Conversational Treatments & Caregiver Training for Dementia

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Conversational Treatments for Dementia
Conversational approaches

• Naturally occurring, ecologically valid contexts for communication
• Purposes are similar for individuals with aphasia and dementia
  – Opportunity for social interaction
  – Opportunity to demonstrate preserved language & cognitive abilities, & social roles
  – Opportunity to practice using communication strategies (clients and communication partners/caregivers)
Conversation and individuals with dementia

- Opportunities for social interaction may be limited and often need to be created
- Conversations should be structured to
  - maximize positive emotions, language, behavior
  - capitalize on spared abilities & personal interests
- Focus on conversation groups
  - Context
  - Clinician Strategies
  - Examples
  - Evidence
Context is key

• Create context to
  – reduce demands on impaired episodic & working memory,
  – facilitate recognition,
  – stimulate spared semantic & procedural memories,
  – stimulate preserved reading ability,
  – maintain social roles
Creating Context

• Reminiscence Therapy  (Petryk & Hopper, 2010; Pimentel, 2010)
• Memory Books and Reminder Cards  (Bourgeois, 2007)
• Montessori Activities  (Camp et al., 1997; Judge et al., 2000)
• Book clubs
  • Dementia-specific reading materials  (Camp & Skrajner, 2004)
  • Question-Asking Reading  (Stevens et al., 1998)
• Role Maintenance using visual cues  (Dijkstra et al. 2006)
• Clinician Questions  (Arkin, 2005)
Reminiscence therapy: Multi-Sensory Input

- An activity/intervention in which individuals reflect upon the past in a structured setting
- Group RT sessions typically involve props to create context
- The context is related to a theme (e.g., work, vacations, music, marriage)
- Facilitator asks questions about the theme while engaging participants in the props
Reminiscence stimulates Memory

- Reminiscence involves conversations of events from the individual’s remote past
- *Reminiscence Bump:* The disproportionately higher recall of early-life memories by older adults
- Reminiscence capitalizes on spared memory abilities, reveals personal history, and may enhance caregiver empathy, facilitating a personhood approach to caring
Possible reminiscence props

- **Music** – from certain eras; favorite singers or kinds of music; sing alongs
- **Aromas** – baking bread, mother’s favorite perfume
- **Pictures** – photographs of work environments or favorite places
- **Written materials** – pamphlets, song lyrics, greeting cards & letters
- **Objects** – butter churner, old style scales from confectionary store

• Consider sensory abilities, culture, personal history
Reminiscence Example
(Rainbow, 2003)

- Bob often spoke about when he was a young man, just starting work, still living with his parents

- **Theme** of work was ideal; memories that gave him the most pleasure were those about his father’s love of model railways

- **Props**: sound recordings of train whistles, photos of old train stations, signal boxes, steam trains; old train timetables; loan of model railway from local museum
Evidence for Reminiscence therapy

(Kim et al., 2006)

- Systematic review of the evidence and outcomes associated with group RT
- Generally, outcomes were positive for people with moderate-severe dementias:
  - maintenance over time in cognitive abilities (memory)
  - improved affect
  - fewer problem behaviours
External memory & communication aids
(Bourgeois & Hickey, 2009)

• Graphic and Written Cues:
  – To enhance conversation
  – To reduce repetitive verbal behaviors
    • Memory Wallets and Memory Books (Bourgeois, 1990; 1992)
    • Index Cards & memo boards (Bourgeois et al., 1997)
    • Reminder cards (Bourgeois, 2007)
Memory Books and wallets
(Bourgeois, 2007)
Index Card/Reminder Cards, Memo Boards

(Bourgeois, 2007)
Reminder Cards: Helpful hints
(Bourgeois, 2007)

• Print a clear message
  – Use large print; Use a few, simple, positive words.

• Make the message personal
  – Use personal pronouns (I, my, we) in the message.

