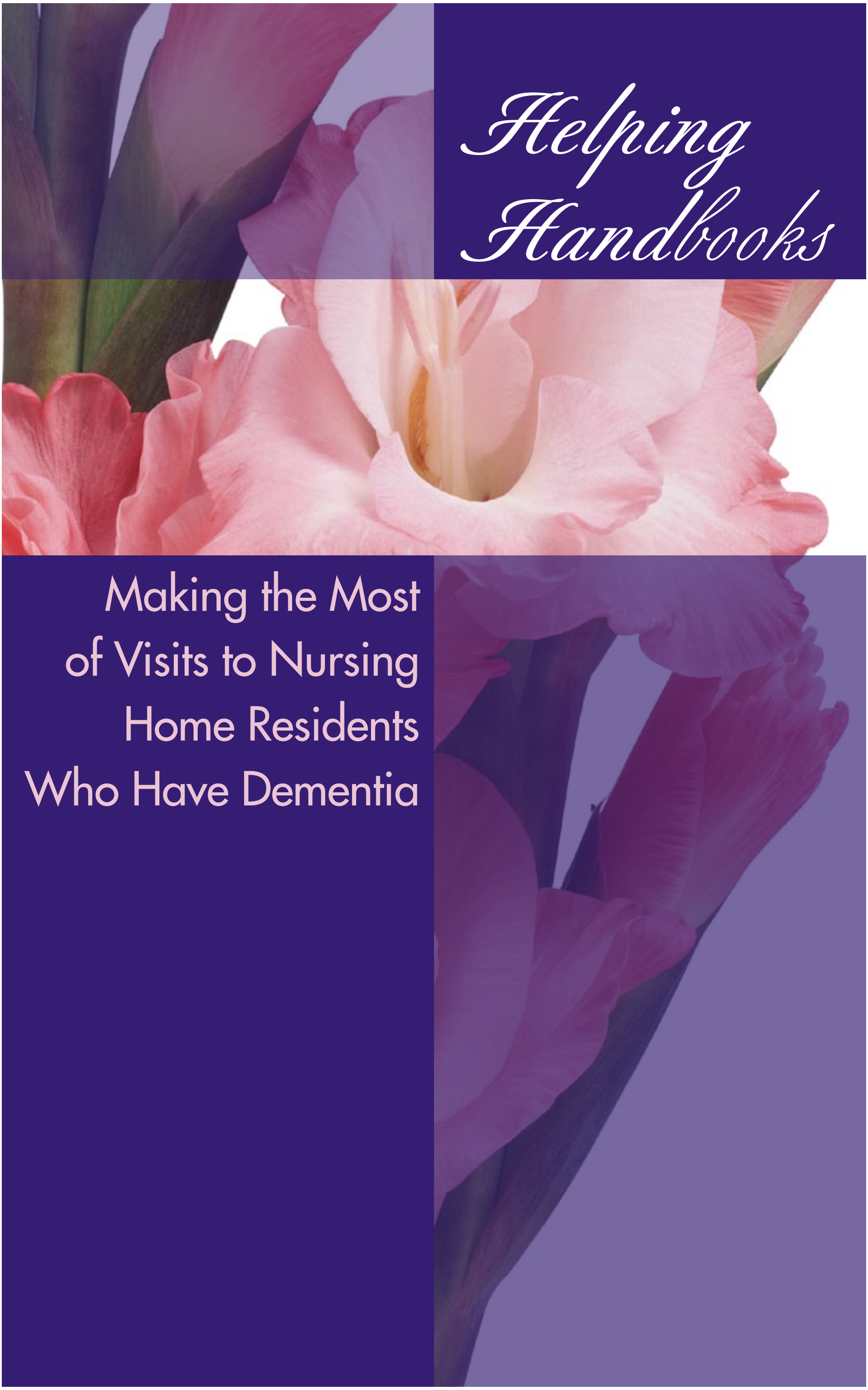
Helping Handbooks



Making the Most of Visits to Nursing Home Residents Who Have Dementia

It can be difficult to keep visiting a person in a nursing home, especially if the person may not remember that you have been there. There are many reasons to visit a person in a nursing home who has memory loss:

- To let the resident know you care
- To bring the resident pleasure
- To verify that the resident's basic needs are being provided for
- To learn something more about the resident's past.

Even if the resident cannot clearly remember you have been there once you leave, a feeling of pleasure, peace or comfort may remain.

Making the most of your visit

When talking to older people, it is important to prevent distractions and to help the resident to focus.

- Minimize background noise, such as turning off the TV.
- Avoid sitting between the resident and the light, or your face may just be a shadow.
- Make eye contact before talking.
- Realize that people with dementia may need more time to gather their thoughts. Be patient and comfortable with silences in the conversation.
- Pay close attention to what you can learn about the resident's feelings by watching facial expressions and other "body language."
- Touching the resident, even holding a hand can make it easier for the resident to focus.
- Help the resident find the thread of the conversation. If he or she gets distracted, say, "You were just telling me about. . . "

Most people with dementia go through different stages as the disease progresses, though not all go through all stages. Residents need different kinds of support and communication at different stages of the disease.

