



# Addressing the Communication Predicament of Residents with Dementia

---

Lynda Wolf, OT Reg. (MB)

The Long Term & Continuing Care Association of Manitoba  
May 18, 2010

# 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

---

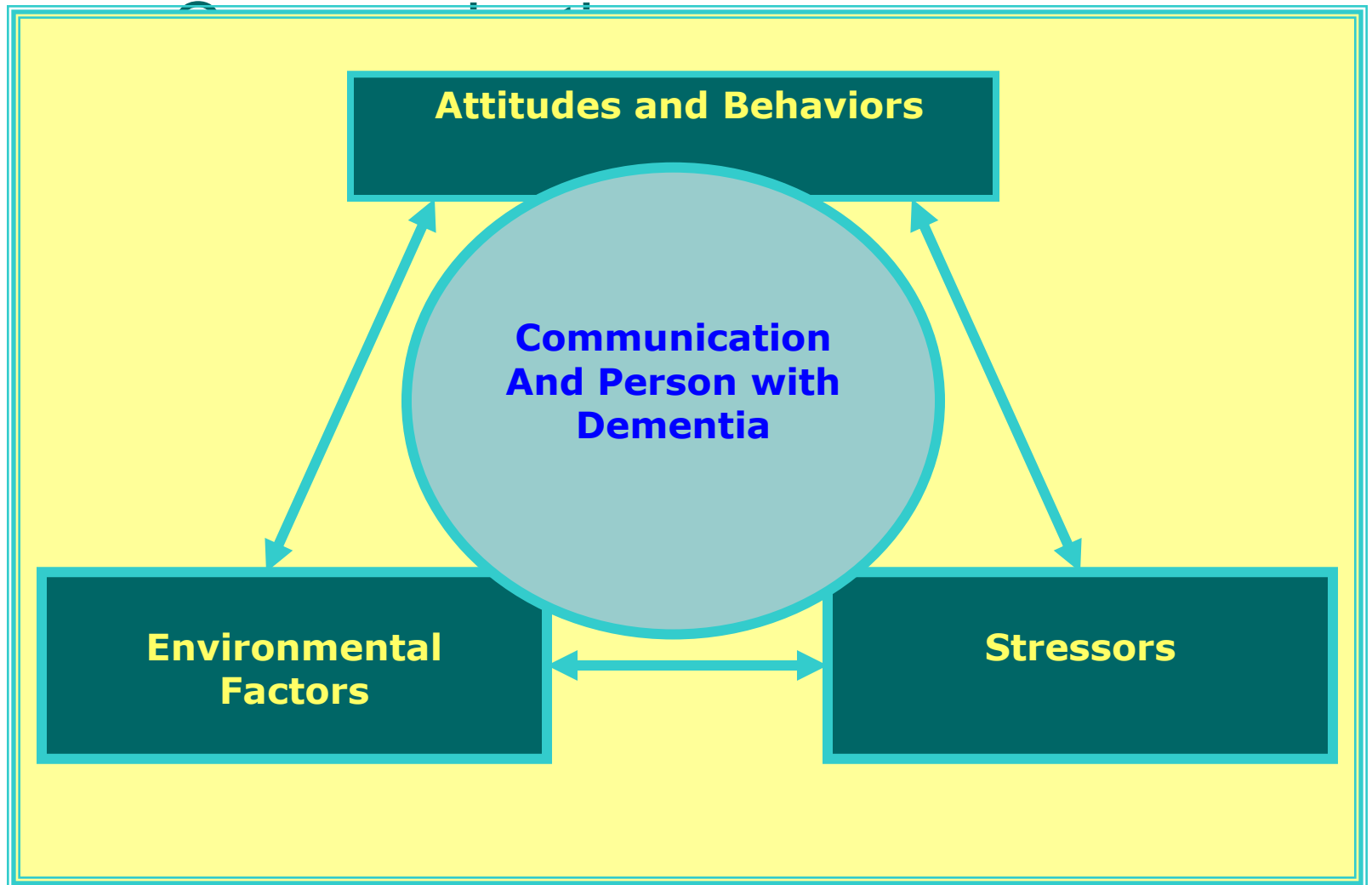
- Goals for person with dementia
  - Preservation of personhood
  - Preservation of existing communication abilities
    - Self confidence to seek out conversational opportunities
  - Preservation of function
    - Retained confidence in remaining abilities

