

## In-service Training

# Communicating with the Resident with Dementia

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**Length:** 1 hour

**Goals:** By the end of this training session, the participant will be able to:

- ☞ Implement active listening techniques when communicating with residents.
- ☞ Define and give examples of nonverbal communication.
- ☞ Identify effective interventions to overcome at least 4 communication barriers.
- ☞ Define and describe aphasia.

## Communicating with the Resident with Dementia

### Active Listening and Body Language

Effective communication is the cornerstone to providing care in the assisted living facility, just as it is in any other setting. Without effective communication the problems and concerns of the resident cannot be relayed from resident to caregiver to physician. Without effective communication the psychosocial quality of life for the resident quickly deteriorates. Without effective communication the concerns and questions of the caregiver may never be answered.

Communication is exchanging information with people. Your role in the assisted living facility requires you to communicate effectively with residents, their families and other staff members. It is necessary for the safety of all residents that you are accurate and distinct with communication.

Communication can be verbal, nonverbal or both. Verbal communication is the spoken word. It also includes the tone of voice used. Nonverbal communication is your actions, body language and facial expressions. 90% of communication is nonverbal.

Developing good communication skills takes effort and practice. These skills are essential to being a good caregiver.

### Allowing Others to Communicate

- ☞ Don't assume you know what is being communicated or you may miss the point. Assumptions can lead to mistakes, causing frustration for both the hands-on caregiver and the resident.
- ☞ Show interest as staff and residents communicate with you. Attention and willingness help show you are an outstanding caregiver.
- ☞ Be patient. Let others speak to you in their own words.
- ☞ Ask questions about anything you don't understand.
- ☞ Repeat back your understanding of what was said. Allow time for a response.

**Monitoring Communication**

- ☞ Be aware of barriers to good communication
- ☞ Be alert to changes in resident health condition or habit.
- ☞ Respect resident's and caregiver's privacy. Allowing the individual confidentiality will build trust between the hands-on caregiver and the resident.

**Speaking**

- ☞ Speak clearly. Slow, clear, and low toned speech is ideal when working with the elderly resident.
- ☞ Speak with a purpose.
- ☞ Allow others time to speak or to be silent.
- ☞ Keep opinions to yourself. A good communicator is able to understand the importance of listening. Your opinions and/or advice may be valuable under certain circumstances, but wait until the resident asks.

**Writing**

- ☞ Write clearly and concisely, so that your meaning cannot be mistaken. The resident's health will depend on it.
- ☞ Practice good penmanship. Print clearly so that others may read your notation easily.
- ☞ Use ink. If mistakes are made, simply cross out the word with one stroke and continue documenting.

**Nonverbal Actions**

- ☞ Show a professional appearance. First impressions mean everything to a resident and family.
- ☞ Display a positive attitude. A friendly smile, welcoming eyes and a cheerful way show residents and family that you enjoy caregiving and you're happy to help.

- œ Keep physical contact with residents gentle and respectful. An endearing hug or friendly hand holding shows the resident that you care, but caregivers must also understand that some residents prefer not to be touched.

**REMEMBER!**

- œ You have not communicated unless you have been understood.
- œ You are constantly communicating even when you are not speaking or writing.
- œ Empathy, your ability to understand things from another persons' point of view, is necessary for good communication.
- œ Knowing your role and its requirements is also necessary for good communication.

## **Overcoming Barriers to Communication**

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### **Positive Interaction Techniques**

Positive interaction techniques are principles to be followed when communicating with all residents. The concept behind these techniques is that by encouraging and considering the psychosocial needs of the resident, the overall communication and environment for the resident will be improved.

#### **Use the resident's name to promote identity.**

Using a resident's name can establish a sense of recognition she may not have recognized on her own. If you do not address the resident directly, she may not readily establish a conversation.

