Tackling communication challenges in dementia, Stokes, Graham
Nursing Times, 26 February 2013, vol./is. 109/8(14-15)

Abstract: Nurses and other healthcare workers are often anxious about communicating with people who are living with dementia. This article discusses the issues involved and describes communication techniques taken from the Talking Toolkit, which was developed by Bupa to provide strategies for communicating in a meaningful way with people who have dementia. Since we live in an ageing society where increasing numbers of people are being diagnosed with Alzheimer's disease and other forms of dementia, such strategies for communication are increasingly relevant for all nurses and health workers.
**Dementia communication using empathic curiosity, McEvoy P**  
*Nursing Times, June 2014, vol./is. 110/24(12-15)*

**Abstract:** Communication skills training materials in dementia care usually focus on reminiscence. This is important because talking about past events can help people with dementia to retain their sense of self. This article examines the use of an alternative set of communication skills known as empathic curiosity, which may help to promote meaningful communication in the here and now with people who are living with dementia.

**An innovative communication skills teaching programme equipping clinical medical students with the skills required for interacting with patients with severe dementia, Cockbain B.**  
*European Geriatric Medicine, September 2014, vol./is. 5/(S139-S140)*

**Abstract:** Introduction: Results from a collaborative project between Geratology, Psychiatry and General Practice to improve communication skills training in dementia and challenging behaviour for Oxford University medical students at the start of their clinical attachments. Methods: Medical students were divided into small groups with each assigned a medical facilitator and an actor. Three scenarios demonstrated different communication techniques required for patients with severe dementia: non-verbal interaction, triadic interviewing and de-escalation of aggressive behaviours. 160 feedback forms from before and after the session were collected. These assessed how the teaching altered student perceptions of confidence in such situations. Confidence was assessed using a four point Likert scale. Results: As teaching communication skills is difficult using a lecture-based approach, this small group teaching was devised. Experienced consultants wrote the case scenarios. They, and junior doctors, facilitated the sessions. Feedback was unanimously positive, with an average improvement in confidence of one point. Written comments indicated that students most appreciated the teaching of non-verbal communication skills and triadic interviewing techniques. Conclusion: This teaching provided a safe environment for students to practice communication skills prior to starting clinical attachments. Actors had been used in basic communication teaching at the University; however, this was the first time they were used for specialist communication education. The increasing prevalence of dementia within the population necessitates such training and this programme demonstrates a simple yet effective means of providing this. It could also be extended to incorporate communication teaching pertinent to other geriatric conditions, such as delirium.

**Communicating with older people with dementia, de Vries, Kay**  
*Nursing Older People, May 2013, vol./is. 25/4(30-38)*

**Abstract:** Being able to communicate with older people with dementia requires a high level of competence in assessment of specific and individual communication challenges and needs of the person. One of the most effective means of assessment and skills development is the use of reminiscence interventions, memory books or life-story work. There is considerable evidence that communication skills can be developed and enhanced through education and skills training. This article aims to invite and encourage readers to reflect on their present knowledge and skills in communicating with older people with dementia.
Using a standardized patient experience to teach communication skills in dementia care,
Di Bartolo M.C.
Alzheimer's and Dementia, July 2014, vol./is. 10/(P732)

Abstract: Project Description: With the aging of the population and unprecedented rise in the number of persons with Alzheimer's disease expected in the next few decades, it is incumbent upon nurse educators to better prepare nurses and other professional caregivers in appropriate dementia care, including the modified communication skills required. While standardized patient experiences (SPE) have been used widely in the educational setting when teaching about a variety of other psychiatric diagnoses, they have been used much less commonly in scenarios addressing Alzheimer's disease and related dementias. Using the University's medical simulation center, nursing faculty developed an innovative learning activity for nursing students utilizing standardized patients with dementia. Students participated in an extended interaction involving multiple trained actors. One portrayed an individual with dementia, another was the individual's spouse, and the third was the couple's adult child. Standardized patient interactions were videotaped for subsequent playback and critique by students and faculty. Structured debriefing sessions were held after the interaction to further discuss any questions or concerns regarding the experience, as well as to expand upon the complexity of care-related and family issues relevant to dementia caregiving. As part of this pilot project, student participants were also asked to provide constructive feedback about the overall learning experience so as to identify strengths and areas for improvement for subsequent implementation. Student feedback was extremely positive about the value of this engaging learning activity. They noted that this exercise not only reinforced essential communication strategies needed to interact successfully with the person with dementia, but it also underscored specific interaction skills that are helpful when working with family caregivers. It is hoped that this learning activity can be modified for subsequent use by other professional dementia caregivers at area hospitals and nursing care facilities as part of a collaborative effort to extend use of the medical simulation facility for community training purposes. Further testing and evaluation of creative teaching strategies that provide hands-on training in effective communication techniques with persons with dementia and their family caregivers is essential to address the ongoing demand for expert dementia care in the US and globally.