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

# Influences on Formal Caregivers' Communication with Residents

---

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

# Example: Formal Caregiver Stress

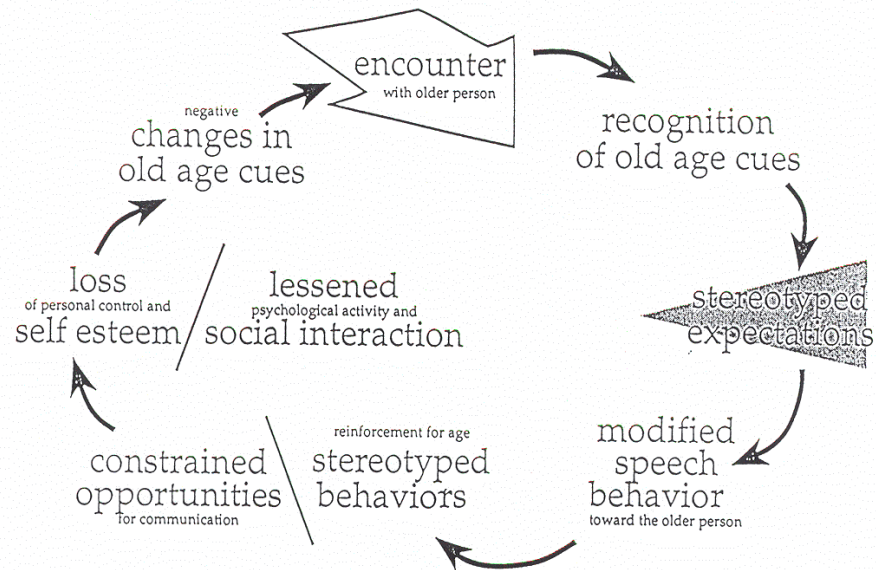
---

