

16

Understand and enable interaction and communication with individuals who have dementia (DEM 312)



Assessment of this unit

Interaction and communication skills are vital to our lives as human beings. However, it requires specialist knowledge and skills to be able to interact and communicate with an individual who has dementia. This unit provides the opportunity for you to develop these important skills, allowing you to build effective relationships with individuals with dementia.

To complete this unit you will need to:

1. Understand the factors that can affect interactions and communication of individuals with dementia
2. Be able to communicate with an individual with dementia using a range of verbal and non-verbal techniques
3. Be able to communicate positively with an individual who has dementia by valuing their individuality
4. Be able to use positive interaction approaches with individuals with dementia

The assessment of this unit is entirely competence-based (based on tasks in the real work environment). To successfully complete this unit, you will need to produce evidence of your competence in a work setting. The tables opposite outline what you need to do to meet each of the assessment criteria for the unit.

Your tutor or assessor will help you to prepare for your assessment and the tasks suggested in the chapter will help you to create the evidence that you need.

AC What you need to know

- | | |
|-----|---|
| 1.1 | Explain how different forms of dementia may affect the way an individual communicates |
| 1.2 | Explain how physical and mental factors may need to be considered when communicating with an individual who has dementia |
| 1.3 | Describe how to support different communication abilities and needs of an individual with dementia who has a sensory impairment |
| 1.4 | Describe the impact the behaviour of carers and others may have on an individual with dementia |

AC What you need to do

- | | |
|-----|--|
| 2.1 | Demonstrate how to use different communication techniques with an individual who has dementia |
| 2.2 | Show how observation of behaviour is an effective tool in interpreting the needs of an individual with dementia |
| 2.3 | Analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others |
| 3.1 | Show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan |
| 3.2 | Demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness |
| 4.1 | Explain the difference between a reality-orientation approach to interaction and a validation approach |
| 4.2 | Demonstrate a positive interaction with an individual who has dementia |
| 4.3 | Demonstrate how to use aspects of the physical environment to enable positive interaction with individuals with dementia |
| 4.4 | Demonstrate how to use aspects of the social environment to enable positive interaction with individuals with dementia |
| 4.5 | Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia |

Assessment criteria 2.1 – 4.5 must be assessed in a real work environment.

This unit also links to the following units:

- | | |
|----------------|---|
| SHC 31 | Promote communication in health and social care |
| DEM 301 | Understand the process and experience of dementia |
| DEM 304 | Enable rights and choices of individuals with dementia whilst minimising risk |

Some of your learning will be repeated in these units and will give you the chance to review your knowledge and understanding.

Understand the factors that can affect interactions and communication of individuals with dementia

The effects of different forms of dementia on interactions and communication

Individuals with different forms of dementia experience difficulties in interacting and communicating with others because they have problems making sense of the world in which they live. This can lead to frustration and stress. The person may also become fearful if they perceive themselves to be in a threatening environment.

Visual problems may interfere with communication

Thomas Pockington Trust (2005) suggests that there is increasing evidence that there are significant disturbances in visual perception in Alzheimer disease and other types of dementia, including vascular dementia, dementia with Lewy bodies, Creutzfeldt–Jakob Disease and Huntington disease. Figure 16.1 details the types of visual perception difficulties that can occur depending on the type of dementia.

Figure 16.1 Common visual problems in individuals with different types of dementia.

Dementia-related disease	Visual problems
Alzheimer's disease	Disturbances in visual function including impaired depth perception , loss of contrast sensitivity , poor visual acuity , loss of colour vision and hallucinations .
Vascular dementia	Hallucinations.
Dementia with Lewy bodies	Visual hallucinations of people and animals.
Creutzfeldt–Jakob Disease	Some of the visual perception difficulties are similar to Alzheimer's disease.
Huntington's disease	Hallucinations and head turning to replace eye movement.

Your assessment criteria:

- 1.1 Explain how different forms of dementia may affect the way an individual communicates.

Key terms

Colour vision: ability to see in colour

Contrast sensitivity: ability to discern different light levels

Depth perception: ability to see the world in three dimensions

Hallucinations: seeing things that do not exist

Visual acuity: clarity of vision

Experiencing hallucinations

Hallucinations can also occur in the body's other senses for example, hearing, touch, smell, taste and perception of the body, but visual ones are most commonly experienced by individuals with dementia. Visual hallucinations can involve seeing:

- ▶ flashing lights
- ▶ people
- ▶ distorted faces
- ▶ animals
- ▶ bizarre situations.

Confusion from motion blindness

Some individuals with dementia can appear confused, reporting a feeling of being lost in familiar surroundings due to **motion blindness**. This is a disorder of perception where individuals cannot see where they are going; movement is perceived as a series of still frames.

Problems holding conversations

It can be difficult to hold a conversation with an individual with dementia because they may be unable to express themselves coherently. Dementia can affect the structure of sentences, order of words and patterns of conversation.

The individual may:

- ▶ choose incorrect words to express their feelings – for example, 'bad' when they mean 'sad'
- ▶ use single words to express complex feelings, for example, 'unhappy'
- ▶ use garbled words or words that do not make sense (often described informally as 'word salad')
- ▶ choose words that are similar in meaning or sound to the intended word
- ▶ lose the ability to follow or start a conversation
- ▶ lose the ability to follow different parts of a conversation
- ▶ use the same word over and over again or ask the same question repeatedly, also known as **perseveration**.

Key terms

Motion blindness: inability to see where one is going

Perseveration: repeating the same behaviour again and again

Reflect

Think about a recent conversation you have had in your work placement with a person with dementia who is unable to express themselves coherently.

- ▶ What problems did you encounter as you tried to communicate with them?
- ▶ Did you notice any hallucinations or repetitive behaviour?
- ▶ How did you manage the situation?

Problems with recognition

The individual may have problems recognising faces, even familiar ones. It is important for family and carers not to feel that the person is rejecting them. Individuals can also fail to recognise their surroundings due to difficulties with their visual perception (see page 4). Even if the individual has good eyesight, they can experience problems recognising what they see. They may perceive their usual environment to be potentially threatening, for example seeing water instead of a blue carpet or a hole in the ground where a rug is placed in the room. These images can cause distress. Be aware that a situation like this can seriously hinder communication.

