



SENIORS: ADDRESSING THE NEEDS OF THE POPULATION

Communicating Effectively with Persons who Have Alzheimer's Disease

Jeff A. Small, School of Audiology and Speech Sciences
University of British Columbia
Vancouver, British Columbia

Communicating with someone who has Alzheimer's disease (AD) can be both a challenging and rewarding experience. It can be a challenge because the disease process affects the person's abilities to stay on topic, remember information, formulate utterances and so forth. It can be rewarding because the quality of communication improves when the person with AD is supported by partners who adapt their behaviour and the context to the individual's needs, abilities, and preferences.



In response to the challenges of communicating with persons with AD, professionals and researchers have proposed a number of compensatory strategies for improving communication. These strategies include accommodating to the reduced capacities of the person with AD and modifying the environment. For instance, it has been recommended that partners eliminate distractions (e.g., radio in the background) in order to help the person with AD stay focused; and, partners are often encouraged to modify their speech to compensate for the individual's decline in memory and information processing capacities (e.g., by using simpler sentence structure or a slower speech rate). Although these and other strategies address specific communication needs, empirical research that documents their use and effectiveness has only recently begun to appear (see Orange, 2001, and Small et al., 2003, for discussion and references). For example, we investigated the effectiveness of ten recommended communication strategies used by family caregivers when interacting with their spouses with AD in the home (Small et al., 2003). Our findings indicated that eliminating distractions, using simpler sentence structure, and asking "yes-no" (rather than open-ended) questions enhance communication, whereas the use of a slower than normal speech rate does not.

A complementary approach to communicating effectively with people who have AD focuses on learning about and respecting the person's existing abilities, preferences, and meaning of his/her experience (e.g., Coker, 1998; Orange et al., 1995; Perry and O'Connor, 2002; Small et al., 1998). This person-centred philosophy views the individual as someone with feelings, desires and self-worth, who although requiring assistance, is still capable of communicating in meaningful ways. In so doing, it promotes a communication context in which the above-mentioned compensatory strategies are more likely to be successful. Indeed, without it the use of some strategies may be perceived by the person with AD as patronizing and may cre-

ate a barrier to effective communication. For example, although yes-no questions can be effective in enabling the person with AD to respond successfully, they limit the listener's response options and may be perceived as controlling by some individuals and/or in certain contexts. How the person with AD perceives being treated by others may also have consequences that extend beyond the immediate context. Levy (2001) reports that when older adults are positioned as incompetent, it can have negative effects on their memory performance, self-efficacy and will to live. In contrast, perceived competence can have a positive impact in these same domains. It is important, therefore, to employ compensatory strategies in a manner that supports a person's remaining abilities and respects his/her personhood.

Suggested Readings:

- Coker, E. (1998). Does your care plan tell my story? Documenting aspects of personhood in long term care. *Journal of Holistic Nursing*, 16, 435-53.
- Levy, B. R. (2001). Eradication of ageism requires addressing the enemy within. *The Gerontologist*, 41(5), 578-579.
- Orange, J. B. (2001). Family caregivers, communication, and Alzheimer's disease. In M. L. Hummert & J. F. Nussbaum (Eds.), *Aging, communication, and health* (pp. 225-248). Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Orange, J. B., Ryan, E. B., Meredith, S. D., & MacLean, M. J. (1995). Application of the communication enhancement model for long-term care residents with Alzheimer's disease. *Topics in Language Disorders*, 15(2), 20-35.
- Perry, J., & O'Connor, D. (2002). Preserving personhood: (Re)membering the spouse with dementia. *Family Relations*, 51, 55-62.
- Small, J.A., Geldart, K., Gutman, G., & Clarke Scott, M. (1998). The discourse of self in dementia. *Ageing and Society*, 18, 291-316.
- Small, J.A., Gutman, G., Makela, S. & Hillhouse, B. (2003). Effectiveness of communication strategies used by caregivers of persons with Alzheimer's disease during activities of daily living. *Journal of Speech, Language, and Hearing Research*, 46, 353-367.

For a complete listing of resources related to seniors, please see the CASLPA Web site, under the section "Professions." See sidebar on page 5.

