

COMPLETE & RETURN

- ROSTER
- TESTS
- EVALUATION

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NURSING HOME #NH 2772
ASSISTED LIVING #ALF 909
HOME HEALTH CARE #HH 1175

ROSTER

Program Title: **COMMUNICATING W/COGNITIVELY IMPAIRED CLIENTS (1 HR)**

Date: _____ Facility Name: _____

*******PLEASE PRINT CLEARLY*******

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

1. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

2. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

3. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

4. NAME _____ PHONE _____
ADDRESS _____

EMAIL _____

COMMUNICATING WITH THE COGNITIVELY IMPAIRED CLIENTS

OBJECTIVES: Upon completion of program, participants will be able to :

1. Recognize language changes in individuals with memory disorders.
2. Identify some of the communication losses that occur as the disease progresses.
3. List specific techniques that can be used to communicate with a person who is cognitively impaired.

HANDOUTS

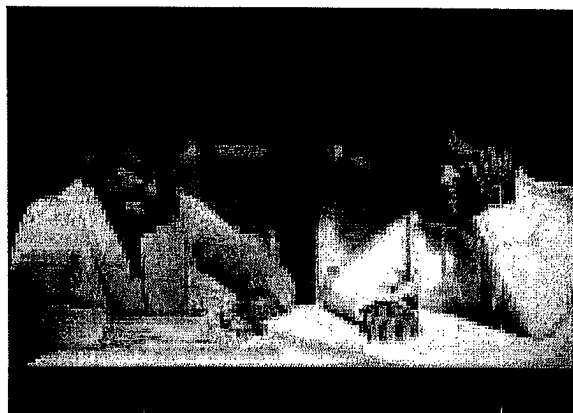
1. Non-Verbal and Verbal Communication
2. Communication and Cognitively Impaired Client
3. 12 Steps to Improved Communication

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COMMUNICATION

People communicate both verbally and nonverbally. Verbal communication is an exchange of words or noises that express thoughts or emotions. Nonverbal communication consists of gestures, facial and body expressions, touch, and tone of voice. Memory disorders such as Alzheimer's Disease affect the ability to use and understand both nonverbal and verbal communication. People with Alzheimer's do not understand information coming to them.

While their sense of hearing and eyesight may be fine, the brain systems that make sense of incoming information may not be able to process it properly. What they hear, see, or read may not make sense. Some information may get lost; other signals become confused. The end result is that people with Alzheimer's Disease often are unable to understand what is going on around them and may react in confused or inappropriate ways.



Effective communication requires speaking and being heard. It is important to listen carefully to people with Alzheimer's Disease, because what they say may not be easy to understand. Listen for key words and phrases which, taken alone, may not make sense but in the context of the situation may have a great deal of meaning.

The following two handouts define nonverbal and verbal communication, explain how Alzheimer's Disease affects communication, and offer suggestions for how the staff and other caregivers can ease communications with people who have Alzheimer's Disease.



NON-VERBAL COMMUNICATIONS

Non verbal communication, often called body language, is an important part of how people communicate. Nonverbal communication is, essentially, communicating without words. For example, a person who withdraws and places their arms over their head or chest may be communicating fear. The caregiver may interpret it as a startle.

Nonverbal messages are sent through:

1. Gestures
2. Body Movements
3. Facial Expressions
4. Touch
5. Tone of Voice and Speed of Words





When people lose their word skills, nonverbal communication becomes critical. Sometimes people with Alzheimer's Disease who no longer understand spoken words depend on body language for their information. It is especially important that caregivers be aware of their own body language and the messages it sends. In addition, caregivers should learn to read the body language of people with Alzheimer's Disease to help figure out what their needs are and how they're feeling. Remember that a smile can help connect, calm and reassure a person with Alzheimer's Disease even after the ability to use and understand language is gone.

VERBAL COMMUNICATION & LANGUAGE CHANGES

People with Alzheimer's Disease experience changes in their ability to use words. At first they may have a hard time finding the exact word to use in a sentence. Later they may have a great deal of trouble finding most words and have to use many "filler"

words to talk. In the latter stages of the disease, there may be very little language though they are trying hard to speak. They may use nonwords, speak gibberish, and be unaware that they are not making sense.

