



**Hand in Hand: A Training Series for Nursing Homes**  
**Instructor Guide**

## **Module 3:**

# **Being with a Person with Dementia: Listening and Speaking**

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## Methodology

This module uses lecture, interactive discussion and exercises.

**(Total Time: 57 minutes)**

Estimated Time	Lecture/Discussion	Page
2 minutes .....	Welcome .....	4
5 minutes .....	Module Objectives .....	12
10 minutes .....	Why Dementia Causes Changes in Communication .....	20
20 minutes .....	Communicating with Persons with Dementia .....	50
15 minutes .....	More Than Words .....	80
5 minutes .....	Conclusion .....	100

## Appendix

	Page
Training Follow-Up Activity .....	A-2
Handout: Good Morning Clip 2 .....	A-3
Handout: Exercise: More Than Words .....	A-5

## Training Resources

- Television with DVD player or computer with DVD player and LCD projector.
- Module 3 DVD.
- Module 3 Instructor Guide.
- Pens, pencils and writing tablets.
- Handouts.
- Easel chart and markers.

## Instructor Preparation

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD. Print copies of the handouts.

## I. Welcome



### Welcome to Module 3: Being with a Person with Dementia: Listening and Speaking—Slide 1 of 6

#### Instructor Guidance:

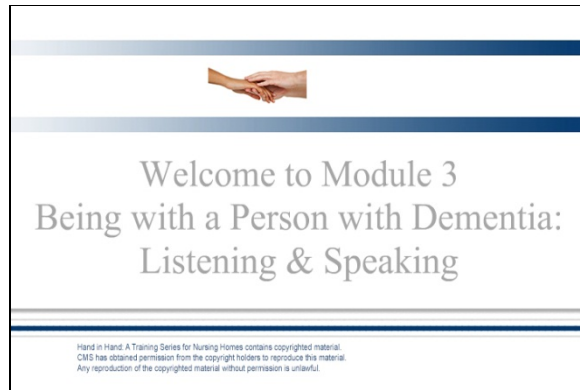


If the participants do not know each other, have each participant state his or her name, position and where he or she works in the nursing home.

You will want to ensure that participants are comfortable, that they know who you are and that they understand that Module 3: Being With a Person with Dementia: Listening and Speaking will take approximately an hour to complete. When you introduce the module, be sure to cover the points in the SAY section.

Be sure to pass out a sign-in sheet to track attendance.

#### Notes:



Slide 1 of 6

### Welcome to Module 3: Being with a Person with Dementia: Listening and Speaking

#### DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves (if they don't know each other).

#### SAY

This module is about “being with” a person with dementia, listening to and speaking with him or her. Being with a resident, rather than “doing for” or “doing to” reminds us to know a person with dementia, to see him or her as a unique individual, and to recognize the relationship you have with that person. Being with persons with dementia reminds us to see things from their perspective and to try to understand what they are communicating to us.

#### Notes:

Listening is more than hearing the words someone is saying—it is about understanding the message he or she is sending through both words and actions. Speaking, too, is more than words. It is about the message you send to people with your words, tone and body language.

Finally, communication is not just about sending and receiving messages. It is about making someone feel heard. It is about treating each other with dignity and respect, which are fundamental human needs.

**Notes:**

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**Being with Persons with Dementia Overview—Slide 2 of 6****Instructor Guidance**

Four of the modules in this Hand in Hand training series are about caring for persons with dementia. Three of their titles share a common introduction: Being with a Person with Dementia. Being with a person with dementia means understanding his or her world by trying to see it from his or her perspective—trying to be with the person where he or she is. Being with a person with dementia is different from doing for. Being with persons with dementia recognizes them as whole individuals, who have strengths as well as weaknesses, unique needs, preferences and histories. By building on strengths and knowing who they are as individuals, we support persons with dementia to do as much as they can and to live meaningfully.

Here is a list of the topics in the Being with a Person with Dementia series:

Module 1: Understanding the World of Dementia: The Person and the Disease

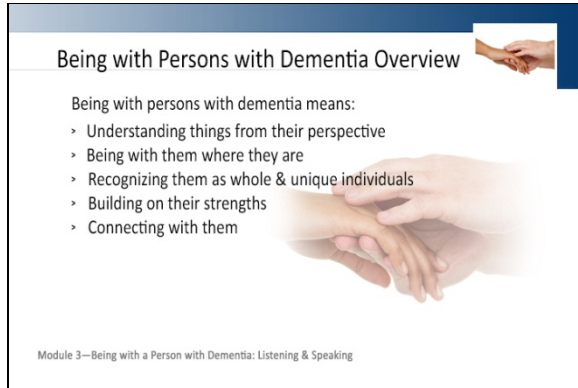
Module 3: Being with a Person with Dementia: Listening and Speaking

Module 4: Being with a Person with Dementia: Actions and Reactions

Module 6: Being with a Person with Dementia: Making a Difference

**Notes:**





Being with Persons with Dementia Overview

Being with persons with dementia means:

- > Understanding things from their perspective
- > Being with them where they are
- > Recognizing them as whole & unique individuals
- > Building on their strengths
- > Connecting with them

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 2 of 6

## Being with Persons with Dementia Overview

### SAY

This module is one of four modules on dementia. They cover different topics, but the titles of three modules all begin with *Being with a Person with Dementia*. Being with a person with dementia means:

- Understanding the world of persons with dementia by trying to understand things from their perspective.
- Being with persons with dementia “where they are.” This means meeting them in their world, in their understanding of what is happening around them, and in what they are able to do and what they need help with.
- Recognizing persons with dementia as whole individuals who have strengths as well as weaknesses, unique needs, preferences and histories.

### Notes:

- Building on strengths and knowing who they are as individuals.
- Supporting persons with dementia to do as much as they can and to live meaningfully.
- Connecting with persons with dementia through communication, laughter, touch and so on to validate them as human beings and as equals.
- Recognizing that sometimes the best way we can support persons with dementia is to just be with them, to sit with them and to listen to them.

**Notes:**

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## II. Module Objectives

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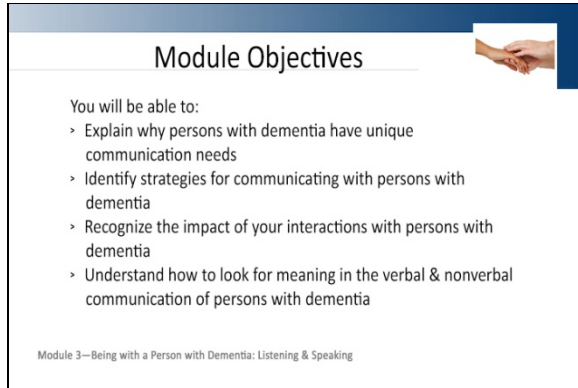
### Module Objectives—Slide 3 of 6



#### Instructor Guidance:

It is important to set participant outcomes by stating the module objectives. It is not necessary to explain the objectives on this screen; you are only introducing the anticipated instructional outcomes.

#### Notes:



**Module Objectives**

You will be able to:

- > Explain why persons with dementia have unique communication needs
- > Identify strategies for communicating with persons with dementia
- > Recognize the impact of your interactions with persons with dementia
- > Understand how to look for meaning in the verbal & nonverbal communication of persons with dementia

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 3 of 6

## Module Objectives

### SAY

In order to communicate with persons with dementia, it helps to understand why they communicate differently. We will talk about the unique communication needs of persons with dementia and strategies for communicating more effectively with them. We will see how our communication directly impacts their reactions to us, our ability to meet their needs and our relationship with them.