- 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
      - Caporael, 1981



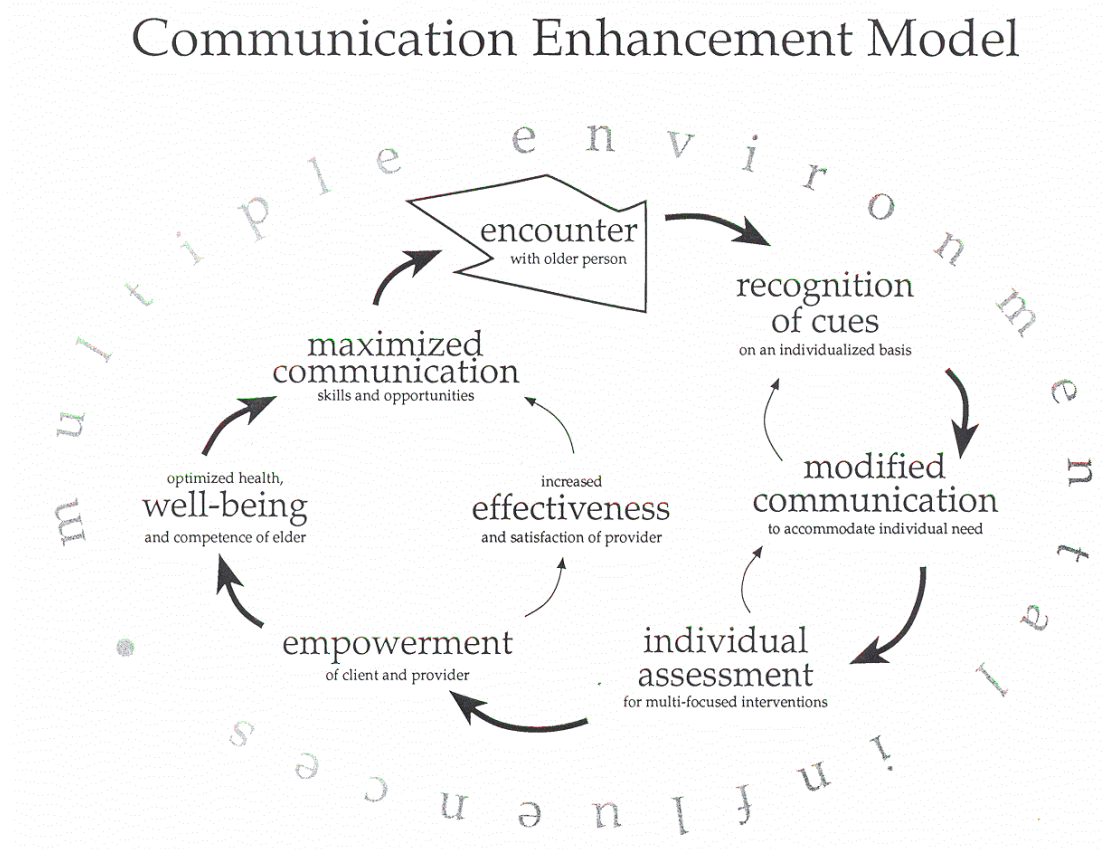
# Effects of Patronizing Speech

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

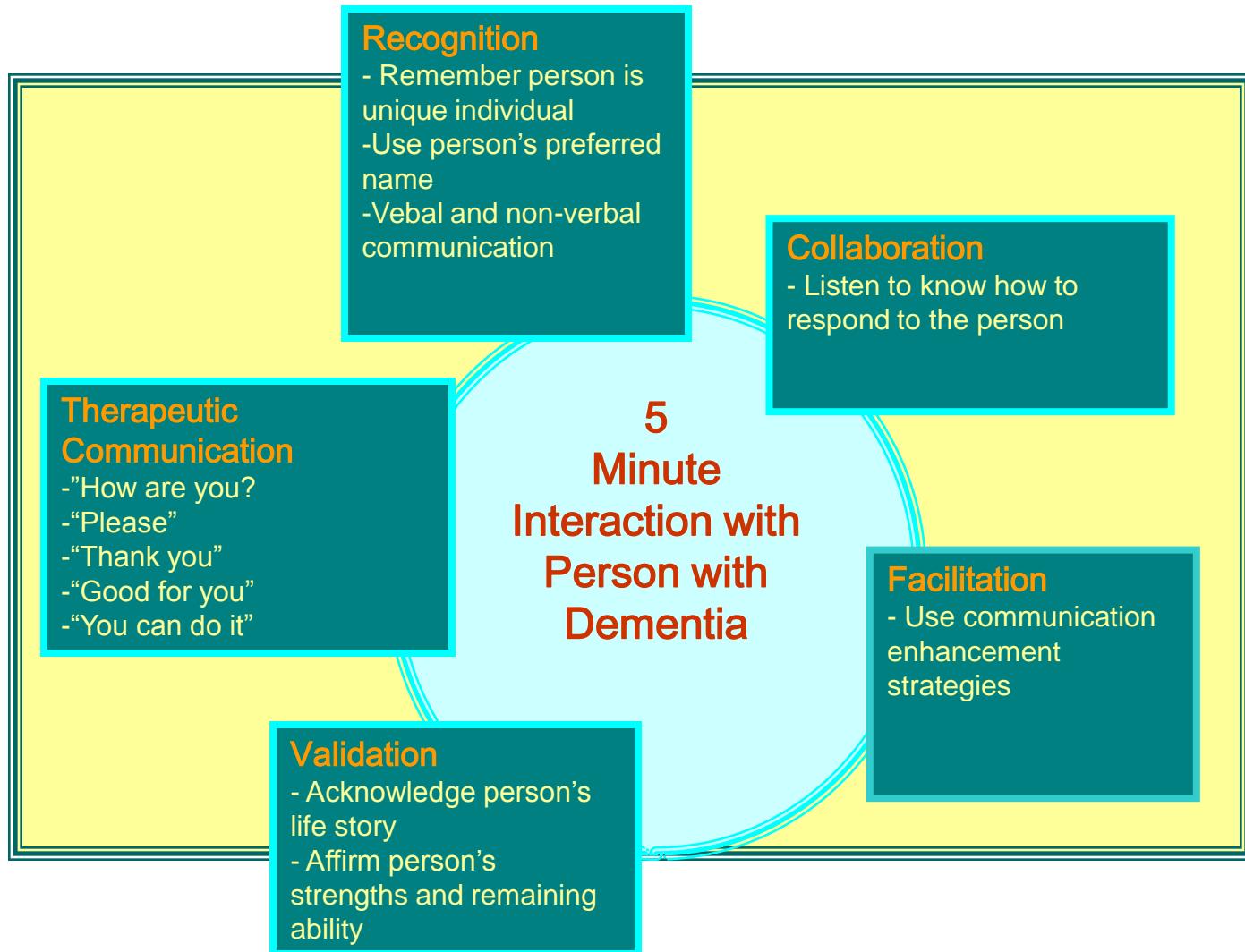
---