It's important to recognize that communication is a two-way street. Effective communication requires both speaking and being heard. Caregivers must listen carefully to people with Alzheimer's Disease because what they say may not be easy to understand. Sometimes words and phrases may not make sense on their own, but once considered in the context of the situation may be more easily understood.

COMMUNICATION AND ALZHEIMER'S DISEASE

The steady loss of communication skills is one of the hallmarks of Alzheimer's Disease. The information presented in the section explains some of the behaviors the staff can expect from their clients with Alzheimer's Disease, and offers tips and techniques for making communication clearer during each stage of the disease.



Early in the disease, people with Alzheimer's are often aware of gaps in their communication. If they are aware of language difficulties, they may try hard to cover them. They may make up stories, or act indignant, tough, stubborn, nervous or anxious. Or they may admit their difficulty coping with a particular task or problem.



Many people withdraw and avoid troublesome situations that might reveal their problems with communication. They don't want others to see them fumble at a task they could once do easily.

Keep in mind that people with Alzheimer's Disease may have trouble with some tasks because they don't remember the purpose, task or instructions given to them. Sometimes all that is needed is gentle reminders.

STAGE ONE—EARLY

Closely related words are substituted for forgotten words. When you can't make out what a person with Alzheimer's needs, point to the objects in question while asking questions: "Do you want your purse? Your comb?"

The person will have trouble understanding and following directions. Repeat your sentences slowly and your directions clear. "Mother, fold the scarf." "Put the scarf in the drawer." "Close the drawer."

STAGE TWO----MIDDLE

At this stage, recall and word recognition decrease, and attention span is shortened. A person with Alzheimer's may change the subject often. You may need to repeat the same question or sentence many times and in different ways before it's understood.

STAGE THREE----LATE

Toward the end, a person with Alzheimer's Disease loses almost all ability to communicate or understand. Both long- and short-term memory are severely impaired, and he or she is totally dependent on the care giver.

HANDOUT #1

NONVERBAL AND VERBAL COMMUNICATION

Nonverbal Communication

When people lose their word skill, nonverbal communication becomes critical. Sometimes people with Alzheimer's Disease who no longer understand spoken words depend on body language for their information. It is especially important that caregivers be aware of their own body language and the messages it sends. In addition, caregivers should learn to read the body language of people with Alzheimer's Disease to identify their needs and how they are feeling.

Tips & Techniques

Some guidelines related to nonverbal communication include:

1. Use all senses, such as vision, hearing, touch, smell, and taste
2. If a person seems to ignore you and is unreceptive, leave him or her alone for a few minutes. Tell the person that you understand he or she wants to be alone and that you will return.
3. Be sensitive to nonverbal messages. Be aware of your own nonverbal communication and use it to help calm, cheer, or encourage.
4. Make nonverbal messages match your words. Smile when you greet someone, wave when you are saying goodbye.
5. Adopt positive, pleasant nonverbal behaviors to reassure and encourage. Look at facial expression and body posture to determine what is pleasurable or uncomfortable. Remember that you may be conveying emotions, such as sadness or irritation, through your actions more than through your words. If you are in a hurry, frowning, or speak quickly and angrily, a person with Alzheimer's Disease will react to your emotions.

Verbal Communication

People with Alzheimer's Disease may:

- ▶ Not be able to keep up with a conversation
- ▶ Not understand instructions, or be unable to remember all the steps
- ▶ Get confused during conversation when there is background music or many people are around.
- ▶ Finish a large meal, then go into the kitchen and seeing the dishes being washed, ask "When do we eat?"



Tips & Techniques

Here are some suggestions to help get clear messages to the person with Alzheimer's Disease:

1. Use simple, short sentences. Organize your thoughts in the shortest sentence possible. For example: "Come for a walk," not "isn't it a nice day outside to go for a walk and watch the squirrels and birds?"
2. Say the person's name. Establish eye contact. Speak clearly, calmly, and repeat as needed. Be aware of hearing difficulties.
3. Look for clues, such as eye contact or facial expression, that the person heard you. Does the person respond appropriately? Which of the person's words or actions are the actual response?
4. Act out the message. Point to the object you're talking about.
5. Find out if the person has nickname or if they go by a shortened version of their proper name (for example, Maggie instead of Margaret.) Address the person by the name their family and friends use.

