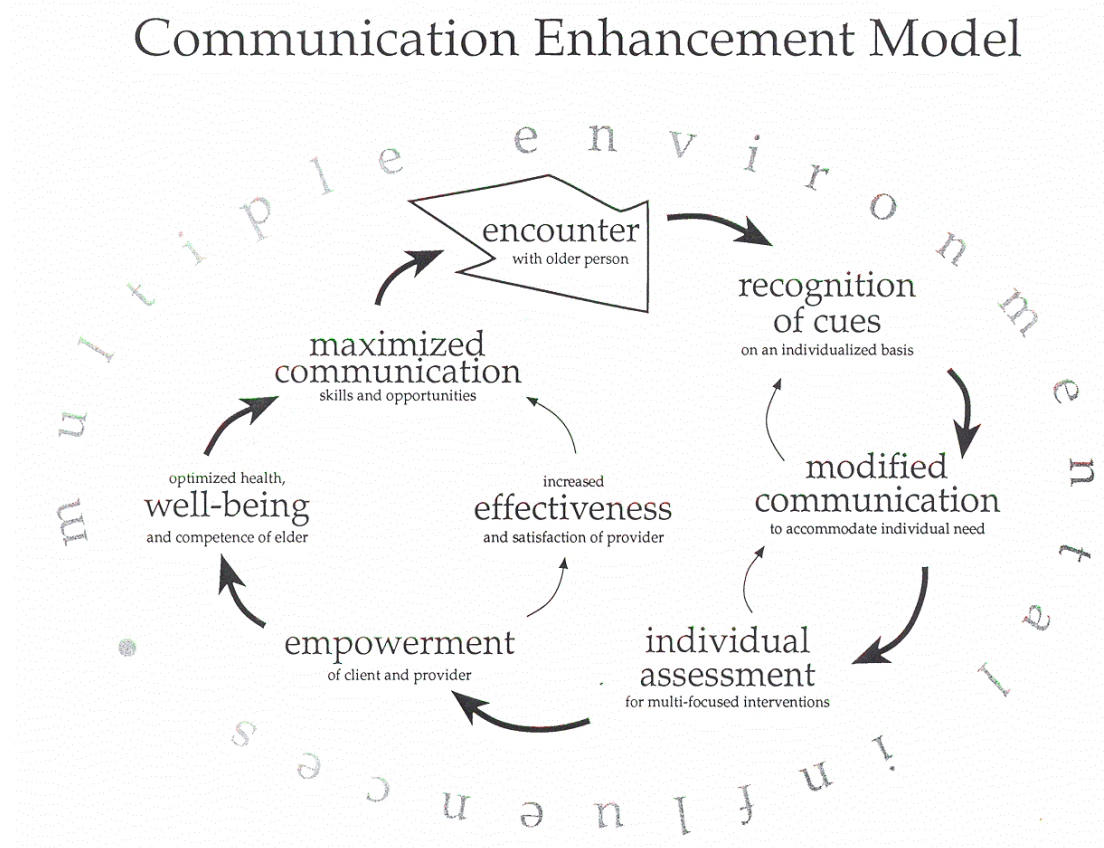
- Non-verbal characteristics
 - High pitched, exaggerated pronunciation, loud, slow rate
 - Little eye contact
 - Stands too close or far away
 - Shrug shoulders, hands on hips
 - Touch
 - Pat on head, arm or shoulder
 - Caporaal, 1981

Effects of Patronizing Speech

Orange, Ryan, Meredith & MacLean, 1999

- Lack of respect conveyed to resident
- Evidence of lack of professional competence of caregiver
- Lack of satisfaction of residents

Communication Enhancement Model of Aging





Communication Enhancement Model

- Not concerned with achieving “normal”
 - Emphasis on retained abilities of person with dementia
- Enhances self-esteem and self-confidence
 - Searching out conversational opportunities

