

# DEMENTIA MODULE 3



Fostering communication and understanding





# Dementia, Level 1

Dementia Capable Caregiving



Aging and Long-Term Support Administration



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READING MATERIAL ATTACHED IN YOUR EMAIL**

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- 
- The person in Dementia may
    - Have difficulty finding a specific word and say another word instead
    - Not understand what you are saying or only understand part of it
    - Speak easily but not make sense
    - Talk about past event but not remember recent events
    - Have difficulty expressing emotions appropriately
    - Experience difficulty with writing
    - Be able to read words, but may not understand the meaning.



# LESSON 8: COMMUNICATING WITH PEOPLE WHO HAVE DEMENTIA

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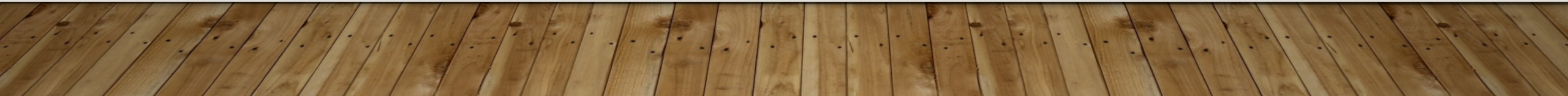
- When providing care for individuals with memory impairment, communication involves more than just spoken dialogue.
- Verbal communication: is a type of communication where we use spoken and written words to get our message and information across to the other person.
- Non-verbal communication: is the transfer of information through body language, facial expressions, gestures, created space and more.



# PROGRESSION OF DEMENTIA AND ITS INFLUENCE ON COMMUNICATION.

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- Dementia impacts the brain regions responsible for communication, and as dementia advances, the individual's communication abilities deteriorate. These changes vary throughout the course of dementia progression.. In each phase, changes may occur in comprehension, language skills and social communication.
  - Comprehension refers to the capacity to grasp the meaning of something.
  - Language skills encompass both the comprehension of words and gestures received by individuals (receptive language) and how individuals express their thoughts and feelings using words, signals, or gestures (expressive language).
  - Social communication pertains to the aptitude for engaging in conversations within social settings.



# EARLY PHASE OF DEMENTIA

Experience mild loss of recent memory

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- Comprehension
  - Difficulty understanding complex conversations, may have Difficulty following direction, and May have difficulty understanding facial expressions, gestures, humor, sarcasm and other non verbal cues and.
- Language skills:
  - May have difficulty of what to say, Some related words difficulty (e.g. saying salt for sugar)
- Social communication
  - Changes the subject to hide their difficulty, Tend to repeat themselves, Relay heavily on overused phrases or expressions



# EXAMPLE

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- Robert sits at the dining room table, sipping on his coffee, and requests his wife, Wendy, to **hand him the salt for his coffee**. Wendy appears puzzled, prompting him to correct himself and request sugar instead. Observing Robert's increased struggle with words lately, Wendy expresses her concern by inquiring about his well-being. Robert deflects her concern **by changing the topic** and asking if she has seen the newspaper.

# MIDDLE PHASE DEMENTIA

Experience moderate loss of long and short term memory, Learning new material becomes very difficult,

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- Comprehension
  - Trouble understanding day to day conversations, May be unable to understand when people talk too fast and Difficulty focusing and paying attention, easily distracted by noise, may require repetition of simple directions, may not understand what is read, may miss facial expression
- Language skills:
  - Loss the ability to remember names/words, language is often gibberish, my repeat questions endlessly, may have difficulty reading, and writing
- Social communication
  - Unclear, not related conversation, difficult to start conversation, incomplete answers to question, may forgot the question that was asked



# EXAMPLE

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- At the age of 76, Robert received a diagnosis of Alzheimer's disease, and now, at 79, he is under your care. This afternoon, you observed him struggling with his newspaper, squinting and eventually setting it aside with a hint of frustration. With the television playing and voices in the background, Robert leaves the room. You decide to approach him to offer assistance, but he turns away and begins reminiscing about his days working at the grocery store.