- 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





# Outcomes of Communication Enhancement

---

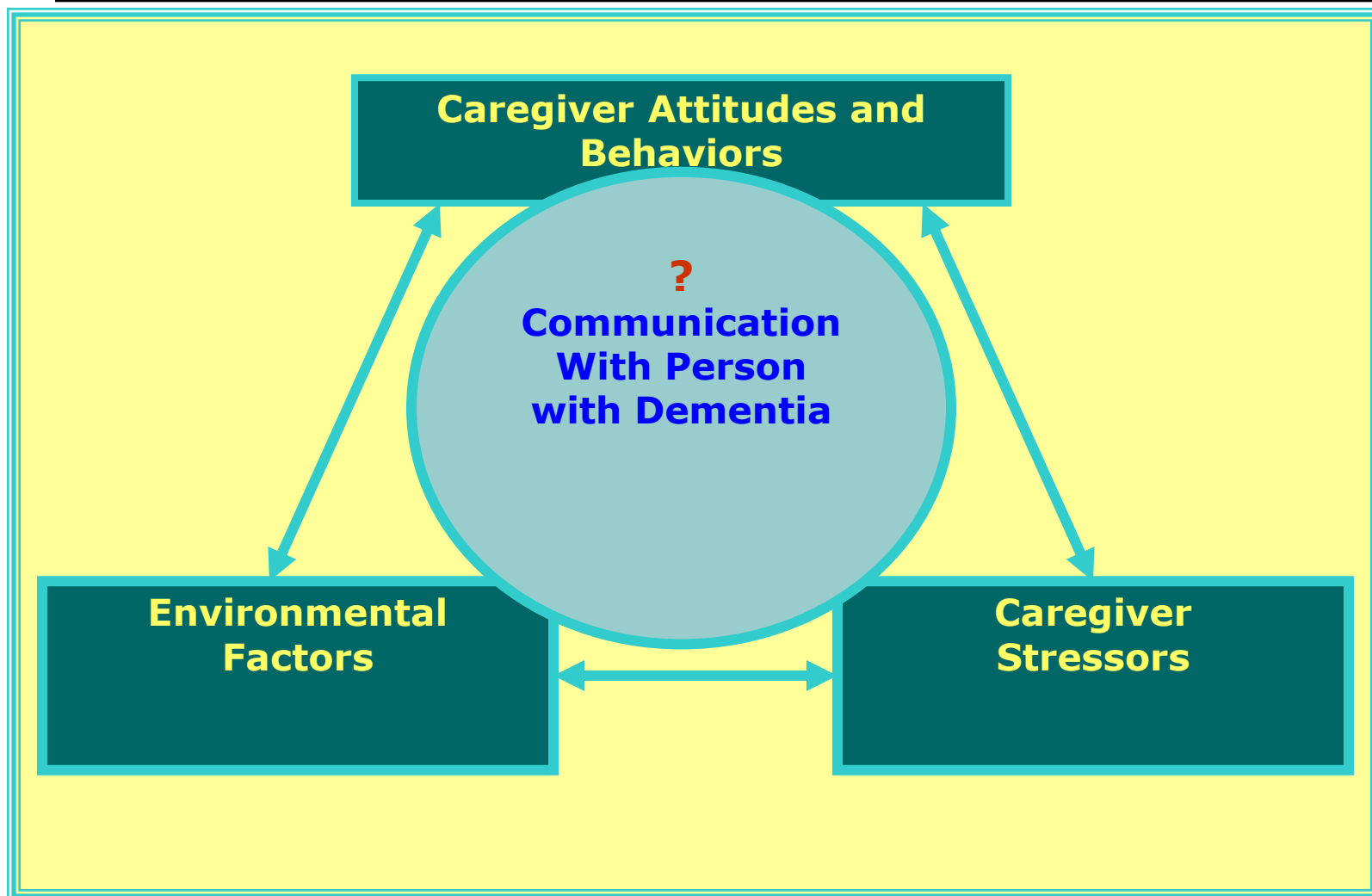
- Preservation of personhood
- Maintained communication & function
- Mutual enjoyment and satisfaction of both conversation partners