#### **Encourage the resident to discuss feelings and concerns and demonstrate concern and value for the resident.**

Responding to concerns and following through with requests establishes a sense of trust and safety between you and the resident. If the resident feels she is being ignored or "brushed off," she may think you don't care, and will avoid vocalizing concerns to you and other staff. Or she may feel she is being a bother, and will try not to "get in the way."

#### **Encourage resident participation in her self care activities. Avoid "spoiling" or "doing it all" for the resident.**

Encouraging independence increases the resident's sense of self worth. When the resident has a positive sense of self worth, affect improves, and as affect improves so does communication.

#### **Provide opportunities for reminiscence.**

You will recall Erikson's theory of the importance of reminiscence as a part of aging. Often a resident who seems very independent and kept to herself will begin to open up and share experiences with staff when asked about her past. The resident should be made to feel that she made a difference.

#### **Provide explanations for care.**

Even though you assist the resident with a.m. care on a routine basis, she may not understand what you are doing when you walk in to her room, get her out of bed, and help her change her clothes. Introduce yourself and explain what you plan to do, tell the

resident how she can help. Careful explanation established trust and familiarity between you and the resident.

**Encourage family visits and assist family to identify any problems which interfere with resident interaction.**

A previously "shy" or "nervous" resident may become less inhibited and more interactive when family or friends are present. Introduce yourself to family and interact with the family and resident while they are together. They family may also be able to share special communication techniques that have been successful in the past.

**Encourage individual expression and personalizing of the environment.**

By personalizing the resident's environment the "institutional" atmosphere is replaced with a homelike environment. When resident begins to feel "at home" and more comfortable in the environment, communication often improves.

## **Aphasia**

Aphasia is the loss of ability to communicate, and is unfortunately a common barrier to communication with the resident in the assisted living facility. The resident with aphasia may have difficulty understanding spoken or written language or may have trouble expressing herself in spoken or written language. Aphasia usually results from damage to the communication centers of the brain. The location and extent of the damage determines the type of aphasia.

### **Potential Causes of Aphasia**

- Strokes
- Dementia
- Head trauma
- Brain tumors

**Problems the resident with aphasia may exhibit****Nonfluent Aphasia**

The resident with nonfluent aphasia speaks slowly and with difficulty. The resident may grimace and use hand gestures in attempting to communicate. The resident may also leave out words and endings of words as she speaks.

**Fluent Aphasia**

Residents with fluent aphasia speak normally or rapidly. The resident may unconsciously substitute words or sounds with incorrect choices. They may say "car" when they mean "train" or may say "tan" when instead of "can." They don't realize that they are making these errors and so they will not correct themselves.

**Anomic Aphasia**

With anomic aphasia, the resident may speak quite normally but has great difficulty sometimes in coming up with the name of an object or place.

**Conduction Aphasia**

The resident with conduction aphasia has trouble repeating words spoken by someone else. Otherwise speech is quite normal.

**Global Aphasia**

The resident with global aphasia has great difficulty in speaking, repeating, or comprehending language.

**Receptive Aphasia (Wernicke's aphasia)**

Residents with receptive aphasia can hear what is said but cannot understand; they can speak but cannot understand or monitor their own speech.

**Expressive Aphasia (Broca's aphasia)**

The resident with expressive aphasia hears and understands but cannot express her own thoughts.

## **Caregiver Interventions for Aphasia**

### **Review MD/Speech Therapist reports to understand the residents communication problem.**

Some residents have problems understanding, while others have problems sending messages. This is related to the type of aphasia as well as the cause.

### **Interview family/significant others to establish successful forms of communication.**

Using word expressions and methods of communication the resident has had success with can make communication easier. Ask the family/friends to supply a list of commonly used words or expressions the resident uses.

### **Face towards the resident when communicating.**

Allowing the resident to see facial expression while communicating can sometimes assist with getting messages back and forth. A reassuring glance while the resident is attempting to communicate with you can allow the resident to feel more relaxed, thereby making communication more successful.

### **Get the resident's attention.**

A gentle touch or calling their name can alert the resident you are getting ready to communicate.

