Demystifying dementia care

Module three:
Communicating effectively
Participant guide
Module 3: Communicating effectively

About this Book

Welcome to module 3 of the demystifying dementia program. This module builds on your understanding of the effect of dementia on the functioning of the brain. There is an emphasis on practical ways for you to communicate clearly whilst being involved in providing everyday care.

This workbook has been designed to be used during the workshop, and also holds some useful resources to refer back on after the workshop. Your Facilitator will guide you through the activities along the way, take lots of notes, as this will become a valuable resource for you later.

Aim

This module on ‘communicating effectively’ highlights the importance of establishing and maintaining a relationship that takes into account individual differences of a person with dementia and their family (e.g. cognitive abilities, cultural background and language skills). It also highlights the need to support and guide family members and to assist them to understand the condition of dementia, its impact on the person and approaches to providing care.

Specifically we will be covering:
3.1 Understanding communication
3.2 Communication strategies
3.3 Cultural differences and supporting families

Outcomes

At the end of this module, you will be able to:

• Define the term communication
• Demonstrate the use of a range of communication techniques
• Provide support to clients using reality orientation, validation and reminiscence
• Identify barriers to communication and strategies to overcome them
• State the impact of dementia on carers and describe a range of communication techniques to support families
• Provide support and guidance to family members

The icons

At times you will see icons in this book, these prompt you to ‘do’ something, and are explained below:

This icon prompts you to answer a question and prepare to share with the rest of the group
This icon prompts you to write something down
This icon prompts you to discuss something with a partner and then note your ideas
This icon prompts you to refer to the additional notes section at the back of this book
We hope that you enjoy this module, and welcome your feedback. Read the information below then answer the associated questions.

Case Study
It is time for dinner and Mr Wood is watching television. A care worker has come to let him know dinner is ready.

Scenario 1
The care worker says to him, as she quickly moves across the room, ‘Do you want to finish watching your show or do you want to have dinner? They’ve made your favourite, Shepherd’s pie. Your show is almost over, so you’d better come now before your dinner gets cold.’ She waits for a moment as Mr Wood looks up, completely bewildered. The care worker sighs and walks out of the room mumbling ‘I might as well talk to a brick wall.’

Scenario 2
The care worker walks into Mr Wood’s room and smiles at him as she turns the television down. She then kneels in front of Mr Wood and says ‘There is Shepherd’s pie for dinner. Your favourite!’ He responds with a smile. She says, ‘Do you want to eat dinner now or wait til this show is over?’ Mr Wood nods yes, and then follows her to the dining room.

In scenario 1:

<table>
<thead>
<tr>
<th>What was good communication?</th>
<th>Why?</th>
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<table>
<thead>
<tr>
<th>What was poor communication?</th>
<th>Why?</th>
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<table>
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<tr>
<th>What impact did the worker’s communication have on Mr Wood?</th>
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In scenario 2:

<table>
<thead>
<tr>
<th>What was good communication?</th>
<th>Why?</th>
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</table>

Remember the impact your communication can have.
Communication is a two-way process

Fill in the gaps on the visual below as your facilitator introduces you to the communication process.

Your notes

Who has responsibility for the success of the process?
3.1 Understanding communication

Elements of communication

Communication is made up of 3 parts:

- Body language 60%
- Tone of voice 30%
- Spoken words 10%

Communication is not so much about what you say, but how you say it. This is especially true when caring for a person with dementia and who is having difficulty communicating.

We tend to believe body language over verbal messages when they don’t match!

Drawing exercise

Let’s explore the power of verbal and non-verbal communication via an activity. Await instructions from your facilitator, and use the space below during the activity.

How did this exercise relate to the experience of communicating with a person who has dementia?
3.1 Understanding communication

Communicating with dementia

Use the space below to capture notes as your facilitator introduces to the difficulties faced when communicating with a person with dementia.

What makes it hard to communicate?

A person with dementia still retains their feelings.

How may the person with dementia be feeling when they try to communicate?
The difficulties in communicating with a person with dementia are like barriers...

It is up to us to knock the walls down so we can communicate and relate effectively.

To enable you to experience what it may be like to be dependent just on non-verbal communication to get a message across, let's enter into an activity.

Your facilitator will provide you with a card. The card contains a message - your task is to communicate the message without using words!

Plan your role play here

Did you guess what the other groups were trying to tell you?

Group 1

Group 2

Group 3

Group 4

Group 5

Group 6
A person with dementia has a progressive deterioration in communication and comprehension skills.

Although not everyone progresses at the same rate (everyone is individual), everyone will deteriorate over time.