# LATE PHASE DEMENTIA

Can not form new memories, Does not know time, place and person and Fails to recognize self or family members

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- Comprehension
  - Does not understand the meaning of words, and may be unaware that someone is talking to them
- Language skills
  - Repeat things over and over, May speak only in slang/nonsense, or revert back to language of origin
- Social communication
  - No longer aware of social interaction/what is expected,



# EXAMPLE

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- At the age of 85, Robert remains under your care. He frequently occupies his chair, gazing out of the window. His wife, Wendy, visits him regularly, taking a seat beside him. When she's by his side, he occasionally glances at her, but he no longer recognizes her, quickly diverting his gaze back towards the window.

# STRATEGIES AND TIPS

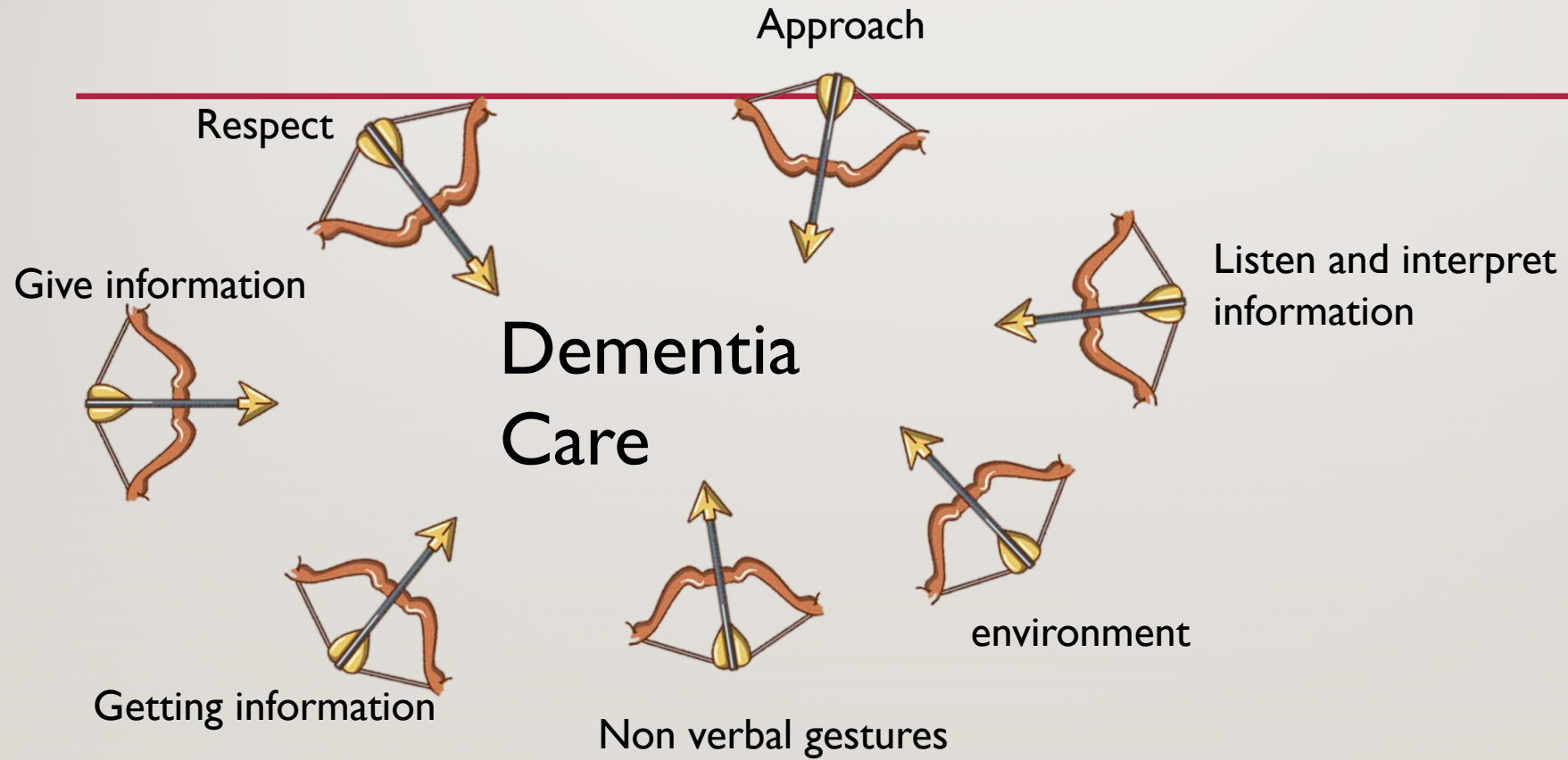
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- Don't internalize the behaviors of a person with Dementia personally.
- Exercise heightened caution in your approach when dealing with someone with dementia, and be mindful of your non-verbal communication.
- Refrain from engaging in arguments or the need to prove yourself right. Be open to offering apologies.
- Practice kindness, wear a smile, and strive to maintain a positive demeanor whenever possible