Problems with memory

Memories of past events are retained and remain fairly intact. Usually these are memories of events that occurred a long time ago, forming the knowledge base of the individual's life. This type of memory often includes some kind of emotional connection for example:

- ▶ childhood experiences
- ▶ school
- ▶ married life
- ▶ family circumstances
- ▶ other personal memories.

Individuals can normally recall this type of information with some ease and you can use this as the basis of your interaction with them.

However, individuals with dementia experience difficulty in remembering recent events, for example the current day, date and year, or a relative who has visited recently. Individuals may be aware of these gaps in their knowledge and can ask many questions; even when the answer is given, they may forget it. This can be frustrating for both the individual and the care practitioner.

Loss of motivation

Individuals with dementia, especially in the case of Alzheimer disease, lose motivation and may appear to be lazy or apathetic, being unwilling to do the things they used to enjoy. This occurs as a result of damage to the frontal lobe of the brain which is responsible for thinking and reasoning. They tend to withdraw from social and leisure activities, being conscious that they cannot perform to their previous ability and not wanting peers to find out that their illness is progressing. It is necessary for the care practitioner to keep people with dementia engaged and to ensure that the communication channels remain open.

Your assessment criteria:

- 1.1 Explain how different forms of dementia may affect the way an individual communicates.

Discuss

Discuss with a colleague in your work or placement setting how you keep residents within the setting motivated. What activities are used to keep them stimulated?



Changes in behaviour

Behaviour changes in people with dementia can be very upsetting for carers and family. The changes can be extreme and irrational. The Alzheimer's Society (2010) describes typical behaviours:

- ▶ repetitive behaviour (perservation), such as asking the same question over and over again, repeating the same phrases and movements, repeating actions such as packing and unpacking a bag, continually asking to go home and making multiple phone calls
- ▶ restlessness, pacing up and down, and fidgeting
- ▶ shouting the same word or screaming all the time
- ▶ having a lack of inhibition – for example, undressing in public or using inappropriate sexual behaviour
- ▶ night-time wakefulness
- ▶ following loved ones or carers around the house
- ▶ hiding and losing things
- ▶ being suspicious of people, accusing people of stealing from them.

You need to be aware that the individual lacks any insight into these very unusual behavioural changes and requires very sensitive management. Think of the behaviour as a form of communication with you – what might the person be trying to convey to you? It is important to establish what the problem is, so that it can be quickly resolved.

Investigate

Using online and library sources, investigate how the different forms of dementia affect communication. Research the location of the frontal lobe of the brain and discuss how damage to this part of brain affects the individual.

Reflect

Reflect on how you can assist an individual with a dementia-related condition who lacks insight into their behavioural changes to communicate more effectively.

Case study

Patricia is 65 years old and last year she retired from her job as a district nurse. Until recently, she had a busy work and social life, but is now more or less confined to her home. She lives on her own in an isolated rural spot away from her family, but she has a few close friends nearby. She has no children and never married.

Pat is not feeling herself and often prefers to stay in bed. She has turned down lots of social invitations and has stopped attending her regular clubs. She has a poor appetite, feels depressed and can see no future. Patricia's friend, Marge, visits weekly and has become concerned because Pat has complained of seeing flashing lights, seems confused sometimes and hardly ever starts a conversation. With some persuasion, Marge has managed to take Pat to see her GP.

1. Can you describe Pat's symptoms?
2. What do you think is wrong with her?
3. How can the GP help Patricia with her problems?

Physical and mental factors

You need to be aware of the physical and mental health factors that could affect the way a person communicates with you. If you sense that something is causing the individual discomfort, pain or emotional distress, you will need to investigate further. Physical and mental health factors affecting communication include:

- ▶ sensory impairment, for example sight and hearing problems
- ▶ age-related degenerative disease, for example macular degeneration and cataracts
- ▶ pain
- ▶ depression
- ▶ learning needs.

Vision is a key sense and any impairment will have an impact on the individual's ability to communicate effectively; seeing the person one is talking to helps one's understanding of the conversation, through interpretation of non-verbal communication.

Loss of hearing is another physical factor that may prevent an individual with dementia from engaging in interactions and communication. Hearing declines naturally with age and hearing loss is a key feature of dementia. It affects speech recognition, reduces the individual's ability to attend to and respond to what is being said and hence affects their ability to hold a conversation.

Age-related degenerative disease occurs as part of the normal ageing process. **Macular degeneration** is a cause of visual impairment. The sharp central vision diminishes and the individual is unable to see objects clearly. Central vision is used when you are driving a car or reading, for example. **Cataracts** can also affect vision. These are a clouding of the lens in the eye, leading to blurred vision. Cataracts can be removed successfully in a fairly simple operation.

Pain can go unrecognised in individuals with dementia because of the person's inability to report feelings of pain. Speech is normally limited, so the individual may be unable to communicate the thoughts and feelings that describe pain. The individual may not be able to respond to questions about their discomfort due to their failure to interpret the signs and symptoms of pain.

In cases where the individual cannot express feelings of pain verbally, the care practitioner should look out for behavioural changes such as:

- ▶ fidgeting or restlessness
- ▶ aggressive or angry behaviour
- ▶ frowning and grimacing or screaming or crying
- ▶ rubbing or holding the affected part of the body.

Your assessment criteria:

- 1.2** Explain how physical and mental factors may need to be considered when communicating with an individual who has dementia.

Key terms

Cataract: clouding of the lens of the eye

Macular degeneration: deterioration of sharp, central vision

Dementia and depression have many of the same features, so it can be difficult to distinguish whether a person with dementia also has depression. The Alzheimer's Society suggests that, because of the close relationship between the two, many individuals with dementia are initially and mistakenly diagnosed with depression. However, depression is common among people with dementia, affecting one-fifth of people with Alzheimer disease and almost a third of those with vascular dementia and dementia with Lewy bodies.

