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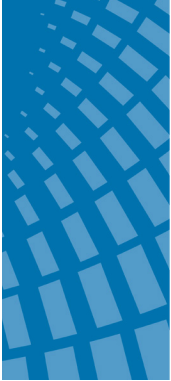
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*Commentary*

# The Rules of Engagement: Using Improvisation to Build Relationship-Centered Care

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## ABSTRACT

**The Problem:** Within dementia care, varying communication interventions are used by caregivers; however, they are laden with pitfalls and do not minimize staff dissatisfaction, turnover, or frustrating interactions.

**The Resolution:** Continuity of care fails when professional caregivers use techniques that family caregivers find difficult to implement: technical jargon, infrequent inclusive training for family caregivers, and a lack of actionable techniques, resulting in continuing frustration.

**Tips for Success:** A practical training model and cost-effective shift from patient-centered to relationship-centered communication is a value-based technique that utilizes the “rules of improv,” which ensure that caregivers continually put persons living with dementia first, encourages positive experiences during interactions, and ensures future supportive relationships based on trust.

**Keywords:** Dementia, Alzheimer’s, communication, improv, training, family

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## INTRODUCTION

In the current atmosphere of long-term care in which staff turnover is at an all-time high, and the quality of care varies depending on staffing, budgets, and funding, a critical change must take place in the industry. Family members are looking for the best placement for their loved ones, while balancing guilt, shame, indecisiveness, and cost. The decision to utilize long-term care is a difficult one. If families are forced to choose a facility based solely on cost, they may be reeling with the possibility of lower quality of care. This should not be the case. A state-of-the-art concept in staff training, introspective relationship-centered care based on four “rules of improv” can be provided to all long-term care employees regardless of the organization they work for or budgetary restraints within a corporation.

Polished marble floors and winding staircases do not translate to superb levels of care. When a facility cannot afford the latest and greatest in technological advances, this does not mean that its ability to deliver exceptional relationship-centered care should suffer. There is no “one quick fix” to the uphill battle we face in our industry. To restore caregiving to a rewarding experience for all, we must consider concepts in communication and connection that are accessible to all members of the caregiving team. It is only then that the prospect of long-term care will enhance the lives of those we care for and for ourselves as well. We find these introspective communication—and connection—based tenants within the rules designed to implement improvisation. Thoughtful and reflective engagement, as mirrored in the rules of improv, allow for a unique and cost-effective training platform that exemplifies exceptional interaction and relationship-centered care.

The rules of improv were originally designed to create connections among underserved youth of various nationalities and socioeconomic backgrounds (Moffit, n.d.). Grouping several adolescents who do not speak the same language could lead to difficulties in communication and relationship building, if left to each individual’s agenda without the vision of a shared goal. The rules of improv allow for connection in even the most tense of moments. Improv was not originally designed as a means to laughter and comedy but rather is based on rules of engagement that build something out of nothing.

In recent years, improvisation has been viewed solely as a form of comedy. Comedian groups, television programs, and local theater troupes perform improv as a stage act to elicit laughter from the audience. Underneath the humor is a set of rules that the players must abide by to establish relationships that move a scene forward. Of the myriad rules that different improv camps utilize, four specific rules have been shown to be highly effective in communicating with persons with dementia:

1. Yes, and
2. Relinquish your agenda
3. Make your partner look good
4. The gifts

These four rules provide a simplicity to training that encourages accessibility; tools that fit neatly in your back pocket, available to be used without memorization or a fear of failure. While bringing the initial and intended concept of improv full circle, these rules can be used with staff, family members, and clients who are of various nationalities and socioeconomic backgrounds, and have differing cognitive and language abilities.

When a long-term care facility fully embraces these four rules of improv in its daily engagements with staff, clients, and family members, a dramatic decrease in stress, anxiety, fear, and problematic behaviors becomes evident. The focus shifts from the rules of grammar and proper speech patterns—the “what” in communication—to the rules of engagement—the “how” and “why” in communication. Emphasis on “how” to communicate translates to specific language used (verbal and nonverbal) that allows all partners to look good during the interaction. The “why” in communication translates to an intentional (rather than impulsive) focus on the main objective, essentially asking yourself: “What am I looking to achieve here, in the long run?”

