

# Communication- Basic Skills and Techniques

*This pamphlet is part of a series on dementia-related diseases. This series was prepared by Kenneth Hepburn, Ph.D., Geriatric Research, Education and Clinical Center (GRECC) of the Department of Veterans Affairs Medical Center, Minneapolis, Minnesota.*

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Communication means getting across what you really mean and having another person really understand it. This is not always easy under the best circumstances. Communication with a person who has a dementing illness will be even harder. The disease will impair the person's ability to understand words, to find words to use, and to put ideas together and hold them in place.

Loss of the ability to communicate with others may frustrate the patient with Alzheimer's disease. The person may feel cut off from you and others. He or she may feel a loss of control over things. This, in turn, may make the person feel less secure and more anxious or jumpy.

Problems in communication may pose special problems for you, the caregiver. As a caregiver, you are concerned with providing companionship, ensuring the patient's safety and managing the daily routine. Communicating as well as you can with the impaired person is very important to you in meeting these care goals.

As the caregiver for a person with a dementing illness, you will need to be aware of the person's changing and lessening abilities. You will become an expert in figuring out the impaired person's communications. You will need to judge when the person is or is not fully getting what you and others say. You may well have to set up new ways of communicating with the person.

You will have to be mindful of safety. A person who cannot understand or remember safety warnings runs an increased risk of self-injury and even of injuring others. You must be alert to any problems such as vision or hearing loss which might further impede communication. Finally, as the person becomes less able to use good judgment, you will need to make all decisions for him or her.

The rest of this pamphlet offers ideas about where to find help and provides basic guidelines for improving communication.

## Improving communication

Communication means more than talking. Good communication involves three things:

1. active listening
2. the timing and the setting of communication
3. effective self-expression

**Active listening:** Watching and listening play a big part in good communication. The goal of active listening is to understand not just the words a person says but the meaning the person is trying to get across.

**Timing and setting:** Some settings make communicating easier, just as certain times seem to be better than others. Be sensitive to potential problems and eliminate distractions.

**Effective self-expression:** Be sensitive to your own style of communicating. Take note of how you say things. Are you saying what you really mean? Are you saying it clearly and simply? Do you give other messages with your tone of voice, your facial expression or your body as you talk and listen?

## Improving Listening Skills

Stop talking. You can't listen if you are doing all the talking.

- Be patient. If a thought is hard or complex, it may take longer for an impaired person to understand or respond. Two or three minutes may be needed before the person can even begin to answer your question.
- Keep in mind that you can repeat the question or idea after waiting a few minutes for a response.
- Keep things simple. Use short sentences and plain words. Avoid complicated questions or directions.
- Do not interrupt. The impaired person may need extra time to express what he or she wishes to say.
- Show interest. Let the person know that you care what he or she is trying to say. Maintain eye contact, and stay near the person.
- Be gentle and make allowances for poor behavior. Outbursts are not unusual with this disease, but these are not deliberate. Try to be calm and to use tact, even if the impaired person is loud or abusive. Try to respond to any negative statements with understanding comments until the angry outburst ends. Sometimes the person will say things that hurt you very much, will use language that offends you, or will speak in a way you don't like. At these times, it is important to remember that, while these things do hurt, they are not meant personally.
- Double-check understanding. Avoid assuming that the impaired person understands you. The person may even say he or she understands what you have said but still not understand at all. The best way to check understanding is to see what the impaired person does, instead of trusting what he or she says. Remember: the person will forget. The person will forget things you tell him or her. This can be very frustrating, and there is little that can be done to help it. For your own sake, it is probably best to assume that you will have to repeat many things during the day.