Kitwood's Affirming Interactions

Ryan, Byrne, Spykerman & Orange, 2005

- Positive affirming interactions
 - Recognition
 - Person is acknowledged as a unique person by name
 - Asking person with dementia how they preferred to be addressed and applying this
 - Verbal and non-verbal communication

Kitwood's Affirming Interactions

Ryan, Byrne, Spykerman & Orange, 2005

- Negotiation
 - Individual consulted about preferences
 - Individual asked questions
 - Yes/no questions useful
 - Finding out information about person with dementia leads to individualize care
- Validation
 - Acknowledging the individual's experience
 - Restatements, affirmation

Kitwood's Affirming Interactions

Ryan, Byrne, Spykerman & Orange, 2005

- Collaboration
 - Caregiver aligns with resident
- Facilitation
 - Enabling the individual by providing missing parts of intended action
- Combination of collaboration & facilitation
 - Initiate, conduct and complete task within context of interaction

Some Communication Enhancement Strategies

- Accommodated speech
 - Simple sentences
 - Yes/no questions
 - Provide words person can't recall
 - Avoid ambiguous terms ("thing", "it")
 - Talking face to face with appropriate eye contact
 - Orange, 2001

Some Communication Enhancement Strategies

○ Accommodated Speech

- Speech rate
 - 160-170 words /minute
- Repeat and rephrase
- Use common words
 - Hopper, 2001

Some Communication Enhancement Strategies

○ Memory

- Become the memory trigger
 - Use pictures or photos
 - Provide time for person to respond
 - Use memory notebooks with personal relevant information
- Minimize effects of poor memory
 - Do not “test” person for recall
 - Orange, 2001

Some Communication Enhancement Strategies

○ Cognition

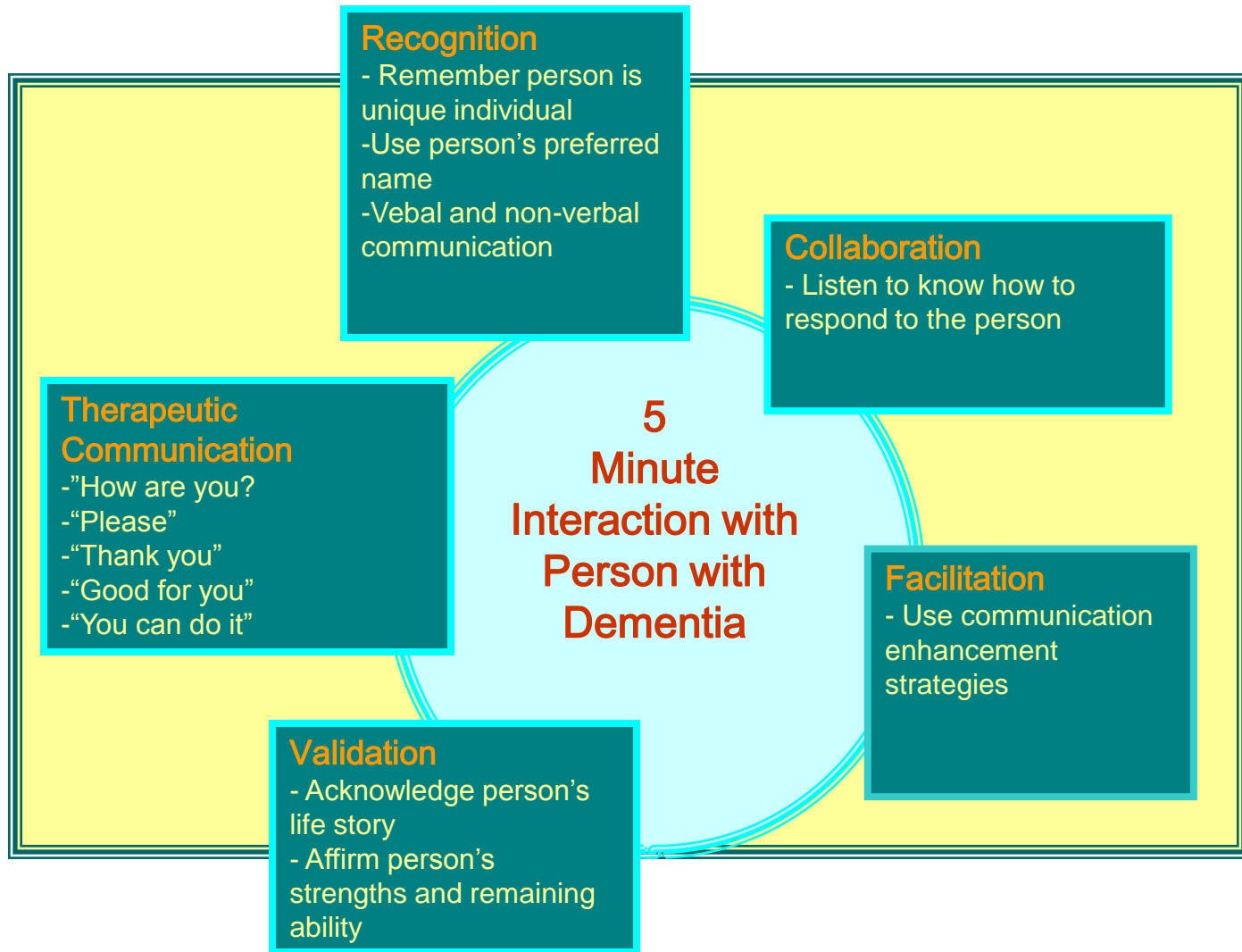
- Talk to person about activities you are doing
 - Parallel speech
- Extend conversation
 - “That sounds like.....”
- Tell the person what you misunderstood
 - Orange, 2001

