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ALZHEIMER’S *In-Service*

M O N T H L Y

BEST PRACTICES IN RESIDENT-CENTERED CARE

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Communicating When Someone Has AD: Beyond the Basics

KEY POINTS

- | **People with AD who “resist care” are most often feeling frightened, confused, or uncomfortable. It is up to us to put them at ease.**
- | **Issuing invitations or asking the person for assistance can often turn situations around. Everyone needs to feel useful and valued.**
- | **We can also ease tension by taking the blame for miscommunications.**

One of the most common causes of misunderstandings between people with Alzheimer’s disease and their caregivers is “resistance to care.” It’s a deceptive little phrase because while it means “He wouldn’t do what I wanted him to do,” in reality, the person resisted for valid reasons he may or may not be able to express.

As AD progresses and verbal skills diminish, the person’s fears tend to increase. By the time people are in the moderate stage of Alzheimer’s disease, their world has become confusing, and they have a strong need to feel safe and comfortable. Therefore, when you, as a caregiver, enter the room of a man with AD to help him change his clothes, he may see it as an unnecessary invasion of privacy. He may like the clothes he’s wearing, seeing no need for change.



If you try to reason with him, suggesting his clothes are soiled, he will argue. In your eyes, your request is perfectly valid. However, the man cares only about his comfort, not your reasons. You are asking him to do something he finds difficult and frustrating. Even worse, the man doesn’t fully trust who you are. You may think he is just being stubborn, but Alzheimer’s disease — not stubbornness — is responsible for his opposition.

While you are basing your arguments on reason, he is arguing based on feelings, and no caregiver — as any Alzheimer’s expert will tell you — has ever won such an argument. He is feeling afraid, confused, and besieged by your request, and until you understand that, he will resist.

What are your alternatives, then? First, honor the man’s right to say “no” by walking away and coming back later. When you encounter resistance, don’t prolong the tension. When you return, try a new approach. Be confident in your ability to be successful, and provide encouragement and reassurance from the outset. Keep your words, gestures, and body language open and friendly. Tune in to his feelings, not just his words.

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CAREGIVER TIPS

OF EUPHEMISMS AND OTHER AIDS

Optimistic people have long been noted for putting a positive spin on perceived imperfections. Shopping addicts call their compulsion “retail therapy.” Short people refer to themselves as “vertically challenged.” Many years ago, a woman named Stephanie Brush described her absent-minded daydreaming as “taking a nourishing sabbatical.” She said her fourth-grade report cards faulted her for failing to pay attention in class. She admitted she wasn’t paying attention to social studies, but insisted she was highly focused on writing a symphony for cat voices — for which she also designed the costumes and wrote the reviews. After all, she wondered, “What were Mozart’s social studies grades, anyway...?”

The bottom line is that both of us — the persons with Alzheimer’s disease and their caregivers — need “nourishing sabbaticals” on a regular basis. Give yourself permission to take an intermission.

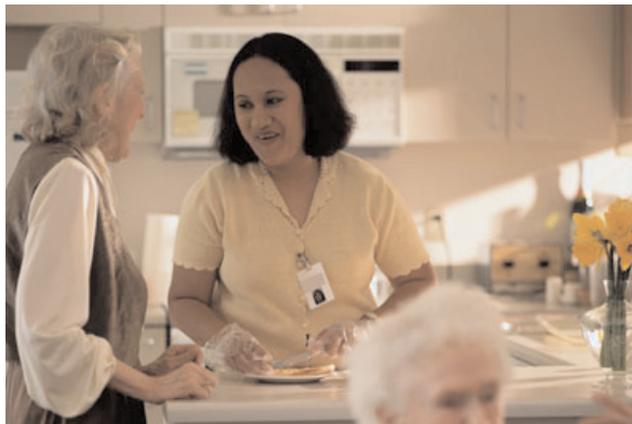


Communicating When Someone Has AD: Beyond the Basics

FROM PAGE ONE

Next, issue an invitation, or ask for his help. If you say, “Would you like to take a bath?” it is too easy for him to say “no”; however, if you say matter-of-factly, “It’s bath time, and I would really appreciate your help,” it’s harder to resist. Next, find a way he can help. Perhaps you are trying out a new showering technique, new towels, or new bath products and want his opinion on whether they are an improvement. Perhaps, you are training a new staff member and have chosen the person because he will always say what’s working and what isn’t.