Patients' and carers' views on communication and information provision when undergoing assessments in memory services, Abley C
Journal of Health Services Research and Policy, 2013, vol./is. 18/3(167-173)

Abstract: Objectives: To explore patients' and carers' views on what constitutes high-quality communication and information provision during diagnostic assessment in memory clinic services in three areas of England. Methods: Interviews with 27 people with cognitive impairment (13 with confirmed dementia) and 26 carers (20 matched pairs). Interviews continued until theoretical saturation was reached. Interview transcripts were subject to constant comparative analysis; data interpretation occurred in 'data clinics'. Results: People with memory problems undergoing assessment often have unmet information needs, especially patients with a diagnosis other than Alzheimer's disease and those who do not receive a diagnosis. Patients wish to be kept informed about both the assessment and its outcomes. Some have unrealistic expectations of the process (expecting assessment and diagnosis to be complete in two weeks) and some experience what appear to be long delays (over 12 months) in receiving results. Most appreciated clear and honest communication about any diagnosis. Post-diagnostic groups, organized by local memory services, afford opportunities to learn practical strategies and gain informal peer support. Voluntary organizations may be an essential source of information. Conclusions: Communication and information need improvement for patients undergoing assessment for possible dementia, especially for those considered unlikely to benefit from medication and those with mild cognitive impairment.
Abstract: Progressive deterioration of communication abilities can contribute to social isolation, reduced quality of life and increased behavioural disturbances for people with dementia, and subsequently lead to placement in residential care. Training community-based aged care staff to use strategies that facilitate communication with people with dementia can help to reduce these negative effects, prior to placement in residential care. Based on research and clinical evidence, the MESSAGE Communication Strategies in Dementia training has been developed to provide staff with evidence-based strategies to facilitate communication with people with dementia. This training provides an opportunity to improve staff communication and support their ability to provide person-centred care, while maintaining people in their own home for as long as possible. Methods: A controlled pre-test/post-test design was used to evaluate the benefits of providing communication skills training to staff providing care to people with dementia. The training group (n=13) watched the video-based MESSAGE training, and were provided with individual feedback on strategy use in conversations with clients. Staff in the control group (n=17) continued with care as usual. Outcomes were measured at baseline and 3-months later at follow-up, and included measures of knowledge of communication support strategies, preparedness to provide care, and attitudes to dementia care. Staff knowledge was assessed again for the training group immediately after watching the training video. Results: Staff in the training group demonstrated a significant improvement in their knowledge of communication strategies between baseline and immediately after training, and also, for those training group participants that have completed the 3-month follow-up to date (n=7), between baseline and follow-up. The training group also showed a significant increase in preparedness to provide care following training. The control group showed no significant changes in outcomes between baseline and follow-up. Conclusions: The MESSAGE training resulted in increased staff knowledge of communication support in dementia, and improved staff ratings of preparedness to provide care to people with dementia. This training has the potential to lead to sustainable changes in both staff confidence and quality of care when working with people with dementia.
Dementia Care Communication: a toolbox for professionals and families, McKay, Heather
OT Practice, 25 February 2013, vol./is. 18/3