### **Establish eye contact.**

Get on the same level as the resident. For instance, if they are seated, sit where you are able to see each other.

### **Speak clearly, slowly and use a normal tone of voice.**

Unless a resident with communication difficulty is also hearing impaired, shouting or raising your voice does not help the message to be communicated more effectively. In fact, raising your voice can frighten or agitate the resident.

### **Don't rush the resident.**

A caregiver is frequently concerned with completing many tasks in the facility. If a resident feels rushed, she may actually have increased problems communicating as he feels the increased stress to get the message out in a hurry. Watch that verbally the resident is not being told to "hurry-up." Your body language should communicate patience. Avoid crossing your arms, tapping your fingers etc.

### **Avoid complicated messages towards the resident.**



Multiple requests can be overwhelming for the resident with aphasia. Ask them to perform only one task at a time, or ask them one question at a time.

**Pace resident communication.**

Remember communication is hard work for this resident. It can be tiring answering many questions or trying to converse for a lengthy period of time. Encourage visiting family members, as well as staff, to allow for quiet periods.

**Try alternative forms of communication.**

Nonverbal communication can be useful. For example, using gestures. Pictures can also be useful. Sometimes when a resident cannot verbally communicate, they are able to point to what they may need. A "point board" can easily be made for your facility. Go about the facility and take snap shots of the places the resident frequents, people usually interacted with, items commonly used. Glue them to a piece of poster board or place in a photo album. (Example: the toilet, the resident's room, their favorite juice, their sweater, etc.)

**Avoid placating the resident.**

The resident may feel very frustrated when someone "pretends" to understand them, when in fact they do not. Simply tell the resident, in a reassuring voice, that you do not understand, but you will keep trying to receive their message appropriately. Sometimes a brief "time-out" can be helpful before communication is tried again.

**Provide continuity of care**

One of the easiest ways to facilitate communication is to have the same caregivers work with the same resident each day. Sometimes you may know what your resident wants, even before they ask, because you are so familiar with their routine.

**Comprehension Exercise****COMMUNICATING WITH THE RESIDENT WITH DEMENTIA****Nonverbal Communication**

This project must be done with at least 4 participants. Cut the following "emotions" into individual strips, fold them up, and place them in a hat/bowl. Ask each participant to take turns pulling an emotion from the hat/bowl and tell him or her to communicate that emotion to the audience without saying anything. As the person makes facial and body expressions the audience hollers out their guesses. It often help if the instructor is willing to go first.

**YOU ARE ANGRY****YOU ARE IN PAIN****YOU ARE SAD****YOU ARE HAPPY****YOU ARE SCARED****YOU ARE LONELY****YOU ARE HUNGRY****YOU ARE EMBARRASSED**

## Quiz

### COMMUNICATING WITH THE RESIDENT WITH DEMENTIA

#### Short Answer

1. Identify three components of positive interaction techniques.
  
  
  
  
  
  
  
  
  
  
2. Give 2 reasons why the caregiver should not "do it all" or "spoil" the client.
  
  
  
  
  
  
  
  
  
  
3. Identify 4 interventions to improve communication with the client with aphasia.

#### Multiple Choice

4. A client who speaks normally but has difficulty coming up with a name of an object has
  - a. Nonfluent aphasia
  - b. Conduction aphasia
  - c. Fluent aphasia
  - d. Anomic aphasia

## Bibliography

### Communicating With the Resident With Dementia

Information in this section, in whole or in part, was obtained from the following resources.

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# Orientation/In-Service Sign-in Sheet

Orientation/In-Service Topic/Title:	
Date:	Location:
Instructor/Title/Signature:	
Notes:	

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# Certificate of Completion

THIS IS TO CERTIFY THAT

HAS COMPLETED THE FOLLOWING IN-SERVICE TRAINING

\_\_\_\_\_  
Administrator/Instructor

\_\_\_\_\_  
Date