Depression also affects the way an individual communicates as there is tendency to withdraw from the world and to become isolated. The care practitioner needs to be aware of the behaviours that can signal depression and always to encourage and support engagement. Signs that people with dementia may have depression are:

- ▶ feelings of worthlessness
- ▶ anxieties
- ▶ changes in appetite, including refusal of food and drink
- ▶ waking up early in the morning.

More severe forms of depression have symptoms that are similar to those of dementia, explaining why it can be difficult to differentiate between the two:

- ▶ memory problems
- ▶ slow speech and movement
- ▶ confusion
- ▶ a negative view of life.

Learning needs require attention as people with dementia often lose the ability to carry out many of the tasks that they used to be able to do with comfort and ease so they need to relearn skills. Loss of skills may be particularly noticeable in relation to:

- ▶ personal hygiene
- ▶ domestic tasks such as cooking, cleaning and shopping
- ▶ managing a budget
- ▶ remembering the rules of a familiar game
- ▶ being able to take part in hobbies or special interests.

Creating a communication plan to meet needs

It is important to assess the needs of an individual with dementia and to draw up a plan that meets those needs by:

- ▶ interacting with the individual
- ▶ developing supportive relationships
- ▶ promoting a sense of wellbeing in the individual.



Visual impairment has a significant effect on one's ability to communicate

Reflect

Identify an individual within your practice placement and reflect on how physical and mental health factors affect their communication. Make notes in your journal.

Supporting different communication abilities

Communication aids

It is important to recognise the effect that sensory impairment can have on a person's ability to communicate. Loss of hearing and sight can hinder communication and both should be assessed when an individual is admitted to a care setting. As a care practitioner, you will notice if a person is not seeing or hearing properly by their lack of response to what is being said or shown to them. If you notice a problem with someone's hearing you should:

- ▶ check whether the individual has a hearing aid and wears it
- ▶ keep background noise to a minimum, turning off the TV or radio when not in use and when speaking so the person can hear you
- ▶ refer the individual to a specialist **audiologist** who will assess the individual's hearing and make the appropriate recommendations.

It is important for you to know that individuals with dementia need to have regular eye examinations to check if they have the right type of spectacles. You may need to remind individuals to wear their and to attend regular checkups with the **optometrist**.

Active listening

Active listening means giving the person your full attention, making every effort not to be distracted, reading the speaker's non-verbal communication, using your own non-verbal communication to signal encouragement, and checking back your understanding with them. The person will feel encouraged to carry on talking and may divulge more information if you engage them in this way. The message you are conveying is that you are prepared to give the individual your time to listen carefully, even if they are having problems understanding the conversation. Active listening tips are to:

- ▶ stick with the individual's choice of topic; don't change it
- ▶ look at the speaker, giving them your full attention
- ▶ take account of their non-verbal communication to determine whether it matches what they are saying
- ▶ avoid giving advice or making critical remarks and don't disagree with them
- ▶ make encouraging noises or gestures so that they keep speaking
- ▶ if necessary, check your understanding from time to time, 'So, what you are saying is...'

Your assessment criteria:

- 1.3** Describe how to support different communication abilities and needs of an individual with dementia who has sensory impairment.

Key terms

Audiologist: a professional who assesses hearing and gives advice regarding hearing problems

Optometrist: a professional who examines eyes, tests eye sight and gives advice regarding visual problems

Reflect

- ▶ Reflect on the active listening skills you use when engaging in a relationship with an individual with dementia.
- ▶ Consider if you are attentive or easily distracted.
- ▶ Write down the skills you use in your journal. This will help you to become more self aware of the skills you use.

Pay close attention to your own and the other person's non-verbal communication. Sometimes, non-verbal clues may be the only indication that something is wrong. Effective use of your own non-verbal skills can help to draw this out. Effective use of non-verbal communication skills involves:

- ▶ maintaining positive eye contact at all times, without staring
- ▶ encouraging the speaker by using facial expressions and gestures that are engaging and open
- ▶ avoiding an appearance of frustration or disinterest
- ▶ checking for understanding by looking for clues in the person's face or behaviour
- ▶ having an awareness of personal space – don't sit too close to the individual as this can feel threatening, but ensure that you can be seen clearly
- ▶ being comfortable with silences in the conversation.

As a care practitioner you need to develop an awareness of the messages and signals that can be conveyed by body language. Bear in mind that your own body language can be interpreted by others and that you can gather information by observing other's non-verbal communication. Body language:

- ▶ can reveal one's true feelings, even contradicting one's speech
- ▶ using the eyes can communicate various meanings; for example a fixed stare can be aggressive, blinking furiously can signal excitement and rubbing the eyes denotes tiredness
- ▶ includes smiling; most of us can tell a pasted-on fake smile from one of genuine delight
- ▶ such as nodding of the head can signal agreement
- ▶ such as crossing of the arms and legs is defensive behaviour.

Verbal communication with individuals with dementia usually involves face-to-face contact. Effective verbal communication skills in this situation involve:

- ▶ speaking clearly
- ▶ using short sentences
- ▶ asking simple questions requiring yes and no answers
- ▶ giving your full attention to the words and feelings being expressed
- ▶ using appropriate physical contact for reassurance
- ▶ using humour if appropriate; smiling and even telling simple jokes.

Use effective verbal communication to encourage the individual to make simple choices and take easy decisions, such as whether they would like to engage in a particular activity. Remember that the person may become confused if given too many choices.



Listening is an active process that is essential for communication

Reflect

Reflect on how you would communicate with an individual who has dementia with hearing and sight problems. Make notes in your journal.

Behaviour of carers and others

You should be aware that your behaviour, if not professional and caring, can have a detrimental impact on an individual's emotional wellbeing. Having a lack of respect for someone with dementia can undermine their right to exercise choice and have some control over their life. Remember that the individual you are caring for:

- ▶ is a unique person with feelings
- ▶ may feel confused and apathetic as a result of their condition
- ▶ could be aggressive and angry if they realise that they are being humiliated
- ▶ has the right to appropriate communication with you; don't assume you know what they want or what is best for them
- ▶ should be given choices and the opportunity to make decisions that are within their capacity
- ▶ deserves the support and encouragement to be as independent as possible.