Because communication can be difficult for persons with dementia, *we* have to learn to look for the meaning in their verbal and nonverbal communication.

### Notes:

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**What Is Dementia?—Slide 4 of 6****Instructor Guidance:**

It might be helpful to review the explanation of dementia in Module 1: Understanding the World of Dementia: The Person and the Disease. (Note: It's recommended that participants complete module 1 before the other dementia modules.)



Dementia is an umbrella term that describes a wide range of disorders and symptoms that affect a person's cognitive, physical and social abilities severely enough to interfere with the person's daily life. They include challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing.

- Memory refers to the processes used to acquire, store, retain and retrieve information.
- Concentration is the ability to focus one's attention.
- Orientation refers to a person's awareness of who and where he or she is, what time/date it is, and who other people are.
- Language refers to the communication of thoughts. It includes both spoken and written words, as well as nonverbal methods of communication.
- Judgment refers to the mental processes of making decisions.
- Visuospatial ability refers to the mental processes of how we make sense of what we see and how objects relate to each other.

**Notes:**

- Sequencing means doing something in a logical order.

The Alzheimer's Association identifies Alzheimer's disease as the most common cause of dementia, accounting for 50–80 percent of all cases of dementia.


**Notes:**

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### What Is Dementia?

- › Not a disease itself
- › Refers to a group of symptoms
- › Has irreversible & reversible causes
- › Most common irreversible cause is Alzheimer's disease



Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 4 of 6

### What Is Dementia?

#### SAY

Let's take a step back and revisit what dementia is. Dementia is not a specific disease. It is an umbrella term that refers to a wide range of disorders and symptoms, including challenges with memory, concentration, orientation, language, judgment, visuospatial skills and sequencing.

These dementia symptoms can be caused by many different illnesses and conditions—some are reversible and some are irreversible. The most common irreversible cause of dementia is Alzheimer's disease.

#### Notes:

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## Module 3 Menu

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### Module 3 Menu—Slide 5 of 6

#### Instructor Guidance:



The menu screen allows you to easily navigate through the module by selecting the lesson you want to present. It is intended for the class to go through all the lessons in order so that they can build upon what they learn.

At the end of the module, if you want to look at the clips again or use them for additional training, you can click the forward arrow at the bottom of the screen to Module 3 Video Clips (slide 6 of 6). These are the same video clips used in the lessons; they are available to you for review and additional discussion.

#### Notes:



Slide 5 of 6

### Module 3 Menu

SAY

Let's get started with the first lesson, Why Dementia Causes Changes in Communication.

DO

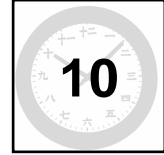
On the menu, click the first lesson, Why Dementia Causes Changes in Communication.

**Notes:**

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### III. Why Dementia Causes Changes in Communication

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#### Why Dementia Causes Changes in Communication: Goal—Slide 1 of 8

##### Instructor Guidance:



The goal of this lesson is to describe the changes in the brain of a person with dementia that cause communication changes that we see and hear.


It is important for participants to understand that the brain changes that cause dementia symptoms impact the ability to communicate. The communication challenges of persons with dementia are not about their “not trying hard enough” or “trying to irritate us.” Persons with dementia want and need to express themselves and connect with others and they communicate this in different ways.

##### Notes:

Why Dementia Causes Changes in Communication: Goal

The goal of this lesson is to understand:

- > The changes in the brain of a person with dementia that cause communication changes that we see & hear



Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 1 of 8

### Why Dementia Causes Changes in Communication: Goal

#### SAY

The goal of this lesson is to describe the changes in the brain of a person with dementia that cause communication changes that we see and hear.

Communication involves sending and receiving information—listening and speaking. Persons with dementia have challenges in both areas, so we sometimes have to dig deeper to understand what they are trying to communicate. Because they might not be able to find the words, we have to pay close attention to other signals such as their facial expressions and body language.

#### Notes:

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**Brain PET Scans—Slide 2 of 8****Instructor Guidance:**

The intent of comparing the three brains side by side is to show the deterioration that occurs in the brain of someone with Alzheimer's type dementia in contrast to brains that have no deterioration (normal) or little deterioration (mild cognitive impairment).

Note: A positron emission tomography (PET) scan measures body functions such as blood flow and oxygen use.



What do you notice about these three brains?



Participants might say:

- The brain with Alzheimer's has deteriorated.
- There are lots of spaces in the brains of people with mild cognitive impairment (MCI) and Alzheimer's disease.
- Whole parts of the brain with Alzheimer's are missing, are no longer there or are lost.

**Notes:**



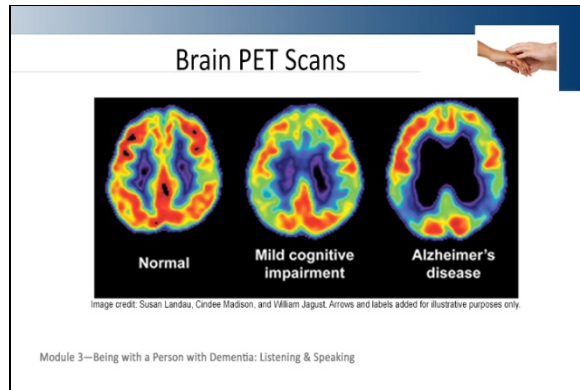
According to the Alzheimer's Association, MCI is a condition in which a person has problems with memory, language or another mental function severe enough to be noticeable to other people and to show up on tests, but not serious enough to interfere with daily life. It is often seen as a step before Alzheimer's disease, although not all people with MCI develop Alzheimer's disease.

If participants ask about the brain with Alzheimer's and the difference between Alzheimer's and dementia, remind them that dementia is a term used to refer to the group of symptoms. Alzheimer's disease is the most common cause of dementia.

**Notes:**

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Slide 2 of 8

## Brain PET Scans

### SAY

These images show three brains. On the left is a “normal” brain of someone who has no impairment. The middle image is the brain of a person with mild cognitive impairment (MCI), a condition in which people have cognitive difficulties but not dementia. Sometimes the condition progresses to dementia. The image on the right is the brain of someone with dementia, specifically Alzheimer’s disease.



### ASK

What do you notice about these three brains?

### Notes:

**SAY**

This slide shows that the brains of these three people are actually different. Changes in the brain cause symptoms of dementia. These changes also cause problems with communication because the parts of the brain that are responsible for communication deteriorate.

Let's look at the abilities that this person with Alzheimer's disease has lost.

**Notes:**

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**Memory—Slide 3 of 8****Instructor Guidance:**

The purpose of slides 3 through 6 is to show participants how deterioration in the brain results in specific dementia symptoms that are directly related to communication.

It is important to note that the mapping of symptoms on these brain scans is for illustrative purposes only. It should not be interpreted for diagnostic purposes or as pathologically precise.

This slide concerns the dementia symptom of memory. A number of areas in the brain are involved in memory; three of those areas are the frontal lobe, hypothalamus and temporal lobe. This slide shows that all three of those areas have deteriorated in the brain of a person with Alzheimer's. It is not important that nurse aides remember these brain structures. Rather, the point to make is that areas in the brain involved in memory have deteriorated.



How would memory loss affect how a person with dementia communicates?



