

Communication



A curriculum packet developed by
the Caregiver Resource Network
for use in caregiver education

Caregiver Resource Network

Curriculum Development

Topic: Communication

Curriculum Outline

- I. Pre-test
- II. Welcome/Introductions
- III. Learning Objectives
- IV. Body of Presentation
 - a. Communication with Others
 - b. Communication in Challenging Situations
 - c. Getting what you need from the Medical Care System
 - d. Basics of Family Meetings
- V. Exercises, Role Play, techniques for presentation
- VI. Action Plan development
- VII. Summary
- VIII. Evaluation
- IX. Post-test

Curriculum Components

- I. Pre-test
 - See Attached File/Document
- II. Welcome/Introductions

At this time in the session the facilitator(s) should:

 - a. Welcome all participants
 - b. Provide an opportunity for everyone to introduce themselves, and
 - c. Time permitting utilize some type of “Ice Breaker” group activity
- III. Learning Objectives

Upon completion of this seminar, the participant will be able to:

 - a. List at least 6 general approaches to improved communication with an older adult
 - b. List at least 5 specific approaches to improved communication with a frail older person
 - c. List six declining communication abilities with dementia
 - d. Describe vocal behaviors
 - e. Identify meanings to vocal behaviors
 - f. Discuss steps in redefining your relationship as Caregiver/Loved One that can enhance communication
 - g. Discuss 5 personal traits that can contribute to improving communication with a dementia client/resident.

- h. List at least 6 principles of good communication used with the dementia client/resident
- i. Discuss personal needs of someone with dementia that can contribute to better communication
- j. Identify Do's and Don'ts when communicating with someone who has dementia
- k. Define a proactive health care consumer.
- l. List at least 5 things to do in preparation for a physician office visit
- m. Describe the active role to play in a physician office visit when accompanying an older adult.
- n. Differentiate between a physician functioning as a primary care provider and one functioning as a specialist.
- o. List at least 5 things to do when communicating with a physician's office.
- p. Define at least 6 communication techniques to assist in getting what you want from the medical system.

IV. Body of Presentation

- a. Communication with Others
 - Utilize "Communication Outline" curriculum overview and presentation notes
 - Review and discuss the PowerPoint presentation on "Communication"
 - Use the attached "Communication Using Senses" individual and group exercise
 - Use the attached "How Does it Feel to Communicate if you have Dementia" group activity
 - End by reading the attached "Fishing" story (a moving story demonstrating communication as a tool for reminiscence)
- b. Communication in Challenging Situations
 - Review and discuss the PowerPoint presentation on "Communication in Challenging Situations"
 - Review, discuss and distribute the attached "Dealing with Resistance and Denial" fact sheet
- c. Getting what you need from the Medical Care System
 - Review and discuss the PowerPoint presentation on "Getting What You Need From the Medical System"
 - Review, discuss and distribute the attached "Choosing and Working Effectively with the Right Physician or Specialist" fact sheet
- d. Basics of Family Meetings
 - Review, discuss and distribute the attached "Basics of Family Meetings" handout

V. Exercises, Role Play, Presentation Techniques

This curriculum utilizes the following presentation techniques:

- PowerPoint presentation package
- Lecture style presentation
- Group discussion, sharing, and activities
- Individual self reflection

VI. Action Plan development

- a. Upon completion of this session(s) each participant will verbally commit to try to incorporate at least two newly learned communication techniques and/or approaches.
- b. Upon completion of this session(s) each participant will commit to a more active role in his or her care recipient's medical care and physician office visits.

VII. Summary

Effective communication skills are necessary for successful caregiving. This session was designed to provide caregivers with useful information, opportunities for self-discovery, helpful suggestions, and proven communication tools for use with frail, and/or confused older persons in everyday as well as challenging situations.

