Learning The Difference Between Confrontational and Supportive Communication

Positron Emission Tomography (PET) Alzheimers Disease Progression vs. Normal Brains

Four Truths About Dementia:

1. At least 2 parts of the brain are dying— one related to memory and another part
2. It is chronic – can’t be fixed
3. It is progressive – it gets worse
4. It is terminal – it will kill, eventually
The person’s brain is dying

Normal Brain

Alzheimer’s Brain

Used with permission from Alzheimer’s: The Broken Brain, 1999 University of Alabama
Hippocampus
Big Changes:
• Learn and remember
• Way-finding
• Passage of time

Understanding Language – Big Change

Changes in Language Skills
• Vocabulary
• Comprehension
• Speech Production

Hearing Sound – Not Changed
Sensory Strip
Motor Strip
White Matter
Connections:
Big Changes

Automatic
Speech
Rhythm – Music
Expletives:
Preserved

Formal Speech
and Language
Center:
Huge Changes

Executive
Control
Center
Changes:

• Being logical, reasonable, rational
• Controlling impulses
• Making decisions
• Initiating–sequencing–terminating–transitioning
• Being self-aware
• Seeing other perspectives

Vision Center – Big Changes
Dementia does not equal Alzheimer's does not equal Memory Problems

- Dementia
  - Frontal-Lobal Dementia
  - Lewy Body Dementia
  - Vascular Dementia
  - Other Dementias:
    - Traumatic Central Nervous System Injury
    - Normal pressure hydrocephalus
    - Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
    - Metabolic diseases
    - Neurodegenerative (e.g., Parkinson's disease)
    - Mechanisms

Four Truths About All Dementias:
- It is not curable or reversible - chronic
- It is not a normal part of aging - progressive
- It results in death - terminal

- Alzheimer's
  - New details lost
  - Memory loss
  - Language problems
  - Mood swings
  - Problems with tasks
  - Changes in behavior
  - Changes in personality
  - Confusion
  - Hallucinations

- Lewy Body
  - Movement problems
  - Mood changes
  - Confusion
  - Sleep problems

- Vascular
  - Stable changes in utility
  - Symptom combinations
  - Changes in mood and behavior
  - Changes in thinking
  - Changes in personality
  - Changes in function

- Frontotemporal
  - Motor speech
  - Executive function
  - Communication
  - Problems with swallowing
  - Problems with eating
  - Problems with grooming
  - Problems with personal care

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Essentials for Communication:

What Helps?
What Hurts?
What Matters Most?

Getting The Person to Do Something:

Form a relationship first, then work on task attempt!

Connect:

1st Visually
2nd Verbally
3rd Physically
4th Emotionally
5th Individually, spiritually
To Connect:
Positive Physical Approach™
- Pause at edge of public space (6 feet)
- Greet with your open hand next to your face, smile
- Call the person by name, if possible
- Move your hand into handshake position
- Approach slowly and within visual range
- Move from a handshake to Hand-under-Hand®
- Shift into a Supportive Stance alongside them
- Get low by standing or kneeling, but don’t lean in
- Make a connection and wait for their response

Hand-under-Hand®:
Protects aging, thin, fragile, forearm skin

To Connect:
- Use the PPA™ to get started
- Make a visual connection:
  - Look interested and friendly
- Make a verbal connection:
  - Sound enthusiastic, keep responses short
- Make a physical connection:
  - Hold Hand-under-Hand®, or use flat open hand on forearm or knee
Then, Connect Emotionally:
- Make a connection
- Offer your name: “I’m (name) and you are…?”
- Offer a shared background: “I’m from (place) and you’re from…?”
- Offer a positive personal comment: “You look great in that!” or “I love that color on you.”

Connecting Emotionally:
- Identify common interest
- Say something nice about the person or their place
- Share something about yourself and encourage the person to share back
- Follow their lead and listen actively
- Use some of their words back to keep the flow going
- Remember it's often the 'first time' for them, so expect repeats
- Use the phrase “Tell me about…”

To Communicate: Just Having a Conversation
- The more you know, the better it will go
- Take it slow and go with the flow
- Later in the disease:
  - Use props or objects
  - Consider parallel engagement at first: look at the ‘thing,’ be interested, share it
  - Talk less, wait longer, take turns
  - Cover, don’t confront when you aren’t getting their words and just enjoy the exchange
  - Use automatic speech and social patterns to start interactions
  - Keep words short and emphasize the visual
Then, Get it Going!
- Give simple and short information
- Offer concrete choices
- Ask for help
- Ask the person to try
- Break the task down to single steps at a time

Give Simple Information:
- Use Visual cue (gesture/point) combined with a Verbal cue:
  - “It’s about time for…”
  - “Let’s go this way…”
  - “Here are your socks…”
- Don’t ask questions you don’t want to hear the answer to!
- Acknowledge the response/reaction to your information
- Limit your words and keep it simple
- Wait!

What is Supportive Communication?
- Repeat a few of their words with a question at the end
- Avoid confrontational questions
- Use just a few words
- Go slow
- Use examples
- Fill in the blanks
- Listen, then offer empathy:
  - “Sounds like…” or “Seems like…” or “Looks like…”
More Supportive Communication:

- Validate their emotions
- Early Stage: “It’s really (label emotion) to have this happen” or “I’m so sorry this is happening to you!”
- Mid Stage: Repeat their words with emotion:
  - Listen for added information, ideas, thoughts
  - Explore the new info by watching and listening
  - Late Stage: Check out the whole body:
    - Face, posture, movement, gestures, touching, looking
    - Look for need under the words or actions

Do:

- Go with the flow
- Use supportive communication techniques
- Use objects and the environment
- Give examples
- Use gestures and pointing
- Acknowledge and accept emotions
- Use empathy and validation
- Use familiar phrases or known interests
- Respect values and beliefs and avoid the negative
- Offer info if asked, monitoring their emotional state

Don’t:

- Try to control the flow
- Use reality orientation or big lies
- Correct errors
- Reject topics
- Try to distract until you are well-connected
- Use negative cues
For All Communication:

If what you are trying is not working:
- Stop!
- Back off
- Think it through, then:
- Re-approach
- Try something slightly different

Use empathy and go with the flow!

Reality Orientation

Telling Lies

Five Ways to Say “I Am Sorry!”

- I’m sorry, I was trying to help
- I’m sorry I made you feel (emotion) angry, irritated, frustrated, sad, isolated....
- I’m sorry I made you feel (intellectual capacity or relationship unequal) like a child, stupid, like an idiot...
- I’m sorry that happened (their perspective)
- I’m sorry, this is hard! (for both of you)
Realize:

It Takes Two to Tango … or Tangle!

Being ‘right’ doesn’t necessarily translate into a good outcome for both of you
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