Meeting needs to motivate individuals

If carers are unaware of the needs of individuals with dementia or lack the knowledge and skills to help them, frustration and anger understandably result. Furthermore, poor treatment may lead individuals to lose their motivation, for example becoming less interested in dressing themselves or eating meals that have been provided.

Managing time and avoiding resentment

Being a carer can be a frustrating job. If carers have little time to meet their own needs, this can lead to resentment of the individual with dementia. These feelings may be unintentional but can be very upsetting for the individual with dementia.

Promoting respect and tackling prejudice

Unfortunately, you may come across other carers and professionals who show a lack of respect by failing to recognise individuals with dementia as people with their own needs and feelings. Always try to model the most professional conduct, tackling prejudice against people with dementia if you encounter it. Try to remember people with dementia lived a full and varied life until they developed the condition. Look beyond the diagnosis and treat the individual with care and compassion, never treating them in a task-oriented fashion.

Your assessment criteria:

- 1.4** Describe the impact the behaviour of carers and others may have on an individual with dementia.

Reflect

Identify an individual with dementia from your practice placement and reflect on the impact the behaviour of carers and others has had. Make notes in your journal.

Positive engagement at the right level

Professional caring is sometimes perceived as low-status work even though the demands of caring for a large group of people with complex needs can be very challenging. Be aware that any anger or frustration you feel about your work could affect the people you are caring for, if you allow it to influence your interactions with them. Engaging positively with each person as an individual is paramount and being able to communicate at a level the individual understands is the right of every person with dementia.



Case study

Rita is 80 years old and lives with her husband Eddie and son Jonathan, who has Down syndrome. Until recently, Rita has managed well at home and has always looked after her son. She is still an active church member but never felt able to work due to her responsibility for Jonathon.

Eddie has noticed that Rita is developing problems with her sight and hearing. She seems to stumble a lot and has been quite tearful. Her memory is also failing. Eddie is struggling to manage Rita at home, as well as looking after his son who can present quite challenging behaviour. Their GP visited Eddie and Rita at home and suggested that Eddie should have a break. He proposed that he organise two weeks of respite care for Rita who is subsequently admitted to your practice placement care home.

1. In assessing Rita's needs, what would you identify as her most pressing requirement?
2. How would you recognise if Rita was experiencing pain?
3. What support would you offer to Eddie when Rita is discharged back home?

Knowledge Assessment Task

1.1

1.2

1.3

1.4

Interaction with individuals with dementia requires skill, knowledge and understanding of a range of factors that can affect the communication process. People who are new to this area of care practice can struggle to interact effectively until they understand the range of factors that can influence communication with people with dementia. In this assessment activity you are asked to produce a poster or leaflet that:

1. explains how different forms of dementia may affect the way an individual communicates
2. explains how physical and mental factors may need to be considered when communicating with an individual who has dementia
3. describes how to support the different communication abilities and needs of an individual with dementia who has sensory impairment
4. describes the impact the behaviour of carers and others may have on an individual with dementia.

You should keep a copy of the written work that you produce as evidence for your assessment.

Be able to communicate with an individual with dementia using a range of verbal and non-verbal techniques

Different communication techniques

A big part of effective communication in care work is being an excellent listener. Care practitioners need to be active listeners (see page 10), especially when communicating with individuals who have difficulties expressing their thoughts and points of view.

Using verbal and non-verbal approaches

Individuals at all stages of dementia will benefit from communication with a confident, sensitive and well-informed carer who uses verbal and non-verbal techniques to aid communication:

- ▶ Approach the individual from the front and try not to startle them.
- ▶ Use a friendly tone of voice and encouraging body language, smiling and nodding as appropriate.
- ▶ Speak clearly using short sentences and start by asking simple questions requiring yes and no answers.
- ▶ Use a relaxed approach and friendly gestures to put the individual at ease.
- ▶ Use appropriate suggestions if the individual becomes stuck in their communication, checking with them that this is what they meant.
- ▶ Don't be hasty, be patient; people with dementia take longer to respond so give them time.
- ▶ Focus on the key words in their sentences to help you make sense of their communication. Use their body language to inform your interpretation.
- ▶ It is important to convey your own ideas and information clearly. Avoid odd phrases that can be interpreted literally, such as like 'break a leg' or 'get out of bed the wrong side'.
- ▶ Reassure the individual if they look troubled or upset, using touch as appropriate.

Your assessment criteria:

- 2.1** Demonstrate how to use different communication techniques with an individual who has dementia.
- 2.2** Show how observation of behaviour is an effective tool in interpreting the needs of an individual with dementia.

Reflect

Think about a recent conversation you have had with an individual with dementia. Reflect on the skills (verbal, non-verbal and active listening skills) you used to engage with the person.

Discuss

Discuss with a colleague your thoughts about your communication skills, from the Reflect activity above. Arrange to be observed using your communication skills. Ask for feedback and keep this as a record of your skills.

Observation of behaviour

Dementia Care Mapping (DCM) is an approach used to observe, record and evaluate the experience and behaviour of individuals with dementia. It is used as part of the **Dementia Care Strategy** that aims to improve the quality of care for each individual in the care setting.

DCM involves observing an individual's behaviour, experiences, interactions and wellbeing through a typical day, including both positive and negative events. A mapper can be an external person or someone from within the care home who takes on the role and shares their observations with the members of the team. This way of working can be embedded in everyday practice; DCM feedback can help to develop an individualised and person-focused approach to care.

DCM involves observing:

- ▶ how care is distributed among a group of individuals in a care setting
- ▶ how care was delivered to and received by an individual; this includes gathering feedback directly from the individual
- ▶ whether an individualised programme of care is being used to meet the person's needs
- ▶ what behaviours the individual is engaged in. For example, does the person become agitated or start undressing when in need of the toilet? Do they shout out or wander around when bored?
- ▶ the style used by the practitioner when delivering care, for example was it empathic and caring?
- ▶ how the individual responds to particular practitioners
- ▶ whether the responses from the practitioners instil a sense of wellbeing
- ▶ whether the practitioners promote person-centred care and have positive interactions with the individual
- ▶ interactions with family members; this includes gathering their feedback.

