

## TIPS FOR COMMUNICATION WITH A PERSON WITH DEMENTIA

- **Approach slowly & from the front (not abruptly); then move to their side (reassuring) and maintain eye contact at eye level (respectful, nonthreatening).**
- **Calm tone of voice** (a person with dementia will respond to your emotion far more than your words. Understand that to them it is a new conversation even when it was only five minutes ago they asked the same question. Asking them to remember or reminding them that you told them something five minutes ago is frustrating to both of you. Remember, if what you have said didn't stick the first time, it won't stick.
- **Be positive; never argue or criticize.** Their reality is often a mix of the past, the present, something they saw on TV, and sometimes dreams. Meet them where they are – not in your reality, but theirs.
  - **Validate feelings; not necessarily the message. Respond to the emotions behind the statement.** The emotion is real even when the message is way off in left field; you can then move towards distraction or take the conversation in another direction. When they say: “I want to go home” or “my husband is coming to get me”, your response is “tell me about your home, your husband ...”
- **Simplify your message; offer simple choices.** Ask questions that offer a yes/no response rather than compound sentences/instructions or open-ended questions. Break down tasks into steps and cue them in ways such as: “step into the shower now”; “let's get your hair wet”. Allow time for them to process the information; offer choices: no one wants to be told what to do or “no” all day.
- **Use concrete words and phrases.** Instead of “it's time to get dressed” try saying “put on your shirt ... now your pants ...” and “would you like orange juice?” instead of what do you want for breakfast?”
- **Use verbal, physical, and tactical cues.** For example, tap the chair when saying “come sit in this chair over here”)
- **Pay attention to non-verbal cues.** The mouth may say no when the body is telling you yes “pain”, or they may need to go to the bathroom.
- **Plan ahead; don't rush.** Gather everything you need for their bath along with their clothes; set the stage with hot water running to warm up bathroom before assisting them to undress; instead of undressing in cold bathroom without any environmental cues. Be patient.
- **Keep a routine.** Same time of day for meals, bathing, wake/sleep cycles, and one that includes activity will allow for optimal outcomes especially later in the day/evenings when both of you are tired.
- **Minimize distractions.** Background noise, multiple conversations in the room, TV competing, etc.
- **Late stage dementia: touch and comforting gestures.** When the person with dementia loses the ability to communicate, your familiar touch can be calming.
- **Above all, reassure; treat with dignity and respect.** In your tone of voice, words, and touch.

## TIPS FOR HANDLING CHALLENGING BEHAVIORS

Some challenging “behaviors” result from the inability for a person with dementia to express their needs. As a caregiver, it may take some detective work to determine what the underlying need might be. Consider asking yourself these questions:

- **What is the behavior?** (anxiety, aggressiveness, wandering, urinating in the laundry hamper or corner of a room, etc.). Remember your loved one is not trying to be difficult. They are doing the best they can with neurons in their brain that no longer connect on a direct path. If a bathroom door is closed or another object resembles a toilet, this can be typical behavior. Consider a toileting schedule to avoid this challenge.
- **When does the behavior happen?** Time of day as well as what else is going on – precipitating factors. You may wish to keep a journal to look for patterns.
- **Who is around when it happens?** Sometimes challenging behaviors are associated with our approach as a caregiver. (our frustration, impatience, compassion fatigue, etc.)
- **Is it disruptive or just typical dementia behavior?** Ask yourself if this is just irritating to me as the caregiver, when in reality it is harmless and typical dementia behavior. (repetitive questions, following a caregiver around in a need for constant reassurance and safety, etc.)
- **Is there a medical/health related cause?** (pain, constipation, low oxygen levels)
- **Is it an environmental issue?** (noise, lighting, crowding, etc.)
- **Is it related to the history of the person with dementia?** (i.e. up at night wanting to go to work because he/she was a bartender for 30 years)

## CAREGIVER EDUCATION RESOURCES

- **Contact your local Area Agency on Aging (AAA):**
  - <https://eldercare.acl.gov/> Enter your zip code or city/state for local AAA
- **Utah Caregiver Support Program**
  - **Information about available community resources**
  - **Assistance in gaining access to supportive services**
  - **Counseling, support groups, caregiver education, including dementia education** (varies with each AAA – call your local AAA for current offerings)
  - **Respite services for caregivers** (up to \$1500, personal care, a break, homemaking, adult day services, overnight in facility)
  - **Supplemental services (ERS, grab bars, incontinence supplies, etc.)**
  - **Eligibility is based on caregiver stress and care receiver condition.**
  - **Program and services are not based on income.**

Alzheimer’s Association – for all memory loss concerns and types of dementias

- **Caregiver Resources:** <https://alz.org/help-support/resources>
- **24/7 Helpline: 1-800-272-3900**