

# Enhancing Communication in Alzheimer's Disease

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## Outline

- Definition, Diagnosis
- Language in Alzheimer's Disease (AD)
- Strategies for success:
  - The caregiver
  - The dyad
  - The group

## Dementia

- n A **group of symptoms** characterized by a decline in intellectual functioning severe enough to interfere with a person's normal daily activities and social relationships.
- n This **cognitive impairment** is persistent and progressive.

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## DSM IV (2000)

### Differential diagnosis (DSM-IV): Clinical Symptoms:

1. Multiple cognitive deficits: memory impairment plus deficit in at least one other domain:
  - § language (aphasia)
  - § executive function (planning, organizing, executing)
  - § visual and spatial function (agnosia)
  - § skilled motor movement (apraxia)
2. Significant changes in premorbid daily functioning
3. Gradual onset and continuing decline
4. Deficits not due to another medical condition

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## Alzheimer's Disease (AD)

Stage I (1-3 years post onset)

Stage II (2-10 years post-onset)

Stage III (8-12 years post-onset)

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## Typical Language Impairments



- n Stage I (Early)
  - Anomia, reduced comprehension, vague words, impaired word fluency, circumlocutions
- n Stage II (Middle)
  - Difficulty following commands, semantic paraphasias, irrelevant talk, difficulty maintaining topic, difficulty in making inferences
- n Stage 3 (Late)
  - Poor receptive & expressive ability, neologisms, echolalia (repeat words of others), palilalia (repeat own words)
- n End Stage
  - Little to no output, but aware of simple gestures, facial expressions

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## Language Deficits in AD - Summary



- n Difficulty producing the right words (anomia)
- n Difficulty understanding words, sentences, stories, discourse
- n Difficulty answering questions
- n Difficulty following directions
- n Difficulty participating in conversations

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## Behaviour & Dementia

- n Cognitive and linguistic decline results in problems dealing with demands of everyday living
  - frustration
- n Behavioural outbursts challenge the skills, creativity and coping resources of the caregiver

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## Strategies

- n Assist with tasks to maintain some independence for as long as possible.
- n Some strategies and your approach can help maintain communication
- n Your approach can help to make a difference!

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## Communication Tips: The Caregiver

**"FOCUSED"** Communication Strategies (Ripich, 1994;1998;1999)

### **F**ace to face

e.g., Face the patient and maintain eye contact

### **O**rientation

e.g., Repeat key words, repeat sentences verbatim

### **C**ontinuity

e.g., Continue the same topic of conversation

### **U**nsticking

e.g., suggest a word, ask "do you mean..?"

### **S**tructure

e.g., Provide simple choice questions

### **E**xchange

e.g., exchange ideas in conversation, provide clues

### **D**irect

e.g., Use short, simple sentences; use and repeat nouns, not pronouns; use gestures

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## Questions

n Yes/No > Choice > Open-Ended

n Questions about:

· Semantic Memory > Episodic Memory

(Ripich et al., 1999; Small et al., 2003; Small & Perry, 2005)

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## Types of Secondary (or Long-Term) Memory

n *Declarative*

· *Episodic*

*e.g. what you were doing when you heard about the tsunami in Indonesia?*

· *Semantic*

*e.g. what is a tsunami?*

n *Non-Declarative*

· *Procedural*

*e.g. making a cup of tea; riding a bicycle, etc.,*

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## Repetition

- n Verbal = Paraphrased
- n Caregivers use paraphrased > Verbatim (but neither more beneficial than other in repairing breakdowns) (Small et al., 2003; Wilson et al., 2010)
- n Verbatim ≠ more beneficial (severe AD) in LTC (Dijkstra et al., 2002)

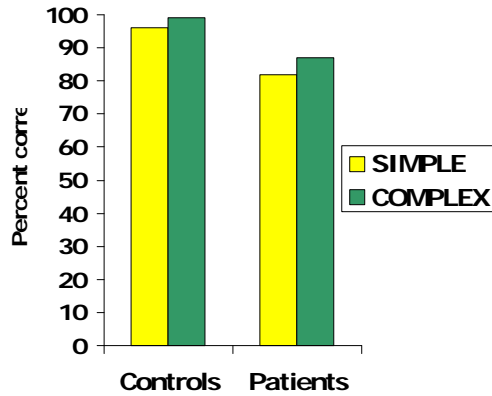
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## Slower & Simple Speech

- n Slowed speech rate:  
Not beneficial (Small et al., 1997, 2003; Pashek & Di Venere, 2006; Tomoeda et al., 1990)
- n Simple Sentences:  
Not beneficial (mild AD) (Rochon et al., 1994)  
Beneficial (severe AD) (Small, 2003)

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## Grammatical Complexity and Communication



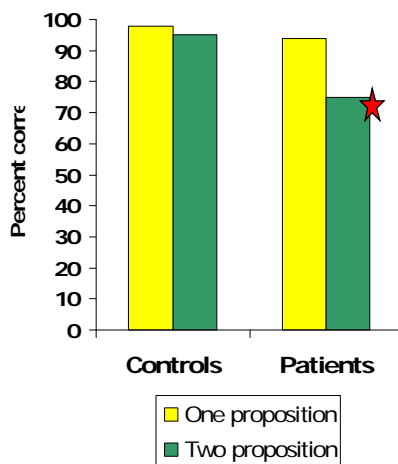
n **Simple**  
The girl pushed the boy.

n **Complex**  
The boy was pushed by the girl.