Key terms

Dementia Care Mapping (DCM): a technique used to observe the individual's experience and behaviour in the care setting

Dementia Care Strategy: to improve the quality of dementia diagnosis and treatment at all stages and in all settings

Investigate

Using online and library sources, investigate how Dementia Care Mapping is used in practice settings with individuals who have dementia.

- ▶ Find out whether DCM is being used at your practice placement.
- ▶ Asked whether you can observe a DCM mapper and find out how this approach is applied in practice. Make notes about your findings.



Group communication settings can help to increase the confidence of care practitioners

Responding to an individual

You can respond to an individual's behaviour both verbally and non-verbally. During verbal communication, you will use a positive manner, and refrain from criticising or correcting the individual or their carers. Non-verbally, you will show patience and understanding because the individual and others will be able to sense any impatience.

Respond to verbal and non-verbal communication

You can respond to an expression of feelings either verbally or non-verbally. Sometimes the content of the message can be hard to understand. Respond by observing the individual's non-verbal communication to aid your understanding. Pay attention to their:

- ▶ tone of voice
- ▶ facial expressions
- ▶ gestures
- ▶ other body language.

Reassure the individual

Using a sensitive approach, it may be possible to uncover the feelings the individual wishes to convey. You can respond further by using appropriate physical contact to reassure the individual that you understand their situation; touch may be especially important if the individual becomes emotional. For some individuals, living in a care setting away from their loved ones can be very traumatic and they may require constant verbal and non-verbal reassurance.

Anticipate individual needs

Anticipating possible responses is very important; the individual's behaviour may indicate to you that they need you to help them accomplish a certain task, for example a person may fidget a lot if they need the toilet or lick their lips if they are thirsty. You will anticipate their needs and offer appropriate help, in this case assisting with toileting or offering a drink.

Support individual choices

The care practitioner should engage with the individual, supporting them to make their own choices within the care setting, for example choosing a meal or what to wear. Time should be available for making these choices, so that the individual does not feel hurried or become agitated. A relaxed unhurried approach is required and, if the individual has problems choosing, you should respond by finding out why the decision is difficult and by suggesting alternatives, if appropriate, in a positive and enabling manner.

Your assessment criteria:

- 2.3** Analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others.

Investigate

Spend some time in your practice placement observing how your work colleagues respond to an individual with dementia and multiple needs. Describe how carers are involved in meeting the person's needs.

Case study

Betty and Len have been married for 60 years; both are in their 80s but look a lot younger. About 3 years ago, Betty noticed a change in Len's behaviour. He used to be a fairly patient and mild-mannered man but was gradually becoming hostile and aggressive, with rapid mood changes. Now, he seems confused at times and has been finding it increasingly difficult to hold a conversation.

Fortunately, Betty and Len have a close relationship and Betty has been able to persuade Len to see their GP. While conducting Len's assessment, Dr Rose noticed that it was difficult to communicate with him, that he was showing significant memory loss and language difficulties. Betty is prepared to continue caring for Len at home but is requesting additional support.

1. What techniques should Dr Rose use to communicate with Len?
2. What advice would you give to Betty so that she can communicate with Len?
3. What strategies should the care practitioner who assesses Len use to ensure that he is given a choice of strategies to meet his care needs?



Practical Assessment Task

2.1

2.2

2.3

Communication with individuals with dementia requires an understanding of, and the ability to use, a range of verbal and non-verbal communication skills. In this practical assessment activity you need to demonstrate through your practice that you can:

1. use different communication techniques with an individual who has dementia
2. show how observation of behaviour is an effective tool in interpreting the needs of an individual with dementia
3. analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others.

Your evidence must be based on your practice in a real work environment and must be witnessed by or be in a format acceptable to your assessor.

Be able to communicate positively with an individual who has dementia by valuing their individuality

Communication styles and care plans

When planning care for someone with dementia, the care practitioner should take into consideration the individual's communication style, abilities and needs. If the person cannot communicate verbally at all, or there are noticeable difficulties when trying to convey their views or opinions using the spoken word, then alternative methods of communication can be used.

The use of **memorabilia** is key to evoking dormant memories; visual cues, such as recent photos of family members, help the individual to remember these people (see page 27 for information on reminiscence techniques). Being able to access recent memories helps individuals to focus on current events.

The types of communication strategies being used to engage the individual should be documented in a care plan.

Figure 16.2 Example care plan showing alternative communication strategies

Care needs	Goals	Planning	Implementation	Evaluation
Alternative methods of communication	To use cues to aid communication	To use recent photos of family and other personal memorabilia to encourage communication	Provide photos of family members and other key people in the individual's life Help the individual express themselves using the photos Give reassurance that the individual is communicating well using the photos	To improve the individual's confidence in communication

Your assessment criteria:

- 3.1** Show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan.

Key terms

Memorabilia: items that evoke memories

Practical Assessment Task

3.1

Health and social care practitioners who work with individuals with dementia need to assess their needs and draw up care plans. Care practitioners need to communicate positively with individuals in this situation. In this activity you need to work with an individual with dementia to develop their care plan. Through your practice you must:

- ▶ show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan.

Your evidence must be based on your practice in a real work environment and must be witnessed by or be in a format acceptable to your assessor. Keep any written work you produce as evidence.



Preferred methods of interacting

The unique abilities of the individual with dementia should be recorded on the care plan and these will form the basis of their care. For example an individual with poor short-term memory, but good long-term memory, may be helped to compile a life storybook about their childhood. Alternatively, an individual with dementia who retains musical ability may be encouraged to play the piano or listen to music.

A life storybook is a method of working with vulnerable groups of individuals, for example those with dementia, to remember the good things that have happened in their lives. It is a useful method for interacting with an individual as it:

- ▶ provides an opportunity to build a relationship with the individual
- ▶ improves self-esteem by demonstrating that the person has good long-term memory even though they may struggle with short-term recall
- ▶ helps the person to recall their earlier happier experiences and evokes the feelings of childhood.

Be aware that this method:

- ▶ needs a commitment to make it work; the process takes time
- ▶ involves personal and family information that needs to be handled sensitively
- ▶ brings up all sorts of information including facts, gossip and anecdotal evidence, religious and family stories, but may also cause the individual to fantasise about the past
- ▶ might cause the individual to remember painful memories.