Some Communication Enhancement Strategies

- Sensory techniques
 - Minimize competing background noise
 - Use senses to facilitate
 - Pictures, photos
 - Familiar music or audio-recorded conversations with family members
 - Different aromas
 - Speak slightly louder and a little slower

Some Communication Enhancement Strategies

- Environmental techniques
 - Limit conversations to a small number of people
 - Private, quiet locations
 - Provide opportunities for conversations with family and friends
 - Promote individual with dementia as active and not passive conversationalist
 - Watch for fatigue
 - Orange, 2001





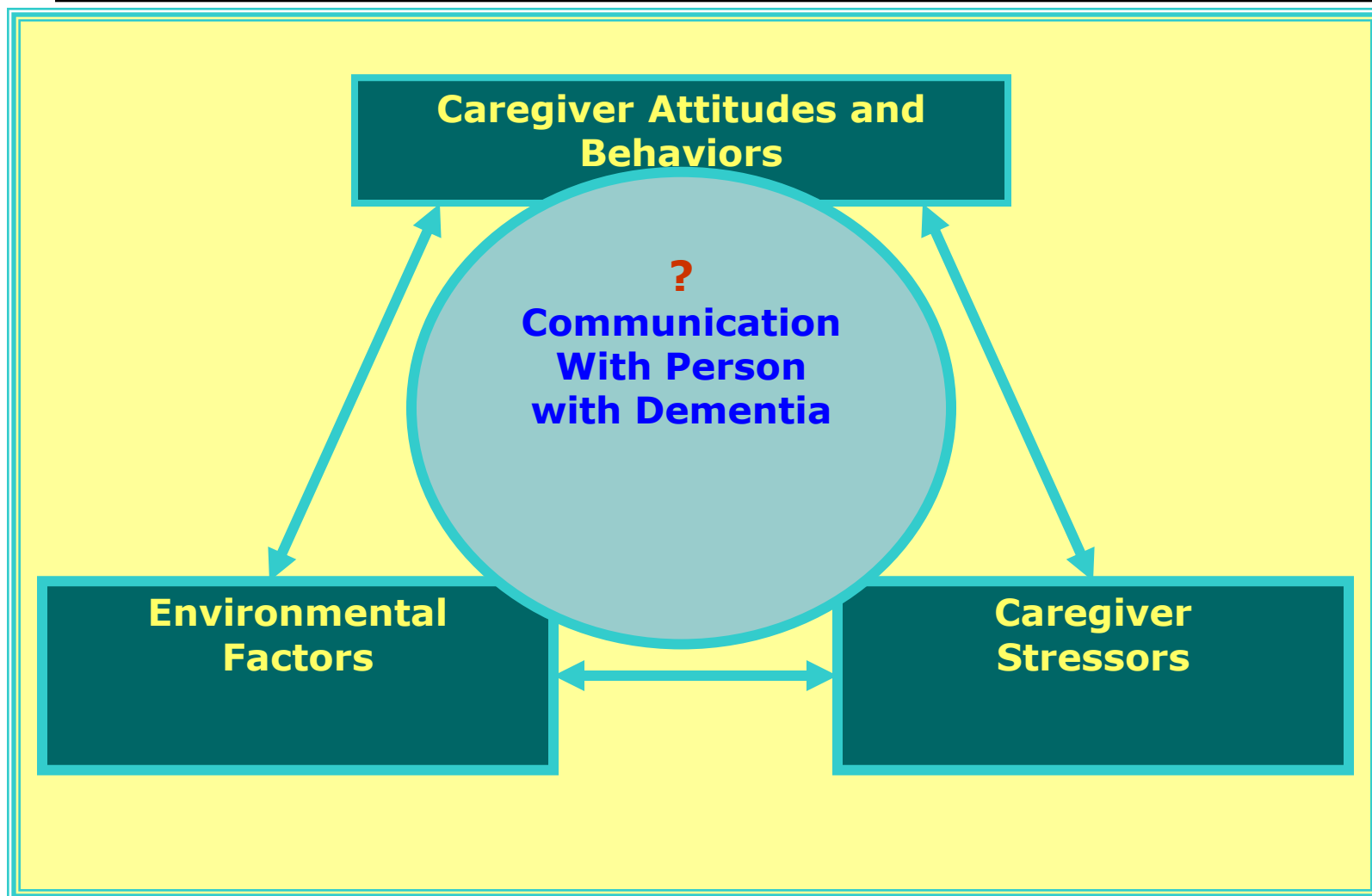
Outcomes of Communication Enhancement

- Preservation of personhood
- Maintained communication & function
- Mutual enjoyment and satisfaction of both conversation partners