• Read the message aloud
  – If there are reading errors, change the message.
Making Wearable Memory/Communication Aids
(Bourgeois, Dijkstra, & Hickey, 2007)
Activity Modifications
(Bourgeois, 2001; Bourgeois & Hickey, 2009; Eisner, 2001)

• Use strengths and interests of individual

• Modify according to cognitive and communication strengths and needs
  – e.g., Bridge player → Crazy 8s → sort cards by color
  – e.g., knitting/sewing → sorting fabric, easy “sewing” with ribbons or yarn

• Use Montessori techniques
Montessori-Based Activities
(Camp and colleagues, 1997)

• Montessori activities were originally developed for children and include materials and tasks that require active participation
  – promotes learning through procedural memory system,
  – utilizes concrete everyday stimuli to facilitate action and memory
  – reduces demands on episodic and working memory by using structured tasks and repetition

• Camp and colleagues (1997) pioneered the use of Montessori principles with AD patients
Book Clubs: Dementia-specific reading materials

Hearthstone Readers, Hearthstone Foundation, Woburn, MA

Lydia Burdick, Health Professions Press
Question-Asking Reading

(Stevens et al., 1998)

• Participants each have copy of book
• Participants read aloud, taking turns by paragraph
• Participants take turns reading Question cards and finding answers in text
• Results: Improved engagement & satisfaction with activity
• Persons with dementia lead activity; no staff required (Camp & Skrajner, 2004)
Clinician Questions:
Personal Identity and Role Maintenance

• *Pros and Cons* (Arkin, 2005)
• Ask the client what is good/bad about selected topics
  • Watching television, Pantyhose, Visiting relatives
  • Shoplifting, Assisted Suicide, Medical Marijuana

• *Advice and opinion scenarios* (Dijkstra et al., 2006)
  – What advice can you give me about…
    Marriage? Raising kids? Buying a car?
Visual Cues for Role Maintenance

Teaching others to make a recipe: each step accompanied by a picture and written cue.

(Dijkstra et al., 2006)
Question asking strategies

• Questions should reduce demands on episodic memory – yes/no, choice

• Use open-ended questions that tap into semantic memory
  – EM: When did you retire?
  – SM: How do you like retirement?
  – EM: When did you go to Italy?
  – SM: What do you think of Italy?
Evidence for open-ended questions in conversation

• Positive language output and successful communication interactions when using open-ended questions
  – designed to elicit feelings, opinions and conceptual, factual information
    (Dijkstra et al., 2006; Tappen et al., 1997; Small & Perry, 2005; Petryk & Hopper, 2010)

• Pair with written and graphic cues to aid in context setting and recall
Measuring treatment effects

• Quantitative
  – Language output: amount and type
    • # number of words said; # of on topic statements
  – Pragmatic language:
    • turn taking, # of initiations
  – Engagement:
    • # of times each person participates (Orsulic-Jeras, Judge & Camp, 2000);

• Qualitative
  – Perceptions of affect, nonverbal communication (observations, reports from caregivers)
TRAINING FOR CAREGIVERS OF PERSONS WITH DEMENTIA
Frustrations with communication
(Bourgeois & Hickey, 2009)

• Do not understand the communication problems associated with aphasia or dementia

• Do not have the skills needed to prevent or repair communication breakdowns.
Caregivers need assistance to understand:

(Bourgeois & Hickey, 2009)

- The progressive decline in communication skills over the course of dementia
- The impact on problem behaviors
- Strategies to ease the stress and burden of impaired communication
Carer Training Programs
(Bayles & Tomoeda, 1993; Hopper, 2001)

• Persons with AD cannot purposefully modify their communication behaviors

• The success of interactions depends upon caregivers’ modifications of their own behavior

• Strategies are recommended because they reduce demands on impaired systems and/or capitalize on relatively spared ones
Matching intervention to need
(Bourgeois & Hickey, 2009)

• Must match the most effective intervention components to the particular needs of specific caregivers.

• Avoid providing unnecessary or ineffective components.

