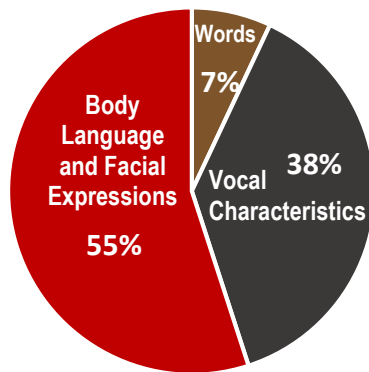


Communication Strategies in Dementia Care

Effective communication skills are critical in the delivery of quality dementia care services. Fundamental to those skills is the way you approach the interaction. When interacting with someone living with dementia, remember to...



Communication Elements

- Treat them as an adult
- Know them as a person: their likes, dislikes, background, interests...
- Understand cultural differences and preferences
- Pay attention to, and address emotion
- Be supportive and do your best to positively influence the interaction
- Beware of your facial expressions, body language, and vocal characteristics (tone, inflection, volume, and speed of words). The pie chart on the left shows the contribution each element has in a communication exchange.

Here are a few basic communication tips:

1. Make sure adaptive aids (i.e. eye glasses, hearing aids) are clean and working, and there is enough light
2. Be at eye level, face the person, and use appropriate eye contact
3. Eliminate environmental distractions before interacting
4. Plan enough time for the interaction
5. Beware of personal space preferences
6. Remain calm, positive, and patient
7. Don't take the person's comments or behavior personally
8. Use cues, prompts, gestures, and mirroring techniques
9. Use the person's name
10. Use appropriate touch when indicated
11. Avoid "yes-no" questions when giving choices
12. Use less complex words, phrases, and sentences
13. Use praise and encouragement
14. When the interaction is not going well, back-off and come back later, or try changing the topic
15. Avoid arguments or correcting
16. Limit options or choices given
17. Avoid the word "don't"
18. Say what you want them to do
19. Don't let repetition bother you
20. Remember what the goal is, a positive, effective interaction



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Complex Behaviors with Alzheimer's Disease

Alzheimer's disease is the most common type of type of dementia. It is characterized by a gradual, progressive decline in the person's thinking and memory abilities. The declines interfere with daily life, and often result in behavioral and psychological signs that are complex and can be challenging. Here is a list of complex behaviors that can be experienced by someone living with Alzheimer's disease.

- Forgetfulness and confusion
- Repetitive speech and actions
- Mood swings
- Personality changes
- Diminished initiation
- Depression and anxiety symptoms
- Inability to plan and structure time and activity
- Sleep/wake cycle disturbance
- Suspiciousness and paranoia
- Agitation and aggression
- "Sun-downing" behavior
- Delusions and hallucinations
- Shadowing and clinging behavior
- Restlessness, including pacing, nocturnal or daytime "wandering"

Effective strategies to work with complex behaviors come from understanding the underlying factors that have shaped the behavior. The following are some of the common factors that can be associated with complex behaviors.

- Physical environment issues: poor lighting, clutter, too many people, uncomfortable temperature, not enough cues...
- Dietary issues: hungry, caffeine, sugar, thirsty...
- Medical issues: pain, urinary tract infection, constipation...
- Routine and structure issues: lack of, or a change in...
- Sensory issues: unable to see or hear well, unwanted touch, over stimulated, under stimulated...
- Boredom
- Lack of physical activity
- Poor sleep hygiene: day time napping...
- Emotional: scared, sad, lonely, tired....
- Inability to initiate or plan



Not everyone living with Alzheimer's disease will experience complex behaviors. For those that do, the changes can vary in intensity, frequency, duration, prevalence, and at times can appear to be a moving target. Efforts to assist the person experiencing the complex behaviors should include an approach and communication techniques that are basic to good dementia care. There is no standard, magical intervention that will work every time, for every complex behavior, for every person. Typically, investing some time to describe and gain insight into the behavior is extremely helpful; especially if done using a team approach. The team should begin the process by asking questions like:



- Is the behavior problematic? If so, for who? Is an intervention really needed?
- What do we know about the behavior?
- What are the details: when, where, who, what, why, how...?
- Has anyone been successful, or anything worked in the past?
- What do we know about the person?

If it is determined an intervention(s) is needed, don't be afraid to think out-side-the-box and to assess how effective your effort is. For a formal algorithmic process, see The DICE Approach™ at www.ProgramForPositiveAging.org.

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