Brain Health: It’s a No Brainer

Communication Challenges & Strategies for People with Dementia

University of Illinois at Urbana-Champaign College of Agricultural, Consumer and Environmental Sciences
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**Symptoms of Dementia:**

- Memory – Specifically short-term memory issues (Misplacing things and not being able to problem solve to find them)
- Orientation – Confusion with time/place/people
- Problem Solving – Issues with Executive Functioning like planning ahead /solving problems
- Judgment – Making poor decisions or decisions that could potentially be unsafe
- Language – Communication problems (word finding, following the conversation, using the wrong word)
- Visual/Spatial – Issues with contrast in colors, getting lost in familiar places, wayfinding issues
- Activities of Daily Living (ADLs) – Difficulty with familiar tasks (cooking, dressing, paying bills, following instructions)
- Mood – Change in personality, mood and/or behavior
- Withdrawal – non-participation from normal activities of interest because they become hard

**Alzheimer’s Disease:**

Alzheimer’s disease is the most common form of the dementias accounting for 60-70 percent of dementia cases. Alzheimer's is a progressive disease that worsens over time. The majority of people diagnosed are 65 and older. Age is the biggest risk factor. However, about 5% of the cases are diagnosed before the age of 65, these cases are called Early Onset Alzheimer’s Disease.

**Common Behaviors Associated with Alzheimer’s**

<table>
<thead>
<tr>
<th>Anger/agitation/aggression</th>
<th>Sleep problems</th>
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<tr>
<td>Paranoia/delusions/hallucinations</td>
<td>Problems/resistance with ADLs</td>
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<tr>
<td>Inappropriate social and/or sexual behavior</td>
<td>Rummaging</td>
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<td>Getting lost/wandering, wanting to go home</td>
<td>Sun downing</td>
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<td>Repetitive actions</td>
<td>Crying out/loud verbalizations</td>
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<td>Looking for people</td>
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When there is a behavior look for what is the underlying cause or trigger of the behavior. Here are some common reasons that individuals with dementia exhibit behaviors:

- **Disease Process** – The actual changes in the brain cause the issue
- **Unmet Needs** – The individual is trying to tell us something
  - Physical: hungry, body temperature, tired, uncomfortable (body position, in pain, temperature, etc.)
  - Psychosocial: love, comfort, identity, occupation, inclusion, attachment
- **Environment** – Too much or too little stimulation
- The possibility of pain
- **Communication** – The individual is trying to communicate something and cannot
- **Caregiver Approach** – The caregiver did something to set the individual off

**Behaviors are a problem when:**

- Safety or well-being of the individual or another person is compromised
- A trigger or cause cannot be identified

**Common Communication Problems:**

- **Word-finding difficulty/ Describing an item, (place or person) if they cannot come up with the name, they are looking for**
- Not being able to track a conversation or losing their train of thought on what they were doing
- **Repetition** – Asking a question like, “What time is it?” or “Where am I?” and then 5-10 minutes later asking the same thing again. And again, in the near future.
- Unable to read and/or understand written communication
- Loss of ability to speak in clear sentences
- Revert back to their native language
- Unable to use words and speaking less often
- Loss of ability to understand the words others are using

Communication is important when working with individuals with dementia. The person with dementia has difficulty communicating their own needs and understanding what others are asking of them.

**Communication Dos**

- Treat the person as an adult
- Address the person by name – Identify yourself (by name and as a friend)
• Eliminate environmental distractions
• Get the person’s attention before speaking – consider your approach
• Look at the person when speaking – be aware of facial expressions
• Be aware of body language – yours and the individuals
• Speak at a normal rate, normal tone and enunciate clearly
• Give one-step directions, using short, familiar phrases
• Allow enough time for the person to react or respond
• Repeat your direction or question, using the same words. Try something new if that doesn’t work.
• Use non-verbal communication – visual clues, gestures, touch – offer demonstration as needed
• Ask for assistance rather than give orders
• Focus on feelings
• Use their personal history, their likes and interests to your advantage when communicating and caregiving.

**Communication Don’ts**

• Don’t correct the person with dementia – because he/she may remember things differently
• Don’t accuse the individual of lying; rather, respond to the feelings of fear and insecurity
• Don’t take rudeness or accusations personally
• Don’t argue or give long explanations
• Don’t use negative statements, vague references or quizzing memory questions
• Do not discuss the person as if he/she were not there

**Caregiver Approach:**

• Slowly
• From the front
• Get their attention with their name and/or a gentle touch
• Stand off to the side
• Get down on their level
• Have a warm open demeanor
• Introduce yourself – build rapport
• Offer a hand

**You set the tone and they set the speed!**
Seven tips for caregiving for someone with Alzheimer’s disease

1. **Prevention is best.** Respond or act before a behavior occurs.
2. **Watch your approach and use good communication skills.**
3. **Use validation techniques.** Listen with your eyes, ears, hearts, & mind. Understand where the individual is coming from so you can help them. What is the person really saying and need by their actions or words? Validation eases anxiety builds trust and maintains dignity.
4. **Re-direct and distract individual.** Engage in meaningful activity as a helpful tool.
5. **Simplify environment.** Eliminate noise, distractions, make environment nice and conducive.
6. **Honor routines.** Learn past routines and honor them if possible. Keep life routines as consistent as possible, when possible.
7. **Simplify task and allow as much independence as possible.** Use cues and break down task into simple steps. Give steps one at a time. Use hand over hand, mirroring, and tactile cues. Allow individual to do as much of the task as he/she is able to do.

For more information about brain health & other topics visit the *Family Files* Blog at https://go.illinois.edu/Family Files