Persons with dementia might:

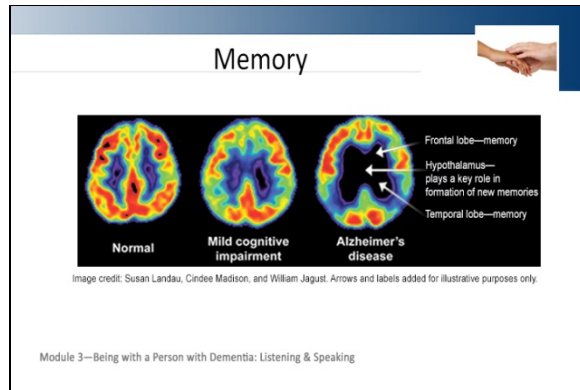
- Forget what they said.
- Say the same thing or ask the same question again and again, because they forgot saying it.

**Notes:**

- Forget who you are and not understand their relationship with you. In other words, they might not remember that you are a caregiver who is helping them get dressed, bathe or go to the bathroom. So, when you ask them about these things, they are confused.
- Not remember how to do things they have always done. As a result, they might need simple and detailed instructions on how to do things.
- Forget information you tell them. For example, a person might not remember that you told her that lunch is at noon or that her daughter is coming to visit today.
- Forget things they do, even if they do the same things every day. For example, a person might forget that her daughter always visits at 5 p.m.

**Notes:**

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Slide 3 of 8

**Notes:**

## Memory

### SAY

The symptom of memory loss is required for the diagnosis of dementia. Many parts of the brain have to do with memory; three of those parts are the frontal lobe, hypothalamus and temporal lobe. In this slide you can see that these three areas have deteriorated in the brain of a person with Alzheimer's disease. This is why persons with dementia have trouble with memory.



### ASK

How would memory loss affect how a person with dementia communicates?

### SAY (after discussion)

So, as you can see, areas in the brain involved in memory have deteriorated. The loss of this ability to remember affects both the listening and speaking aspects of how persons with dementia communicate.

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**Language—Slide 4 of 8****Instructor Guidance:**

A number of areas in the brain are involved in language; two of those areas are the frontal and temporal lobes. This slide shows the deterioration of the frontal and temporal lobes in the brain of a person with Alzheimer's.

It is not important that nurse aides remember these brain structures. Rather, the point to make is that the places in the brain involved in language have deteriorated.



How would challenges with language affect the way a person with dementia communicates?

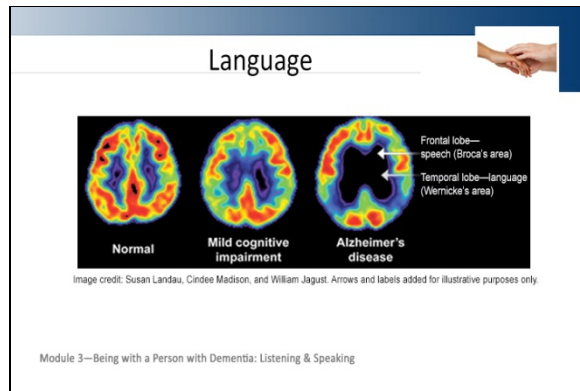


Persons with dementia might:

- Not be able to find the right words.
- Use inappropriate words to explain what they mean.
- Not understand the words you are using.
- Need to express what they are trying to say in other ways (gesturing, yelling, making sounds, facial expressions and so on) because the words are not there.
- Be frustrated that they cannot find the right words and might not talk at all.

**Notes:**





Slide 4 of 8

**Notes:**

## Language

### SAY

Another symptom of dementia is language changes. Many parts of the brain have to do with language; two parts involved with language and speech are the frontal and temporal lobes. In this slide you can see that these areas have deteriorated in the brain of a person with Alzheimer's disease.



### ASK

How would challenges with language affect the way a person with dementia communicates?

### SAY (after discussion)

Clearly, challenges with language, such as understanding and finding words, make communication difficult.

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**Concentration, Orientation and Visuospatial Abilities—Slide 5 of 8****Instructor Guidance:**

This slide shows the deterioration in the areas of the brain responsible for concentration, orientation and visuospatial abilities.

Concentration is the ability to focus one's attention.

We typically think of orientation as “orientation to time, place and person”—this means a person's awareness of who and where he or she is, what time/date it is and who other people are.

Visuospatial ability refers to the mental process of how we make sense of what we see and how objects relate to each other.

A number of places in the brain are involved in concentration, orientation and visuospatial abilities. A main area in the brain that is involved in concentration and orientation is the frontal lobe. The parietal and occipital lobes play roles in visuospatial abilities. This slide shows that these areas have deteriorated in the brain of a person with Alzheimer's. It is not important that nurse aides remember these brain structures. Rather, the point to make is that the places in the brain involved in concentration, orientation and visuospatial abilities have deteriorated.



How would challenges with concentration affect how a person with dementia communicates?

**Notes:**



Persons with dementia might:

- Be unable to maintain attention and forget what they were talking about.
- Get off track when talking.
- Be distracted easily and have trouble finishing what they started.
- Have difficulty answering questions.
- Be overwhelmed by too many choices.
- Become frustrated if asked too many questions.



How would challenges with orientation affect how a person with dementia communicates?



Persons with dementia might:

- Frequently ask where they are or say that they need to go somewhere else.
- Not know who you are as a caregiver and ask who you are, or not understand that you are trying to help them.
- Not know what time it is or what day it is and frequently ask what time it is, what day it is, when lunch is, and what they should be doing at what time.



How would challenges with visuospatial abilities affect how a person with dementia communicates?

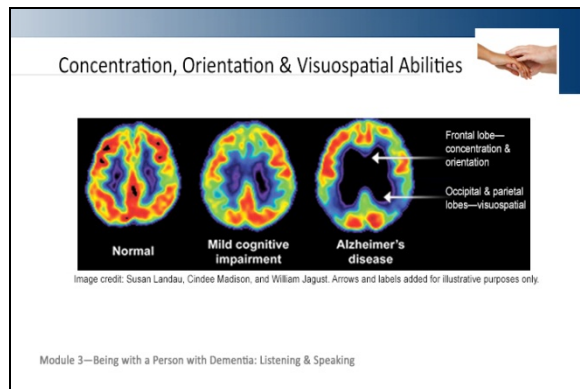
**Notes:**



Persons with dementia might:

- Have visuospatial challenges that confuse them, causing them to say or do things that do not make sense to us.
- Ask questions that do not make sense to us because they are based on what the person with dementia sees. For example, a person who asks if she can “go over it” when she sees a dark area on the ground may be afraid to walk on it for fear of falling or slipping.

**Notes:**



Slide 5 of 8

### Concentration, Orientation and Visuospatial Abilities

#### SAY

Challenges with concentration, orientation and visuospatial abilities are other symptoms of dementia. Concentration means “focusing one’s attention.” When we think of orientation we typically think of orientation to time, place and person—this means a person’s awareness of who and where he or she is, what date/time it is, and who other people are. Visuospatial refers to the mental processes of how we make sense of what we see and how objects relate to each other.

Multiple areas of the brain are involved in these abilities. The frontal lobe is involved in concentration and orientation. The parietal and occipital lobes play roles in visuospatial abilities. In this slide you can see that these areas have deteriorated in the brain of a person with Alzheimer’s disease.