Abstract: Dementia causes changes in multiple areas of the brain that contribute to problems with communication, which may add to caregiver burden. Both health care professionals and family caregivers can use a toolbox of communication strategies to improve interactions with people who have dementia, thereby lessening caregiver stress. These strategies are not, however, commonly used or taught in health care settings. Occupational therapists have long evaluated and treated people with dementia, but they may feel unprepared to train others in the strategies that improve communication. To support occupational therapy practitioners in the role of educator, this article first reviews areas of the brain involved in dementia-related communication impairments and then presents strategies to improve interactions with people who have dementia. The communication strategies described here include a focus on starting communication with a positive approach and practical tips that focus on not just what to say but how to say it, which occupational therapy practitioners can use and teach to other caregivers supporting these clients. Seven steps to a positive physical approach and specific strategies using different types of communication are provided to improve participation in activities and social conversations, and to reduce distress with people who have dementia.

Communication with people with dementia: Person centered and gender-sensitive aspects in palliative care, Heimerl K
Palliative Medicine, June 2012, vol./is. 26/4(659)

Abstract: Aims: Finding good ways of living together with people with dementia becomes increasingly important. Professionals in health care, social care and elderly care are confronted with a growing need for person-centered and gender-sensitive communication in palliative care. The aim of the project presented is to give recommendations for those involved in every day palliative care engaged in general health and social care institutions. Results: The recommendations for health and social care professionals for person-centered and gender-sensitive communication were published as a brochure by the ministry of health. They include "methods of communication", "person-centered communication", "gender-sensitive communication", "end-of-life care", "narratives from hospital and long term care settings", "evidence based skill trainings", "organisational development and evaluation" and "helpful resources". Conclusions: The results show that person-centered and gender-sensitive communication with people with dementia is a major challenge in health and social care institutions. Communication has to be valued as core competence for palliative care with people with dementia. Emotions play a vital role in contacts and care relationships. Changing communication behaviour within institutions always need supportive organisational culture and structures that give time and room for meaningful interactions.

Communicating With Patients Who Have Advanced Dementia: Training Nurse Aide Students, Beer, Laura E
Gerontology & Geriatrics Education, 01 October 2012, vol./is. 33/4(402-420)

Abstract: The increase of dementia in older adults is changing how medical care is delivered. Recognizing symptoms of pain, managing behaviors, and providing quality of life for people who have advanced dementia requires a new skill set for caregivers. Researchers in this study targeted nurse aide students to test an educational module's effect on students' perceptions of dementia and their ability to care for patients with dementia. The results indicated the training was effective regarding nurse aides' understanding of residual cognitive abilities and need for meaningful contact among patients with advanced dementia; however, the training was not successful in terms of nurse aides' comfort level or perceived skills in working with this population of patients. The findings suggest a need to transform how caregivers are trained in communication techniques. Incorporating this training into nurse aide education has the potential to increase quality of life for people with dementia.
MAKE THE TIME TO TALK TO PATIENTS WHO MAY BE ANXIOUS.
Nursing Standard, 07 November 2012, vol./is. 27/10(18-18)

Abstract: Patients with dementia can often display behaviour that is perceived to be difficult, such as getting out of bed unexpectedly and leaving wards.

Communication and cognitive impairment, Green, Danielle
Nursing & Residential Care, 01 September 2012, vol./is. 14/9(446-449)

Abstract: This competence-based unit assesses the health and social care worker's ability to support and enable individuals with dementia to communicate and interact with others.

Picture perfect: interacting with images, Bate, Helen
Nursing & Residential Care, 01 September 2012, vol./is. 14/9(468-474)

Abstract: Helen Bate explains how staff and relatives can use images as a means of stimulating meaningful interactions with people who have late-stage dementia, and how this can be a positive experience for all involved.

Understanding agitated and violent behaviors in dementia care, Barnes, Irene
Canadian Nursing Home, 2012, vol./is. 23/1(16-22)

Abstract: Providing quality, professional care to residents with dementia predisposed to agitated and violent behaviors is not easy. Caregivers should appreciate that these types of behaviours are often simply a form of communication. If the caregiver can discover the message that underlies the behaviour, it can lead to a peaceful resolution. Preferable, however, is the prevention of the unwanted behaviour in the first place -- and this entails a mind shift from managing violent or disruptive behaviour to understanding the behaviour.