In the case of an individual with dementia who retains a musical ability:

- ▶ find out the type of music the individual likes to play or listen to
- ▶ ask if there is an instrument the person would like to play
- ▶ use this as an opportunity to introduce choice: which pieces of music would the individual like to listen to or play?
- ▶ provide a CD player, or encourage the individual to acquire their own to play their own selection of music
- ▶ show an interest in the type of music and engage with the person regarding their choice of music
- ▶ share music with others in a care setting especially if it is from a certain era such as 1940s; it will encourage the sharing of common experiences
- ▶ encourage the individual to play their instrument for the entertainment of other residents; this will have a great effect on self-esteem and be enjoyable for all
- ▶ encourage attendance at musical events if relevant and practical.

Your assessment criteria:

- 3.2** Demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness.

Discuss

Discuss how memorabilia is used within the placement setting to evoke memories. Identify which items are most effective in stimulating a conversation.

Developing a care plan to reinforce identity

The unique needs and abilities of the individual can be used to develop their care plan.

Figure 16.3 Example care plan using preferred methods of interacting to reinforce identity and uniqueness

Your assessment criteria:

3.2 Demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness.

Care needs	Goals	Planning	Implementation	Evaluation
The need to maintain independence for as long as possible	To use physical aids	To put labels on cupboards and drawers	Labels placed on cupboards in kitchen (pans, plates, cups etc.) and drawers in the bedroom, indicating where clothes are kept	Maintaining orientation within the individual's own home environment
		To clearly define the bedroom and dining room	Bedroom and dining room labelled with large signs showing where they are situated in the house	
	To provide support at home	To ensure that care worker visits home at least twice a day	Assessment conducted for care worker to visit twice a day to supervise the care of the individual, for example bathing Care worker returns in the evening to assess the situation and make a hot drink	
		To ensure meals are delivered at home	Care worker to ensure the individual eats lunch when delivered	
To prevent social isolation and to interact with others	To meet social needs	To encourage attendance at day centre	To support attendance at day centre	To reassess whether social needs are being met or whether more social activities should be encouraged to stimulate the individual

Reinforcing identity and uniqueness

The use of life storybooks can be helpful in reinforcing the individual's identity and uniqueness. The reminiscence sessions help to empower the individual with dementia to recall events. They:

- ▶ are part of a person-centred approach
- ▶ use music, films, pictures and clothing from the past
- ▶ help the individual to recall their earlier experiences
- ▶ are based on reminiscence sessions, usually in small groups.

All individuals should be included in social groups; conversations help to keep people stimulated and interested in what is happening around them. It is also vital to maintain previous hobbies and interests, to maintain quality of life and express individual uniqueness and identity.

Case study

Rebecca is 70 years old and lives in sheltered accommodation with her cat, Molly. Until a few years ago, Rebecca lived in her own home but found that she couldn't cope with such a big house, eventually moving into this smaller, supported accommodation. Rebecca loves where she is living now and finds the one bedroom flat more manageable. However, occasionally she has started feeling lost and confused. She has a home carer who visits three times a day to help her with bathing, cooking and going to bed.

Although she has a niece who visits once a fortnight, Rebecca has few social contacts and is rather isolated. She recognises that she needs to get out more doesn't feel very confident going out on her own. Rebecca has had an assessment of need and it has been suggested that she could attend a day centre twice a week. She seems reluctant to go, so will require some encouragement.

Rebecca loves classical music and can still manage to play a CD without supervision.

1. Carry out an assessment on Rebecca and identify her needs on a care plan.
2. How could you use a life storybook to develop a relationship with Rebecca?
3. How would you retain Rebecca's interest in classical music?
4. What strategies would you use to evaluate the support that has been provided for her?



Practical Assessment Task

3.2

Individuals with dementia should be valued as individuals in their own right. The ways in which you communicate with a person with dementia should acknowledge this and recognise their communication strengths and preferences. In this assessment activity you need to use examples from your care practice to:

1. show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan
2. demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness.

Your evidence must be based on your practice in a real work environment and must be witnessed by or be in a format acceptable to your assessor.

Use positive interaction approaches with individuals with dementia



Your assessment criteria:

- 4.1** Explain the difference between a reality-orientation approach to interaction and a validation approach.

Key terms

Reality-orientation approach: a technique used to facilitate orientation to the day of week, time, date and even weather

Validation approach: a therapeutic conversation with the individual based on past events

The difference between a reality-orientation and a validation approach

The focus of a **reality-orientation approach** is on placing the individual in the here and now, reminding them of the day, time and current situation. A **validation approach** is concerned with showing a non-judgemental acceptance of the individual and empathy with their expressed feelings, even if related to past events. Here, the focus is on the individual rather than on the content of their speech. The differences in approach are detailed in Figure 16.4, opposite.

Below are two examples, demonstrating each approach.

Sam worked in the same factory for 35 years and believes today is like any other weekday. He thinks that he must get his tools together and catch the work's bus. The reality-orientation approach would be to gently and tactfully remind Sam that he retired 5 years ago and no longer needs to worry about getting ready or rushing for the bus. Emphasis may be placed on reminding Sam of where he is now, why he is there and what he should be doing. The reality-orientation approach may involve using a structured programme to bring the individual back to reality when they are unable to do so themselves.

Validation therapy believes that the reality-orientation approach can be psychologically damaging, especially for the older patient. It works on the principle that dementia affects the brain, but that the individual still has a mind with its own reality, an ego and a wish to be respected. Forcing someone to accept aspects of reality that they cannot comprehend is considered cruel. In Sam's case, a care practitioner using the validation approach would acknowledge his belief in his job but would reassure him that there is no need to rush today. They might encourage Sam to spend a little time talking about his work and might suggest that, since he works so hard, perhaps he deserves a day off.

Investigate

Using online and library sources, investigate the two approaches: reality-orientation and validation therapy. Make notes on your findings.

Try to observe how the two approaches are being used in your practice placement. Make notes following your observation.

Keep your notes as evidence towards assessment.