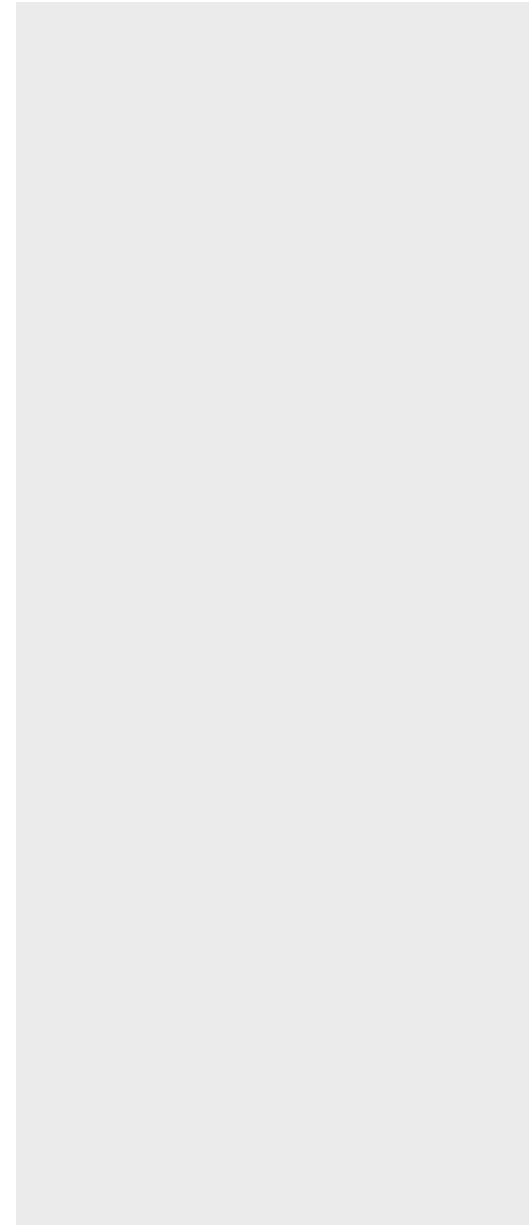
#### Notes:

**ASK**

- How would challenges with concentration affect how a person with dementia communicates?
- How would challenges with orientation affect how a person with dementia communicates?
- How would challenges with visuospatial abilities affect how a person with dementia communicates?

**SAY (after discussion)**

So, as you can see, areas in the brain involved in concentration, orientation and visuospatial abilities have deteriorated. The loss of these abilities affects how persons with dementia communicate.



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**Judgment and Sequencing—Slide 6 of 8****Instructor Guidance:**

This slide shows deterioration in the areas of the brain responsible for judgment and sequencing.

Judgment refers to the mental process of making decisions.

Sequencing means doing something in a logical order.

A number of places in the brain are involved in judgment and sequencing. A main area in the brain that is involved in judgment and is affected by Alzheimer's is the frontal lobe. The cerebellum is involved in sequencing. This slide shows that these areas have deteriorated in the brain of a person with Alzheimer's. It is not important that nurse aides remember these brain structures. Rather, the point to make is that the places in the brain involved in judgment and sequencing have deteriorated.



How would challenges with judgment affect how a person with dementia communicates?



Persons with dementia might:

- Have difficulty answering questions, perhaps because they do not know the “right” answer or have difficulty making decisions.
- Be overwhelmed by too many choices.
- Become frustrated if they are asked too many questions.



How would challenges with sequencing affect how a person with dementia communicates?

**Notes:**

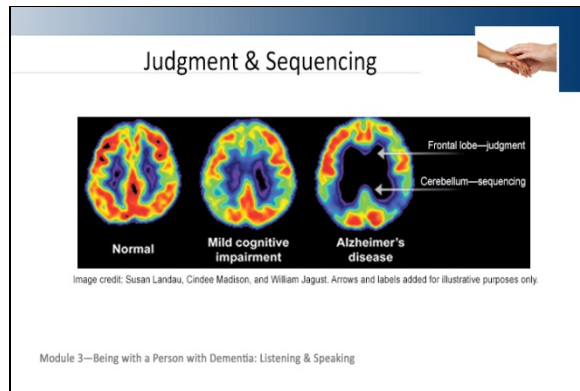




Persons with dementia might:

- Have difficulty answering questions, perhaps because they are confused about the “right” order of things.
- Say things or do things in the wrong order.
- Need simple, detailed instructions and cueing about how to do things in the correct order.

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Slide 6 of 8

## Judgment and Sequencing

### SAY

Challenges in judgment and sequencing are other symptoms of dementia. Judgment refers to the mental process of making decisions. Sequencing means doing something in a logical order.

There are multiple parts of the brain that have to do with judgment and sequencing. The frontal lobe of the brain is involved in judgment and the cerebellum is involved in sequencing. In this slide you can see that these areas have deteriorated in the brain of a person with Alzheimer's disease.



### ASK

How would challenges with judgment and sequencing affect how a person with dementia communicates?

### Notes:

SAY (after discussion)

So, as you can see, places in the brain involved in judgment and sequencing have deteriorated. The loss of these abilities affects how persons with dementia communicate.

**Notes:**

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**Dementia Affects Communication—Slide 7 of 8****Instructor Guidance:**

Emphasize that the communication challenges that persons with dementia experience are the result of the brain changes we have seen in the last four slides. Because persons with dementia cannot change their ways of communicating, we have to change ours.

**Notes:**



Slide 7 of 8

## Dementia Affects Communication

### SAY

We need to remember that persons with dementia have experienced changes in their brains. The way they communicate, act and react is not their fault; it is the result of a disorder that will keep getting worse and keep changing the way they communicate. Although dementia is progressive, we can focus on the abilities of persons with dementia—what they *can* do and how we can meet them where they are.

We are the ones who can and must change and adapt how we communicate with them.

### Notes:

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## Why Dementia Causes Changes in Communication: Summary— Slide 8 of 8

### Instructor Guidance:



It is important to ensure that participants understand the brain changes that result in communication changes in persons with dementia.



What three things have you learned or relearned in this lesson?

### Notes:



Why Dementia Causes Changes in Communication: Summary

In this lesson, you've learned about:

- > Changes that occur in the brain of a person with dementia
- > How brain changes can affect communication

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 8 of 8

### Why Dementia Causes Changes in Communication: Summary



ASK

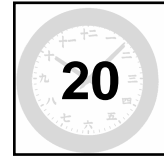
What three things have you learned or relearned in this lesson?

**Notes:**

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## IV. Communicating with Persons with Dementia

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### Communicating with Persons with Dementia: Goals—Slide 1 of 11

#### Instructor Guidance:




The goal of this lesson is for participants to learn strategies to enhance communication with persons with dementia.

We have learned that changes in the brain that occur with dementia cause changes in communication. We as caregivers have to adapt to these changes and find effective ways of communicating with persons with dementia.

#### Notes:

Communicating with Persons with Dementia: Goals



The goals of this lesson are to understand:

- > The verbal & nonverbal forms communication might take in persons with dementia
- > How we can communicate well with persons with dementia
- > The impact of our communication on residents' daily lives

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 1 of 11

## Communicating with Persons with Dementia: Goals

### SAY

Communication involves sending and receiving messages, listening and speaking. In any exchange, we have to consider the perspectives of both the person sending the message and the person receiving it. Communication includes not only the words people say, but also their nonverbal communication—gestures, body language, facial expressions, tone and so on.

Listening to persons with dementia means not just listening to the words, but also trying to understand what they are communicating through their actions. In this lesson we will watch several video clips and take a closer look at how both residents with dementia and nurse aides are sending and receiving messages.

### Notes:

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**Play Video Clip: Good Morning: Video Clip 1—Slide 2 of 11****Instructor Guidance:**

In this lesson, participants will see two video clips. When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen. Use the discussion questions to help participants process what they saw.