VIII. Evaluation

- See Attached File/Document

IX. Post-test

- See Attached File/Document

Communication

Pre-Test

Communication

Pre-Test

True/False Questions

1. ___ When communicating with a frail older adult it is useful to eliminate distractions, and make eye contact.
2. ___ When communicating with an older adult with hearing loss it is important to yell.
3. ___ When a confused older adult acts child like it is okay to then treat them like you would a child.
4. ___ People with dementia have no difficulty following verbal directions.
5. ___ Touch non-verbally communicates safety, reassurance, and love.
6. ___ It is better not to use eye contact when communicating with someone who has dementia.
7. ___ Vocal outbursts can represent an emotion or need that the dementia client may be experiencing.
8. ___ There is only one right way to communicate with someone who has dementia.
9. ___ Non-verbal cues will be used more frequently to communicate as one's dementia progresses.
10. ___ It is not necessary to listen for thoughts and feelings: you need to only listen for the words voiced.
11. ___ If when communicating with someone with dementia, frustration sets in, using a distraction can help to refocus and calm the situation.
12. ___ With end stage dementia it is impossible to have any type of meaningful communication.
13. ___ For someone with dementia it is better to explain a task one step at a time vs. the entire task at once.
14. ___ It is important for older adults and their caregivers to play an active role in physician visits.
15. ___ Successful communication with a physician or specialist usually does not require advanced preparation or planning.

Communication

Body of Presentation

a. Communication with Others

Objectives: Communicating With Someone Who Has Dementia

At the end of the session, the participant will be able to:

1. List six declining communication abilities with dementia
2. Describe vocal behaviors
3. Identify meanings to vocal behaviors
4. Discuss steps in redefining your relationship as Caregiver/Loved One that can enhance communication
5. Discuss 5 personal traits that can contribute to improving communication with a dementia client/resident.
6. List at least 6 principles of good communication used with the dementia client/resident
7. Discuss personal needs of someone with dementia that can contribute to better communication
8. Identify Do's and Don'ts when communicating with someone who has dementia

Outline 2002: COMMUNICATION WITH SOMEONE WHO HAS DEMENTIA

- I. Declining Communication Abilities with AD
 - A. Understanding conversations
 - B. Contributing to conversations
 - C. Starting conversations
 - D. Asking questions
 - E. Speaking
 - F. Finding words
 - G. Using proper grammar
 - H. Pronouncing words
 - I. Making sense
 - J. Understanding written material/body language
 - K. Following directions
- II. Vocal Behaviors
 - A. Screams
 - B. Cursing
 - C. Moans/groans
 - D. Verbal repetition
 - ** A language of feelings
 - E. Associate vocal behavior with
 1. Time period
 2. An event
 3. An activity

- F. Possible Meanings of Vocal Behaviors
 1. "I hurt"
 2. "I'm tired"
 3. "I'm lonely"
 4. "I need ..."
 5. "I'm stressed"
 6. "I'm bored"
 7. "What are you doing to me"
 8. "I don't feel well"
 9. "I'm frustrated"
 10. "I'm lost"
 11. "I need to be loved"
- III. Redefine your relationship
 - A. There is not right or wrong way to communicate
 - B. In the long run—more useful to consider how to maintain or improve your relationship
 - C. Don't focus on specific ways of dealing with the symptoms of dementia
 - D. Your attitude is more important than any single technique
 - E. Get into their reality
- IV. Meeting of the minds
 - A. Let go of the past—focus on the "now"
 - B. Self-confidence
 - C. Empathy
 - D. Flexibility
 - E. Patience
 - F. Listen carefully; respond accordingly
 - G. Communicate beyond words and connect at the level of the human spirit
- V. Principles of good communication
 - A. Gain attention
 1. Greet by name
 2. Touch
 3. New visual/hearing aids
 - B. Eliminate background noise
 1. TV, radio, small children
 - C. Use non-verbal cues
 1. Visuals, facial expressions, props, gestures, touch
 - D. Maintain calm tone-conveys patience
 1. Tone of voice speaks volumes, "mirror your tone"
 - E. Listen actively
 1. Listen for thoughts and feelings; not words
 2. Listen twice as much as you talk
 - F. Encourage expression
 1. Help supply missing word

- G. Encourage comprehension
 1. Don't rush, use yes/no questions,
 2. Help fill in a word
 3. Limit choices
 4. If frustrated—change topic
- H. Distraction
 1. Food
 4. Music
 5. Walk
- I. Provide reminders
 1. Watch the emotional response
- J. Help with problems
 1. Task breakdown, use names vs. pronouns
- K. Accept silence
 1. Does not mean anger or depression
 2. Can be a strong communicator
 3. Be comfortable with silence
- VI. What do people really need?
 - A. Physical needs
 1. Food
 2. Clothing
 3. Shelter
 - B. Intimacy
 1. Closeness/familiarity with people, places, things
 2. Without it- fear and loneliness prevail
 - C. Acceptance
 1. Celebrate their remaining strengths
 - D. Meaningful Activities
 1. Choose activities that meet their abilities for affirmation and success
 2. Activities that everyday life consists of
- VII. Do's for better communication
 - A. Keep it simple
 - B. Give simple tasks to perform
 - C. Give hugs
 - D. Use appropriate touch
 - E. Be gentle
 - F. Break down instructions
 - G. Ignore annoying behavior
 - H. Remain calm and pleasant
 - I. Maintain a sense of humor