Figure 16.4 The difference between a reality-orientated approach and validation approach

Reality orientation	Validation therapy
Can be undertaken in groups or individually.	Is undertaken at an individual level.
Small group sessions over short periods can be organised to address general issues. Individual programmes with a specially trained carer are usually undertaken over a 24-hour period.	Carer develops their understanding of the individual over time, according to the principle that regular and frequent conversations are needed to build the right relationship.
Provides a foundation in reality for those unable to do this for themselves.	Takes a person-centred approach and validates the individual's desire to communicate.
Sets out to orientate the patient to their time and place.	Empathises with the individual's perceptions to achieve a better understanding of their behaviour.
Can be used across age groups.	Best suited to elderly dementia sufferers.
Requires the individual to have a learning capacity.	Doesn't require a learning capacity; accepts individuals as they are.
Emphasis is on verbal learning and rehearsal of key information.	Seeks to understand the individual's perceptions and build a therapeutic relationship.
About information being retained in order to bring about a change in behaviour, such as remembering where the toilet is to overcome incontinence.	Seeks to understand what is causing the behaviour and how it can be addressed, for example providing a 'safe box' for someone who hides things.
Patient must never be misinformed.	'Therapeutic fibbing' is permissible.
Assumes that the truth is necessary to bring an individual back to reality, for example telling a patient who repeatedly asks for his wife that she died 10 years ago.	If the truth may be harmful, it may be avoided by asking questions about the person as though they were still alive.
Mistakes and misconceptions are corrected.	Patient's perceptions are accepted as their reality.
Can be target focused.	Focus is on achieving better communication.
Can be a mechanical and structured process.	Is a dynamic interaction between two people.
Reorients person to their present reality of place and time.	Explores the individual's own reality by asking who, what, where, when, and how.
Factual focus and objective reality.	Emotional focus and subjective reality.
Confronts factual errors in reality.	Respects the individual's own sense of reality.

A positive interaction with an individual who has dementia

People with dementia become easily distressed and frightened. A carer needs to establish why an individual is responding in a certain way, using a range of skills that will put the person at ease.

A positive interaction will enable the individual to communicate in their preferred way the reasons for their distress. These are the verbal and non-verbal skills that you could use in this situation:

- ▶ Try to find out the trigger for the behaviour.
- ▶ If you find that the individual is not able to tell you what is causing their distress, look for non-verbal signs: for example, is the person covering away from something?
- ▶ Accept any emotions and feelings that are being expressed are valid.
- ▶ Spend time with the individual, asking simple questions about the problem.
- ▶ Ensure that the individual knows that you are trying to help.
- ▶ Show empathy and understanding.

Engaging in an activity

When a care practitioner engages with an individual over an enjoyable task, such as flower arranging, positive interactions may occur that benefit the carer–patient relationship. Other benefits include:

- ▶ keeping the individual active and occupied
- ▶ maintaining their skills, for example fine motor skills for manipulating things
- ▶ a sense of achievement, improved confidence and self-esteem.

Obviously, to have a positive interaction, it is important to find out before engaging in the activity if the individual might enjoy it. Do not engage in an activity that the individual dislikes, because they will probably lose interest. Keeping someone interested improves their quality of life and gives them a sense of purpose.

Your assessment criteria:

- 4.2** Demonstrate a positive interaction with an individual who has dementia.

Investigate

Find out within your placement setting the range of activities that are provided for individuals. Check if these are encouraged and whether they promote positive interactions. If they don't, suggest others.

Aspects of the physical environment

Individuals should be given the opportunity to choose what to wear each day. Interact positively to support decision making so that clothing is suitable for the season and the person is not dressed inappropriately for the weather.

Stimulating approaches

Finding suitable activities for each individual is important to keep them stimulated and taking part may provide opportunities for positive interactions. Care practitioners should make every effort to find out what individuals enjoy. For those who like to be outside, any form of exercise is beneficial as it increases energy levels and stimulates the appetite. Individuals should be encouraged to walk around the garden at the care home, or just to sit and enjoy the fresh air. Naming flowers, trees, shrubs and birds is an excellent way of practicing recall and demonstrating knowledge can improve self-esteem. Every season brings different plants and flowers to look at, so this is an activity that could be repeated on a regular basis.

Signposting different rooms

Areas within the care setting, such as the dining room or sitting room, should be clearly designated to avoid confusion. Signs should show which rooms are which, so that residents know where to go at meal times and where to go when it is time to relax.

Your assessment criteria:

- 4.3** Demonstrate how to use aspects of the physical environment to enable positive interaction with individuals with dementia.



Practical Assessment Task

4.3

Health and social care practitioners who work with individuals with dementia need to be able to use the physical environment to encourage positive interactions with individuals.

1. Ask a colleague within your practice placement to observe your interactions with an individual. For example, you could work with someone who needs assistance selecting their clothes for the day and then take the individual for a walk in the garden of the care home. You will need to demonstrate that you have managed to engage with the individual for a whole morning.
2. Your tutor could observe your interaction with the individual and offer you feedback.
3. Reflect on the experience afterwards and make notes in your journal. Keep any written work you produce as evidence.

Aspects of the social environment

Many individuals with dementia become bored because they fail to engage in any meaningful social activity. They may just sit and stagnate mentally, or become agitated and restless if not occupied. More social opportunities need to be created for them, for example:

- ▶ attending church services
- ▶ playing golf
- ▶ going to clubs
- ▶ taking a favourite walk.

Meeting with family and friends

Opportunities should be made available for the individual to meet with family and friends. They could be encouraged to spend the day out with the family or to engage in a social event in the care setting where family and friends are invited to tea.

Discussing the past

Take time to talk to the individual about their early life and past career. For example, you could ask:

- ▶ Did you like school? What topics did you learn about?
- ▶ What work did you do?
- ▶ Tell us some of your good memories.

Remember that you need to listen and not to ask too many questions.

Maintaining familiar interests

Encourage individuals maintain interests and to engage in familiar activities such as listening to music, playing card games, playing an instrument or just reminiscing about the old days. The care practitioner should ensure that the individual continues to have a social routine which involves contact outside of the care setting, for example going to the hairdresser or going out for coffee at a local cafe.