Rochon, E., et al., (1994).

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## Number of Propositions and Communication



n **One proposition**  
The boy chased the girl and the dog.

n **Two propositions**  
The boy kissed the girl and kicked the dog.

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## Research in Communication Abilities in AD

- n Slowed rate of speech and comprehension (Small et al., 1997)
- n Yes/No questions (Small et al., 2003)
- n Verbatim and paraphrased repetition (Small, Kemper & Lyons, 1997)
- n Pronoun versus noun use (Almor et al., 1999)
- n Number of conversation partners (Alberoni et al., 1992)

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## Benefits of Communication Strategies

	YES	NO
n Simplified Speech		Ö
n Fewer propositions	Ö	
n Slowed speech		Ö
n Yes-No questions	Ö	
n Verbatim repetition	Ö	

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## Benefits of Communication Strategies

	YES	NO
n Paraphrased repetition	Ö	
n Fewer pronouns	Ö	
n Fewer conversational partners	Ö	
n Eliminate distractions	Ö	

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## Other Communication Strategies (severe AD)

- n Imitation of verbal and non-verbal behaviour + making eye contact (Astell & Ellis, 2006)
- n Storytelling in a group format (Holm et al., 2004)
- n Background music or caregiver singing (Götell et al., 2009)
- n Tactile stimulation (Skovdahl et al., 2007)

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## Communication Tips: The Dyad

### Memory Books & Memory Wallets

(e.g., Bourgeois, 1990;1994;1996;1997)



Source of Pictures: <http://comm2.fsu.edu/programs/commdis/caregivers/memorybook.html>

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## Memory Aids

- Memory Books & Wallets (Bourgeois, 1994;1997)
  - Early Stages
    - Like Appointment book (important words, photos, events)
  - Moderate Stages
    - Like Scrapbook (life stages, events, photos, documents, mementos)
  - Later Stages
    - Wallet or flash cards (photos, biographical information, text)

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## Memory Aids

### Memory Aid Index Cards

**I have lived at 46 High Park Ave. for  
35 years.**

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## Memory Aids

### Memory Aid Index Cards

Today is Thursday,  
March 27, 2003

9:00 Eat Breakfast

11:00 Watch TV

12:00 Lunch with Jill

3:30 Visit with Jen

5:30 Dinner with Jill

7:00 Watch TV

9:30 Time for Bed

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## Memory Aids

### What is a memory book?

- n The memory book is a personalized binder containing information, pictures, photos and or maps describing an individual's social history (birth place, family, and friends, educational background), work history, leisure interests, hobbies and memorable life experiences.

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## Memory Aids

### What is the purpose/benefits

- n The purpose of the memory book is to help the patient who has communication and/ or cognitive limitation regain a sense of self while sharing their personal story with others. Using memory books can help family and staff members appreciate the individuality of the patient, thereby enhancing quality of life.

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## Memory Aids

### What to bring for the creation of the memory book?

- n Pictures (when patient was 20-30 yrs old and later photos)
- n Significant achievements/events (pictures, dates and information)
- n Personal history information/hobbies

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## Memory Aids

### How to Use a Memory Book

- n Use in a quiet comfortable environment (e.g., ask about the therapy room).
- n Make sure the patient has glasses and hearing aids if needed.
- n Use Yes/No and multiple choice questions.
- n Don't be rushed.
- n Be aware when the patient shows particular interest in a picture/topic.

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## Communication Tips : The Dyad

- n Written cues to modify verbally repetitive behaviors (Bourgeois et al., 1997)
  - Tailored to individual client
  - Use of written cueing system
  - Client looks at card when repetitive verbalization occurs
  - Verbal reinforcement provided

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## Repetitive Request Program

In advance: Plan a daily outing (location & time)

On an index card, write where and when you are going, draw a clock face and indicate time.

Try to insure that patient is wearing a shirt with a pocket.

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## Repetitive Request Program

- n In the morning, when patient makes the first request to go out say: "TODAY WE ARE GOING TO (location) AT (time). HERE IS A CARD THAT TELLS YOU THIS SO YOU CAN REMEMBER WHEN AND WHERE WE ARE GOING. IF YOU FORGET, LOOK AT THIS CARD." then help patient put it into his/her pocket and walk away.
- n If patient repeats this request, you say, "LOOK AT YOUR CARD," and walk away.

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## Repetitive Request Program

- n If you see patient does not have the card (or does not know it is in the pocket), give it to him/her and say, "HERE IS YOUR CARD THAT TELLS YOU WHEN WE ARE GOING OUT." Then walk away.
- n If you see patient looking at the card, say "GOOD, YOU'RE LOOKING AT THAT CARD THAT SAYS WE'LL BE GOING TO (location) AT (time)."