- VIII. Don't (s) for communication
- A. Expect answers to be accurate
 - B. Get irritated with repetition
 - C. Expect perfection
 - D. Get irritated
 - E. Give too much responsibility
 - F. Expect identification of objects, words
 - G. Take behavior personally
 - H. Argue or scold
 - I. Raise your voice

References: Alzheimer's Early Stages; A Guide for Family Matters and Friends; First Steps in Caring and Treatment. Daniel Kuhn, MSW, David A Bennett, MD 1999

**[Click Here to open Power Point Presentation
"Communication"](#)**

Write down your ideas of how you can use all of the senses as a means of communication.

TASTE

HEARING

SIGHT

SMELL

TOUCH

HOW DOES IT FEEL TO COMMUNICATE IF YOU HAVE DEMENTIA

Activity: Can be used for staff and/or family presentations. Be cautious using with families if you think they may misinterpret the purpose of this activity or find it offensive.

Place each question and answer on an index card. Have one participant of the audience read a question and have another choose one of the answers from the answer cards. Place aside the answer card selected so it is not chosen again. Continue with the rest of the questions and answers until all used.

Discuss how participants felt doing the activity: Confused, stupid, silly, etc. What was displayed by the group that shouldn't take place when a resident communicates in this fashion? (Laughter, inappropriate facials, etc)

You can add/delete/modify the questions and answers to meet your training needs

1. What kind of job did you have?
2. What is your favorite color?
3. What is your name?
4. Do you have any grandchildren?
5. Do you have a hobby?
6. Do you like sports?
7. What is your favorite food?
8. What did you have for breakfast?
9. What season is it?
10. Do you have any children?

1. Dark, light, short, ball, cookie
2. The moon is over there on the door with the boy
3. Look at the baby, home, home, take me home
4. That is hot, hot, hot
5. The leaf is blowing and blowing
6. The train is coming, the care is red, the scooter goes fast
7. Get that thing over there, get that, get that, get that thing
8. You are so pretty, pretty, pretty
9. Where is my dog, over there she goes, the rain is loud
10. The snow is cold, it looks black out in the field over there

Fishing

By Jim Wealton

John has lived in a medical care facility for more than a year. He has no close relatives to visit and never married, having worked and lived in the woods of Northern Michigan. He has been a rather cantankerous person for several years and is not always pleasant to those who attempt to converse with him. He spends most of his days in his room watching television or simply looking out his window.

While visiting one day, I noticed he had only one picture hanging on his wall over his bed. To engage him in conversation, I took the picture off the wall with his permission and asked who the people were. John was in the center surrounded by three other friends whom he immediately was able to identify. There was also a pretty nice catch of Lake Trout they had caught on an outing earlier that day. He proceeded to describe his fishing trip with his friends (who have not visited him) and the fact that they had caught their limit of trout. He then became very quiet and leaned over and whispered in my ear, "We caught one more than the limit but please don't tell anyone."

John then asked if I would like to see his fishing poles. I agreed, thinking that he probably didn't have them in the nursing home. He went to his closet and produced two reels and fishing rods. He then pulled a rather large tackle box out of his closet and began to describe a host of lures to me and what type of fish could be caught with each lure. This went on for several minutes until I had to leave.

For a little while, John had had an opportunity to reminisce about a time in his life that was important. It was a time when his friends and activities had a focal point, a time when things were better and happier. His opportunity to go back in time started with looking at a simple picture on his wall. Each time I visit John, I take the picture off the wall and he tells me the same story. For me, it's like seeing the same movie over and over. For John, it's like telling the story for the very first time. And isn't that what it's all about.