Your assessment criteria:

- 4.4** Demonstrate how to use aspects of the social environment to enable positive interaction with individuals with dementia.



Practical Assessment Task

4.4

Health and social care practitioners who work with individuals with dementia need to be able to use aspects of the social environment to encourage positive interactions.

1. Ask a colleague within your practice placement to help you plan an outing for a small group of three residents. This could be to play bowls, go shopping or visit the museum in the local town, for example. Demonstrate how you intend to organise the trip, what factors you will take into consideration and who will escort you on the visit.
2. Your tutor could be one of the escorts so that you can be observed. You could encourage another student to join you.
3. Reflect on the experience afterwards and make notes in your journal. Keep any written work you produce as evidence.

Using reminiscence

Reminiscence techniques are part of a person-centred approach that puts individuals at the heart of the activity. The individual is encouraged to recall memories of past events using a variety of tools and objects as prompts. It is a useful form of interaction for people who have problems communicating verbally. Taste, touch and smell are used, as well as vision, to stimulate the memory function, enabling the individual to draw on their long-term memories as opposed to the more recent ones. The techniques can be used on individual basis, within a group at the setting or by the family together.

Allow time for recall

When a structured session is being organised, adequate time should be allowed for the recall of information; recall does not happen instantly. Also, time is needed to wind down after the session. Most libraries stock information on reminiscence techniques and can provide collections relating to World War Two, the 1940s, 1950s and 1960s, for example. A care setting may have its collection consisting of:

- ▶ old photographs
- ▶ memory boards with photos, postcards, greetings cards, invitations, tickets and menus for example
- ▶ memory or keepsake boxes, usually simple cardboard boxes for jewellery, watches, badges and other small items
- ▶ scrapbooks or picture albums, not just photos, but also recipes, letters and poems
- ▶ familiar music on CD
- ▶ different foods, for example old fashioned sweets
- ▶ different smells, for example flowers, perfume or even mothballs
- ▶ objects with particular textures, such as pottery, silk scarves or sea shells.

Your assessment criteria:

- 4.5** Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia.

Key terms

Reminiscence: recollection of the past events of one's life

Investigate

Find out within your practice setting how reminiscence techniques are used with individuals with dementia-related conditions. Identify how these specialist sessions are conducted and how these improve communication.

Individual choice about reminiscing

It is important that individuals are not coerced into using these techniques; they have a right to refuse to participate. Remember some individuals may not want to re-examine unhappy times from the past. So, taking part should be entirely voluntary and the care practitioner should explain the procedure to the individual before the activity starts, being clear about the possible length of time that it may take. Family members can be encouraged to attend.

Ensuring positive outcomes

Training is required to conduct reminiscence sessions; it requires specialist skills to aid recall and deal with any sensitive memories. A trained leader should manage an individual or group situation, dealing carefully with any painful memories that arise. Friends and family can also provide support in these sessions if the individual becomes distressed. Some individuals prefer to look forward rather than looking back to the way things used to be. This viewpoint should be respected and can be reflected in the tools used.

Your assessment criteria:

- 4.5** Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia.



Life story books can reinforce the individual's sense of identity

Case study

Beatrice, 76 years old, lives at home with her husband Angus, 77. They are feeling shocked following his diagnosis of Alzheimer disease.

Angus had a very influential job as a Civil Servant until 15 years ago, when he decided to take early retirement. He remained active, playing golf and enjoying many foreign holidays with his wife.

Two years ago Bea realised that Angus was losing his memory and was becoming isolated preferring to stay at home. He became increasingly difficult to manage, but she continued to care for him with the help of their daughter. Following Angus's diagnosis things have become even more difficult for Bea, so Angus has agreed to go into a home for a week's trial.

1. How would you engage Angus so that he continues to play golf?
2. Discuss how reminiscence techniques could aid communication with Angus.
3. What skills would you expect a trained reminiscence leader to use in group sessions?
4. How could a leader encourage Angus to participate?

Reflect

Reflect on the skills that are needed in order to use reminiscence techniques as part of the person-centred approach. What materials are required for a structured session and how does it improve the interaction with the individual? Make notes in your journal.

Practical Assessment Task

4.1

4.2

4.3

4.4

4.5

The ways in which you communicate and interact with individuals with dementia should be positive and enabling. Positive interactions are person-centred, supportive and recognise the rights, dignity and identity of individuals. This assessment activity requires you to use examples from or opportunities within your care practice in order to:

1. explain the difference between a reality-orientation approach to interaction and a validation approach
2. demonstrate a positive interaction with an individual who has dementia
3. demonstrate how to use aspects of the physical environment to enable positive interaction with individuals with dementia
4. demonstrate how to use aspects of the social environment to enable positive interaction with individuals with dementia
5. demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia.

Your evidence must be based on your practice in a real work environment and must be witnessed by or be in a format acceptable to your assessor.

Are you ready for assessment?

AC	What do you know?	Assessment task	✓
1.1	Explain how different forms of dementia may affect the way an individual communicates	Page 13	
1.2	Explain how physical and mental factors may need to be considered when communicating with an individual who has dementia	Page 13	
1.3	Describe how to support different communication abilities and needs of an individual with dementia who has a sensory impairment	Page 13	
1.4	Describe the impact the behaviour of carers and others may have on an individual with dementia	Page 13	

References:

The Alzheimer's Society (2010)

Thomas Pockington Trust (2005)



AC	What can you do now?	Assessment task	✓
2.1	Demonstrate how to use different communication techniques with an individual who has dementia	Page 17	
2.2	Show how observation of behaviour is an effective tool in interpreting the needs of an individual with dementia	Page 17	
2.3	Analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others	Page 17	
3.1	Show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan	Page 18	
3.2	Demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness	Page 21	
4.1	Explain the difference between a reality-orientation approach to interaction and a validation approach	Page 29	
4.2	Demonstrate a positive interaction with an individual who has dementia	Page 29	
4.3	Demonstrate how to use aspects of the physical environment to enable positive interaction with individuals with dementia	Pages 25, 29	
4.4	Demonstrate how to use aspects of the social environment to enable positive interaction with individuals with dementia	Pages 26, 29	
4.5	Demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia	Page 29	