Communication with people with dementia: how effective is training?

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.

This article considers the evidence for effectiveness of training to support and enhance communication between people who have dementia and those who work with them. It focuses mainly on care workers in residential and day care settings for people with dementia. However, communication is an important aspect of quality of life, and family carers consistently rate communication difficulties among the hardest problems to cope with (Nolan et al 2002), so I will briefly first consider training and support approaches for family and friends.

Helping family carers
Family and friends care for people with dementia benefit from information and support to promote communication (Powell et al 1995). Barnes (2006) outlines approaches for family and friends of people with dementia to support communication and to promote their role as communication partners. Barnes suggests that carers benefit from explanation of what communication is and how memory works, encouragement with steps they are already taking and very specific advice targeted to address the communication difficulties that they are coping with.

For example if the person with dementia is confused and has word finding difficulties, useful strategies might include:

- using a life story book, and incorporating within it written material and photos relating to new and forthcoming events such as family birthdays (to assist communication around day to day events)
- agreeing with the person when they would like to be given word cues, and what sort of cues are acceptable to them
- encouraging the carer to focus on non-verbal signals when communication breakdown occurs, so that the overall message (e.g worry or irritation) can be acknowledged.

The merits of written information and guidance, carers groups which can provide individualised input, and individual programmes such as Chatter Matters (Barnes 2003) are outlined in Barnes (2006).

Training for care workers
I will now focus on research involving training and support for care workers in day and residential settings with people with dementia. Providing good quality care for people with dementia is very demanding; it may be considered difficult and is often portrayed as emotionally draining. However, it is also reported to be worthwhile and rewarding. There is almost universal agreement that training is needed for care staff, both to promote beneficial caring practices and to support staff in their work.

We know that the environment (both physical and psychosocial aspects) is important for people with dementia, and effective and rewarding communication is a vital part of a positive environment. The environment can encourage communication or detract from it—for example, a noisy environment discourages communication. Places to sit and chat with a view or something interesting happening nearby encourage communication. Carers and care staff who listen actively and attend to verbal and non-verbal aspects of communication provide encouragement for people with dementia and reinforce the idea that although communication may be difficult it is still valued. Allan and Killick (2001) show that, just as communication permeates most aspects of our lives, it needs to be central to the care that people with dementia receive. In the words of a person with dementia talking to John Killick: You and I John, we speak the same language. Only you speak it straight and I speak it upside down.

Achieving good communication is a central principle of person-centred care. It is considered essential to:

- sustain all forms of good quality care
- give staff and carers a feeling of success
- reduce ‘problematic behaviours’.

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We would like to hear from you, specifically with the following:

- notice of the publication (recent or imminent) of peer reviewed papers with practical relevance to dementia care;
- research reports available for interested readers;
- requests or offers for sharing information and experience in particular fields of interest.

Each Research Focus will include a comprehensive review by a leading expert of significant research in a subject area.
There are a number of approaches to influencing the environment positively which focus on communication training. There is plenty of evidence that training care workers in communication skills can be effective. There is also evidence that such training supports the positive actions staff already take to promote communication, as well as providing them with new strategies and enhancing their understanding of communication issues.

Advances in the understanding of dementia also suggest that functions such as communication can be maintained in dementia, but that specific measures need to be taken to achieve this (Clare & Woods 2001). The evidence base for enhancing communication in dementia is reviewed in Bryan & Maxin (2006).

Numerous studies demonstrate the benefits of interventions and activities for people with dementia by promoting well-being, increasing positive activities, decreasing 'difficult behaviours' and increasing communication (Bayles & Esther 2005). There are a number of approaches to such training which are outlined below.

Training to encourage reflection and improve care

These approaches encourage care workers to reflect on the care they provide both individually and with their colleagues. Sharing such reflections is important, as this can reveal crucial differences in approach which may help or hinder communication. The Finding your way: Explorations in communication approach (Allan 2002) encourages practitioners to move through the following pathway:

- Knowledge about an individual's communication
- Reflection on communication
- Emotional engagement with the person with dementia needs

Practitioners are encouraged to:
- FOCUS on an aspect of communication (not necessarily verbal), such as use of eye contact
- REFLECT on influences, such as context, mood, well-being, staff biases and opinions. For example: What happens? When? Any variation? If there is a specific problem, does it ever not occur? Maybe certain staff, certain times or activities are the triggers? How does this relate to the background – is there a personal trigger?
- EXPLORE actions or ideas emerging from the above to enhance communication.

For example, a person with dementia repeatedly accuses staff of stealing her possessions. Staff might reflect that this

resident loses things because of memory difficulties, and she has difficulty explaining that she can't find things. Focusing on her emotion may help to reduce the stress some staff feel when accused (for example an anxious posture and red flushed face may signal worry, and her worry needs to be addressed). Exploring whether she has lost something may help.

Staff start to notice that if she is without her glasses, her handbook or a photo that she usually carries, she is likely to become anxious. Staff then put in place measures to help her keep track of these. They also explore further measures to help to reduce the effects of her confusion.

Another approach is to 'map' aspects of care. This can be done formally through a process such as Dementia Care Mapping (DCM) where all aspects of care are mapped in terms of promoting well-being (or ill-being) for the person with dementia. Practitioners need to be trained in the mapping technique and the benefits to care provision are well documented (Brock et al 1998).

Armstrong and Woodgates (1996) used simple observation grids to examine the amount and type of communication in two different settings. The study showed that there was more communication in a volunteer-run day centre than in a day hospital, and that day hospital communication tended to focus only on illness. Such studies suggest that use of simple grids or videos, perhaps in relation to one or two individuals and with sampling periods during the day and evening, can help to discover.