This state-of-the-art concept of introducing these rules of improv to long-term care staff can be easily implemented, applied, practiced, and used. The rules of improv do not require extensive reading, lectures, seminar trainings, or webinars. Additionally, the rules of improv allow for the staff to practice daily with anyone, anywhere. This builds muscle memory in its application, allowing it to be a skill that is not “turned on and turned off” when entering and leaving the workplace, but rather a lifelong competence.

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Furthermore, the application of improv rules during engagement does not require extensive, if any, additional knowledge of disease processes and diagnosis. In fact, they are such groundbreaking concepts that focus solely on moment to moment relationship building and partnership pairing, it becomes irrelevant what a persons' diagnosis or prognosis is. It is in-the-moment, errorless, positive interaction that allows for all participants to bond, even if for the smallest amount of time. When working with persons living with dementia, this becomes even more vital as the varying levels of cognitive ability differ with each individual.

The four rules of improv should be embraced by all members of the care team, from the top down, as daily modeling and application will only be as strong as the extent to which the team fully embraces its power. When family members witness the shift in engagement, they will be impacted by the quality of care delivered by the team.

As we take a deeper dive into the four rules of improv that can greatly improve communication, connection, and engagement among caregivers, those they care for, and their co-care partners, we will examine how each of the rules can be easily understood and implemented by everyone.

## Yes, and . . .

The primary rule of improv is “Yes, and...,” and it is used by all novice and seasoned improv artists; it is the most vital component of connection. By saying “yes,” we are simply being in agreement. By saying “and ...” we are adding to the dialogue. “Yes, and ...” can be used in a variety of interactions, including a verbal exchange, a physical expression, and on an emotional level.

At its most basic form, using “Yes, and ...” in active dialogue keeps the conversation moving in a forward motion. “Yes” communicates to the resident that what they are saying is unconditionally accepted. “And ...” conveys that the listener is interested. Consider the alternative of “no.” This is demeaning and shame producing and can create a total shutdown in connection. “Yes” is not the only word that can be used in this scenario; any positive affirmation of understanding can be used, such as, “What a good idea,” “What an interesting way to think about that,” or “Wow, tell me more.”

“And” is the intentional choice to move the connection further. It creates an equal dialogue between two people rather than a power struggle between teacher and student. When we add to the conversation a simple question or comment about what we are hearing, we are communicating that we care, we understand, we want to know more. This type of affirming banter with a person living with dementia (PLD) can be emotionally uplifting and encouraging.

An example of a “Yes, and ...” interaction between a PLD and a caregiver may sound like this:

**PLD:** “Do you see the purple bird in the tree?”

**Caregiver:** “Yes, I do see something moving in that tree. I wonder if it is a bluebird. Did you have bluebirds where you lived?”

**PLD:** “When I moved to the Midwest with my husband, I saw so many more birds than I did in New York. We even made bird houses in the summer.”

**Caregiver:** “I love watching birds gather at a bird house. Did you know we have an aviary here? I can take you to see some of the birds we have.”

Using the “Yes, and ...” approach on a physical level requires the listener to comprehend somatic and facial expressions as well as understand the power of body language. More than 50% of communication is done via facial expressions, body language, and tone of voice. With this in mind, it opens space for connections to be made with people who are progressively losing their ability to communicate verbally or are currently nonverbal. With the understanding that most body language is universal, it is not difficult to deduce, by examining and mirroring body language and facial expressions, what a PLD may be feeling at the moment. Just because a person can no longer speak in a manner that we can comprehend does not mean that we cannot find, within ourselves, the ability to understand them. This is the heart of what improv was built upon.

If a PLD is sitting alone, wringing their hands, head down, and squinting their eyes, we can deduce that the person feels alone, scared, in pain, or anxious. By keeping these possibilities in mind, we can meet the person where they are. This is the “yes” portion of being in agreement physically. Further, we would choose not to approach the situation like a cheerleader with overwhelming energy, but rather mirror the individual’s own body language. By doing so, we channel the bio-feedback loop within

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ourselves that gives us information as to why we might hold our bodies in that manner. Thus, the approach is empathic. It is two equals sharing a moment, even an unpleasant one, and that is what creates connection.