• Too many choices may overwhelm caregivers or lead to nonuse of services.
Meta-analysis of 30 psychosocial interventions for caregivers (Brodaty, Green, & Koschera, 2003)

- Significant benefits in caregiver psychological distress and caregiver knowledge, particularly when:
  - the care-recipients were involved in the intervention (i.e., when caregivers learned how to modify behaviors)
  - programs were more intensive
  - programs were tailored to caregivers’ needs
Rank order of most frequently recommended communication strategies (Small & Gutman, 2002)

1. Use short simple sentences.
2. Speak slowly.
3. Ask one question or give one instruction at a time.
4. Approach slowly and from the front; establish and maintain eye contact.
5. Eliminate distractions (e.g., tv, radio)
6. Avoid interrupting the person; allow plenty of time for responding
7. Use yes/no rather than open-ended questions.
8. Encourage circumlocution during word finding problems
9. Repeat messages with the same wording.
10. Paraphrase repeated messages
The interplay of two types of communication strategies (Small, 2009)

• Compensatory strategies
  – Accommodate to another person’s communication challenges by modifying one’s language and the context of communication (see comprehensive reviews in Bourgeois & Hickey, 2009; Bayles & Tomoeda, 2007)

• Relational/Connecting strategies
  – Reaching out and acknowledging a person’s competence, abilities & sharing experiences together
Connecting strategies
(Small, 2009)

• Core strategies:
  – Encourage and invite (rather than ignore)
  – Respect (No patronizing speech, limited interruptions, guidance and choice rather than directives)
  – Validate

• Guidelines for Having a Satisfying Conversation (Bourgeois, 2007):
  – Ask permission, guide, redirect, reassure, smile & act interested, thank the person
  – Do not quiz, do not correct or contradict
Decision-making “Menus”

• Persons with dementia should be involved in decision-making in day-to-day life
  – Eating, sleeping, medication, leisure and exercise
Advanced Directives (Allen et al., 2003)

• Capacity ax
  – Most residents able to state simple tx preferences
  – Many did not have capacity to understand tx alternatives or consequences of tx choices

• Need to address proxies’ beliefs, residents’ decisional capacity and social engagement

• Should reduce reliance on memory in ax of capacity process

• Interventions are needed to engage residents and families in end-of-life planning
Environmental Modifications
(Bourgeois & Hickey, 2009)

• Physical environment
  – Lighting
  – Sound
    • Reduce noise
    • Ensure hearing aids are working
  – Signs/cues
  – Furniture arrangement

• Natural environment
  – Animals
  – Plants
Eating/Swallowing Problems

- Give real dishes, silverware
- Remove trays
- Present items individually in small portions
- Use mixture of temperatures (and textures if not orally defensive)
- Give items that look like real food
- Label items
- Provide written cues (e.g., on separate cards – “Open your mouth” “Chew” “Swallow”)
- Allow to eat alone as needed
- Eat “by the way” or cocktail party approach
- Comfort tray - selection of fluids, jello, etc.
Internet resources for family caregivers

• Area Agency on Aging: www.n4a.org
  – Source for eldercare local community services: www.n4a.org/locator

• Administration on Aging: www.aoa.gov

• Alzheimer’s Association: www.alz.org

• Alzheimer’s Foundation of America: www.alzfdn.org

• ADEAR (Alzheimer Disease Education and Referral Center): www.alzheimers.org

• American Geriatrics Society: www.americangeriatrics.org
Internet resources for family caregivers

- Online Caregiver magazine:  [www.caregiver.com](http://www.caregiver.com)
- Source of large-print and adaptive household and leisure materials:  [www.eldercorner.com](http://www.eldercorner.com)
- Source of Video Respite tapes and other Alzheimer related materials:  [www.healthpropress.com](http://www.healthpropress.com)
Online Support Groups

• Alzheimer’s Association Online Community: http://alzheimers.infopop.cc/eve
• AlzOnline: http://alzonline.phhp.ufl.edu/
• Alzheimer’s Spoken Here: http://alzsh.net/
• Empowering Caregivers: http://www.care-givers.com/
• Elder Care Online: http://www.ec-online.net/
• National Family Caregiver Support program: www.fullcirclecare.org
References


