

Chapter 3

Guidelines for Communication

“It’s not what you say, it’s how you say it. . . .”

Mom

Communication is the process of sending and receiving messages that allows us to relate to one another. Through communication we convey our thoughts and feelings, wishes and ideas. It helps us express who we are. Communication is more than talking and listening with words. It involves attitude, tone of voice, facial expressions, and body language. A resident with Alzheimer’s disease experiences problems expressing himself or herself with words and understanding what others are saying.

Changes In Communication

Although there will be variations from individual to individual among people with Alzheimer’s, language is usually affected early in the disease, and communication becomes harder as time goes by. Common language changes include:¹

- Not recognizing a word or a phrase, almost as if the word were in a foreign language
- Not being able to name things (noun finding)
- Substituting a word that sounds like the word they want or using a general instead of a specific word (such as saying “that girl” instead of “Jane” or “my daughter”)
- Getting stuck on ideas or words, repeating them over and over
- Easily losing a train of thought
- Forgetting how to carry on a polite conversation; they may curse, talk silly or say tactless things to people
- Losing the ability to comprehend what they have just read; gradual worsening of writing ability
- Returning to their native language, or more commonly, combining languages with little insight into which language they are speaking at the time
- Speaking less often, or using only a few words or nonsense syllables
- Relying on nonverbal gestures more

Actions Speak Louder Than Words

As verbal communication becomes increasingly difficult for a resident with Alzheimer's disease, he or she usually retains the ability to understand and use nonverbal communication. Be aware that the resident will be very sensitive to your mood, facial expression, tone of voice and body language. These nonverbal messages will convey your "true" message more so than the actual words that you use.

Pay special attention to your body language: ²

- Always approach the resident from the front and avoid sudden movements.
- Use eye contact to get and keep the resident's attention.
- Be aware of your stance to avoid sending a negative message.
- Use positive and friendly facial expressions.
- Use nonverbal gestures such as pointing, gesturing and touching.

Be aware of the tone you use: ³

- Speak slowly and distinctly.
- Use a gentle and relaxed tone of voice. A lower pitch is more calming.
- Convey an easygoing, non-demanding manner of speaking.
- Be aware of your feelings and attitude. They're often communicated, unintentionally, through tone of voice.

The reverse is also true. The resident's behavior will gradually become his or her primary mode of communication. Ask: What is the resident's behavior *saying* that he or she can no longer express in words?

Helping The Resident With Alzheimer's Communicate: Your Approach To Listening ⁴

- **Be patient and supportive.** Let the resident know that you are listening and trying to understand what he/she is saying. Never show through words, gestures or facial expressions that you are impatient to move things along. "It's okay, Bill, take your time."
- **Show your interest.** Smile, maintain eye contact, lean forward and show that you care about what the resident is saying. "I really want to hear what you have to say."
- **Offer comfort and reassurance.** If the resident is having difficulty expressing themselves, let them know that it is all right. Encourage him or her to continue.
- **Listen for a response.** It may take up to thirty seconds for the resident to figure out what you have said and come up with the right words in response. Be careful not to interrupt.

- **Avoid criticizing or correcting.** Don't tell the resident that what they are saying is incorrect. Instead, listen and try to find the meaning in what is being said. Repeat what was said if clarification is needed.
- **Don't argue.** If the resident says something you don't agree with, let it be. It's impossible to have a rational argument with someone who has lost the capacity to be rational. Arguing often only makes things worse. Respond to the feelings being expressed, then distract by changing the subject, asking for the resident's help, or offering an alternative activity.
- **Offer a guess.** If the resident uses the wrong word or cannot find a word, try helping them out ("Is it a spoon you're thinking about, Jane?"). If you understand what he or she means, it may not be necessary to provide the correct word. In either case, be careful not to cause unnecessary frustration by correcting the resident or acting impatient.
- **Focus on feelings, not facts.** Sometimes, the emotions being expressed are more important than what is being said. Look for the feelings behind the words. At times, tone of voice and other actions may help you to understand how the resident is really feeling. Help the resident to name his or her feelings: "You look sad."
- **Limit distractions.** Find a place that is quiet, so that you won't be interrupted and the resident can focus on he or she wants to say.
- **Encourage non-verbal communication.** If you don't understand what he or she is trying to say, ask them to point or gesture.

Always speak to an older resident as though they can understand every word you are saying . . . because their ability to understand you often outlasts their ability to speak appropriately.

Be respectful and kind — *always!*

Your Approach To Communicating⁵

When communicating with a resident with Alzheimer's, words must be chosen carefully. The following techniques will make it easier for the resident to understand you.

Get the resident's attention before speaking

- Approach from the front, slowly.

- Get on the same level or height as the resident to whom you are speaking.
- Maintain eye contact (without staring).
- Use gentle touch, as appropriate.
- ➔ **TIP:** Address the resident by name. This is not only courteous, but also helps orient the resident and get his or her attention.

Set a good tone

- Use a calm, gentle matter-of-fact manner.
- Smile, and speak with a low-pitched, reassuring tone of voice.
- Introduce yourself, no matter how obvious it seems.
- Start with social conversation to help the resident relax, and to gain his or her trust before moving on to the task.
- ➔ **TIP:** If you leave the room, or are interrupted, start over.

Slow down

- Expect things to take longer; the resident is doing the best they can with an impaired memory.
- Don't act rushed or impatient, and ask one question at a time.
- Give the resident time and encouragement to process and respond to your request.
- ➔ **TIP:** If you need to repeat information, do so using the same words and phrases as before.

