

## **Communication Guidelines for Visiting Dementia Patients in a Hospital or Care Facility**

### **Goals:**

Learn and share new approaches, gain confidence, encouragement and motivation for being effective and compassionate in visits to individuals with dementia.

Turn a difficult conversation into a discovery conversation.

Build strong care giver-care receiver partnerships.

Respond compassionately to patients who are confused, forgetful, unable to speak, angry, or argumentative.

To find blessings that come from connecting with dementia patients.

To know Jesus Christ and to grow in His image: Love.

### **Communications Tools: The Do's**

- Center yourself with a prayer before entering the building. Focus on the purpose of your visit. Put on a name tag.
- Approach from the front, make eye contact, and say your name. Give a little description of yourself that the dementia patient might relate to.
- Get close enough to have eye contact in order to get and keep the patient's attention.
- Speak slowly, calmly, and use a friendly facial expression.
- Allow the patient to be in control of the visit to the extent of their desires and capabilities. Remember, you are the guest, they are the host/hostess.
- It is your responsibility to ensure a safe environment for the visit.
- Use a lot of repetition.
- Use short, simple, and familiar words.
- If possible, with the patient's (and roommate's, if applicable) permission, reduce or remove distractions (TV or radio on), or move to a quieter location. Try to avoid complete isolation with patient.
- When the patient replies, show that you are listening (by nodding, a few short phrases such as "yes, that's nice", or echo back a few words or phrases) and trying to understand what is being said.
- Be with the person in their own reality (validation principles)
- Be aware that the person may want to point or gesture, if at a loss for words.
- Sometimes just sitting quietly with the individual is okay.
- Take time and look for a response to your voice. A hearing disability may make it even harder for the patient to communicate.
- Ask one question at a time, and allow time for a reply.
- If the person seems stuck for a word, you can offer a guess, but act like you have all the time in the world.

- Make positive suggestions rather than negative ones.
- Identify others by name, rather than using pronouns (she, he, etc.)
- Make suggestions if the person has trouble choosing.
- Empathize; have patience and understanding.
- If you aren't quite sure you understood what was said, repeat it back and ask if you've got it right. This does not work in all circumstances.
- Try to understand the person's feelings and emotions, which may be hidden behind the words. You can ask whether the person is feeling angry or frustrated about a particular situation.
- Give plenty of encouragement and reassurance.
- Nonverbal communications, such as shaking hands, touching, or hugging, are learned behaviors that the dementia individual often easily responds to. Be sensitive to possible rejection by the patient to these attempts at non-verbal communication.
- Bring something to share that the individual might relate to: a photo, sing a song (bring a songbook), a "memory jogger" (stuffed animal, favorite hat, etc.), a small keepsake, a Bible passage.

### **Communication Tools: The Don'ts**

- Don't talk about the patient to others in the room as if the patient wasn't there.
- Don't confront or correct, if it can be avoided.
- Don't treat the person as a child, but as an adult. Don't speak down to the patient.
- Don't interrupt, argue, or criticize. Remember, you will never win an argument with an Alzheimer's person.
- Don't be compelled to fill the quiet spaces in the conversation with talk. Sometimes being present with the patient is all that is needed.

### **To take care of others, you must take care of yourself**

- Be gentle with yourself. You did not create all of the problems you face daily.
- You are not a fixer. You cannot change the patient/families, but you can change your reaction to them.
- Time-out. Find a quiet place to use when you need it.
- Support each other. Pat other team members on the back for success. Let them return the favor. Share your successes and your failures with other team members. Let others know if you have found a strategy that works.
- "Debrief" or review your visit with a pastor or team leader, if you encounter a situation which causes you unusual distress or anguish.

### **Resources:**

The family caregiver.

Books, articles, online support, House of Friends Library (in Bethany Ministry Center).

Maxwell, Katie. [Bedside Manners: A Practical Guide to Visiting the III](#)