## Improving the setting and timing

- Make sure the impaired person can see you well. Sit or stand directly in front of the person, and look at him or her when you speak. Avoid glaringly bright or too dark settings.
- Avoid distractions. Communication will be hard, if not impossible, under these circumstances:
- When the impaired person is involved in some other activity that requires concentration;
- When the background is noisy (loud street noise, for instance, or the sound of the television or even loud music);
- When other things or people can attract the impaired person's attention (at shopping centers or restaurants, for example).
- Set aside a quiet place. You may even want to set aside a certain area in your home just for communicating. Try to find a quiet, simple place where you can go when you want to get something across to the impaired person. This could be a separate room or perhaps just a corner.
- Plan ahead, and take extra time. Try to observe the impaired person's daily patterns. Does he or she seem better able to communicate at certain times of day? If so, you can take advantage of good times for important activities and communications. You will also be able to anticipate problems during the bad times, and be prepared to allow extra time for explanations.

## Improving self-expression

**T**hink ahead about what you will say. Know what information you want to tell or find out, and break this information down into individual parts. You will want to simplify everything as much as possible. For example, give just one direction or piece of information at a time. Ask just one question at a time. Try to think of brief, easy-to-understand words and sentences to explain what you mean, but speak as you would to an adult. Don't talk "baby talk."

**A**nticipate problems. Be prepared, for example, to repeat yourself many times without losing your temper.

**M**ake eye contact before speaking. Try to sit if the impaired person is sitting or lying down, so you will both be at the same level. Sometimes a gentle touch, if appropriate, can be a way of making sure you have the person's attention before you begin speaking.

**L**isten to how you sound. Is your voice louder than usual? If so, you may sound angry or upset. Even if the impaired person has a hearing problem, try to speak in a clear, pleasant voice. Speaking slowly and clearly will help. (Once again, though, remember to speak in an adult-to-adult way.)

**W**atch your "body language." Are you smiling when you speak, or frowning? Are you at ease or tense? If your words and the way you say them do not agree with how you feel and what you really mean, you may very well give a mixed message. Impaired people don't necessarily lose the ability to "read" such non-verbal cues.

## **Living with the problem**

If the person in your care has difficulty communicating, then your role as a caregiver becomes more difficult. You will need to observe closely and adjust to the person's changing abilities. Stay alert to the possible impact on communication of other health, vision or hearing problems. Managing the day-to-day routine will take more time and effort. Dealing with the person can become frustrating and irritating. If you are upset or angry, the impaired person will almost surely become even more so, making your job even harder. As a result, you will need to develop techniques for coping both with the care problems and with your own feelings.

**R**etreat from an irritating situation. Try to retreat from an irritating situation for a short break. If that proves impossible, at least promise yourself a reward later for your patience now. It's a good idea to assure the person, over and over, of your love and concern. If you do lose your temper, don't worry needlessly. You may feel sad or guilty about losing your temper in dealing with an impaired person. The impaired person forgets such incidents quickly, and so should you. Just try to make each day go as well as it possibly can for both of you.

**S**tructure the impaired person's day. How well you structure the impaired person's day (and your own) becomes important. A regular routine will be easier for both of you. Be sure to build in time for yourself to take a break. In addition, seek help. Besides working with your health care providers, you will need to create a network of care arrangements to meet both the needs of the impaired person and your own needs. Family members and friends can help, or you might want to consider hiring help occasionally.

**T**alk with others in similar situations. Finally, remember that talking with others in similar situations can be extremely helpful. Other people may have suggestions, based on your own experiences, for coping with the problems you face. Also, sharing experiences with others should help you keep in mind that such problems do not result from the patients' willful refusal to cooperate. And they don't occur because you are a poor caregiver. The problems are part of the disease itself and of the caregiving role.

**Y**ou may want to join a support group. The Alzheimer's Disease and Related Disorders Association may be able to help you locate a support group near you. Ask your health care team or a local hospital for a referral. You may not feel at ease in a big group. In this case, you may want to find just one person with whom to talk. This might be someone who is also a caregiver or it might be a

professional (like a social worker or a member of the clergy). You might also find smaller groups near you that deal with the problems you are facing.