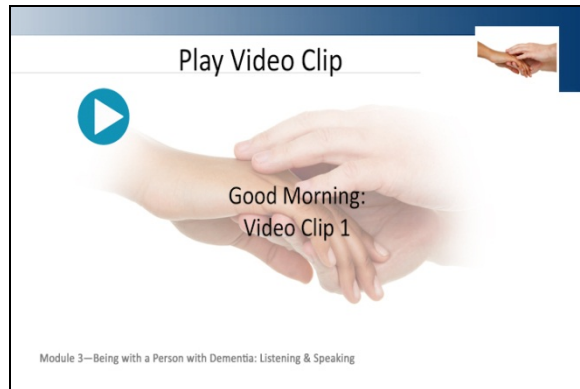
The first clip shows an interaction between Mrs. Caputo, a resident with dementia, and an aide, Jane. The clip shows “bad” or ineffective communication approaches. Do not introduce the clip as “bad”—let the class determine this on their own.

After they’ve seen the clip, ask the class what they observed about the communication between Mrs. Caputo and Jane.



You may want to write their observations on the easel chart.

**Notes:**



Slide 2 of 11

Play Video Clip: Good Morning: Video Clip 1

SAY

We are going to look at a clip of Mrs. Caputo's morning. You will see Mrs. Caputo and an aide, Jane.

Pay close attention to how they are communicating, both verbally and nonverbally. How do you see Mrs. Caputo communicating, acting and reacting to Jane? How is Jane communicating and responding to Mrs. Caputo?

After the clip we'll discuss what you noticed.



DO

Click the forward arrow to play the video clip.

**Notes:**

**Discussion—Slide 3 of 11****Instructor Guidance:**

In your discussion of the clips in this lesson, stress to the participants that each person in the interaction is sending and receiving messages by listening and speaking, using and observing body language and expressions. Break down what each person in the clip is trying to communicate and how the other person is receiving and reacting to that message.



What did you notice about Mrs. Caputo's communication? How was she communicating?



- She wasn't using the "right" words.
- She said the same thing many times.
- She forgot what she was saying.
- Her body language showed that she was confused and frustrated and that she did not understand the aide.



What did you notice about how Jane communicated with Mrs. Caputo? How well did she listen to what Mrs. Caputo was trying to say?



- She talked too fast.
- She didn't get to Mrs. Caputo's eye level.
- She didn't make eye contact.
- Her body language and facial expressions did not match her words.
- Her body language showed she wasn't interested.
- Her body language showed a bad attitude.
- She approached the resident from behind.

**Notes:**

- She became impatient.
- She gave several instructions at once.
- She used abstract terms and pronouns.



How did Mrs. Caputo react to Jane?



- She became more frustrated with her.
- She seemed upset.
- She appeared confused.



What happened as a result?




- Mrs. Caputo became more confused and frustrated.
- Mrs. Caputo went back to bed.

**Notes:**

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Discussion



What did you notice about Mrs. Caputo's communication?

What did you notice about Jane's communication?

How did Mrs. Caputo react?

What happened as a result?

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 3 of 11

### Discussion

#### SAY

Each person in this interaction is sending and receiving messages. Let's break down what each person is communicating.



#### ASK

- What did you notice about Mrs. Caputo's communication? How was she communicating?
- What did you notice about Jane's communication? How well did she listen to what Mrs. Caputo was trying to say? How did she respond?
- How did Mrs. Caputo react to Jane?
- What happened as a result?

#### Notes:

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**Play Video Clip: Good Morning: Video Clip 2—Slide 4 of 11****Instructor Guidance:**

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen.

The second clip is a different version of Mrs. Caputo's morning. It shows an interaction between Mrs. Caputo and another aide, Heather.

This clip shows “good” or effective ways to communicate with a person with dementia. Do not present this clip as “good”—let the participants point out the effective communication style.

Before they watch the clip, distribute the handout titled Good Morning Clip 2, on page A-3. Tell the participants that, after they view the clip, they will use the handout to check off communication strategies they saw in the clip.

Ask participants to share and discuss their answers.

**Notes:**



Slide 4 of 11

### Play Video Clip: Good Morning: Video Clip 2

#### SAY

Now, we're going to watch a second clip of Mrs. Caputo's morning. You'll see Mrs. Caputo and an aide, Heather.

Again, pay close attention to how they are communicating, both verbally and nonverbally. How do you see Mrs. Caputo communicating, acting and reacting to Heather? How is Heather communicating with and responding to Mrs. Caputo?

I'm giving you a handout with a checklist. After the clip, I'll give you a few minutes to check off the things you noticed in the clip. Then we'll discuss the clip as a class.



#### DO

Click the forward arrow to play the video clip.

#### Notes:

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**Discussion—Slide 5 of 11****Instructor Guidance:**

What did you notice about Mrs. Caputo's communication? How was she communicating?



- She wasn't using the "right" words.
- She said the same thing many times.
- She forgot what she was saying.
- Her body language showed that she was confused and frustrated and that she did not understand Heather.



What did you notice about how Heather was communicating with Mrs. Caputo? How did she listen to what Mrs. Caputo was trying to say? How did she respond?



- She got to Mrs. Caputo's eye level and made eye contact when speaking with her.
- She spoke more slowly.
- She spoke in shorter, simpler sentences.
- She reassured Mrs. Caputo through her words, tone and touch.

**Notes:**



How did Mrs. Caputo react to the aide?



- She seemed relieved.
- She smiled.
- She allowed Heather to help her.



What happened as a result?



- Heather was able to help Mrs. Caputo.
- Mrs. Caputo seemed to feel listened to.



What was the difference between the two clips?




In the second clip:

- Heather was more patient.
- Heather had better communication skills.
- Mrs. Caputo seemed happier.
- Heather was able to help Mrs. Caputo.

**Notes:**

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Discussion



What did you notice about Mrs. Caputo's communication?

What did you notice about Heather's communication?

How did Mrs. Caputo react?

What happened as a result?

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 5 of 11

### Discussion

#### SAY

Take a few minutes to check off the things you saw in the clip.



#### ASK

- First, what did you notice about Mrs. Caputo's communication? How was she communicating?
- Looking at your checklist, what did you notice the aide, Heather, doing?
- How did Mrs. Caputo react to Heather?
- What happened as a result?
- What was the difference between the two clips?

#### Notes:

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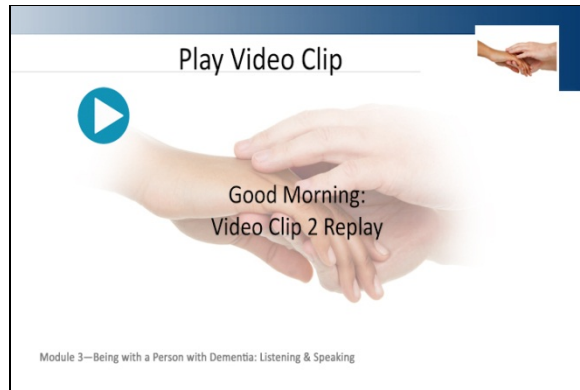
**Play Video Clip: Good Morning: Video Clip 2 Replay—Slide 6 of 11****Instructor Guidance:**

Have the class watch Good Morning: Clip 2 again. They will just watch; they won't use their checklist. This will allow participants to see the positive communication strategies without the distraction of the handout.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the next screen.

**Notes:**





Slide 6 of 11

Play Video Clip: Good Morning: Video Clip 2 Replay

SAY

You've done a great job observing what happened in the last clip. Let's take one more look at it. Don't worry about your checklist this time. Just watch the clip.



