



# **Demystifying Dementia**

## Communication & Behavior Changes

Lindsey Vajpeyi  
Director of Education & Outreach

# What is communication?

- Early-stage changes
  - Repetition due to short-term memory loss
  - Difficulty processing and storing information, including comprehending language and reading
  - Difficulty finding the right words, describing objects rather than calling them by name, and using familiar words repeatedly
  - Loses train of thought and easily distracted
  - Struggling with decision-making or problem-solving
  - Withdrawal from conversation

- Early-stage communication strategies
  - Don't make assumptions
  - Don't argue, correct or criticize
  - Don't quiz/test the person
  - Don't interrupt or finish sentences- ask if they want help finding the right word
  - Don't ask questions that rely on memory (i.e. stop saying "don't you remember...")

- Early-stage communication strategies
  - Include in conversation with others
  - Speak directly to the person
  - Keep sentences clear and straightforward and pause between sentences
  - Repeat the same words
  - Use visual cues
  - Minimize distractions
  - Employ good timing
  - Use preferred method of communication

- Middle-stage changes
  - Ability to understand others declines
  - Ability to word-find and put full sentences together declines
  - May use invented words or use familiar words repeatedly
  - “Word salad” or “verbal casserole”
  - Speaks less frequently
  - Confabulation
  - Ability to make needs known declines- increasingly communicates through behavior

- Remember the Basic 6
  1. Approach from the front and stay in visual field
  2. Establish eye contact
  3. Call the person by preferred name and identify yourself
  4. Get to eye-level
  5. Let them initiate touch
  6. Give directions one step at a time



- Middle-stage communication strategies
  - One-on-one conversation works best
  - Find a quiet space with minimal distractions
  - Speak slowly and clearly, use short sentences and basic words
  - Ask one question at a time and give one-step directions
  - Give two options or ask yes/no questions
  - Listen for key words and patterns
  - Use familiar language
  - Give visual cues
  - Offer a guess or fill-in words if acceptable
  - Turn negatives into positives



- Middle-stage strategies (continued)
  - Involve the person in conversation and give them extra time to process and respond
  - Join the person's reality
  - Watch nonverbal signals and behavior- behavior is a form of communication
  - Validate and respond to emotions
  - Let the person know you are listening verbally and with body language
  - Spend time doing things together

- Late-stage changes
  - Vocabulary is reduced to just a few words or sounds
  - Person is usually passive
  - Revert back to first language
  - May respond to familiar words, phrases, songs, prayers, etc.

- Late-stage communication strategies
  - Move to a quiet environment to connect
  - Get the person's attention
  - Play favorite music, recite favorite sayings, say familiar prayers/poems
  - Offer gentle, loving touch and hugs
  - Let them hear the soothing, familiar sound of your voice
  - Acknowledge with a simple statement
  - Be present
  - Engage the senses
  - Watch for nonverbal signs of pain or discomfort

- General communication tips
  - Use a lower tone if there is hearing loss
  - Create an environment that facilitates good communication
  - Use a tone that reflects respect
  - Be aware of your nonverbal signals and observe theirs
  - Be patient
  - Use statements rather than open-ended questions
  - Avoid idioms, metaphors, and slang
  - QTIP (quit taking it personally)



- General communication tips (continued)
  - Join their world
  - Try to understand and respond to the emotion behind the verbal/nonverbal signals
  - Connect with the person's sense of self
  - Reminisce or do activities together
  - Remember the power of music
  - Use humor
  - Provide reassurance and love

- Common behavioral and psychological symptoms
  - Mood swings
  - Uncharacteristic suspicion or jealousy (paranoia)
  - Hoarding, rummaging, pacing
  - Socially inappropriate behavior
  - Avoid situations where failure occurs
  - Agitation, aggression, delusions, hallucinations

The person living with dementia is not deliberately trying to be difficult.

**These behavioral symptoms are a product of the disease that is affecting their brain.**

Look for the strengths of the person.