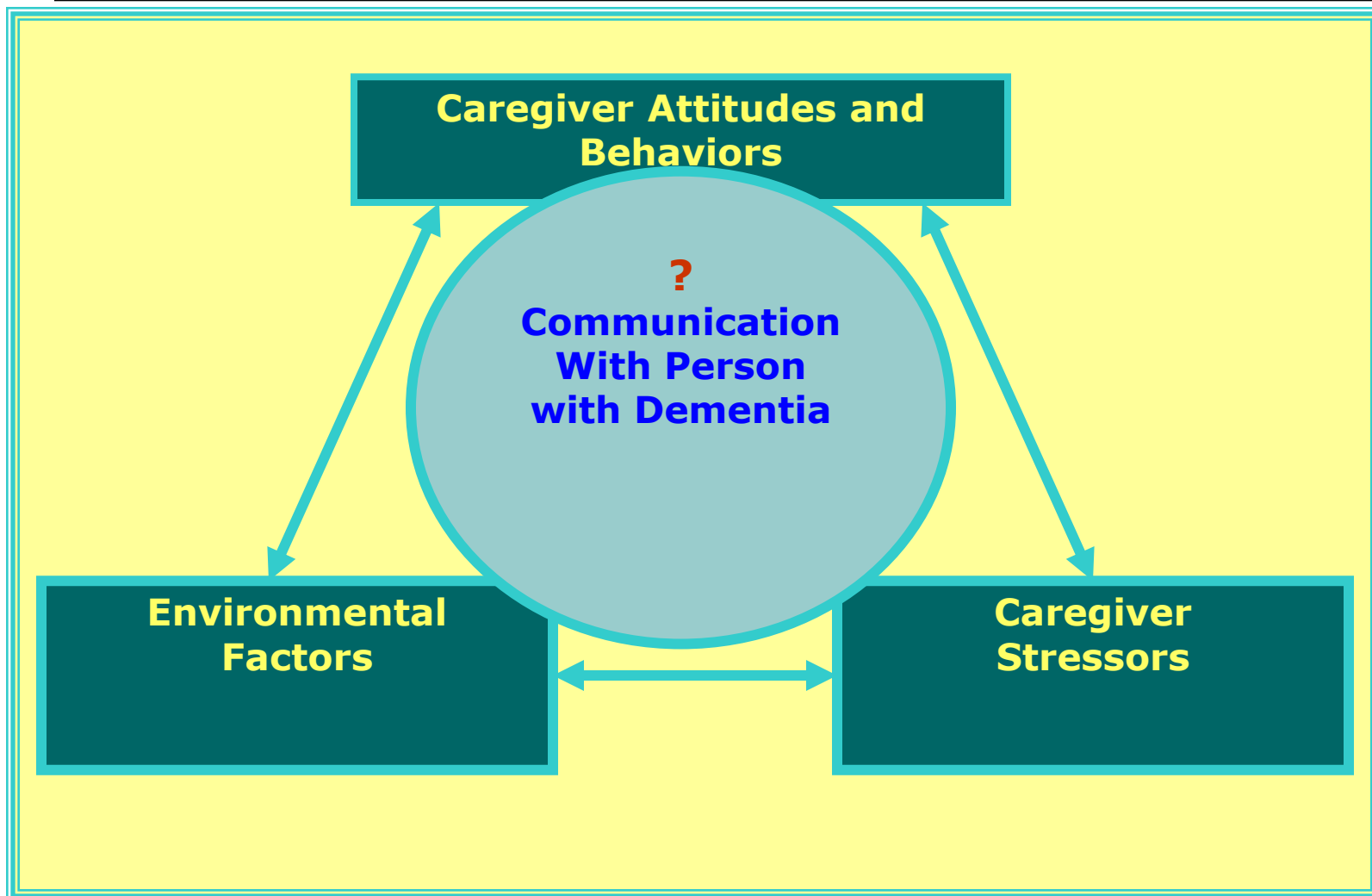


Questions????????????