DO

Click the forward arrow to play the video clip.

**Notes:**

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**Strategies for Communicating with a Person with Dementia—  
Slides 7 and 8 of 11****Instructor Guidance:**

After watching the clip a second time, review strategies for communicating effectively with a person with dementia:

- Always identify yourself.
- Call the person by the name he or she prefers.
- Keep in mind that, depending on where that person is in his or her dementia, he or she might not respond to certain names. For example, if a person thinks she is in a time before she was married, she might not think of herself as Mrs.\_\_\_\_.
- Be at his or her eye level.
- Make eye contact.
- Sit down with him or her if possible.
- Really listen to the person. Give him or her your complete attention.
- Pay attention to your body language—it is showing you are present to that person.
- Use visual and verbal cues to get your message across.
- Look at the body language of the person with dementia to see what he or she might be trying to communicate.
- Speak slowly.
- Speak in short, simple sentences.
- Be patient.
- Give the person enough time to talk or to respond.

**Notes:**

- Be specific.
- Ask one question at a time.
- Give one direction at a time.
- Repeat questions or instructions if needed.
- Ask how you can help.
- Tell the person what you are doing or going to do.
- Reassure with words and touch.
- Look for the feelings behind the words or actions.
- Laughing with someone is a universal way to connect.

Review some things to avoid:

- Using *no*, *don't* or other negative words.
- Arguing with someone with dementia, even when you know that what he or she says is wrong. It might be right to him or her!




Underscore the importance of taking the extra time to communicate well with residents. Although staff might be very busy and feel that they have to rush residents to get their work done, rushing residents often results in their getting upset, which ultimately takes more staff time. Communicating well helps staff get their jobs done better and can even save time in the long run.

**Notes:**

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Strategies for Communicating with a Person with Dementia




- > Identify yourself
- > Use preferred name
- > Be at eye level
- > Make eye contact
- > Sit down with him/her
- > Really listen—give full attention
- > Pay attention to your body language
- > Use visual & verbal cues
- > Observe his/her body language
- > Speak slowly
- > Use short, simple sentences

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 7 of 11

Strategies for Communicating with a Person with Dementia (cont.)



- > Be patient
- > Give time to respond
- > Be specific
- > Ask 1 question at a time
- > Give 1 direction at a time
- > Repeat questions/instructions
- > Ask how you can help
- > Tell him/her what you're doing
- > Reassure with touch
- > Look for feelings
- > Laugh together
- > Avoid negative words
- > Avoid arguing

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 8 of 11

### Strategies for Communicating with a Person with Dementia

SAY

Now that you have seen that clip again, let's review.

**Notes:**

DO

Go over the strategies on the slides.



ASK

Is there anything else you would add?

SAY

Perhaps you're thinking that these communication strategies take too much time. However, keep in mind that it often takes more time to calm residents who are upset because they feel ignored or rushed. Think about Mrs. Caputo in the first video we saw—she didn't understand what she needed to do, became frustrated with the aide, and went back to sleep. So the aide did not accomplish what she needed to, and Mrs. Caputo didn't get the help she needed. Taking time and communicating well can actually make your job easier!

**Notes:**

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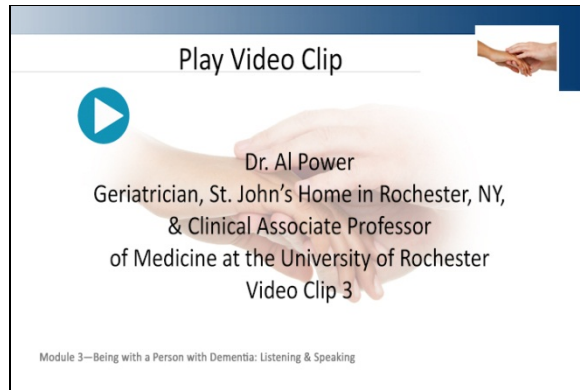
**Play Video Clip—Slide 9 of 11****Instructor Guidance:**

In the next clip, Dr. Al Power, a geriatrician who works in a nursing home in New York, shares some ideas about the importance of how we communicate in making meaningful connections with residents.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion screen. Use the discussion questions to help participants process what they saw.

**Notes:**





Slide 9 of 11

### Play Video Clip

#### SAY

In this clip, you'll see Dr. Al Power, a geriatrician who works in a nursing home in Rochester, New York. Let's listen to what he says about communication.



#### DO

Click the forward arrow to play the video clip.

### Notes:

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**Discussion—Slide 10 of 11****Instructor Guidance:**

What do you think it means to *be present*?



This is an opportunity for participants to express what they think, so there are no wrong answers. If participants have difficulty answering the question, you can stimulate discussion by offering this explanation of what being present means.

Being present means giving someone your complete attention, trying to understand what he or she needs at that moment. Being present for persons with dementia might mean looking them in the eye when you talk to them, taking a moment to touch them on the arm or give them a hug, or even sitting with them and just being with them.

In thinking about how to be present, it might be helpful to understand what it means *not* to be present. You can ask the class what not being present means. Here are some examples of not being present:

- Talking to other nurse aides and not talking to the resident while you are helping him or her eat.
- Not talking to a resident while you are bathing him or her.
- Coming into a resident's room, helping him or her with something, and then abruptly leaving without saying anything.

**Notes:**

- Interrupting a resident who is trying to say something, finishing sentences for a resident, correcting or arguing with a resident.



In what ways have you tried to be present for your residents?



- Participants might share examples of how they have given their undivided attention to residents, spent a few minutes with residents even when they were very busy, or genuinely tried to listen to what someone was saying.



In what ways have you given control to your residents?




Participants might share examples such as:

- Asking residents what they would like or how they would like something.
- Treating residents with respect.
- Calling residents by their preferred names.

**Notes:**

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Discussion



What does it mean to be present?

In what ways have you tried to be present for your residents?

In what ways have you given control to your residents?

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 10 of 11

**Notes:**

### Discussion



#### ASK

Dr. Power talked about being present for someone. What does it mean to *be present*?

In what ways have you tried to be present for your residents?

Dr. Power also talked about giving people control, especially in situations where they might have lost a lot of control. In what ways have you given control to your residents?

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**Communicating with Persons with Dementia: Summary—Slide 11  
of 11**

**Instructor Guidance:**



It is important to ensure that your participants understand successful ways of communicating with persons with dementia before you move on.



What are three things you learned in this lesson?

**Notes:**

Communicating with Persons with Dementia: Summary

In this lesson, you've learned about:

- > Verbal & nonverbal forms communication might take in persons with dementia
- > How we can communicate well with persons with dementia
- > Impact of our communication on residents' daily lives

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 11 of 11

## Communicating with Persons with Dementia: Summary



ASK

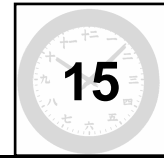
What are three things you learned in this lesson?

**Notes:**

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## V. More Than Words

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### More Than Words: Opening Exercise—Slide 1 of 6

#### Instructor Guidance:



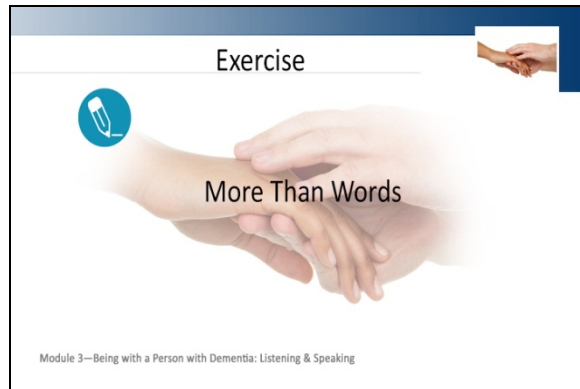
In this opening exercise, participants will hear a narrated introduction to this lesson. Although it is about the goals of this lesson and instructions for this exercise, the narration is intentionally garbled and incomprehensible. The instructor will act as if there is nothing wrong with the narration.