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## Communication Tips: Group Activities

n “Breakfast Club” conversation group (Boczko, 1994; Santo Pietro & Boczko, 1998)

- Step 1: Greetings, name tags, coffee
- Step 2: Introduction of discussion topic (use cues)

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## Communication Tips: Group Activities

n Step 2: Example of Cues

- Topic: JUICE
- Visual: Ask members to read labels on juice cans
- Semantic: Ask, “What kind of juice is squeezed from a fruit?”
- Paired choice: Ask, “Would you like apple or orange juice?”
- Carrier phrase: Say, “A cold glass of .....”.

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## Communication Tips: Group Activities

### n “Breakfast Club” conversation group

- Step 3: Introduction of additional topic (same cues as step 2)
- Step 4: Facilitator introduces topic of breakfast foods
- Step 5: Members name food items while making breakfast
- Step 6: Members prompted to problem-solve and sequence actions

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## Communication Tips: Group Activities

### n “Breakfast Club” conversation group

- Step 7: Food served, members chose second food
- Step 8: Facilitator serves coffee; direct questions and paired choice questions for milk and sugar
- Step 9: Facilitator encourages conversation while eating; 10 min conversation; 5 leading questions
- Step 10: Meeting ends; clean up and goodbye

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## Improving Communication

### DO's:

- n Introduce yourself.
- n Use the person's name.
- n Look directly at the person.
- n Introduce the topic.
- n Offer one idea at a time in your sentences.
- n Use gestures to accentuate your speech.
- n Use Yes/No and multiple choice questions.

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## Improving Communication

### DON'Ts:

- n Don't wait for the person to speak - initiate the conversations.
- n Don't argue. Instead change the subject.
- n Don't ask long, complex questions ("Do you know who's coming to visit Monday?")
- n Don't question the person about recent events or to recall names.

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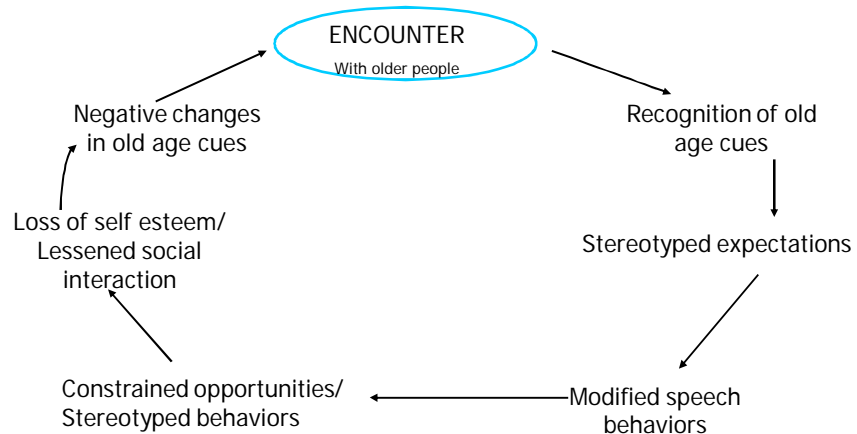
## Improving Communication

Consider all of the above in the context of:

- n Personhood (Kitwood, 1997) in communication: recognition, negotiation, collaboration, facilitation, validation; taking into account the life history, values and preferences of the person (see Savundranayagam et al., 2007).
- n To avoid the stereotyped pitfalls found in the Communication Predicament Model (Ryan et al., 1986).

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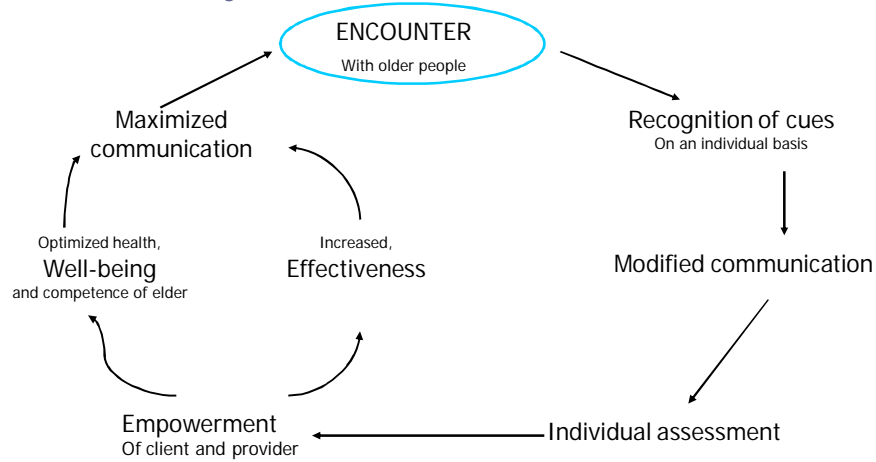
## Communication Predicament Model (Ryan et al., 1995)



Ryan, E. B. et al. (1986;1995)

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# Communication Enhancement Model (Ryan et al., 1995)



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# Thank-you!

## Questions?

Thanks to: Rozanne Wilson, Karmit Galimidi-Epstein,  
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