### 3.1 Understanding communication

#### Changes to communication

- **Progressively shrinking vocabulary**
  - Vague & less communicative
  - Repetitive words or movements
  - Problems verbalising ideas
  - Problem naming objects, people, events

- Problem reasoning aloud
  - Great difficulty understanding
  - Can’t self-correct
  - Mute

#### Assisting communication

- People with dementia will need increasing assistance to communicate.
- A person finds it more and more difficult to express themselves clearly to you and others, and to understand what you or others say.

#### Additional notes
3.2 Strategies for effective communication

**Verbal, non-verbal, rephrasing**

Use the spaces below to capture some useful communication strategies as your facilitator introduces them to you.

**Verbal**

**Non-verbal**

**Rephrasing and reflecting**
It is important to understand the communication skills required to first engage or make contact with a person with dementia.

Read the following case study and answer the questions below

John did not recognise Anne as she approached.

He heard the words that she spoke but they did not make sense to him and an anxious frown appeared on his face.

He again had a sense of not knowing where he was or what he was supposed to do.

If you were Anne list three ways you would start to communicate with John.

1.

2.

3.
There are some simple and effective communication strategies that you can use to assist communicating with people with dementia. These include:

**Accepting attitude** – use a calm, friendly and non-threatening approach and try not to be judgemental.

**Speaking clearly** – short and simple, one idea at a time. Speaking loudly does not mean a person understands.

**Body language** – your body speaks louder than words

**The right environment** – calmness by minimising distractions e.g. lowers noise, busyness and respect privacy.

**The right level and words** – eye level with familiar words.

Watch the DVD and list verbal and non-verbal forms of communication used by care workers

<table>
<thead>
<tr>
<th>Verbal Communication</th>
<th>Non-Verbal Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: being clear</td>
<td>Example: prompting by pointing</td>
</tr>
</tbody>
</table>
The ‘real’ world
Communication becomes more difficult as the condition of dementia progresses. The person may at times lose the ability to live in the ‘present’ as we know it. They may live in the past, or go ‘in’ and ‘out’ of reality. They may experience delusions (a fixed firm belief held by the person even though it is not true) and/or hallucinations (seeing, hearing or feeling something that is not really there) but which are very real to the person.

Key to communication
Acknowledge the feelings of the person no matter whether they are ‘in’ or ‘out’ of reality. It is important to acknowledge that their feelings are real and they are responding to their perceived world.

Combination of techniques
The success of reminiscence, 24 hour reality orientation or validation will depend upon the individual and the situation. A combination of all three techniques may work at times. As a general rule if these communication techniques or combination of them increase the person’s sense of contentment or well being e.g. happiness, you are on the right track.

Additional notes
3.2 Strategies for effective communication

Reminiscence

Test your knowledge

Define reminiscence - What does it mean?

Provide examples of ways that a person might reminisce

How does reminiscence work?

Why is it effective?

You can reminisce by using your senses. Identify a sense and give an example below

<table>
<thead>
<tr>
<th>Sense</th>
<th>Example of how to use it for reminiscing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Example: Oral / Mouth</td>
<td>Talking about past events from the person’s life</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
Reality Orientation is the process of ‘putting in touch with now’—reminding of day, time, relationships and occasions. This technique has been practised in many different ways over the years. When caring for a person with dementia, it is best used as a passive 24-hour approach (rather than as a confronting approach, which is not recommended). Reality Orientation should not be used if it is causing an argument or not calming the person with dementia.

**How does it work?**
This technique gently brings the person back from their world into our reality i.e. the here and now. You can do this by orientating the person throughout the day and night to:

- **Who they are** e.g. gain their attention by calling them the name they prefer.
- **Who you are** e.g. by introducing yourself and say for whom you work
- **Where they are** e.g. “you are in your bedroom”
- **The time** e.g. ‘such a lovely Sunday morning’
- **The date** e.g. ‘it is a lovely Saturday afternoon sunset on 3rd March’.

**Why is it effective?**
Sometimes people with dementia become disoriented in time, place and situation. This can make them very frightened or anxious. Sometimes their routine may be unintentionally changed (e.g. a relief staff person) and this can make them have a sense of ill-being. You can reassure them they are safe and you are with them.

Put reality observation to the test... read the case study below and answer the questions

You go to see if Mr Chou wants any assistance in getting up this morning. You know he usually requires a bit of support by way of prompting and guiding to ‘get going for the day’. You knock on his bedroom and he says it is OK to enter but in a quivering tone.

Mr Chou is looking very unsettled this morning. He has a worried look on his face. He appears confused, not knowing who you are and where he is and what he should do next. He just looks ‘lost’ and ‘worried’.