Devising a dementia toolkit for effective communication, Young, Tony
Nursing & Residential Care, 01 March 2012, vol./is. 14/3(149-151)

Abstract: Conversing with residents develops and maintains cognitive abilities, reduces anxiety and benefits staff. Tony Young's research findings supply homes with practical advice from research that provides person-centered support.

Dementia, Temples, Claire
Nursing Standard, 15 February 2012, vol./is. 26/24(49-49)

Abstract: As I work in a nursing home for older people with dementia, I found the article particularly relevant to my practice. Communication is a fundamental need for all human beings and is essential to everyday life. It enhances a sense of belonging and is at the core of a nurse’s professional practice.
Pilot testing an educational intervention to improve communication with patients with dementia,
Weitzel T  Journal for nurses in staff development : JNSD, September 2011, vol./is. 27/5(220-226)

Abstract: Approximately one quarter of all hospitalized patients over age 75 years have a secondary diagnosis of dementia. A unique hospital-wide program to encourage appropriate communication techniques with patients who have dementia was provided to all departments of a hospital. Evaluation indicated improvement in some communication techniques. Additional education is needed to disperse the information to as many staff as possible and to sustain the change.

Effective communication with people who have dementia, Jootun D
Nursing standard, February 2011, vol./is. 25/25(40-46; quiz 47)

Abstract: This article explores the skills needed for effective communication with people who have dementia. It describes the factors that influence the communication process and the effect this may have on the nurse-patient therapeutic relationship. Cognitive impairment in people with dementia may limit their ability to communicate effectively. This may, in turn, affect the nurse’s ability to identify patients’ needs. Communication is central to providing good dementia care. The article examines some of the challenges nurses may face when caring for this patient group and suggests some strategies to overcome any barriers, enhance quality of care and improve patient outcomes.

COMMUNICATION BRIDGES FOR PATIENTS WITH DEMENTIA, Elkins, Zoö
Primary Health Care, 01 December 2011, vol./is. 21/10(16-19)

Abstract: Patients with dementia may be confused and agitated when being treated in primary care or at home, and the symptoms they display can be daunting for nurses not experienced in caring for these individuals, or who do not have specialised training. Getting the communication right is a significant issue while dealing with the pressures of treatment time restrictions. This article gives some examples of how interaction can be improved and the rules that nurses should bear in mind when caring for people living with dementia.

Adaptive interaction: a new approach to communication, Ellis, Maggie
Journal of Dementia Care, 01 May 2011, vol./is. 19/3(24-26)

Abstract: Describe the development of Adaptive Interaction as an approach to communication with people with advanced dementia, and their success in teaching this approach to care staff.

Top tips for good communication, McKillop, James
Journal of Dementia Care, 01 March 2011, vol./is. 19/2(14-15)

Abstract: James McKillop, who was diagnosed with vascular dementia in 1999, shares his tips on how to communicate effectively with people with dementia.
**Communication and dementia, Manthorp, Christopher**
Journal of Dementia Care, 01 January 2011, vol./is. 19/1(18-19)

Abstract: Christopher Manthorp describes work to develop a communications toolkit for dementia care

**VERA framework: communicating with people who have dementia... Validation, Emotion, Reassure and Activity, Blackhall, A.** Nursing Standard, Nov 2011, vol./is. 26/10(35-39)

Abstract: This article presents a communication framework, devised by the authors that could be used by healthcare professionals who came into contact with people who have dementia. The framework is based on four key concepts: validation, emotion, reassure and activity (VERA). It describes a stage-by-stage process of communication that guides nurses towards providing compassionate and caring responses. The framework was developed in response to students who said they find it useful to have structured guidance on how to interact with people who have dementia. The VERA framework offers a means of interpreting communication and responding appropriately.