When trying to engage someone in an activity, don’t ask her if she wants to go to exercise class. Tell her that exercise class is about to start and you would be especially grateful if she would come with you, because her smile always cheers up the others (or she sets such a good example — whatever!) People, especially those with AD, want to feel useful and valued. Help them to do so by identifying and encouraging the use of retained skills.



Additionally, here are some simple guidelines:

- Don’t take insults personally. Brain damage, especially to the frontal lobe, can cause some people to say unintentionally hurtful things.
- If you don’t understand what someone says, tell him that you’re sorry, but you don’t understand. Then tune into his body language and tone of voice.
- Be willing to take the blame for miscommunications. It saves time and preserves the dignity of those with AD.

KEEP IN MIND: SILENCE CAN BE GOLDEN

The novelist E.M. Forrester was famous for writing “Only connect!” — meaning that we are all too often strangers to one another. We don’t always need words to do this, though.

Asking a person with AD for advice, opinions, or about his life experiences are great diversions as you assist with things like dressing and grooming, but many people need to focus all their powers of concentration on the task. In that case, friendly eye contact and silence between cues is preferable.

For others, the effort of conversation can be exhausting. Do not be afraid to opt for silent

camaraderie. You can still communicate your pleasure in being with someone by smiling, eye contact, and gentle touch. These may be the most effective forms of communication you’ll ever find.

Key Points:

For some people with AD, talking while trying to perform a task is distracting; for others, conversation can be exhausting.

Silent camaraderie can be a friendly and welcome alternative to talking.

Build the Person's Confidence

When you are caring for someone with Alzheimer's disease, you can foster good communication by showcasing her strengths, not her losses. Build her confidence by tapping into her intact memories and rhythmic language. Many people remember old songs, proverbs, and poetry, for example.

Also tap into her residual social skills. Many people remain amazingly adept at maintaining small talk, showing good manners, greeting people, and playing host. People who have lost most of their vocabulary will often still automatically say "thank you" or "you're welcome" at the proper moment. If you ask them, "How are you?" or "How do you feel today?" their response may always be "Still kicking," but they will enjoy the interchange, no matter how predictable it is. Others with fewer verbal skills may still be pleased to pass the cookies or lemonade.



People with Alzheimer's disease are especially wary of being put on the spot, so create a comfortable emotional environment where they can feel safe and valued. This includes paying attention to the person's physical environment. For example, many people are distracted and uncomfortable if there is too much noise or clutter, or too much glare or too little light. Some people have a favorite chair or a preferred spot to sit. Know what pleases the person, and stay alert to signs of physical and emotional discomfort.

Many people with AD are hypersensitive to the phrase, "Do you remember . . .?" Instead, try reminiscing with "yes" or "no" question, such as "Did you ever . . . (skate on an iced-over river, play in a band, etc.?)" Then assume that whatever they answer is the truth.

Persons with AD are usually most comfortable if they set the pace and scope of the conversation, so that they can avoid traps like trying to remember what was on TV last night. You can get the conversation started, though, by asking her advice or opinion. You don't have to take the advice or agree with the opinion, but many people with AD have surprising insights. One caregiving daughter describes telling her parents she was getting a divorce, a painful conversation to hold. Her father's comments were not helpful or supportive, but her mother, whose Alzheimer's was quite advanced at the time, suddenly blurted out, "Men just don't understand," which was the most comforting thing she could have said.

People with AD are often still able to produce and appreciate humor, so use humor whenever you can. Dorothy Seman, co-author of *Rethinking Alzheimer's Care*, noted that one day a group of people with AD were looking out the window at squirrels playing and commenting on how cute they were. One woman piped up and said, "We're pretty squirrely in here, and no one calls us cute."

Finally, make sure your messages are clear. Don't overlook the obvious. There are 14,000 definitions for the 500 most common words in the English language. *Anything* can be misinterpreted. The classic example is the resident who saw a yellow and black sign in the hallway that said, "Wet floor," so he did.

