

# Caregiver Assistance News

“CARING FOR YOU... CARING FOR OTHERS”

## Better Communication in Alzheimer's Care

Communication refers to the ability to speak, understand speech, read, write, and gesture. It is how we make contact with each other. *Nonverbal* messages are given through silence, body movements, or facial expression. As much as 90 percent of our communication is nonverbal. Be aware that words can carry one message and the body another; people with dementia seem to be especially sensitive to the *tone* or *feeling* of your communication and that is what they will react to.

“Aphasia” (a-fa-zha) is a word for problems with language: it can affect speaking, understanding speech, reading, and writing. Aphasia is one of the problems associated with Alzheimer's disease (AD). In the early stages of the disease, people have trouble thinking of common words while speaking or writing. In time, the ability to understand what others are saying also declines. While people with AD continue to be able to read, they eventually do not understand what they are reading. Communication problems get progressively worse over the course of the illness, until verbal communication becomes virtually impossible.

### Tips for Better Communication

- ✓ Keep **good eye contact**.
- ✓ **Don't interrupt or distract** the person while he is talking.
- ✓ **Avoid criticizing**, correcting and arguing.
- ✓ **Focus on the feelings**, not the facts.

- ✓ **Approach the person from the front.** Tell him who you are.
- ✓ **Call the person by name.**
- ✓ Use **short, simple words** and sentences.
- ✓ **Ask one question** at a time.
- ✓ **Repeat information and questions.** If the person doesn't respond, wait a moment. Then ask again. Try to rephrase and use other words.
- ✓ **Avoid quizzing.** “Do you remember when...?”
- ✓ **Break down instructions** into clear, simple steps.
- ✓ **Avoid confusing expressions.** If you ask the person to “Hop in!” He or she may take that as a literal instruction. Describe the action directly to prevent confusion. “Please come here. Your shower is ready.”
- ✓ **Avoid vague words.** Instead of saying “Here it is!”—try saying “Here is your sweater.”
- ✓ **Turn negatives into positives.** Instead of saying, “Don't go there,” try, “Let's go to the dining room.”
- ✓ **Give visual cues.** To help demonstrate the task, while asking him to do the task, point or touch the item you want the person to use. Or, begin the task for the person.



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## Communication Problems and Solutions at Each AD Stage

### **Early Stage – Trouble Using and Understanding Words**

- ☑ Difficulty finding the right word to say or using familiar words repeatedly.
- ☑ Lose their train of thought or take long pauses between words.
- ☑ Have difficulty following conversations when there are many speakers.
- ☑ Since memory for recent events has declined, they may repeat themselves because they don't remember that they already have said something.

Help a person in the early stage have confidence to use his remaining verbal skills. Gently suggest the word he cannot find or remind him of what he was trying to say when he loses his trend of thought. If he prefers to give himself time to come up with the missing word or idea on his own, wait patiently.

### **Middle Stage – Trouble Expressing Feelings and Needs**

- ☑ Trouble sticking to a subject or forgetting what they were intending to say.
- ☑ May use pat phrases that sound like regular social dialogue, but cover up an inability to say more complex things. “Hello how are you? You look real good” may be repeated to each person they meet.

Avoid calling attention to memory problems and embarrassing him. As the illness progresses, it will have an impact on many aspects of daily life. Communication difficulties may appear more severe because the person may have hearing and vision loss as well as problems with judgment, impulse control, and planning. He may speak loudly on the bus, approach strangers as if they were long-lost relatives, and ask you why that lady over there is so fat.

In the later part of the middle stage the person with dementia may speak haltingly and you may not be able to make sense of what she is trying to say. When the person is among strangers, it may be necessary for caregivers to explain to them what the person is saying and to convey what the others are saying to the person. You are acting as interpreter for both parties. Sometimes people with AD begin to speak only the first language they learned earlier in life.

### **Late Stage – Gradually Lose Ability to Speak**

They may make sounds or moans or facial expressions that give you a clue as to how they are doing. If you think that the person is uncomfortable, try to change his position, offer a drink, play music, or do whatever you think may bring him some comfort. Watch the response to your efforts to see if you are on the right track. Communicate your caring through gentle gestures.

### **Socializing is Important**

Recent research has found that the social part of the brain is the last to be impaired by AD. So it is important to provide opportunities for socializing, such as having a friend visit.

## Taking Care of Yourself—Music Can Help

Music is used by specialized therapists to improve a person's physical and mental functioning. Singing, playing instruments, and moving or dancing to music can improve communication, motor skills, and mood. It can be a way caregivers can get enjoyment while benefiting the senior with AD. Music therapy provides:

- ✓ Memory recall for reminiscing
- ✓ Positive changes in mood and stress reduction
- ✓ Management of pain and discomfort without drugs
- ✓ Opportunities to interact socially with others



Source: American Music Therapy Association

"I regard music therapy as a tool of great power in many neurological disorders – Parkinson's and Alzheimer's – because of its unique capacity to organize or reorganize cerebral function when it has been damaged. . . ."~ Oliver Sacks, MD

### NOTE

One of the biggest challenges to caregivers or family members is to remain patient while coping with the changes or losses in communication. The challenge will increase as the disease progresses.

## Live Life Laughing!

Now that I am older  
I believe in the hereafter.

I know I'm here, but I can't  
remember what I'm after.



## Inspiration

Whatever happens around you,  
don't take it personally...nothing  
other people do is because of you. It  
is because of themselves.

~ Miguel Ruiz

## Don't Fall – Be Safe

People with AD are at particularly high risk of falling. Problems with vision, perception and balance increase as AD advances, making the risk of a fall more likely.

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## SAFETY TIPS—Agitation

Mild *agitation* may seem like a personality change in which a person acts in ways that are uncharacteristic or inappropriate, such as being stubborn or nervous. Severe agitation can be disruptive or even dangerous. Agitated behavior can start in the early stage and grows worse in the middle stage of the illness.

An agitated person may be unable to sleep, pace constantly, move around restlessly, tearing paper, or even cursing or using threatening language.

People with AD are less able to handle changes, uncertainty, and other situations that they could manage when they were well. Being in a strange place may cause agitation. Even a positive event, such as a wedding, can feel overwhelming and can lead to agitation. If the person in your care has had a recent hospitalization or other major life change, expect to see some agitation.

If a person with dementia has recently become agitated for the first time or acts unlike her usual self, the first thing to look for is a medical or physical problem.