**A new evidence-based toolkit for optimising communication with people with dementia, Young T**
Alzheimer's and Dementia, July 2011, vol./is. 7/4 SUPPL. 1(S646-S647)

Recent policy initiatives worldwide have highlighted communication as a target area for improvement in dementia care. Evidence indicates that improving communication involving people living with dementia (PLWD) and carers can have a positive impact on quality of life, but also suggests that available communications interventions exhibit a number of shortcomings. Our research project was instigated to address these, and to develop an evidence-based, free-to-all-users intervention. Methods: Research was facilitated by the Alzheimer's Society UK. Participants were a spectrum of lay and multiprofessional stakeholders - PLWD and family members; institutional caregivers; dementia care specialist nurses; managers of care institutions; speech and language therapists; psychogeriatricians and communications researchers. The research design consisted of a review of current best practice in a range of care contexts; consultation with UK-based target user groups through focus groups and individual interviews and workshops; and the production of an agreed core communications 'toolkit', styled 'DEMTEC' (Dementia Toolkit for Effective Communication). Variations on the core DEMTEC were also produced, tailored to the needs of different user groups (informal carers, institutional caregivers whose first language is not English, and medical professionals). Results: DEMTEC has three related 'levels'. Level One is foundational - a statement of beliefs and principles underlying a person-centred and empowering approach to effective communication with PLWD. Level Two has 8 specific components of effective communication: mindfulness and empathy, non-verbal communication, conversation, reducing anxiety, helping people keep a sense of self, checking understanding, understanding difficult behaviors, and environmental considerations. Each component has a definition, a rationale for inclusion, and a list of up to twenty specific strategies and considerations for optimising communication. Level Three consists of practical and individualised advice on communication with people at various stages of dementia in the form of illustrative case studies showing how DEMTEC can be applied in care giving. Conclusions: We will relate the project's findings to the needs of its multiple potential beneficiaries, outline an evaluation regime for the toolkit, and describe how we will make it freely available to users through web-based dissemination.

**Creative interaction with people in advanced dementia, Zoutewelle-Morris S**
Journal of Dementia Care, 01 January 2010, vol./is. 18/1(20-22)

Abstract: In this article Sarah Zoutewelle-Morris sets out ideas based on her experience of creative communication and activity with people in the advanced stages of dementia.
Communication and personhood in advanced dementia, Ellis M
Healthcare Counselling & Psychotherapy Journal, 01 July 2010, vol./is. 10/3(32-35)

Abstract: A system of intensive interaction that focuses on the nonverbal communication capacities of people with advanced dementia appears to have great potential for supporting communication with those who care for them.

Communication and dementia: how can we help families? Hobbs L
Journal of Dementia Care, 01 March 2009, vol./is. 17/2(20-21)

Abstract: Helping families and friends come to terms with a person’s dementia and learn to see every behaviour, challenging or otherwise, as a form of communication should be a priority for all care staff, Practical guidance that can be shared with relatives, friends and staff teams is given.

How to try this. Communication difficulties in hospitalized older adults with dementia: try these techniques to make communicating with patients easier and more effective, Miller CA
American Journal of Nursing, 01 March 2008, vol./is. 108/3(58-67)

Abstract: Dementia adversely affects patients’ receptive and expressive communication abilities, making it more difficult for nurses to assess their needs and provide necessary care. Communication Difficulties: Assessment and Interventions in Hospitalized Older Adults with Dementia outlines questions nurses can use to assess the nature and severity of language deficits, which vary greatly over the course of the disease. Best-practice techniques for tailoring communication to each patient’s abilities are also discussed.

Reminiscence, communication and conversation, Schweitzer P
Journal of Dementia Care, 01 September 2008, vol./is. 16/5(18-20)

Abstract: Reminiscence activities can provide a focus and stimulation for continued conversation with people with dementia. This article describes the principles and some ideas for good practice.

Assessment of pain in the nonverbal or cognitively impaired older adult, Bjoro K
Clinics in Geriatric Medicine, 2008, vol./24/2(237-262)

Abstract: The inability of nonverbal older adults to communicate pain represents a major barrier to pain assessment and treatment. This article focuses on nonverbal older adult populations with dementia, delirium, and severe critical illness. A comprehensive approach to pain assessment is advocated encompassing multiple sources of information. Selected behavioral tools for nonverbal pain assessment are critiqued. Although there are tools with promise, there is currently no standardized behavioral tool that may be recommended for broad adoption in clinical practice and continued concerted effort to this end is needed.