Answer the following questions and explain what you could say to Mr Chou using a 24-hour Reality Orientation approach?

1. How do you think Mr Chou feeling from your observations?

2. How is this feeling ‘showing’ in his behaviour and the way he is relating to you?

3. What ‘need’ do you think he has?

4. What could you say to Mr Chou using a 24 Reality Orientation approach?
3.2 Strategies for effective communication

Validation

Use the space below to take notes as your facilitator introduces you to the validation strategy

Accept – by your non-verbal (facial) cues and tone of voice

Acknowledge – by empathetic statements how they are feeling and reassure them that they are safe and that you are there with them

Express – ask them questions that allow them to express how they are feeling

Divert – to another activity or topic or location.
3.2 Strategies for effective communication

Relating and communicating

Watch the DVD and jot down any questions you have
Read the following case study and answer the questions. Explain what you could say to Beryl using a validation approach.

Beryl was at the front gates yet again, pleading for passers by to help her get home to her children.

When staff approached, Beryl demonstrated an agitated concern about the safety of the children and the need to prepare their dinner before it got too late.

Previous staff had attempted to alert Beryl to the fact that the children were now in their sixties and could prepare their own dinner – which only appeared to increase her confusion and agitation.

1. How do you think Beryl was feeling from your observations?

2. How is this feeling ‘showing’ in her behaviour and the way she is relating to you and other staff?

3. What ‘need’ do you think she has?

4. What could you say to Beryl using a validation approach?
Australia is culturally diverse.

Person centred care focuses on the uniqueness of each person.

Culture is an important component of care.

Culture does not just mean people from other countries but differences from growing up in different ways e.g. rural and city, rich and poor.

3.3 Communication, cultural differences and working with families

**Cultures**

What additional strategies might we use when communicating with a person who has dementia and who is from another cultural background?

What might we have to consider?

**People from diverse cultural and linguistic backgrounds**

Use the space below to take notes as your facilitator introduces you to the similarities and differences between people.

- **Same**
- **Different**
- **Unique**
Our everyday activities
Culture is ... different beliefs, different words, different religions and how we do the little things differently

Complete the questions below and then compare your responses with the people at your table to gain an appreciation of cultural diversity.

How do you clean your teeth?

What do you have at Christmas time to eat?

What is your favourite type of music?

How do you meet and greet your family members?

Do you speak another language at home?

What is your favourite food?

Do you have any relatives that came from another country to Australia? What country?

Is there a favourite saying in your family?
Fill in the gaps as your facilitator introduces you to some culturally sensitive strategies.

Don’t ______________________________

Learn some ___________________________

Learn about the __________________________ and __________________

Learn non _________________________________

Respect _________________________________

Use ___________________________

Develop ___________ and ______________

Use I _________________________________

Traditions include food, cultural customs, events etc

Links can be with family carers, other community groups, clusters in residential care

Aids – cards with photos and words in English and other language

Resources – trans cultural aged care services.

Like groups of people, families also have their cultures. We need to understand the ‘journey’ of families living with dementia, i.e. caring for a spouse or family member. If we understand we will be able to communicate effectively.
The condition of dementia shows itself in a person but has an impact on many people around the person. A person has the condition of dementia but the family or significant others are ‘living’ with dementia.

Consider:

- The impact of dementia on families
- The impact of placement on families
- Strategies for supporting families
- The importance of partnerships with family in dementia care

Understand their caring journey. It is different for everyone.

### Remember all carers are unique

- Personal responses to their individual journey
- Support systems
- Coping styles
- Relationships with their person with dementia
- Health
- Values and beliefs about caring and using services
- Expectations

### Additional notes
Understanding family carers & their stresses

Lets watch a DVD to increase your awareness of the ‘journey’ that family members experience when living with a person with dementia.

Watch the DVD and comment on the following:

The range of emotions expressed

Main concerns of family carers

The ‘joys’ mentioned by family carers

The ‘challenges’ mentioned by family carers

List at least three needs do family carers express?

1. 
2. 
3. 
Using your own knowledge, list some common family carer needs under each of the headings below:

<table>
<thead>
<tr>
<th>Common Carer needs</th>
<th>Emotional Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Listening</td>
<td>Knowledge about dementia and caring</td>
</tr>
</tbody>
</table>

| Time Out and Self Care Skills | Information and Practical Support |
Practical application

Care workers need to be able to:

- Listen first and talk second
- Be empathetic – ‘it must be hard when ....’
- Be non-judgemental
- Do not jump into defending
- Refer on ...