Early stages

In the early stages, the resident may be aware that his or her mind is not working correctly and may need to share frustrations and fears.

Some residents seem okay in the early stages, but they may lose control of their emotions. Frustrated at the losses they sense, they may lash out verbally, or even physically, at those closest to them. It's important to learn not to take the resident's anger personally, and to avoid getting angry in response.

Throughout the stages of dementia, it's important for you as caregiver to have someone you trust to talk to about the frustrations of trying to communicate with someone who has dementia.

Middle stages

In the middle stages, the resident is still able to talk but memories of past events may be better than for recent events. Reminiscing can help a resident reconnect with a sense of "self" and help the resident feel cared for.

It may be easier for people with moderate

dementia to choose between two choices than to answer a more general question. (Ask "Do you want this plain cookie or this chocolate one?" rather than "Which cookie do you want?) Give the person lots of time to respond.

As the disease progresses, your loved one will live less and less in the present. Sometimes he or she will recall the past so vividly that memories seem more real than the present. They may see scenes from the past rather than live in the present.

If a resident starts to talk about something, find ways help him or her talk more about it and tell you the story of what's going on inside his or her mind. Try to get "inside his or her head." Focus on understanding as much as possible about what the resident is thinking and feeling, how the resident is seeing the world.

Even if what the resident is saying does not make sense to you, trying to communicate often makes the resident feel better.

You don't need to confront the person with ways their view does not correspond to reality. At the same time, you do not need to agree with statements that are not correct. For example if a resident says, "I need to go put my children to bed" you can say, "Tell me about your children. Who is the oldest child?"

It is often more helpful to focus on the feelings behind the words, avoiding a discussion of whether the facts of the person's statement are correct. For instance, if a resident complains that someone has taken his or her money, it might be more helpful to say, "It's hard when it seems you had so much, and then you don't have anything," rather than saying, "No one took your money."

If the resident repeatedly asks, or demands, to be taken home, sympathize, saying something like, "I wish you were well enough to go home." Then go over the reasons the resident cannot go home. The resident likely will not remember what you say, but saying the reasons out loud can help you remind yourself that you are doing the best you can for the resident.

Late Stages

As the disease progresses, the resident may no longer initiate conversation. Even if the resident does not talk, keep talking. Tell stories of family (maybe the same ones the resident used to tell you). People are likely to retain memories based on smell, even long after others are lost. Do the remembering for the resident. Rather than asking, "Do you know who this is?" you might say, "Oh, here's Uncle Joe planting his garden. He was such a good gardener, I remember."

People with cognitive loss may be helped by taking in information from their different senses. Be aware of what senses a person can still use. Music the person enjoyed music in the past, and familiar objects and pictures may bring positive responses. Certain parts of the brain may remain less damaged, allowing residents to retain certain abilities. Many who can no longer speak can still sing along with songs they knew long ago.

Final Stages

In the final stages, when the resident can no longer talk or recognize you, he or she can still feel your presence and caring. Your presence is especially important to communicate the resident's needs to the staff to ensure that the resident gets needed help.

Making staff aware of the rich, full life the resident led, and the kind of person he or she was, can encourage staff to treat him or her with greater respect. One daughter, whose father was in a coma, put pictures of her father doing his favorite things (golfing and playing with his grandchildren) at the head of his bed so the staff would have a better sense of him as a person.

Be aware that the words we say are only a small part of communication, which a dementia resident may be less aware of than other types of communication, such as tone of voice, facial expression, how we sit and physical touch.

Validation Therapy

In the middle and later stages of dementia, an approach called Validation Therapy is often useful. It focuses on accepting and trying to understand the resident within his or her current state of mind, rather than trying to get the resident to focus on the here and now. Key points of validation therapy include:

- Goals of validation therapy
  - Help the older, disoriented person be as happy as possible.
  - Help the resident feel connected as the end of life approaches.
- Accept the person wherever they are at the moment.
- Focus on the person's feelings, even when you don't understand what the person's talking about.
- Look for the meanings behind behaviors.

Tips:

- Use touch
- Make close eye contact
- Use a low, caring tone of voice.
- Mirror non-verbal behavior. You can often connect with someone by doing what they do. If the resident rocks gently back and forth, try rocking too.
- Think about what the person might be trying to do, even when a behavior seems meaningless.
- Accept that people do things for reasons, even when you can't see the reason

When the resident talks:

- Let the resident tell the story of what is going on in his or her mind.
- Focus on the feelings behind the words.
- Don't argue about facts.
- Encourage the resident to talk by asking questions based on what gets brought up.

In summary:

Respond to feelings rather than content.

Don't take a resident's comments and behaviors personally.

Find out what the resident still responds to.

Remember that even very impaired residents continue to need caring relationships.

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