Communication: building up a toolkit of helpful responses, Pitkin J
Journal of Dementia Care, 01 January 2007, vol./is. 15/1(28-30)

Abstract: How can we respond in a helpful and respectful way when a person with dementia seems to be occupying a different reality from our own? Brenda Walker offers some options based on her experience and addresses some questions raised by the article on lying to people with dementia.
**Enhancing communication with older patients in the outpatient setting,** Hingle ST
Hospital Physician, 01 March 2009, vol./is. 45/3(41-47)

**Abstract:** Successful communication with patients requires specific skills that must be applied effectively, but uniquely, to each patient encounter. With the explosive growth of the older population, clinical encounters with older patients will become increasingly common. Physicians need to understand the unique needs of this population and potential communication challenges of older patient encounters. This article presents general techniques to enhance communication with patients who have sensory or cognitive losses or who are accompanied by family members or other caregivers.

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**Communication and dementia: staff perceptions of conversational strategies,** Savundranayagam MY
Clinical Gerontologist, 2007, vol./is. 31/2(47-63)

**Abstract:** This study examined the impact of two communication-enhancing strategies used on people with dementia. The strategies were manipulated using scripted staff-resident conversations that were evaluated by 71 long-term care staff participants. We hypothesized that vocal and nonverbal characteristics, along with their communication behaviors would be perceived more positively when staff members used personhood strategies compared to when they used directive language. We examined whether perceptions of the resident depicted identically in the scripts would be more positive in the personhood versus directive conversations. We also considered if simplified language and repetitions would affect the positive impact of personhood on perceptions of staff and residents. In support of our hypotheses, results showed that personhood strategies had positive effects on perceptions of staff and residents. Furthermore, simplified language enhanced those effects by showing staff as less patronizing and residents as more competent. Findings suggest that these strategies can enhance staff-resident interactions.

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**Research. Communication with people with dementia: how effective is training?** Pitkin J
Journal of Dementia Care, 01 November 2006, vol./is. 14/6(35-38)

**Abstract:** What can research tell us about the effectiveness of training to support and enhance communication with people who have dementia? Karen Bryan appraises the evidence.

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**Can a clinical audit improve communication?** Herzberg J
Journal of Dementia Care, 01 September 2006, vol./is. 14/5(17-18)

**Abstract:** Joe Herzberg and colleagues explain how a series of clinical audits was used as the basis for training staff on a continuing care ward about good communication with people with dementia.
Communication. What is dementia care? Seeing patterns -- making sense, Ward R
Journal of Dementia Care, March 2006, vol./is. 14/2(22-24)

Abstract: Richard Ward and colleagues argue that there are many ways in which people with dementia communicate. It is our responsibility to learn how to listen.

What is dementia care? Dementia is communication, Ward R
Journal of Dementia Care, 01 November 2005, vol./is. 13/6(16-19)

Abstract: What are the distinct skills needed for dementia care? Richard Ward and colleagues describe what they discovered from analysing patterns of communication between staff and residents in care homes.

Making sense of dementia through metaphor, Killick J
Journal of Dementia Care, 01 January 2005, vol./is. 13/1(22-23)

Abstract: People with dementia are beginning to take the lead in providing essential insights into what they are experiencing, and they often express those insights in the powerful language of symbol and metaphor.

Meaningful contact made through the here and now, Gray J
Journal of Dementia Care, 01 November 2004, vol./is. 12/6(27-29)

Abstract: Jon Gray and Janet Ulman assessed the impact of the Jabadao approach, focusing on non-verbal communication, on the well-being of a group of people with dementia in a hospital ward.

Touch: a fundamental aspect of communication with older people experiencing dementia, Gleeson M
Nursing Older People, 01 April 2004, vol./is. 16/2(18-21)

Abstract: Physical touch is integral to nursing practice yet there are gaps and inconsistencies in the literature informing care, particularly in relation to older people with dementia.
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