

Bridging the Gap:
Connecting with the Person Living with Alzheimer's Disease
Ann Catlin, OTR, LMT

I remember a woman I'll call Grace who I visited frequently in a skilled care facility. She was a lovely 75 year old woman and her room was full of paintings she had created over the years as well as memorabilia from her travels around the world. I often would find her walking in the hallway and we would return to her room for our visit. She loved to entertain company and was very talkative. We had delightful visits together. Oh, yes, I forgot to mention that Grace had Alzheimer's disease and I could not understand most of her words. Her speech was a series of indiscernible sounds and words. She enjoyed connecting through touch. One day while I was massaging her hands she looked me straight in the eye and said, clear as day, "It's about connection!" A little stunned, all I could say was "Yes it is". She smiled and went back to talking in sounds I couldn't totally make out. How do we account for that moment of clarity in her speech?

Many people with dementia, including Alzheimer's disease have difficulty forming words or organizing thoughts into language because the disease process damages the areas of the brain responsible for these functions. This creates a huge gap between people with dementia and others. Caregivers of all kinds struggle with how to communicate with people living with the effects of dementia. Professionally or personally, it is quite possible that you will come in contact with someone in your life in this situation. For years I have had a fascination with how to connect with people with brain dysfunction. Here's a little of what I've discovered so far. I hope it serves you well.

Bridge the Gap

First, it's important to distinguish between the idea of *talking to* and *being with* the person you are trying to communicate with. *Talking to* implies that you have the right words and that your words will be understood and responded to which is not always possible for the person with dementia. *Being with* is joining the person's world in the present moment. To *be with* is a mutual exchange and the intention is connection rather than communication. Nancy Pearce, in *Inside Alzheimer's* offers the following four tools of *being with*.

1. Touch. Touch has the power to decrease pain, the effects of stress, and to uplift mood. Pearce adds that touch provides a means of instant connection and decreases feelings of loneliness or fear. It can lead to recall of pleasant memories associated with touch from the past. Sometimes touch can lead to profound moments where we witness unexplainable moments of clarity.
2. Observation. Tuning in to clues about the state of the person is essential to bridging the connection gap. Pearce encourages us to observe the immediate physical needs. Does he need a drink or to go to the bathroom? Pay attention to what's going on in the environment that may be confusing to the person. I remember a woman who was afraid of a bush outside her window. She told me that when the wind blew the bush seemed angry. She often had trouble sleeping because she worried about that mad bush. A simple thing like closing her curtain helped sooth her. Responding to these observations helps to build a trusting relationship.

Bridging the Gap:
Connecting with the Person Living with Alzheimer's Disease
Ann Catlin, OTR, LMT

3. Encourage the Person's Expressions. Let the person know that you are present. Maintain a calm attitude and use your body language to demonstrate your interest. Good eye contact and mirroring the facial expression are ways to stay connected through body language. Ask simple questions to encourage the person to tell his or her story.

4. Listen Beyond the Words. Pearce says that to *be with* the person with dementia requires a different way of listening. Rather than trying to understand the words, attempt to identify the experience of the person at the present time. This results in the person feeling validated and worthwhile.

Validation

The most powerful communication tools I've ever learned came from my friend and mentor, Naomi Feil. She created *Validation*, a therapeutic way of communicating with people with dementia. Validation is a holistic approach that looks at the whole person and human needs, not just the condition of the disease. Naomi talks about stepping into the world of the old person as a way to bridge the connection gap. I've distilled the concepts that Naomi teaches into a simple approach involving asking myself two questions. These questions help me to respond in situations when I was with someone who is confused or agitated. First, ask "What is her reality in this moment?" The answer will give you a clue to the world she is in at the moment and then you can *be with* her in her world. The second question is "What is she feeling?" Since we can't see a motion picture of what's going on in another's mind we can rely on clues about how she is feeling. What does her facial expression, body language or voice intensity tell you? Now comes the action part. First reflect back or join in her reality and then acknowledge her feeling. Let me illustrate this with a story. I remember a woman in a nursing home who each day around four o'clock worried that she needed to get home to make supper for her family. She walked the halls asking everyone how she can get home. As time passed, she became more anxious and upset. The staff was expected to take her to the dining room for dinner at five o'clock, not an easy task when she is determined to get home to her family. I thought I would try having a touch session with her during this time in hopes of easing her anxiety. So I asked myself, "What is her reality?" Clearly it was time for her to be getting home to make supper for her family. In her mind her family would be home soon and she needed to be there. OK, now that I understood where she was at the moment I could *be with* her in her world. Next question, "What is she feeling?" She was frustrated that she couldn't find a ride and she became increasingly angry and fearful. I walked with her and asked her simple questions about her family and what they liked to eat for dinner. I acknowledged her feeling by saying things like "it's so frustrating to be late" and, with humor, "my son thinks he will just starve if I'm five minutes late with a meal!" She nodded her head and laughed with me. At one point we sat down and I offered reassurance with touch by gently stroking her back and holding her hand. The touch seemed to bring her into more of an awareness of the immediate moment and she let go of her fixation on getting home. What created the shift in her was not so much what I said but the fact that she was seen and heard. She was validated and the intensity of her

Bridging the Gap:
Connecting with the Person Living with Alzheimer's Disease
Ann Catlin, OTR, LMT

feelings was diffused allowing her to redirect her attention to the immediate environment. We walked again, but this time to the dining room where she joined her friends for dinner!

--End--

Resources:

Pearce, Nancy, (2007) Inside Alzheimer's: How to Hear and Honor Connections with a Person who has Dementia, Forrason Press.

Feil, Naomi, (2001) The Validation Breakthrough, Health Professions Press.