Additional notes
Families can give us important information about the person’s background, personality, habits, preferences, meaning of symptoms, caring strategies, what brings pleasure and may be able to identify problems early.

**Families give us:**

- Background Information to help with problem-solving
- The words, the routines, the stories, the history, the interests and more
- Helpful hints on previous routines for personal care

**Families need us to:**

- Communicate openly and honestly
- Recognise their expertise
- Provide support, information, respite & self care skills
- Enable them to be involved in care management

*Often families like to assist practically. They may need to know that it’s OK.*
Listen to the music not the words

Sometimes we can fall into the trap of trying too hard to understand what the person is saying (the words) rather than overall what the person is conveying by their body language (the music).

Work with the feelings.

Additional notes
Let's review what we have covered in this module

- Watch your body language and your tone of voice
- Slow, simple, specific, show, smile and go at the person's pace
- One message at a time and don't argue
- Recognise, respect and include cultural diversity
- The caring journey is unique for every family

**Keys to Success**

Remember ... We cannot change how the person communicates ... but we can change so they can understand us.
Module Review

What did you learn?

This activity will help you to self assess your understanding of the content in the module and to reinforce your learning.

Multiple Choice. Circle the letter of the correct answer

1. People with dementia may need increasing assistance to communicate. They may:
   A. Mix up their words
   B. Lose the ability to speak
   C. Lose the ability to understand what you are saying to them
   D. All of the above

2. Communication is made up of three parts:
   A. Body language 60%, Tone and Pitch of Voice 30%, Words 7%
   B. Body language 33%, Tone and Pitch of Voice 33%, Words 33%
   C. Body language 10%, Tone and Pitch of Voice 30%, Words 60%
   D. Body language 25%, Tone and Pitch of Voice 25%, Words 50%

3. Using an accepting attitude will:
   A. Put the resident at ease
   B. Mean you get paid more
   C. Threaten the person with dementia
   D. All of the above

4. You need to talk clearly to a person with dementia. This can mean:
   A. Using short and simple sentences
   B. Giving one instruction or piece of information at a time
   C. Speaking slowly and clearly
   D. All of the above

5. You need to create a calm and soothing environment so that:
   A. You minimise distractions and noise
   B. The resident doesn’t feel threatened
   C. Communication will be easier
   D. All of the above
6. Communicating with body language includes:
   A. Facial expressions e.g. smiling
   B. Eye contact
   C. Gestures e.g. pointing
   D. All of the above

7. It is important to communicate with residents at a level that they understand. You should:
   A. Talk to the person as if they are deaf
   B. Talk to the person as if they were a small child
   C. Talk to the person as an adult
   D. All of the above

8. The communication technique known as reality orientation:
   A. Brings the person out of their world into yours
   B. Cues the person to here and now
   C. Should be used gently over 24 hours
   D. All of the above

9. The communication technique known as validation:
   A. Talks about the past
   B. Acknowledges and empathises with the person’s feelings and their reality or ‘world’
   C. Gently brings the person back to reality
   D. All of the above

10. The communication technique known as reminiscence:
    A. Communicates with the person by using their short term memory
    B. Brings the person back to reality
    C. Uses past events to calm or distract a person who has dementia
    D. All of the above.

Module Review
What did you learn?
**Workplace Activity Module 3**  
**Communicate effectively to a person with dementia**

In this activity you will practice communicating effectively to a person with dementia.

To do this activity you will need to demonstrate communicating effectively to person with dementia. You should read the person’s File (including their social/lifestyle history and Care Plan) so you know the background of the person and how they communicate and behave. You will need to complete the Workplace Activity 3 Worksheet provided in this Participant Handbook by using information covered in this module and from the person’s file.

The time required for this activity is approximately 30 minutes.

**Workplace Activity 3 Worksheet**

You will need to do the following:

1. Select a person with dementia for whom you care in your workplace.

2. Locate the person’s File (including their social/lifestyle history and Care Plan).

3. Read the File (including and social/lifestyle history and Care Plan) to discover information about the person’s social history and how to communicate to them effectively on an individual basis.

4. Be observed by a more experienced care worker communicating effectively to a person with dementia by demonstrating skills listed on the Workplace Activity 3 Worksheet.