HANDOUT #2

COMMUNICATION & ALZHEIMER'S DISEASE

Stage One (Early) Tips & Techniques

People in the early stage of Alzheimer's Disease often have some difficulty understanding what is being asked of them or communicating their thoughts. Here are some suggestions for making communication clearer:

- ◆ Discuss important business during the morning when everyone is fresh.
- ◆ Focus on one topic at a time.
- ◆ Use specific words, names of people, and objects.
- ◆ Do not use pronouns or general language.
- ◆ Words and events may be forgotten at first stage. Don't take it personally if birthdays or other special events are forgotten.

Stage Two (Middle) Tips & Techniques

People in this stage of Alzheimer's Disease often need help focusing on the world around them. Try some of these suggestions:

- ◆ Give stimulation that can be sensed emotionally, like touch and music.
- ◆ Present objects with the quality of moderate novelty. Things that are familiar enough so they aren't frightening or confusing, but unusual enough to be interesting
- ◆ Give touch in a systematic way. Stimulate the person's forehead, cheeks, ears, neck, shoulders, back, forearms, hands, feet, and lower legs, through small circular stroking movements. Use skin lotion to protect the skin.
- ◆ Stimulate smell with bread, wood, hay, soft soap, fur, camphor, yarn, tar.
- ◆ Comb the person's hair and give him or her an opportunity to look in the mirror.

- ◆ Stimulate taste buds.
- ◆ Elicit listening behavior and maintain attention by touching.
- ◆ If the person speaks only in single words, then you should speak in single words. However, the person may be able to understand better than he/she can talk.

Stage Three (Late) Tips & Techniques

There are some things you can do to maintain lines of communication and connection with the person in the final stage of Alzheimer's Disease. Suggestions include:

- ◆ Continue speaking warmly, quietly, and with eye contact.
- ◆ Pat or stroke the person. Touch with love.
- ◆ Smile. After all else is lost, a smile can calm and bring joy.



12 STEPS TO IMPROVED COMMUNICATION

1. Get the person's attention. Use eye contact.
2. Speak clearly, in short, direct sentences—use one-step commands.
 3. Be willing to repeat and rephrase.
 4. Don't use slang.
 5. Keep your tone warm and gentle.
 6. Ask simple questions.
 7. Show respect and be sensitive to cultural and regional differences.
 8. Avoid pronouns-use specific words and names for clarity.
 9. Write big, clear messages and post them.
 10. Use your nonverbal skills. Smile!
 11. Praise and encourage the person; show affection.
 12. Be patient!

Communicating with the Cognitively Impaired Client ----- Quiz

NAME: _____ DATE: _____

1. Identify language changes in individuals with memory disorders.
2. Identify some of the communication losses that occur as the disease progresses.
3. List specific techniques that can be used to communicate with a person who is cognitively impaired.

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NURSING HOME #NH 2772 ASSISTED LIVING #ALF 909 HOME HEALTH CARE #HH 1175**

PROGRAM EVALUATION

COURSE TITLE: COMMUNICATION W/COGNITIVELY IMPAIRED (1 HR)

DATE: _____ LOCATION: _____

Please evaluate by circling the appropriate rating:

5-Excellent 4-Above average 3-Average 2-Fair 1-Poor

- | | |
|---|----------------------|
| 1. Overall quality of the program | 5 4 3 2 1 |
| 2. Overall content of the program | |
| a. content can improve my ability to perform my job | 5 4 3 2 1 |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1 |
| c. the material was current | 5 4 3 2 1 |
| 3. Achieved stated objectives | |
| a. total number of objectives in program _____ | |
| b. circle the number of met objectives | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed | 5 4 3 2 1 |
| 4. Overall organization of the program | |
| a. material was organized to facilitate learning | 5 4 3 2 1 |
| b. material covered was adequate and accurate | 5 4 3 2 1 |

What did you like best about the program?

Your suggestions for improving this program.

Any topic ideas for future in-service programs

THANK YOU FOR USING PEGCO INC. WE APPRECIATE YOU.