Simplify

- Speak clearly and distinctly.
- Use short, familiar words and avoid long explanations or requests.
- In a group situation, allow only one resident to talk at a time.
- Turn questions into answers. For example, say "The bathroom is right here" instead of asking "Do you need to use the bathroom?"
- Emphasize key words, such as, "Here is your *coffee*."
- ➔ **TIP:** Communicate one idea or task at a time, and break tasks and instructions into clear, simple steps, giving one step at a time.

Use nonverbal cues

- Demonstrate your requests by pointing, touching or beginning the task for a resident.
- Use written explanations for reminders or when verbal ones seem too confusing.
- ➔ **TIP:** If you don't understand what the resident is saying, encourage them to point or to gesture.

Pitfalls to avoid

- Avoid literal expressions such as "Hop in!" which may be taken literally and cause unnecessary confusion.
- Avoid pronouns. Instead of saying "Here it is," try "Here is your hat."

- Make negatives more positives. Instead of saying, “Don’t go there,” try saying, “Let’s go here.”
 - Avoid quizzing. Some reminiscence can be healthy, but avoid asking “Do you remember when...?” or using statements like, “You should know who that is.”
 - Avoid arguing.
 - Avoid talking down to the resident with dementia and don’t speak about the resident as though he or she isn’t there.
- ➔ **TIP:** Always speak to each resident as if they understand every word you are saying, because the ability to understand often outlasts the ability to speak appropriately. Always be respectful and kind.

Tips for Better Communication

- Be calm and supportive.
- Focus on feelings, not facts.
- Pay attention to tone of voice.
- Identify yourself and address the resident by name.
- Speak slowly and clearly.
- Use short, simple and familiar words.
- Ask one question at a time.
- Allow enough time for a response.
- Avoid the use of pronouns, negative statements and quizzing.
- Use nonverbal communication such as pointing and touching.
- Offer assistance as needed.
- Don’t talk about the resident as if he wasn’t there.
- Have patience, flexibility and understanding.

Source: *Steps to Enhancing Communication*, Alzheimer’s Disease and Related Disorders Association, Inc. 1997.

Sources

1. Adapted from “*Home Is Where I Remember Things*,” *A Curriculum for Home and Community Alzheimer Care*, by Lisa P. Gwyther, Duke Alzheimer’s Family Support Program, Duke University Medical Center, Durham, North Carolina, 1997.

2-5. *Steps to Enhancing Communication*, Alzheimer’s Disease and Related Disorders Association, Inc., 1997

Resources And Further Reading

1. *“Home Is Where I Remember Things:” A Curriculum for Home and Community Alzheimer Care*, by Lisa P. Gwyther, Duke University Medical Center, Durham, North Carolina, 1997. To order, contact the Maine Alzheimer’s Association toll-free at 1-800-660-2871, or visit our web site at www.mainealz.org
 2. *Caring for People With Dementia: A Training Guide*, published by The Training Collaborative, a joint project of the Alzheimer’s Association, Maine Chapter; the Alzheimer’s Care Center, Gardiner; Muskie School of Public Service at the University of Southern Maine; and the Maine Alzheimer’s Project, April 1998. For more information, contact the Maine Alzheimer’s Association at 1-800-660-2871.
 3. *Caregiving at a Glance: Fingertip Help for Families Taking Care of People With Alzheimer’s Type Illnesses*, (Second Edition), by Lin E. Noyes, Family Respite Center, Falls Church, Virginia, 2000. To order, contact the Maine Alzheimer’s Association toll-free at 1-800-660-2871, or visit our web site at www.mainealz.org
- ➔ You can also order the following brochure by calling the Maine Alzheimer’s Association toll-free at 1-800-660-2871.
- *Steps to Enhancing Communication: Interacting With Persons with Alzheimer’s Disease*, Alzheimer’s and Related Disorders Association, 1997.

Appendix 3.1

Communication Guidelines

Get the resident's attention before speaking

- Approach from the front, slowly
- Get on the same level or height as the resident
- Maintain eye contact
- Say the resident's name; use gentle touch, as appropriate and tolerated.

Set a good tone

- Use a calm, gentle, matter-of-fact approach
- Speak with a low-pitched, reassuring tone of voice
- SMILE
- Introduce yourself, no matter how obvious it seems
- Start with social conversation to relax the resident and gain his or her trust before moving on to the task
- If you leave the room or are interrupted, start over.

Slow down

- Expect things to take longer; the resident is doing the best that he or she can with an impaired memory
- Don't act rushed or impatient
- Give the resident plenty of time to respond to a question or request
- If you need to repeat information, do so using the same words as before.

Simplify

- Speak clearly and distinctly
- Use short, concrete, familiar words and proper names for people and objects
- Communicate one idea or task at a time
- Use nonverbal gestures to demonstrate what you want him or her to do.

Reassure

- Talk the resident through the situation
- Ask him or her to help
- Use gentle humor
- Reassure and praise frequently.

Pitfalls to avoid

- Talking louder
- Arguing, reasoning, giving long explanations, and reality orientation
- Commands (Do "with," not "to") and negative language (e.g., "No." "Don't.")
- Talking down to the resident as if to a small child, or talking about the resident as if he or she is not there.

Be patient and kind. Focus on the resident, not the disease.