Communicating Using a Therapeutic Response/Emotional Truth

What does a care partner do or say when the person with dementia . . .

- Asks why he/she can’t go home?
- Asks where deceased parents are?
- Asks where the car keys are?

Keep in mind that brain changes due to the disease process cause changes in not only memory, but also perception, abstract thinking, judgment, attention, reasoning, organization and language. As a result the person may say/do things such as:

- Statements that are untrue or incorrect (for example: saying that a child will be visiting today when you know the child is out of the country)
- Making mistakes about identity (for example: denying that someone is a spouse)
- Making false assertions (for example: saying that someone is trying to steal clothes or that his/her spouse is having an affair)

These statements/beliefs emerge from the cognitive losses that the person is experiencing. They may be triggered by something the person sees or hears, or they may just come from a random recollection. In any case, the person with dementia clearly believes what they see or perceive to be true.

So, what is the best response to use? Care partners often feel that they are faced with an untenable choice. They can confront the factual truth of the statement, or they can deal in what they feel would be a deception—pretending that the statement is true and/or making something up to placate the person in the moment. This latter choice feels like lying and understandably can make care partners uncomfortable. Depending on where the person is in the progression of their dementia, telling an untruth could help in the moment; perhaps when redirected, he/she would not remember or be hurt by it. However, by responding in this manner, you may feel like you are conveying less respect for the person.

There is another choice which can be both effective and respectful. It is called using a therapeutic response or the emotional truth.

Why should we use a therapeutic response instead of just stating the facts?

Because there is a disease process involved, we need to practice using a therapeutic response. Webster defines therapeutic as “having or exhibiting healing powers.” Confronting the person with dementia (trying to convince or reason with him/her) typically is ineffective and may lead to greater confusion, anxiety and embarrassment. Trying to orient the person with dementia to the day-to-day reality can also be frustrating for the care partner. A care partner’s frustration is often felt by the person and can result in their own sense of dignity and respect being diminished.

As with all people, persons with dementia have a need to express themselves and to feel that others are listening to them and they are being heard. In an effort to avoid provoking hurtful
feelings, we as care partners, need to validate any and all feelings the person with dementia may be experiencing (even if we know the statements they are expressing are not accurate).

**What is a therapeutic response?**
A therapeutic response is one that relieves the person’s confusion or anxiety and keeps their sense of dignity and worth intact. Looking for the emotional truth of the situation and using validation focuses on empathizing rather than contradicting.

Validation is an acknowledgement of and working with the person’s feelings. Instead of lying/arguing/confronting/correcting the person, search for what he/she may be feeling when talking about a topic, and do something to validate that feeling. Whether it is a long lost parent or place, a distant child or friend, or a favorite sport or past time, engage the person in something that taps into those feelings. Try to get the person to talk about the topic or look at pictures that relate to the topic; tell your own stories about the topic. Give the person time in the emotional moment, and then work to redirect him/her to some other task or activity. Here are some examples of using that strategy:

**Person Says/Does:**
“Mary is coming to visit me this afternoon.” (In fact, Mary is out of town and hasn’t visited in three months.)

**Your Therapeutic Response:**
“I miss Mary, too. Let’s look at some pictures of Mary and your grandchildren.”

**Desired Outcome:**
Person will take pleasure in grandchildren and won’t be forced to acknowledge that her daughter isn’t coming and perhaps hasn’t visited for awhile.

**Person Says/Does:**
“I want to go home.”

**Your Therapeutic Response:**
“It sounds like you really miss your house; what do you miss the most about it?”

**Desired Outcome:**
Asking to go home refers more to how the person feels emotionally than on the physical place. This emotional place they are seeking is one of comfort, security, unconditional acceptance and love. As the care partner, you have acknowledged a feeling they might be having and eliminated an argument.

**Person Says/Does:**
“Every night there are people looking at me through my window!”

**Your Therapeutic Response:**
“Isn’t it good our doors and windows are locked?” Or, “Why don’t we go to the other room together and have a snack?”

**Desired Outcome:**
Rather than confronting the hallucinations, help the person feel secure (locks) and/or redirect him/her. You may want to draw the curtains so the person doesn’t see any reflection.

**Person Says/Does:**
“Where are my car keys? I need to go to the store.”
Your Therapeutic Response:
“I’m going to the store soon. Why don’t we go together, or could I pick something up for you?”

Desired Outcome:
Instead of explaining the reality that the person is no longer able to drive safely, you have acknowledged their needs and created a way for them to gracefully have those needs met without calling attention to their changed abilities.

Person Says/Does:
“Is my husband coming to see me today?” (Husband has been deceased for years and the person had been told and had the opportunity to grieve at that time)

Your Therapeutic Response:
“He’s not here right now. As long as we have a little time, would you show me some pictures of your family? Do you have any of your wedding day? I’ll bet your husband was really handsome.”

Desired Outcome:
Rather than recreating feelings of grief anew each time she is told about her husband’s death (as she is unable to retain that information), you have responded to her question and offered to focus on what’s on her mind now and open the door for pleasant reminiscing.

You may find that these techniques do not always work, so you must be open to trial and error. A person with Alzheimer’s or dementia continually needs support, love and reassurance and so by experimentation and practice of the strategies of a therapeutic response, a care partner can provide them with those gifts.

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer care, support and research.

Updated June 2010