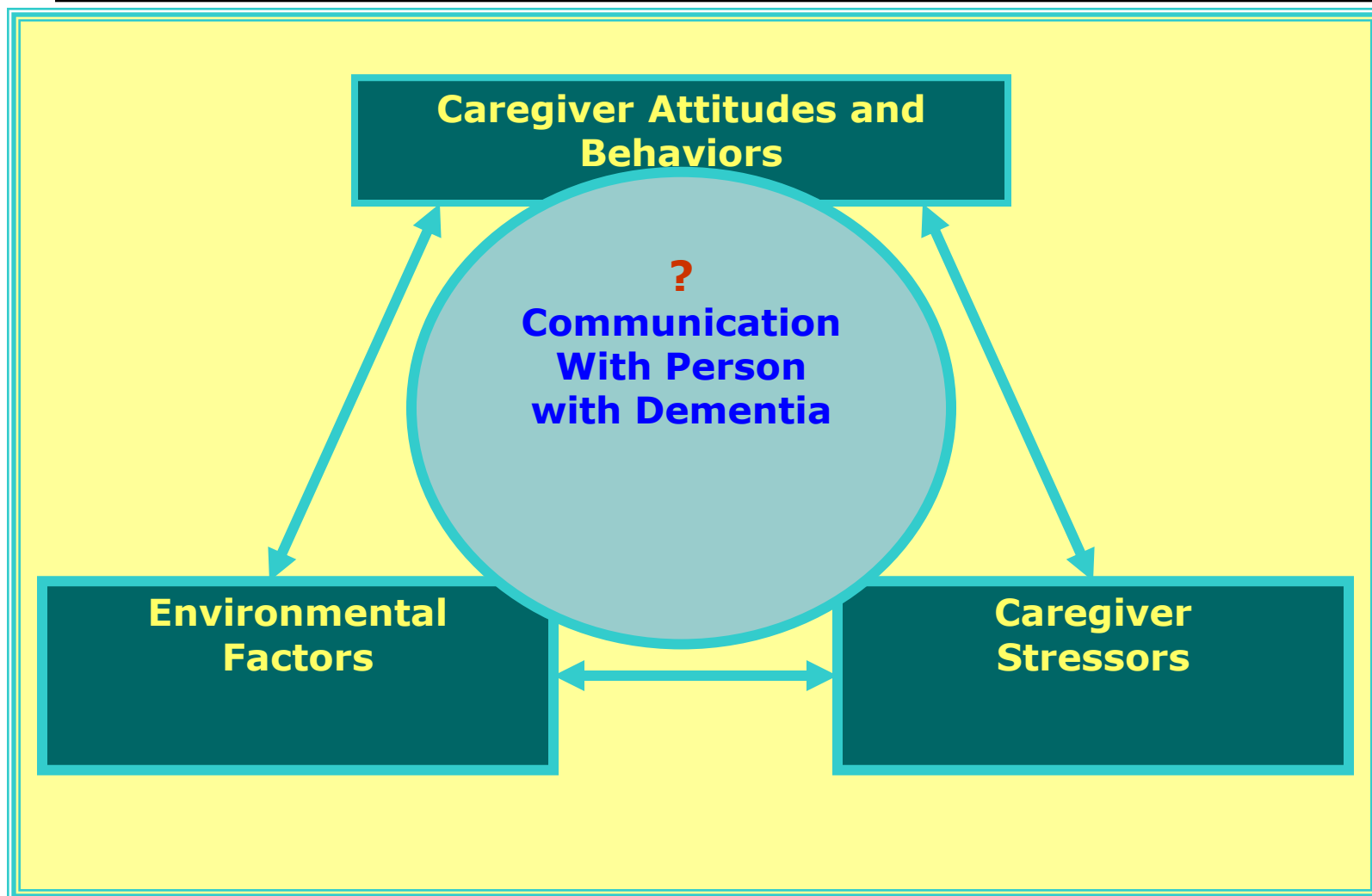
Questions????????????

