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
    - 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 on Communication Attitudes and Behaviors

Communication And Person with Dementia

Environmental Factors

Stressors
## Influences on Communication for the Person with Dementia

<table>
<thead>
<tr>
<th>Attributes and Needs</th>
<th>Environmental Factors</th>
<th>Stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Life history</td>
<td>- Isolation</td>
<td>- Reduced physical capacity</td>
</tr>
<tr>
<td>- Personality</td>
<td>- In PCH, 85% of time alone</td>
<td>- Impaired sight and hearing</td>
</tr>
<tr>
<td>- Habits and preferences</td>
<td>- Attitudes of family and formal caregivers</td>
<td>- Emotional needs unrecognized</td>
</tr>
<tr>
<td>- Fear of future</td>
<td>- Need to be understood as unique</td>
<td></td>
</tr>
<tr>
<td>- Need to be unique</td>
<td>- Need for emotional support</td>
<td></td>
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<tr>
<td>- Need for respect</td>
<td>- Need for respect</td>
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</tbody>
</table>
## Influences on Formal Caregivers’ Communication with Residents

<table>
<thead>
<tr>
<th>Attitudes &amp; Behaviors</th>
<th>Environmental Factors</th>
<th>Caregiver Work Stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotypes about older persons</td>
<td>Restricted budgets for staff time</td>
<td>Heavy workloads</td>
</tr>
<tr>
<td>Past experiences with older persons</td>
<td>Negative attitudes toward staff/resident interactions (real or perceived)</td>
<td>Lack of power to change things</td>
</tr>
<tr>
<td>Personal stressors (financial, family, health)</td>
<td>Lack of privacy</td>
<td>Abuse</td>
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<td></td>
<td>Noise and interruptions</td>
<td>Lack of support from supervisors and peers</td>
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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

- Encounter with older person
- Recognition of old age cues
- Stereotyped expectations
- Modified speech behavior toward the older person
- Stereotyped behaviors
- Reinforcement for age
- Lessened psychological activity and social interaction
- Loss of personal control and self esteem
- Constrained opportunities for communication
- Changes in old age cues

Negative
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
    - Caporael, 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
    - Caporael, 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
5 Minute Interaction with Person with Dementia

Therapeutic Communication
- "How are you?"
- "Please"
- "Thank you"
- "Good for you"
- "You can do it"

Recognition
- Remember person is unique individual
- Use person’s preferred name
- Verbal and non-verbal communication

Validation
- Acknowledge person’s life story
- Affirm person’s strengths and remaining ability

Collaboration
- Listen to know how to respond to the person

Facilitation
- Use communication enhancement strategies

Recognition
- Remember person is unique individual
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Collaboration
- Listen to know how to respond to the person

Facilitation
- Use communication enhancement strategies
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?

- Caregiver Attitudes and Behaviors
- Environmental Factors
- Caregiver Stressors

Communication With Person with Dementia
What factors promote positive interactions with residents?

- Caregiver Attitudes and Behaviors
- Communication With Person with Dementia
- Environmental Factors
- Caregiver Stressors
What factors lead to patronizing speech?

Caregiver Attitudes and Behaviors

Communication With Person with Dementia

Environmental Factors

Caregiver Stressors
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