# STRATEGIES





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- **APPROACHING**

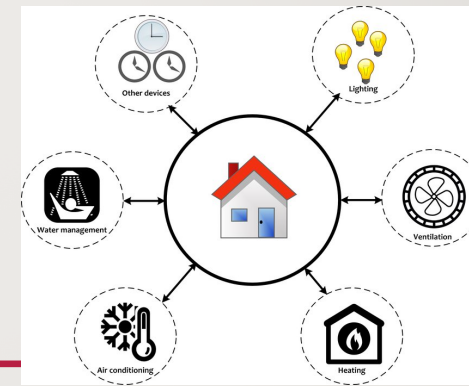
- Maintain a composed and relaxed attitude as you approach the individual, whether from the front or side, and wait for their attention before engaging. It's important to introduce yourself each time you interact, using a warm tone of voice, friendly facial expressions, and a smile. Address the person by their preferred name and clarify your presence and purpose.

- **NON VERBAL GESTURES**

- Consider asking for permission before using touch as a means to maintain the individual's attention. When interacting, opt to sit alongside a seated person rather than standing. Be mindful of your body language to prevent the unintentional display of emotions like frustration or impatience. Utilize visual cues such as pointing, gesturing, demonstrating, or employing props to enhance communication. Engage the person by involving them in tasks, and ensure your physical interactions involve gentle touches and gradual movements to promote comfort and understanding.





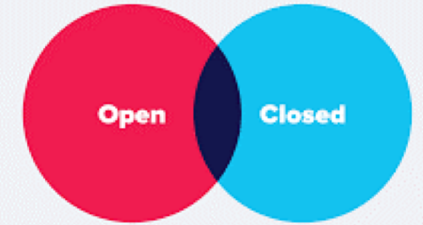


- LISTEN
- When we listen, we need to be aware of body languages, emotions, movements and feelings.
  - Validate. Compare the person feeling and what the person is saying
  - Remain still when the person is talking
- RESPECT
  - Communicate respectfully. Know what you are saying and how you are saying.
  - Focus on the abilities the person has
  - Do not talk down to the person or treat him/her as a child.
  - Talk to the person (do not talk about the person)
- ENVIRONMENT
  - Avoid loud noises when you are communicating with a person with dementia





# PRACTICING COMMON STRATEGIES



- Avoid or reframe open ended questions
  - Open ended questions are questions that can not be answered with yes or no. These kind of question require the person to think and make sense of what is being said. This is difficult for a person with dementia. Caregiver should reframe this open ended questions so that, it will be answered yes or no method. E.g. do you want coffee or tea?
- Avoid reason, logic, or the mention of time
  - a person with dementia may loss the ability to use complex reasoning and to process information logically.
  - For dementia person time can be at present, past or future.
  - Asking reason, logic or the mention of time for a person with dementia is impossible to answer





- Ask, rather than tell the person what to do:
  - Telling the person what to do is frustrating for the person with dementia. E.g Do you like coffee?
- Say less
  - complex information needed to be avoided
- Practice – gentle deception
  - Let the person with dementia talk to what ever the person wants to talk. It does not have to be correct.