The purpose of this exercise is for participants to experience trying to understand what someone is saying when the language is unfamiliar and garbled. Liken the frustration they experience to the frustration persons with dementia might feel when trying to understand what we are saying, as well as the frustration participants might experience as caregivers when trying to understand what a person with dementia is communicating.

Persons with dementia have challenges in listening and speaking. Words might be unfamiliar, and it might feel to them as if they are communicating in a different language. Because persons with dementia might use words that are not familiar to us and they might not understand the words we are using, we have to learn to look beyond the words for meaning in what they are communicating. When we try to understand the feelings behind what persons with dementia are saying, we can respond to their emotions and meet their needs.

#### Notes:





Slide 1 of 6

### More Than Words: Opening Exercise

#### SAY

To introduce this lesson and give us instructions on what we are going to do next, we are going to listen to a short recording.

#### DO

To listen to the recording, click the forward button on the slide.

#### Notes:

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**Discussion: More Than Words: Opening Exercise—Slide 2 of 6****Instructor Guidance:**

Facilitate a discussion with the class about what it felt like to listen to the recording.



How did you feel listening to the recording?

For a more guided discussion, ask, Did you understand that? What was it like to try to understand that message?



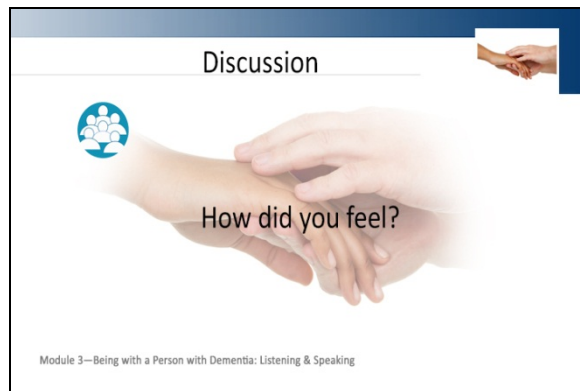
Participants might say:

- I couldn't understand anything.
- It was very frustrating.
- I was worried I was missing something.



Point out that this experience might help us understand what it is like to be a person with dementia communicating with us. What we are saying to them—and what they are saying to us—might sound like the recording we just heard. Communication must be more than words in order for us to understand everything persons with dementia are telling us. This includes looking for meaning in the feelings they are expressing.

**Notes:**



Slide 2 of 6

### Discussion: More Than Words Opening Exercise

SAY

So, everyone understands what to do next? Okay, maybe that wasn't so clear!



ASK

How did that feel?

SAY

Maybe this is what persons with dementia feel like sometimes. When we speak to them, we assume that what we are saying is clear to them. But what if what they are hearing is more like what you just heard? Can you imagine the frustration they must experience?

When persons with dementia communicate with us, they might not be able to find the words. It might sound to us like what you just heard.

**Notes:**

Communicating with persons with dementia is about more than words. It is about trying to find meaning behind the words, trying to understand the feelings behind what persons are saying.

**Notes:**

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**More Than Words: Goal—Slide 3 of 6**

**Instructor Guidance:**



We can now clearly state the goal of this lesson.


The goal of this lesson is to practice looking for the meaning behind the words when communicating with persons with dementia.

**Notes:**

**More Than Words: Goal**

The goal of this lesson is:

- > To practice looking for the meaning behind the words when communicating with persons with dementia



Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 3 of 6

More Than Words: Goal—Slide 3 of 6

SAY

Here is the goal of this lesson presented more clearly! We are going to practice looking for the meaning behind the words when communicating with persons with dementia.

**Notes:**

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**Exercise: More Than Words—Slide 4 of 6****Instructor Guidance:**

In this exercise, participants are asked to interpret what someone is communicating, using more than words and looking for the feelings behind the words.

Before the activity, print the handout on A-5 and cut out the slips so that you have one slip for each pair of participants. There are three different scenarios, so determine how many slips of each you need for your class.

Have the class work in pairs. Ask each pair to designate one member of the pair A and one member B.

Hand out one of the slips of paper to each A (so that pairs have different scenarios). Tell them to read and follow the instructions for sending the message on the slip. Tell B's to try to interpret the message. Clarify that this is not a game of charades. Partners will allow A's enough time to communicate the message and then give their interpretation. Give the participants two or three minutes. After the pairs are finished, use the questions on the next slide to discuss their experiences.

**Scenario 1**

**Instructions:** You may use only facial expressions and body language. You may **not** use words or noises.

**Message you want to send:** I have finished eating. I want to go lie down for a nap.

**Notes:**



## Scenario 2

Instructions: You must use only gibberish. You may **not** use understandable words. You may **not** use gestures or body language.

You say: Ebby bopo shoogy ma-kaa-daaaa.

Message you want to send: I need to go to the bathroom.

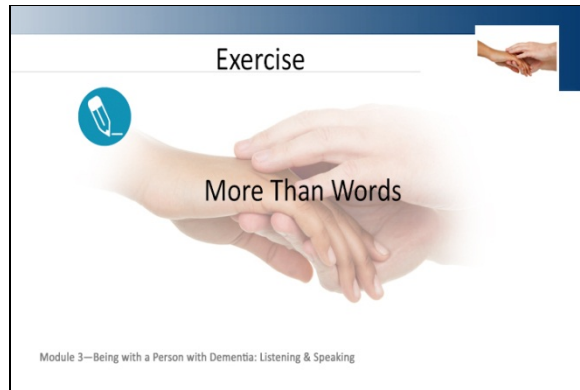
## Scenario 3

Instructions: You may use gestures, facial expressions and noises. You may **not** use words.

Message you want to send: Please help me. I feel alone.

**Notes:**

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Slide 4 of 6

**Notes:**

### Exercise: More Than Words



#### SAY

We are going to do an exercise to practice understanding what someone with dementia might be saying to us.

#### DO

Have the class work in pairs. Ask each pair to designate one member A and one member B.

Hand out one of the instruction slips to each A (so that pairs have different scenarios).

**SAY**

In this exercise, the A's will read the slip of paper and try to communicate the message to their partners using the instructions given. Pay careful attention to the instructions because they will tell you what you can and cannot do in trying to send these messages. The B's will try to understand what their partners are saying. After a few minutes, we will come back together as a group and talk about what happened.

**Notes:**

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**Discussion: More Than Words—Slide 5 of 6****Instructor Guidance:**

Once the pairs have completed the exercise, have the class go back to their seats.



Use these questions to discuss participants' experiences.

First, ask the A's to share their experiences.

- When you could not use words, did you still have something you were trying to communicate?
- How did you feel trying to get your message across?



Discussion might include:

- Participants still had a message to communicate, even though they could not use words.
- They had to rely on nonverbal communication to try to get their messages across.
- It was very frustrating to be limited in how they could communicate the message.
- Participants became angry because their partners could not understand. They might have also been angry with themselves because they couldn't get their messages across.

**Notes:**

- Some of the messages were urgent ones so it was very stressful to get the message across in the limited time.