Communication

Body of Presentation

b. Communication in Challenging Situations

**[Click Here to open Power Point Presentation
“Communication In Challenging Situations”](#)**

Dealing with Resistance and Denial from the Older Adult in Need of Care

At times, an older adult may be in denial that a problem exists, and therefore may be resistant to accepting or receiving needed assistance. As a concerned loved one, this can be a very difficult and frustrating situation to deal with, but it is important for you to remember that:

- Your elderly loved one is an adult, and has been making his/her own decisions, good or bad, for longer than you have been alive.
- Your elderly loved one has the right as long as he/she remains mentally competent (able to fully understand and accept the consequences of his/her own decisions) to continue to make his/her own decisions without interference, even if you disagree with those decisions and fear for his/her safety.
- Your elderly loved one probably won't be in denial forever. Often mentally competent older adults at some point will begin to recognize their limitations and accept assistance. Therefore, it is important for you to be patient with, loving toward, and available to your elderly loved one, always continuing to gently encourage him/her to accept needed help.

However, the above does not apply to situations where the older adult is no longer mentally competent. In these situations you must act to protect your elderly loved one from harm. The following options may assist you in keeping your elderly loved one safe under these circumstances:

- Take control, don't offer an option, just move into the situation and do what needs to be done. This will sometimes be successful, but other times may lead to further conflict and difficulties.
- Contact Adult Protective Services through your county's Family Independence Agency. This is a governmental agency mandated by law to protect vulnerable adults in danger of abuse, neglect (including "self" neglect), and exploitation. They may be able to get community resources into the home or help your family build a case for needed Guardianship.
- Seek legal counsel and petition the Probate Court for Guardianship. If granted by the court, Guardianship would give you the right to make decisions on your elderly loved one's behalf.

Communication

Body of Presentation

c. Getting what you need from the Medical Care System

**[Click Here to open Power Point Presentation
“Medical System – How to Get What You Need”](#)**

Understanding the Medical Care System Choosing the Right Physician and/or Specialist

“Just as children see pediatricians, who specialize in caring for the young, your parent needs a doctor who is familiar with the ailments that are common in old age and savvy about the symptoms, treatment regimes and side effects that are unique to elderly patients. While it is preferable to have a doctor who specializes in geriatrics, it is by no means essential. Family practitioners and internists are perfectly capable of caring for your parent, especially if they have had a good deal of experience with elderly patients” (Morris, 1996).

Not everyone needs or wants to find a new physician. If your current physician is someone that you trust and feel comfortable with there is probably no need to look any further. However, if you do need to choose a new physician or specialist author, Virginia Morris, in her book, “How To Care for Aging Parents,” suggests the following:

- Use your gut instinct – does this physician communicate well, especially with older adults, and does he/she instill confidence in you?
- Check out his/her credentials.
- How much experience does he/she have, especially in working with older adults?
- Does this physician accept Medicare/Medicaid/ or Third Party Payer “assignment” coverage of medical costs?
- Does this physician have admitting privileges at your hospital preference; does he/she have proper emergency backup, and what are his/her professional affiliations?
- Does this doctor have a shared “philosophy” regarding medical care, and will he/she respect your wishes especially regarding “end of life” decisions.

For referral information and assistance on finding a physician or specialist in Kent County:

For a M.D. contact the Kent County Medical Society at (616) 458-4157.

For a D.O. contact Metropolitan Hospital Family Referral Service at (616) 243-2584.

Tips for Working with Your Physician or Medical Care Provider

To make the most of an office visit with the doctor, on behalf of yourself or an older loved one, you may wish to consider the following helpful hints:

Before Your Visit:

- Write down any changes that you have noticed in your or an older loved one’s condition.
- Write down any questions or concerns that you wish to discuss with the doctor.

At Your Visit:

- Present your written observations and concerns to the office staff and ask that they make a copy for the doctor.
- Ask questions and take notes.
- Be sure you understand the doctor’s orders regarding any new medications or treatment.
- Ask for written information.
- Ask about next steps (i.e. – next appointment, needed tests, or seeing a specialist)

Communication

Body of Presentation

d. Basics of Family Meetings

As Families Grow Older

Roles & Resources of Caregiving

Basics of Family Meetings

The following tips on conducting family meetings are excerpted from two sources: *How to Care for Aging Parents* by Virginia Morris and *You and Your Aging Parent* by Barbara Silverstone and Helen K. Hyman.

Step 1: Plan the Family Meeting

The family meeting “provides the forum for open communication between all members—including, of course, the aging parent.”

Step 2: Find Out What the Elder Has to Say

“Unless totally incapacitated, the elderly have a legal and moral right to share in decisions that affect their own lives.”

“Shared decisions are likely to produce the best results.”