When we can be in agreement with someone emotionally, we can tap into the most vital component of “yes, and. ...” With a combination of verbalizations, tone, inflections, and the reading of body language, we can get to the heart of what is being communicated emotionally by the person. Although the language may not clearly describe what they are feeling, we can ask ourselves, “What is this person really communicating?” We can then connect by realizing that we have been there too. The belief that neurotypical caregivers cannot relate to the emotions of a PLD is erroneous. If we as caregivers take a moment to look, listen, and truly pay attention to the entire message, we can tap into our deepest empathic abilities and understand what the person is feeling at the moment. For example, “Wow, It looks like you are having a very hard time. I have been there too. I want to support you. Can you tell me more?”

This technique may even involve some self-disclosure on the caregiver’s part. Consider sharing with a PLD that you have recently felt anxious. Sharing that you were scared and alone will create a connection and convey that you truly do understand how the other person may be feeling. It is a connection that will reveal ways in which you can help further.

The fact that improv was created for youth to learn and immediately put into practice makes this a great tool for any and all caregivers. With a simple 2- or 3-minute tutorial on what “yes, and ...” means, even a novice caregiver can absorb and use the technique. Additionally, the simplicity of the language “yes, and ...” allows for easier comprehension than the current terminology used, such as therapeutic fibs and fantasy validation. When a family caregiver is encouraged to use these techniques, they often get caught up in the definition of therapeutic, fib, and validation. By eliminating the confusing jargon and the time it takes to explain such techniques, the family caregiver can quickly gain insight and learn a useful tool to create connection immediately. Furthermore, the word fib can create a disconnect among families that do not believe in being deceitful toward a loved one with dementia. The word fantasy in “fantasy validation” suggests that the person with dementia is delusional and cannot be

trusted. The language itself can perpetuate shameful interactions.

## Relinquish Your Agenda

The second rule of improv that enhances connection is called Relinquish Your Agenda. At its essence, it is the ability to be truly in the moment, regardless of what is going on around you. On the improv stage, a player will join the troupe mid-scene. If the player enters with their own agenda or expectations, then the entire troupe is thrown off kilter. The player must enter with an open mind and an empty agenda, and then find their place in the scene.

In caregiving, the agendas that often create miscommunication and lack of connection include the agenda to be right and the desire to give advice. These two predominant agendas create disconnection, frustration in both parties, and ultimately a breakdown in the relationship. Many novice caregivers feel that they must correct the PLD when they communicate in ways we do not understand or that seem meaningless. Consider this dialogue:

**PLD:** “I need to get to work.”

**Novice caregiver:** “You don’t work anymore.”

**PLD:** “What do you mean, how am I going to pay the mortgage?”

**Novice caregiver:** “You don’t need to pay a mortgage, you don’t have a house anymore.”

**PLD:** “No house. Oh my goodness, what will we do? What will my husband say?”

**Novice caregiver:** “Don’t worry about your husband. He passed away 5 years ago.”

Notably, this conversation created anxiety, fear, shame, and shock in the resident, but it also created a downward spiral for the novice caregiver. Both individuals were frustrated and exasperated, with no room left to create a connection that could lead to a trusting relationship in the future. As the novice caregiver held tightly to the agenda that they were right and the resident was wrong, a true disconnect was inevitable. The caregiver needed to create an empty space in which they would listen to understand, not listen to fix.

Another agenda that is prevalent in conversations is the desire to give advice. Many caregivers travel this

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slippery slope without even realizing it, especially when they use such tactics as distraction and redirection. Offering advice instead of listening to what is really being said—the emotion behind the words—can also lead to discouraging interactions between caregivers and residents. Consider a situation in which a caregiver tells a PLD “not to worry about it” or “it’s not a big deal, let’s just go to the bingo game instead.” Essentially, the advice that the caregiver is providing can make the resident feel unheard, unimportant, and dismissed.

Advice creates a divide among people, a hierarchy of right and wrong, an atmosphere of teacher and student. This inequity in conversation may lead to misunderstandings, frustration, shame, and a feeling of inadequacy on the part of the novice caregiver or resident. When family members don’t feel that they can be successful communicating with their loved one, they are less likely to visit and provide that much needed familial interaction. If a seasoned caregiver relinquishes his or her agenda of giving advice and instead meets the other person where they are, the interaction may be more impactful. Consider this scenario in which the seasoned caregiver is in the moment, relying on empathy to create a connection with a family member:

**Seasoned caregiver:** “That had to be so difficult for you to see your mom struggle like that. When I started working with her, she was so adamant about going to work, I didn’t know what to say that would calm her down.”