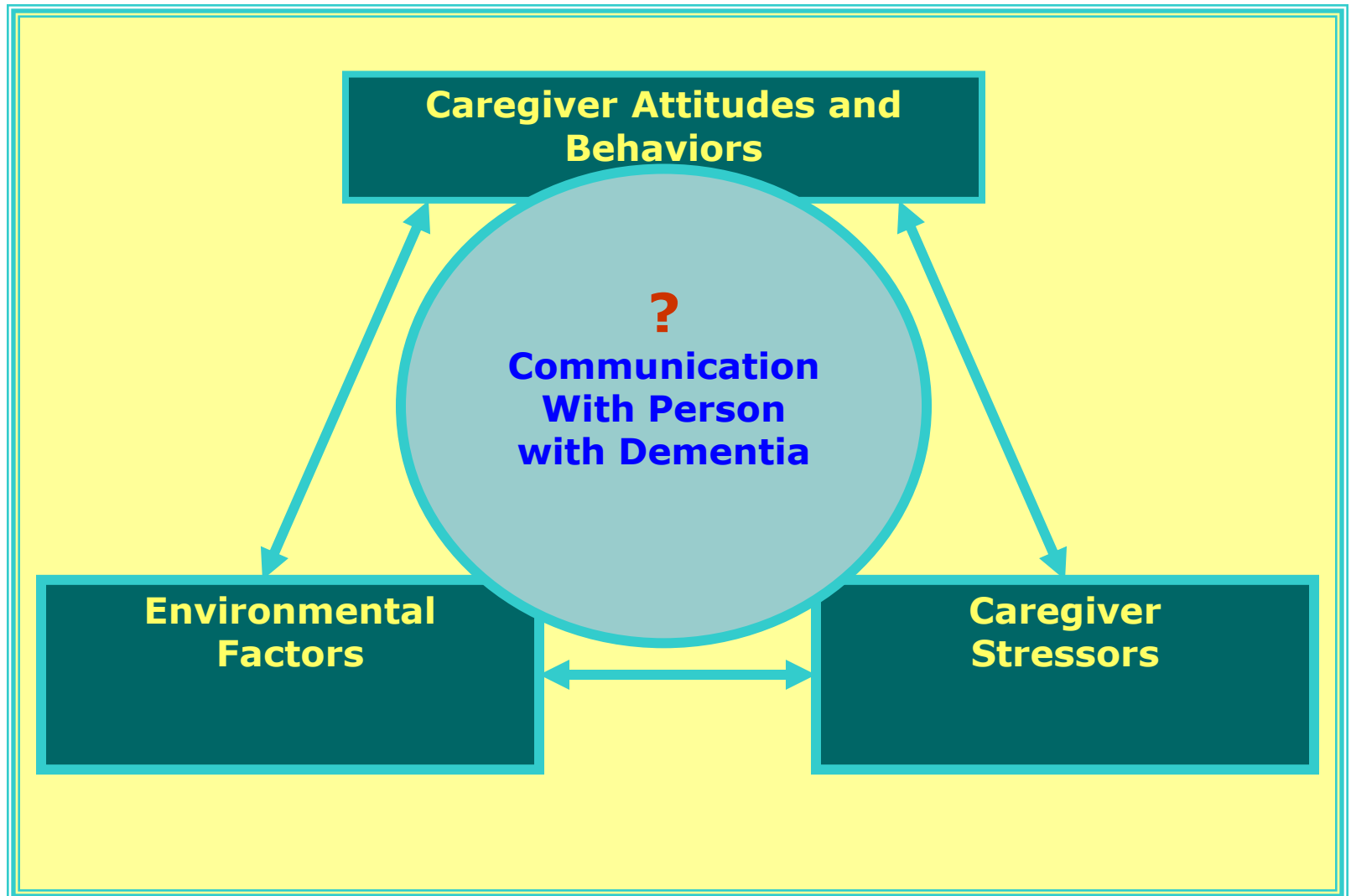
What are the most important factors that affect how YOU communicate?



What factors promote positive interactions with residents?



What factors lead to patronizing speech?



References

- Baltes, M. M., Neumann, E.M., & Zank, S. (1994). Maintenance and rehabilitation of independence in old age: an intervention program for staff. *Psychology and Aging, 9*, 179-188.
- Bayles, K. & Tomoeda, C. (2007). *Cognitive-communication disorders of dementia*. San Diego: Plural Publishing Inc.
- Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. New Jersey: Prentice-Hall, Inc.
- Bonder, B. R. (1994). Psychotherapy for individuals with Alzheimer disease. *Alzheimer Disease and Associated Disorders, 8*(3), 75-81.
- Canadian Association of Occupational Therapists (CAOT) (1997). *Enabling occupation: An occupational therapy perspective*. Ottawa: CAOT Publications ACE.
- Canadian Association of Occupational Therapists and Alzheimer Society of Canada (1998). *Living at Home with Alzheimer's Disease and Related Dementias: A Manual of Resources, References and Information*. CAOT Publications ACE

References

- Caporalet, L. (1981). The paralinguistic of caregiving: baby talk to the institutionalized aged. *Journal of Personality and Social Psychology*, 40, 876-884.
- Caris-Verhallen, W.C.M., Kerkstra, A., Bensing, J.M.(1997). The role of communication in nursing care for elderly people: A review of the literature. *Journal of Advanced Nursing*, 25, 915-933.
- Dennett, D. (1976). Conditions of personhood. *The Identities of Persons*. A. O. Rorty. Berkeley, University of California Press.
- Elder, G., Jr. (1998). The Life course as developmental theory. *Child Development* 69(1): 1-12.
- Fearing, V., & Clark, J. (2000). *Individuals in context: A practical guide to client-centered practice*. Thorofare, NJ: SLACK.
- Folstein M.F., Folstein, S.E., & McHugh, P.R. (1975). "Mini-mental state": A practical method for grading the mental state of patients for the clinician. *Journal of Psychiatric Research*, 12, 189-198.