Step 3: Decide Who Else is Involved

“Three criteria can be used to decide who should sit in on the family conference.

- Who is most concerned?
- Who is most affected?
- Who has resources to offer?

“When emotions are high or the issues particularly complex, find a moderator who can guide the discussion, make sure everyone has a chance to talk and encourage members to listen to each other’s perspectives. This should be a neutral party, someone who is not related to the family and who is good at mediating disputes.”

Step 4: Give the Floor to All

“It is essential that all those attending have a chance to speak their minds, to lay their cards on the table.....

“Suggestions and options from each one should be considered.”

“Though it may seem very formal, having an agenda will make it clear why you are meeting and help keep the conversation on course.”

“The early sessions of the family conference...may be stormy...Sparks may fly and old conflicts rekindles...A family conference of this type is not going to resolve these old conflicts...Nor should it be used for this purpose.”

Step 5: Identify the Problem

“Information-gathering is a necessary process, because the problems of older people often present a confusing picture.”

“Once a specific trouble spot is identified, they (the family) know better where to direct their energies to find specific solutions.”

“When problems are complicated, it may help to break down the problem into manageable components, taking care of the most urgent first.”

Step 6: Discover Who Will Make Commitments

“Once the problem and potential solutions are identified, the question arises: ‘How much responsibility will each family member be willing to take?’”

“A certain amount of trial and error may be necessary before any solutions mesh well and move along smoothly.”

Step 7: Set Priorities

Assess the impact of eldercare on your other responsibilities and commitments. How much can you and do you want to do?

“Better to announce in advance the limits of the help you can be counted on to give.”

Step 8: Reach an Agreement

“The agreement may not be completely satisfactory to everyone. It may require compromise and sacrifice from many members. But once accepted, it will represent a group commitment binding on all individuals.”

“Once you agree upon some relatively fair division of labor, make a clear and detailed schedule of who will do what, when and where.”

“Give your plan a trial run. Within three months or so, you should reconvene to discuss how things are working, to reassess your parents’ needs, and to make any necessary adjustments to your plan.”

Potential Traps Along the Way

- Keeping secrets
- Hiding feelings
- Hastily given promises
- Jumping the gun

Communication

Evaluation

**Please fill in the following information about yourself.
Thank you!**

Name (optional) _____

Gender F M Age under 50 50 -59 over 60

County of residence _____

Check if your annual income is \$8,860 or less (single) \$11,940 or less (married)

Race/Ethnicity African American Asian Hispanic Native American
White Other

Person requiring care: Spouse Parent Child Sibling Friend Other

Communication

Post-Test

Communication

Post-Test

True/False Questions

1. ___ When communicating with a frail older adult it is useful to eliminate distractions, and make eye contact.
2. ___ When communicating with an older adult with hearing loss it is important to yell.
3. ___ When a confused older adult acts child like it is okay to then treat them like you would a child.
4. ___ People with dementia have no difficulty following verbal directions.
5. ___ Touch non-verbally communicates safety, reassurance, and love.
6. ___ It is better not to use eye contact when communicating with someone who has
a. dementia.
7. ___ Vocal outbursts can represent an emotion or need that the dementia client may be experiencing.
8. ___ There is only one right way to communicate with someone who has dementia.
9. ___ Non-verbal cues will be used more frequently to communicate as one's dementia progresses.
10. ___ It is not necessary to listen for thoughts and feelings: you need to only listen for the words voiced.
11. ___ If when communicating with someone with dementia, frustration sets in, using a distraction can help to refocus and calm the situation.
12. ___ With end stage dementia it is impossible to have any type of meaningful
a. communication.
13. ___ For someone with dementia it is better to explain a task one step at a time vs. the entire task at once.
14. ___ It is important for older adults and their caregivers to play an active role in physician visits.
15. ___ Successful communication with a physician or specialist usually does not require advanced preparation or planning.

Communication

Pre-Post Test Answer Sheet

Communication

Pre/Post-Test Answer Sheet

True/False Questions

1. **T** When communicating with a frail older adult it is useful to eliminate distractions, and make eye contact.
2. **F** When communicating with an older adult with hearing loss it is important to yell.
3. **F** When a confused older adult acts child like it is okay to then treat them like you would a child.
4. **F** People with dementia have no difficulty following verbal directions.
5. **T** Touch non-verbally communicates safety, reassurance, and love.
6. **F** It is better not to use eye contact when communicating with someone who has
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