- When you've met one person with dementia, you've met one person with dementia.
- There is no one-size-fits-all solution to the challenging situations that you may face.
- Put on your detective hat!





- **Behavior is Communication**

- Our job is to figure out the meaning
  - Why do they do that?
  - What are they trying to say?
- Interpret behavior in the context of one's life experience and current reality
- We need to look for the *emotions* behind the behaviors and *validate* their emotions



- **Join their world**

- Reminisce
- Do “with,” not “for”
- Participate in meaningful and failure-free activities together
- Avoid arguing, correcting or criticizing
- Use simple explanations
- To tell the truth or not to tell the truth...

- Ask ourselves the 6 W's:
  - **What** is happening?
  - **Why** is the behavior happening?
  - **Who** is involved?
  - **Where** does the behavior happen?
  - **When** does the behavior usually happen?
  - **What** next?



- Cognitive impairment plus:
  - Environmental trigger (noise, light, overstimulation)
  - Physical need (pain, hunger, thirst)
  - Psychological need (loneliness, boredom, sadness, etc.)
  - Sensory impairment/misinterpretation (auditory, vision)
  - Psychiatric illness (delirium, depression, paranoid disorder, etc.)
  - Change in health status or medications
  - Change in routine
  - Staff/family member approach



- What next...
  - Ignore the behavior
    - Is it hurting anyone? OR is it just annoying?
  - Reinforce or support the behavior
    - Validate their emotions
  - Redirect the behavior and re-engage
    - What is their personality? What are their favorite things?

- Distraction or redirection
  - Favorite snacks and/or drinks
  - Conversation and reminiscing
  - Exercise (i.e. walking)
  - Hands-on activity (i.e. newspaper, puzzle, sorting, art)
  - Hands-on active game (i.e. balloon toss)
  - Others?

- Knowing the person well is key to preventing difficult behaviors
  - Habits
  - Routines
  - Preferences
  - Lifelong activities
  - What else?

**Remember:**

**The person with dementia cannot change her/his behavior...**

**YOU must change your response to the situation**



## PROGRAMS

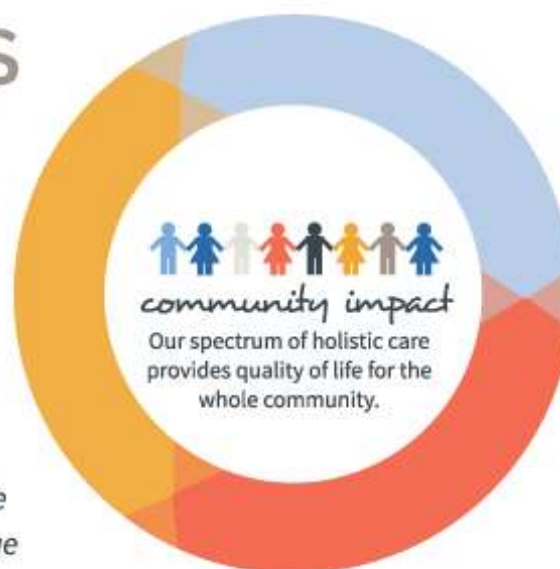
### CARE

#### Early Stage

- *Mind and Body Workshop*
- *Reconnections*
- *SHARE Program*

#### Adult Day Health Center

- *Blue Group, early to mid stage*
- *Orange Group, moderate stage*
- *Coral Group, late stage*



### EDUCATE

- Classes for Caregivers
- Community Workshops
- Professional Training
- Caregiving at a Glance Guide

### SUPPORT

- Support Groups
- Consultations
- Memory Screening
- Memory Cafe
- Caregiver Cruise



# Insight Memory Care Center

3953 Pender Drive, Suite 100

Fairfax, VA 22030

703-204-4664

InsightMCC.org

[Lindsey.Vajpeyi@InsightMCC.org](mailto:Lindsey.Vajpeyi@InsightMCC.org)