---

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

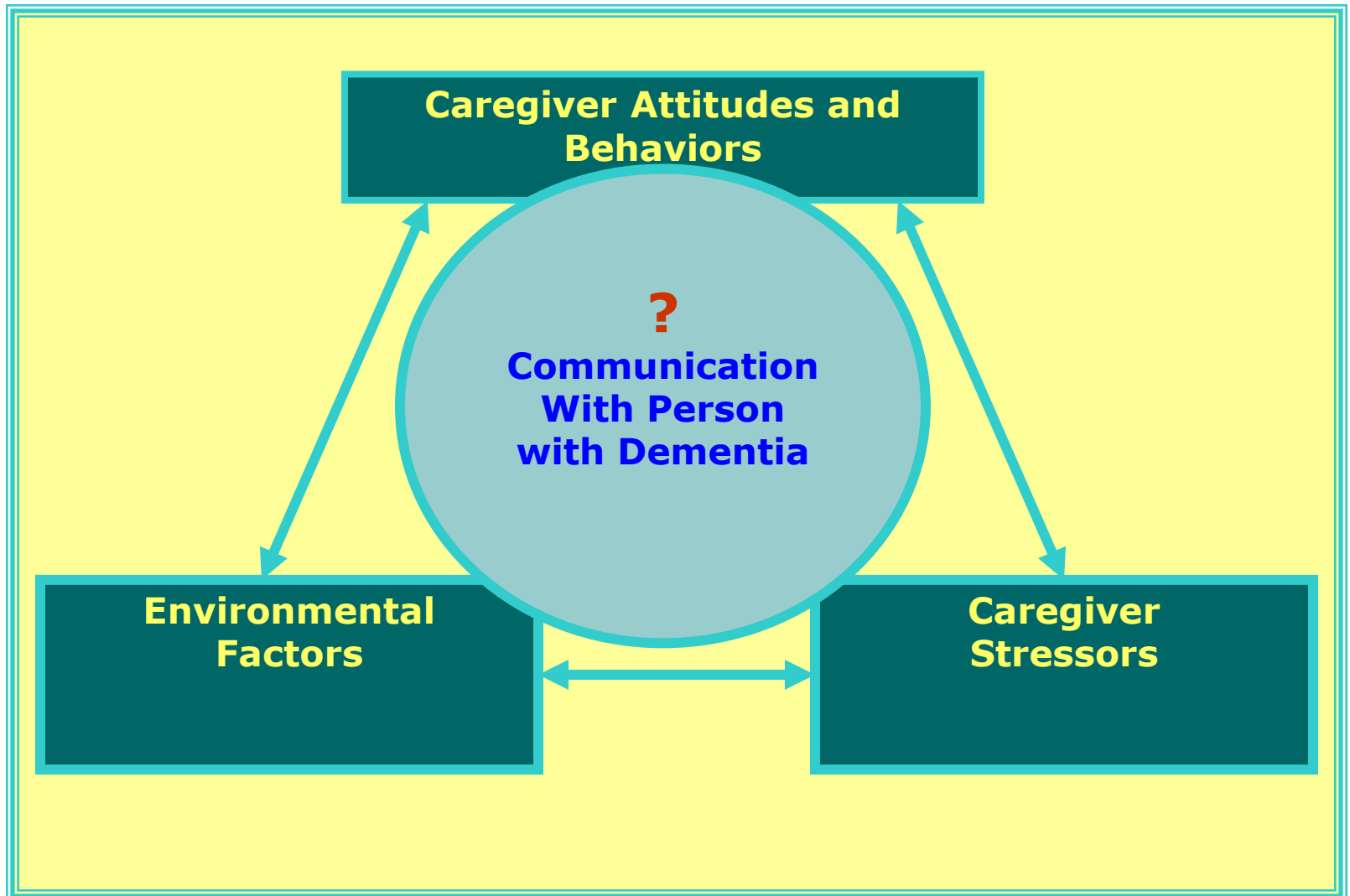


# What factors promote positive interactions with residents?



# 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.