**Family member:** “I know. I can’t seem to get through to her that she lives here now. I keep telling her that this is her home, but she fights me constantly.”

**Seasoned caregiver:** “She fought me too. We struggled for some time as well. It got to the point where she wouldn’t even take my assistance to the dining room. I felt so awful about it.”

**Family member:** “What did you do? You are so great with her. She loves seeing you. I just don’t understand why she is so angry with me.”

**Seasoned caregiver:** “I guess I let go of my need to be right. If she felt like she needed to go to work, I talked to her about work. If she felt like she had to catch the bus, then we talked about bus schedules and her first trip on a bus. I stopped fighting against where she thought she was. I just joined her there.”

The act of relinquishing your agenda is a practice in

mindfulness and intentionality. It requires the caregiver to let go of their own attachments to right and wrong and listen with empathy for the emotional message being conveyed.

## Make Your Partner Look Good

The third rule of improv within the caregiving setting is Make Your Partner Look Good. When each player in an improv troupe is focused on making their partners look good, giving them the limelight, then ultimately all partners look good. If one partner chooses to dominate the scene, the energy changes and the audience can feel the tension. Improv itself is a practice of give and take.

In the caregiving scene, it can be powerful to intentionally make the care receiver (the PLD) look good regardless of the scenario. The goal is to never place shame on the PLD or cause them to do the heavy lifting during an opportunity to connect. Asking questions, drilling for memories, and making statements such as “don’t you remember ...” and “I’m sorry” does nothing to make our partner look good (or feel good). It elicits stress, conflict, and often shutdown. When we work to make our partners look good, we expedite connection.

When we say we are sorry as a response to a PLD’s expressing a difficult moment, we break down the ability to connect. From a psychological perspective, the words “I’m sorry” fill an uncomfortable space and put us (as caregivers) in a neutral space while placing the PLD in a negative space. It requires the PLD to do the heavy lifting in the conversation, and the responsibility lies with them to rectify the imbalance: “Trust isn’t rebuilt with apologies. Trust is restored when we become more trustworthy and that is best accomplished when we take steps to change” (Monet, 2015). She continued, “Empathy is much more valuable to your partner than your guilt. We all want to feel truly heard and deeply understood.”

Guilt, however, runs rampant among caregivers as they watch their loved ones or residents succumb to dementia and display deteriorating skills. Expressing this guilt is difficult to resist; however, the alternative to expressing sadness and guilt is to be grateful in a time of unrest. This practice is intentional, deliberate, and purposeful. By fighting against the urge to say, “I’m sorry,” when working with a PLD, and instead taking a moment to reflect on how to express being grateful (such as saying,

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“Thank you for sharing that with me”), a caregiver displays recognition of the honor of sharing. The caregiver builds trust by communicating appreciation for being chosen to share in a difficult moment.

In addition, making our partners look good requires contemplative awareness. In essence, there are hundreds of ways to respond to a difficult situation, and it is in the words that we choose, the tone we use, and the intention behind both that can determine if we make our partners look and feel good. Consider the situation in which a PLD has difficulty eating with a spoon without dripping soup on their shirt. A caregiver could approach and reprimand, approach and take the spoon away, or even approach and offer a bib. Or a caregiver could approach and offer the PLD a dining scarf in an effort to “keep that beautiful shirt looking so wonderful.” This approach makes our partner look and feel good. In turn, the PLD may exhibit gratitude, appreciation, and trust, which makes the caregiver look and feel good too.

A meaningful use of making your partner look good is the adoption of the method among caregivers themselves. Not only should direct care staff keep in mind the mantra of “make your partner look good” when working with each other during times of conflict with a PLD, but administrators can elevate direct care staff by using the technique as well. Consider the positive consequences of this scenario in which an administrator, while talking with a PLD, stopped a nursing assistant, pulled him or her to the side, and said:

I am embracing my failure with Mrs. Johnson right now. I am just not communicating with her in an effective manner. You are so great with Mrs. Johnson, you seem to always know the right thing to say. Would you mind stepping in? I do not want to upset her further.

The administrator looks good because he or she is admitting to having made a mistake. The nursing assistant looks good, and feels good, because he or she is being called in as the hero in the situation, able to handle it better than the superior. And, ultimately, Mrs. Johnson looks good because a negative experience with the administrator was halted, and a well-suited assist was provided to de-escalate any potential frustrations.