Then ask the B's to share their experiences.

- What do you think your partner was trying to tell you?
- What feelings did he or she try to communicate?
- How did you try to understand what your partner was saying?
- How did you feel trying to interpret your partner's message?



Discussion might include:

- Although they could not clearly understand what their partners were trying to communicate, they had a sense of how they felt.
- They observed their partners' nonverbal communication to try to understand.
- It was very frustrating to try to understand what their partners were saying.
- They wished they could have understood their partners better.
- They found themselves getting impatient with themselves and their partners.



Ask everyone:

How might we respond to persons with dementia when we don't understand what they are saying but are trying to understand their feelings?

**Notes:**

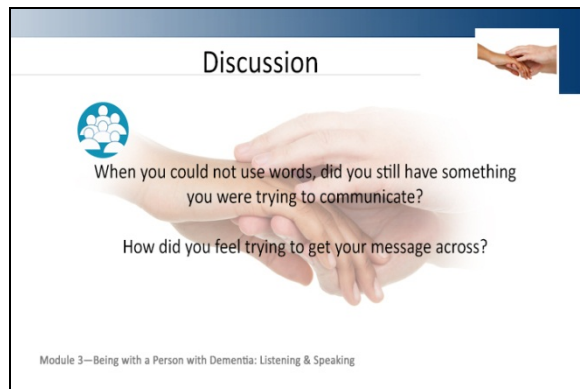


Answers might include:

- Say something to let them know you are listening and trying to understand. For example, “okay,” “I’m listening,” or “I’m here for you.”
- Let them know you are trying to help them.
- Walk with them.
- Make eye contact.
- Touch their arm to let them know you are present and listening.

**Notes:**





Slide 5 of 6

### Discussion: More Than Words



#### ASK

First, ask the A's to share their experiences.

- When you could not use words, did you still have something you were trying to communicate?
- How did you feel trying to get your message across?

Then ask the B's to share their experiences.

- What do you think your partner was trying to tell you?
- What feelings did he or she try to communicate?
- How did you try to understand what your partner was saying?
- How did you feel trying to interpret your partner's message?

#### Notes:

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**More Than Words: Summary—Slide 6 of 6**

**Instructor Guidance:**




In this lesson participants explored understanding and practicing communication as more than words.

**Notes:**

**More Than Words: Summary**

In this lesson, you've learned about:

- > Looking for the meaning behind the words when communicating with persons with dementia



Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 6 of 6

### More Than Words: Summary

#### SAY

In this lesson we practiced looking for the meaning behind the words. Persons with dementia have challenges with listening and speaking. It is up to us to try to interpret what they are communicating by looking at the feelings behind the words.

#### Notes:

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## VI. Conclusion

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**Congratulations!—Slide 1 of 1**

**Instructor Guidance:**



This slide summarizes the topics covered in this module.

**Notes:**

**Congratulations!**

In this module, you've learned about communicating with persons with dementia:

- > Their unique communication needs
- > Strategies for communicating
- > Impact of your interactions
- > How to look for meaning

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 1 of 1

**Notes:**

## Conclusion



### SAY

In this module, we have discussed being with a person with dementia—listening to and speaking with him or her. We started with understanding the brain changes that happen with dementia that result in communication challenges. When we understand how dementia affects someone and try to see things from his or her perspective—to step into his or her world—we can be better communicators.

Communication is not just about listening and speaking, or sending and receiving messages. Listening is more than hearing what someone is saying; it is about understanding what that person is trying to say through both words and actions. Speaking is more than words. It is about the message you send to people with tone and body language.

Communication is about making someone feel *heard* and being present to him or her. It is about treating each other with dignity and respect, which are fundamental human needs.

**ASK**

What is one thing you learned or relearned from this module?

**Notes:**

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**Module 3 Video Clips—Slide 6 of 6****Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Video Clip 1—Good Morning—Jane.
- Video Clip 2—Good Morning—Heather.
- Video Clip 3—Dr. Power.

**Notes:**



Module 3 Video Clips

Communicating with Persons with Dementia

Video Clip 1  
Video Clip 2  
Video Clip 3

Select a video clip above

Module 3—Being with a Person with Dementia: Listening & Speaking

Slide 6 of 6

Module 3 Video Clips

**Notes:**

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**Appendix**

Training Follow-Up Activity .....A-2

Handout: Good Morning Clip 2.....A-3

Handout: Exercise: More Than Words .....A-5

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**Training Follow-Up Activity****Instructor Guidance:**

On a Post-it® note, write down an area discussed in this module that you would like to improve upon and stick the note on the wall (or bulletin board) as an example for the participants. Ask participants to write down one area they want to improve upon and stick their notes on the wall/board as well.

Examples of good communication with persons with dementia:

- Talk slowly.
- Speak to them at eye level.
- Make eye contact.
- Ensure that body language and expressions match words.
- Do not approach from behind.
- Be patient.
- Maintain a positive attitude.
- Give instructions one at a time.
- Use clear, descriptive terms when speaking.

**Notes:**

**Good Morning Clip 2**

Below are strategies that we can use to communicate more effectively with persons with dementia. Which of these did you see in the video clip? Check off the ones you noticed the aide using with Mrs. Caputo.

- |  |   |
|--|---|
| <input type="checkbox"/> Always identify yourself.   | <input type="checkbox"/> Give her enough time to talk or to respond.          |
| <input type="checkbox"/> Call her by the name she prefers.   | <input type="checkbox"/> Speak slowly.  |
| <input type="checkbox"/> Keep in mind that, depending on where that individual is in her dementia, she might not respond to certain names. For example, if she thinks she is in a time before she was married, she might not think of herself as “Mrs.____.” | <input type="checkbox"/> Speak in short, simple sentences.                    |
| <input type="checkbox"/> Be at her eye level.  | <input type="checkbox"/> Be patient.  |
| <input type="checkbox"/> Make eye contact with her.  | <input type="checkbox"/> Be specific.   |
| <input type="checkbox"/> Sit down with her if possible.  | <input type="checkbox"/> Ask one question at a time.                          |
| <input type="checkbox"/> Really listen to her. Give her your complete attention.   | <input type="checkbox"/> Give one direction at a time.                        |
| <input type="checkbox"/> Pay attention to your body language. It’s showing you are present to that person.   | <input type="checkbox"/> Repeat questions or instructions if needed.          |
| <input type="checkbox"/> Use visual and verbal cues to get your message across.  | <input type="checkbox"/> Ask how you can help.                                |
| <input type="checkbox"/> Look at the body language of the person with dementia to see what she might be trying to communicate.   | <input type="checkbox"/> Tell her what you are doing or going to do.          |
|  | <input type="checkbox"/> Reassure her with words and touch.                   |
|  | <input type="checkbox"/> Look for the feelings behind the words or actions.   |
|  | <input type="checkbox"/> Laughing with someone is a universal way to connect. |

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### Exercise: More Than Words

#### Scenario 1

Instructions:                      You may use only facial expressions and body language.  
   You may **not** use words or noises.

Message you want to send:    I have finished eating. I want to go lie down for a nap.

#### Scenario 2

Instructions:                      You must use only gibberish. You may **not** use understandable words.  
   You may **not** use gestures or body language.

You say:                              Ebby bopo shoogy ma-kaa-daaaa.

Message you want to send:    I need to go to the bathroom.

#### Scenario 3

Instructions:                      You may use gestures, facial expressions and noises.  
   You may **not** use words.

Message you want to send:    Please help me. I feel alone.

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