The Challenges that lie ahead for S-LPs and audiologists who hope to address the needs of Canadians over the age of 65

Audiologists and S-LPs fulfill a unique role for senior adults with respect to assessing, diagnosing and treating communication, hearing and swallowing disorders. We also have a role in early identification of progressive neurological diseases. Sometimes it is the S-LP who is the first health care professional to diagnose a disorder of speech-language or swallowing that is part of an emerging neuro-degenerative disease. Early diagnosis and intervention are crucial with the elderly population.

We need to communicate that disorders of speech-language, hearing, and swallowing have an enormous impact on well-being, safety, nutrition, ability to socialize and quality of life. We must focus on the fact that many of the residents in long-term care/continuing care/nursing homes are underserved when it comes to their needs in this area.

We really need to emphasize the chronicity of an acquired communication disorder. So many of our senior adult patients have to learn to live with their communication disorder and we are uniquely trained to help them with that and to train family and professional caregivers how to communicate with loved ones who have aphasia, dysarthria, etc. The aphasia doesn't go away unless it is mild or secondary to a TIA.

Heather Tomlinson
Calgary, AB

After working in intermediate care facilities for about 10 years, we've adjusted our audiology programs to place more emphasis on adult day centres -and boy have we tapped a needy population of folks who still have tremendous interest in communication and socialization but who are struggling without much assistance with S-LP, hearing and swallowing disorders. And to my intense delight we seem to be making differences to independence and socialization which are delaying placement in care facilities. These day programs are often forgotten, but a very valuable place to target services and education.

When we started our outreach programs in Vancouver, we had the invaluable assistance of the Senior's Advisory Committee to the Mayor of Vancouver, and it was these fine folks - frail and elderly - some residents of care facilities - certainly the exceptions rather than the rule - but still consumers themselves - who fought for funding and got it. So let's not write older people off as advocates for themselves - members of many groups have already self-identified as people who are able to fight effectively.

Dorothy Fairholm
Vancouver, British Columbia

In Nova Scotia we have not seen an increase in funding for S-LP positions dedicated to adult/seniors in a very long time. The document *Shifting Sands, The Changing Shape of Atlantic Canada* indicates: "As time passes, the overall social cost of population aging in the Atlantic region is shifting in a gradual and predictable way from the needs of the young to the needs of an older population. This shift will require a corresponding policy and program shift in health, housing, education, economics, transportation, social services and other public sectors. The challenge for policy makers in every sector will be to manage the gradual shift in public spending from the needs of a

younger to an older population. This shift will require broad public understanding and support, and a shift in the way the public views taxation and public spending."

At present we do not have the staffing to provide direct services to patients in nursing home residences. We can only see long-term care residents if they can be transported to us. It is my understanding, however, that education programs for nursing home staff are being developed.

Perhaps it would be useful to use the media to inform the public of: national services that are currently available and services we would hope to provide in the future.

Susan McNeil
Nova Scotia

Check out the CASLPA Web for links to:

[Alberta Association on Gerontology](#)
[Aging Research Centre](#)
[Alliance for Aging Research](#)
[Alzheimer Society of Canada](#)
[American Geriatrics Society](#)
[American Society on Aging](#)
[Canada's Association for the Fifty-Plus](#)
[Canadian Association on Gerontology](#)
[The Canadian Centre for Activity and Aging](#)
[Canadian Home Care Association |](#)
[Centre for Policy on Ageing](#)
[Gerontologica Society of America](#)
[International Association on Gerontology](#)
[Nova Scotia Centre on Aging](#)
[Ontario Association of Non-Profit Homes & Services for Seniors](#)
[Ontario Gerontology Association](#)
[Ontario PsychoGeriatric Association](#)
[Ontario Residential Care Association](#)
[Regional Geriatric Program of Toronto's Online Services](#)
[Research into Ageing](#)
[Victorian Order of Nurses](#)
[Health Canada's Aging and Seniors Page](#)
[The National Institute on Aging](#)
[Nova Scotia's Seniors Citizens' Secretariat](#)
[Seniors Canada Online \(Health Canada\)](#)
[McMaster University - Gerontology](#)
[Queen's University - Geriatrics and Gerontology](#)
[Simon Fraser University Gerontology Research Centre](#)
[University of Toronto - Institute for Aging](#)
[University of Waterloo's Department of Gerontology](#)
[AgeInfo](#)
[AgeNet](#)
[Fifty-plus.net](#)
[IANet - The Interactive Aging Network](#)
[Seniors Search](#)
[United Generations Ontario](#)