## The Gifts

The fourth rule of improv that can greatly enhance communication and connection is called “The Gifts.” During an improv scene, players will look for hints (gifts) given by other players to move the scene forward. It may be a word, a gesture, or a physical movement. Players can take that gift as a jumping off point to alter the direction of the scene while keeping all players involved. The same is true in caregiving. If caregivers look at all elements of an interaction, they will find gifts that help in the process of connection. By looking and listening for key elements conveyed in dialogue—verbal and nonverbal expressions—caregivers can create peak moments of success and reminiscing.

Furthermore, in improv, failure is celebrated. This is not a typical response to mistakes and mishaps in caregiving; however, if caregivers begin to look at mistakes as a place of growth, learning, and future improvement, then missteps can be viewed as gifts in themselves. This concept, when adopted from the top down, can dramatically alter staff morale and vulnerability to the pitfalls of caregiving in contrast to the current climate of burnout, frustration, and evasion of truth during conflict. When a member of upper management can admit their mistakes and create an environment that embraces a round table discussion of those mistakes, then other levels of caregivers will follow this model, creating a workplace that thrives on transparency and a focus on growth within caregiving.

An improv game called Take That Back is essential in helping members of an improv troupe try on different approaches to the same scenario. When caregivers embrace “take that back” in day-to-day interactions with a PLD, they not only adopt the “fail beautifully” concept, but they put it into practice by “taking back” their initial reaction or response and opening themselves up to a new approach. When working with individuals who have memory impairments, it can be advantageous for the caregiver to leverage the potential “short loop” (also known as: short-term recall deterioration, which yields frequent cyclical memory lapses such as repetitive questions and comments) and make an attempt to try again. As long as the initial response/reaction embodied good intentions, it is possible that the PLD will remember the positive attempt and emotion related to that and not the actual words.



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Consider this dialogue again, in which the caregiver embraces the gift in conversation:

**PLD:** “Do you see the purple bird in the tree?”

**Caregiver:** “Yes, I do see something moving in that tree. I wonder if it is a bluebird. Did you have bluebirds where you lived?”

**PLD:** “No, it is not a bluebird. Can’t you see that purple animal! I see it right there.”

(Gifts: bluebird, tree, frustration that caregiver did not respond in the way the PLD needed)

(Caregiver now using take that back method)

**Caregiver:** “Oh, yes, the purple thing moving in the branches. Now I see what you are talking about. I must have overlooked that. I have never seen anything like that. I only had robins where I grew up.”

**PLD:** “Oh, we had all types of birds in Florida. Some were so big they would block the putting green when I would golf.”

(Caregiver can now shift into positive reminiscing connection)

By applying the concepts of the gifts, a caregiver can embody the idea of being in agreement by using “yes, and ...,” remind oneself to “relinquish their agenda,” and focus solely on “making their partner look good.”

The rules of improv provide a gold standard of empathic, respectful, and effective communication training for anyone looking to connect with a PLD. Furthermore, it is a cost-effective training method that allows all types of caregivers to remain educated and involved and to provide continuity and connection. The rules of improv can be practiced anywhere with anyone. This unique dynamic allows the communication techniques to become part of a lifestyle rather than just a skill that is turned on and turned off at work. When an individual commits to practicing each one of the rules for an entire week with everyone they come into contact with, they will essentially master the nuances of all four rules within a month. This encourages a strengthening of the improv communication muscle, which, in turn, strengthens the accessibility of the skill when working with persons living with dementia. Essentially, it becomes second nature.

Additionally, practicing the improv rules with people other than those living with dementia strengthens relationships among caregivers, specifically family members who

are often providing different levels of care and contact based on location and availability. Family disagreements that arise from agendas, judgmental viewpoints, and nonempathic listening can be reduced by applying these techniques. Again, this is a strong indicator that the rules of improv improve the lives of those living with dementia. Finally, staff can practice the improv rules in long-term care settings during weekly “stand-up” gatherings. In addition to weekly update meetings, improv games can be used to enhance team building, improve improv skill sets, allow for a judgement-free space to embrace failures beautifully, and encourage learning from these “gifts” rather than exacerbate shame, guilt, and staff burnout.

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