KEY POINTS

- | **Boost the confidence of people with AD by showcasing their strengths and avoiding putting them on the spot. Tap into remaining memories and social skills.**
- | **Begin conversations by asking about their experiences and asking for their advice and opinions. Then let them set the scope and pace of the conversation.**
- | **Use and encourage humor.**

RESOURCES

Sources cited in other issues covering communication are still valid, but here are a few more. For understanding Alzheimer's disease as seen through the eyes of people who have it:

Show Me the Way to Go Home by Larry Rose © 1996.

Speaking Our Minds: Personal Reflections from Individuals with Alzheimer's by Lisa Snyder © 1999.

Here are two more excellent resources for understanding in greater detail how to communicate effectively with people with AD:

The Best Friends Approach to Alzheimer's Care by Virginia Bell and David Troxel © 1997.

Rethinking Alzheimer's Care by Sam Fazio, Dorothy Seman and Jane Stansell © 1999.

TRAINER'S CORNER

IN-SERVICE GUIDE

The "Trainer's Corner" helps you relate the topic to caregivers' personal experiences in order to make it relevant and memorable. With each issue, we will provide

discussion questions and an engaging exercise. A quiz is available on Page 5 to test participants' knowledge. (The answers appear on the bottom of this page.)

Bringing the lesson home

Many people have little tricks for making themselves feel more confident or more at ease. For example, a man who speaks up at a business meeting may hold onto a lucky coin in his pocket. A woman on a date may have certain shoes or a special outfit that makes her feel self-assured. Many people who travel take a family photograph to put on the nightstand in their hotel to keep from feeling lonely. Kids, of course, have favorite dolls, blankets, or stuffed animals that make them feel secure.

- Do you have any tangible object that makes you feel more confident, self-assured, or at ease in challenging situations?
- Have you noticed anyone with AD who uses a particular object for security?



Let's talk

We have talked in this issue about how to improve communication with verbal techniques, but there are also nonverbal confidence boosters that we haven't recognized. For example, many people with AD become more confident talkers if they have a "security blanket" to hold onto. Some women are helped by a pillow or a stuffed animal — things that really are soft and comforting. Others clutch household items, such as spoons or cloth napkins. One tall Arizona man was infinitely more comfortable talking with others when he was standing outdoors wearing his cowboy hat and boots — when he could literally look down on others. Other men feel more "themselves" with a newspaper under their arm or change to jingle in their pockets.

Answer the questions above with your participants. What are their "security blankets" and what have they noticed make specific individuals with AD feel secure? Then talk about how caregivers can boost the confidence of people with AD by providing both tangible and intangible security through:

- Making those security blankets available
- Smiling and exhibiting other welcoming behavior
- Choosing words that calm and reassure

Answer Key for Quiz on Page 5

1) b 2) e 3) c 4) a 5) a

QUIZ: Communication — Part 3

PLEASE COPY AND DISTRIBUTE TO EACH PARTICIPANT

First Name

Last Name

Quiz Date

Supervisor's Signature

Date

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Please answer the following questions based on the information on the previous pages.

1) Which of the following statements is true?

- a. People with moderate-stage Alzheimer's disease resist care because they are stubborn.
- b. They resist because they are confused, frightened, and/or uncomfortable.

2) Which of the following techniques is LEAST likely to bring you success when you are trying to assist someone with a daily task like dressing or grooming?

- a. Issue an invitation
- b. Tune into the person's feelings
- c. Ask for his assistance
- d. Leave and come back later with a new approach
- e. Reason with him about the need for completing the task

3) We can boost the confidence of people with AD by showcasing their strengths. Which of the following is NOT likely to be one of those strengths?

- a. Playing host by greeting people or passing refreshments
- b. Reminiscing about her early life
- c. Remembering what she ate for dinner last night
- d. Enjoying jokes and laughter
- e. Giving opinions and advice

4) Which of the following is NOT a good reason to be silent around someone who has Alzheimer's disease?

- a. You are angry at your supervisor and not feeling talkative.
- b. The person has a limited vocabulary and finds prolonged conversation tiring.
- c. The person needs to use all her powers of concentration for completing a task, such as getting dressed or working on an art project.
- d. Silent camaraderie is pleasant for both of you because you are at ease with one another.
- e. There is pleasant music playing in the background and the person is enjoying it.

5) People with Alzheimer's disease are sensitive to — and affected by — both the physical and emotional environment around them.

- a. True
- b. False