5. Reflect on your communication by listing three reflections on the way you communicated and its effectiveness.

**Completed Workplace Activity Sheet**

When you have completed your Workplace Activity 3 Worksheet, hand it to your facilitator for feedback.
Communicate effectively to a person with dementia

<table>
<thead>
<tr>
<th>Communicating effectively to a person with dementia</th>
<th>Observed demonstrating this skill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong></td>
<td></td>
</tr>
<tr>
<td><em>Addresses the person by using their preferred name</em></td>
<td>✓</td>
</tr>
<tr>
<td>1. Communicates using an accepting and positive attitude.</td>
<td></td>
</tr>
<tr>
<td>2. Talks clearly with a friendly tone of voice when communicating</td>
<td></td>
</tr>
<tr>
<td>3. Uses ‘positive’ body language and an ‘open’ posture</td>
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<tr>
<td>4. Creates a calm and soothing environment</td>
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</tr>
<tr>
<td>5. Communicates at a level and in full view of the person’s face</td>
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</tr>
<tr>
<td>6. Uses reminiscence and/or 24/7 reality orientation and/or validation or a combination of all these techniques appropriately in everyday conversations</td>
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<tr>
<td>7. Speaks in a way in which the person can understand</td>
<td></td>
</tr>
<tr>
<td>8. Speaks in a way that matches the ‘pace’ of the person</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Observer:**

**Signature**

**Date:**

Three reflections on the way you communicate with people with dementia and the reason it is effective.

**Example** I always make sure that they can see me and hear me. I know this is effective because I get their attention and they look at me.

1. 

2. 

3. 

Workplace activity 3 - worksheet
Module 3

PPT 20 Transcultural aged care services

Meeting the needs of older people from culturally diverse backgrounds can be difficult, especially in a residential setting where there may be many different cultural backgrounds. Often second languages are forgotten so that people with dementia can only communicate in their original first language.

In this situation, the use of interpreters is essential to gain a history and an understanding of the person’s background. Family members can contribute but the older person may not have shared their concerns with them. To promote the wellbeing of Aboriginal and Torres Strait Islander people contact with their cultural group may be essential. The impact of dementia on the cultural beliefs of the family should be established, e.g. do they understand it is a disease; do they understand the disease process; do they consider it a mental illness?

- The person’s preferred language should be established and clearly documented.
- Daily conversations in the person’s preferred language should be conducted by using an interpreter or a worker or carer who speaks the same language; or by using visitor schemes, church groups, clubs or friends.
- Books, including picture books, in the person’s preferred language should be available. These are sometimes available in both English and the person’s preferred language.
- Any signs or symbols that the person understands should be documented and used by staff to help convey a message, e.g. a sign or picture for toilet or bathroom.
- Labels in the person’s preferred language should be used on cupboards or on items the person uses, such as hairbrush, slippers, etc.
- Appropriate therapies, activities or events the person may enjoy should be discussed with their family and participation of the person encouraged.
- Culturally specific events should be recognised and made available, such as posters, food, films, books, or television programs.
- Music the person recognises and enjoys should be made available.
- Post traumatic stress may surface as memory changes and past events remembered.
- Experience of war, disasters, family abuse or trauma of any kind may cause changes in behaviour: such as hiding when it becomes dark, hoarding items in case of famine, refusing to undress in front of others or lashing out at authority figures. These behaviours need to be understood and managed kindly and sensitively.
- Comfort and reassurance is constantly necessary for people living with dementia who cannot express themselves because of language barriers. They will usually respond to a worker or carer who conveys warmth and empathy and who genuinely tries to understand their concerns.
- Some cultures forbid undressing or bathing in front of others. Privacy should be respected.

For further information go to:

**Alzheimer’s Australia**
Website: www.fightdementia.org.au and look under ‘Cultural diversity’ and ‘Aboriginal and Torres Strait Islander Groups’.

**The Australian Government Health and Ageing - Partners in Culturally Appropriate Care (PICAC)**
Website: www.health.gov.au and look under ‘aged care, people with special needs’.
Module 3

PPT 21 Impact on families - supporting families
Sometimes families and friends become puzzled, upset, frustrated and/or exasperated because of the actions and behaviours of a person with dementia. They may have difficulty understanding why the person with dementia constantly repeats the same story over and over, or why they talk about their life as it was many years ago.

If the person’s first language is not English, they may revert to speaking in their first language, or they may speak a confused mixture of languages that makes it difficult for their family to understand them. A family may tell you that in difficult situations, no amount of cajoling or reasoning will change the situation.

As a result of this frustration and anxiety, and the constant demands of caring, families and friends may show signs of carer stress. It is helpful to provide these people with information about dementia, to create a better understanding of why such changes might be occurring.

As well as providing information about the disease, and sharing strategies that work, it may be useful to give suggestions about where to obtain additional support and services to make the task of caring an easier one. Some organisations provide support groups and counselling to family and friends of people with dementia.

Alzheimer’s Australia
Website: www.fightdementia.org.au for a range of information and services to support families.