- Who talks to the person?
- When?
- For what purpose?
- Is the conversation extended?
- Does the person appear to enjoy it?

Completing such a grid may be a particularly useful exercise for a student practitioner or a new member of staff.

The following example relates to a gentleman with limited mobility who swears at staff and is generally avoided.

Completing a grid of communication across periods of the day immediately showed that staff only approached him and engaged in communication when they wanted him to do something, for example to shave or get dressed. At no point were staff sitting with him and engaging with him without the need for him to move. With further support, staff were able to devise plans to enhance communication for the gentleman, and also raised issues about his level of pain control and lack of exercise that were reviewed with visiting healthcare staff.

Life story training

Life story initiatives are used in dementia care to capture information about individuals – to celebrate the person's individuality and achievements and to promote recall of their memories (Baker 2001, Murphy 1994). Life stories or life books can be created in a variety of ways by families, using standard formats, and so on. Life book initiatives can also be used to promote communication within care environments (Bryan & Maxin 1998). They are beneficial to families and care workers in stimulating reminiscence and in helping to establish shared topics for communication.

Bryan and Maxin (1998) describe a group initiative for three people with moderate dementia living in a residential home. A pre-group staff questionnaire showed that staff knew little about the residents even though they had all lived in the home for some time. Six group sessions took place with the aim of using reminiscence to promote recall of remote memories. A speech and language therapist and two members of the care staff were also involved. The sessions focused on topics such as food, school days, leisure activities and interests. Reminiscence was stimulated by old pictures, prompts such as old books and sensory stimulation such as sand to feel and materials to smell.

Validation techniques (Feil 1992) were used to promote acceptance of whatever communication was achieved, and to encourage the staff to pay attention to non-verbal (eg facial expression, gesture and intonation of voice) as well as verbal aspects of communication. The principle of validation is to accept whatever the person...
Life story book initiatives are beneficial to families and staff in care settings, for stimulating reminiscence and helping to establish shared topics for communication.

Written notes from conversations with residents were kept so that information could be recorded for the life book, and could be used to stimulate further reminiscences. So, if a person had spoken about their family during 'school' and was subsequently quiet in the 'family' session, the carer might say, 'I remember you said your mother was always cooking'.

The staff were also encouraged to make copies of any materials that the person responded to, and to ask any family or friends for photographs. Materials were then made into books with short quotes and anecdotes from the residents included.

Evaluation of the initiative showed that during the group sessions, the residents showed decreased anxiety, increased elaboration of their recollections and increased orientation, for example, to relatives being alive or dead. For the two staff members involved the outcomes were: increased knowledge about the residents (which was used to increase quality of life, for example, by facilitating favourite activities for residents) and increased awareness of communication issues. For families and friends, the life books were found to be particularly helpful in starting a conversation and in giving them ideas to facilitate communication.

This example illustrates that attention to promoting communication within an initiative can have very beneficial effects on communication. It may be possible to review other existing provision, such as art groups, exercise groups and pet sessions, to think through whether the opportunities for communication during the activity are being fully exploited.

Communication training
Evidence for the value of communication training also comes from studies which have developed methods of describing communication between residents and care staff (for example Le Dorze et al 2000). This procedure, used in a care home in Canada, showed that staff already have valuable knowledge about how best to communicate with the people with dementia they look after, and that it is effective for speech and language therapists to provide specific strategies for promoting communication where the staff are experiencing difficulties. Longer term evaluation again showed that achieving new means of communication can increase quality of life. Such an initiative uses the communication analysis skills of the speech and language therapist very effectively where care staff are struggling with communication but also emphasises the benefits of recognising what the care staff already know and do, and using this as a basis for developing further strategies to promote communication.

The Le Dorze study involved a speech and language therapist working for a period of time within the residential home. While this may be extremely desirable, it may not always be possible. Our study (Bryan et al 2002) evaluated a different approach. Here staff received a one-day training package called Communicate which aimed to raise awareness and understanding of communication disability and to provide staff with a variety of strategies for communicating with people.
who have communication difficulties. The training included communication difficulties associated with dementia but also included other difficulties such as aphasia (language loss) after stroke.

Staff were evaluated before and after training by being videoed while they carried out a daily activity involving interaction with a resident, such as hairdressing or putting away laundry in a resident's room. The conversation was then analysed to examine the care worker's use of strategies to promote or extend conversation. A further group of staff were used as control subjects. They were also videoed twice at the same time intervals, but they did not receive the communication training.

Staff evaluated the training as beneficial, and demonstrated that they could relate the suggested strategies to their everyday work (Bryan et al 2002). The evaluation also showed that care workers do use strategies to promote communication. There was no difference in the use of basic communication strategies after the training because many of the staff already used them. Basic strategies included appropriate positioning, using an appropriate level of loudness, an appropriate rate of speech and allowing time for understanding. After the training, however, 'advanced' strategy usage was significantly increased in staff who had received the Communicate training. Advanced strategies included appropriately:

- gaining attention
- using non-verbal cues
- using repetition
- using yes/no questions
- using forced alternatives
- using open questions
- using alternative means of communication
- checking back meaning.

In summary, the studies described show that in addition to a number of approaches to promoting communication with family and friends of people with dementia, a variety of approaches to promoting communication among care staff are also being developed. Such training is well received by staff, and is effective in enhancing the quality of communication with people who have dementia. There is a need to build on care workers' existing knowledge and expertise about communication, and practical skills or situation-based training is also important to specifically address communication issues.

References
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http://chattermatters.myskfe.freeserve.com
Murphy C (1994) It started with a wobble. Dementia Services Development Centre, Stirling.

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