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## LESSON 9: TRAUMA-INFORMED CARE



# COPING MECHANISMS

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- Coping mechanisms refer to the strategies individuals employ to manage stress and trauma.
- Defense- protecting oneself from or resisting an impending threat or attack.
- Adaptive- to tolerate and navigate through stressful situations without succumbing to overwhelming stress.
- Avoidance- distancing oneself from sources of stress to reduce its impact.
- Attack- redirecting one's focus and consciousness toward a different person or group, diverting attention away from the stressor or stressful situation.
- Behavioral- modifying one's actions and behaviors to minimize or eliminate the stress being experienced.
- Cognitive- altering thought processes and cognitive patterns to reduce or remove the sources of stress
- Self harm-intentionally causing harm to oneself as a response to stress
- Conversion- the transformation of one's thoughts, behaviors, or emotions into other forms, which can serve as a way to cope with stress



# IMPACT OF CULTURE

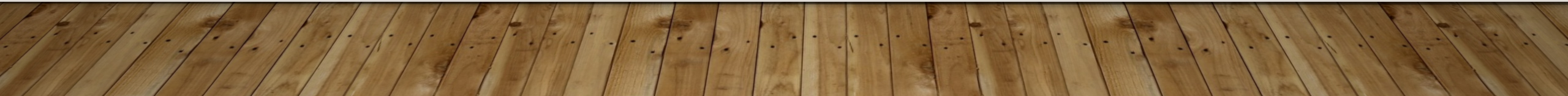


- Culture has a big impact on people and it shapes how a person reacts and respond to trauma.
- As a caregiver you should respect other people culture, spiritual beliefs and routine, Know appropriate body languages, and always use Please and Thank you appropriately.

# TRAUMA INFORMED CARE

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- Trauma-informed care aims to involves individuals who've undergone trauma, acknowledge the presence of trauma-related symptoms, and understand the role trauma has played in their lives.
- Several individuals have faced diverse levels of trauma in their past experiences
- Trauma-informed care is about maintaining sensitivity to issues or behaviors that may be connected to an individual's past trauma.
- Delivering effective trauma-informed care results in an improved sense of physical and emotional safety and leads to enhanced relationships and behaviors.
- If you observe the triggering of trauma, whether it's a known or unknown trauma, maintain sensitivity toward the individual and take action to address the situation.





# PRINCIPLES OF TRAUMA-INFORMED CARE

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- Trauma-informed care recognizes and acknowledges the traumatic events in an individual's life as integral to their identity. Trauma-informed care is guided by five fundamental principles:
  - Safety,
  - Trustworthiness(belief),
  - Choice,
  - Collaboration (working together),
  - Empowerment (power/person ability).



# STRATEGIES



- In order to effectively assist individuals who have experienced trauma, it's essential to prioritize self-care and establish a healthy work-life balance.
- Engaging in activities such as drumming, singing, dancing, and yoga has demonstrated effectiveness in regulating emotions and behaviors and easing the impact of trauma.
- Additional activities that can be valuable for different individuals include aromatherapy, baking, cleaning, dancing, drawing, doodling, scribbling, exercising, hugging a pillow or stuffed animal, knitting or sewing, listening to favorite music, appreciating pleasing things like flowers or art, meditating, and pampering oneself with nail care, plant seeds, play musical instrument, pray, punch a punching bag, read, rip paper, sing, spend time with other people, take a nap, take a relaxing bath/shower, watch favorite show, write and more.



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