References

- Hopper, T. (2001). Indirect interventions to facilitate communication in Alzheimer's disease. *Seminars in Speech and Language*, 22(4), 305-315.
- Hughes, J. C. (2001). Views of the person with dementia. *Journal of Medical Ethics*, (27), 86-91.
- Kemper, S. & Harden, T. (1999). Experimentally disentangling what's beneficial about elderspeak from what's not. *Psychology and Aging*, 14, 656-670.
- Magia, C., Cohen, C.I., & Gomberg, D. (2002). Impact of training dementia caregivers in sensitivity to nonverbal emotion signals. *International Psychogeriatrics*, 14(1), 25-38.
- Mead, G.H. (1934). *Mind, self, and society*. Chicago: The University of Chicago Press.

References

- Kitwood, T. (1998). Toward A theory of dementia care: Ethics and interaction. *The Journal of Clinical Ethics* 9(1): 23 -34.
- Kitwood, T., Bredin, K. (1992). Towards a theory of dementia care: Personhood and well-being. *Aging and Society* 12, 269-287.
- Kolanowski, A. M., Whall, A.L. (1996). Life-span perspective of personality in dementia. *Image: Journal of Nursing Scholarship*, 28(4), 315-320.
- Neisser, U. (1988). Five kinds of self-knowledge. *Philosophical Psychology*, 1(1), 35-59.
- Orange, J.B. (2001). Family caregivers, communication, and Alzheimer's disease. In M.L. Hummert and J. Nussbaum (Eds.), *Aging, communication and health: Multidisciplinary perspectives* (pp. 225-248). Mahwah, NJ: Laurence Erlbaum Associates.
- Orange, J.B., Ryan, E.B., Meredith, S.D. & MacLean M.J. (1995). Application of the communication enhancement model for long-term care residents with Alzheimer's disease. *Topics in Language Disorders*, 15(2), 20-35.

References

- Ryan, E.B., Byrne, K., Spykerman, H., & Orange, J.B. (2005). Evidencing Kitwood's personhood strategies: Conversations as care in dementia. In Boy, H.Davis (Ed.) *Alzheimer talk, text and context* (pp. 18-36). University of North Carolina.
- Ryan, E.B., Giles, H., Bartolucci, G., & Henwood, K. (1986). Psycholinguistic and social psychological components of communication by and with the elderly. *Language and Communication*, 6, 1-24.
- Ryan, E.B., Hummert, M.L., & Boich, L.H.(1995). Communication predicaments of aging: Patronizing behaviors toward older adults. *Journal of Language and Social Psychology*, 14 (1-2), 144-166.
- Ryan, E.B., Meredith, S.D., MacLean, M.J., & Orange, J.B (1995). Changing the way we talk with elders: Promoting Health using the Communication Enhancement Model. *The International Journal of Aging and Human Development*, 41(2), 89-07.
- Schechtman, M. (2005). Personal identity and the past. *PPP: Johns Hopkins University Press* 12(2): 10-22.

References

- Tappen, R. M., Williams-Burgess, C., Edelstein, J., Touhy, T., Fishman, S., (1997). Communicating with Individuals with Alzheimer's Disease: Examination of Recommended Strategies. *Archives of Psychiatric Nursing*, 9(5), 249-256
- Wilcock, A.A. (1998). *An occupational perspective of health*. Thorofare_NJ: SLACK.
- Wolf, L.B.A (2005). *Perceptions of personhood and the person with dementia*. Unpublished dissertation.
- Wolf, L.B.A. & Orange, J.B. (2009). The application of communication enhancement and an occupational therapy conceptual model of practice. Unpublished.
- World Health Organization (WHO) 2001. International classification of functioning, disability and health. Geneva: Author.