



How Skilled Human Touch Can Transform Person-centered Dementia Care



Ann Catlin, OTR, LMT

Summary

All care-providers of older adults are challenged with adopting person-centered dementia care practices and reducing the use of antipsychotic medications. To this end, providers must integrate non-pharmacologic approaches to meet the psychosocial and behavioral health needs of elders with dementia.

Feasible and effective, Compassionate Touch[®] assists providers in achieving these goals. Research evidence supports Compassionate Touch[®] as a means to reduce behavioral and psychological symptoms of dementia and create positive engagement of elders, staff and family caregivers.

The Need

Our aging population is having a major impact on hospitals, long-term care companies, aging and regulatory services and hospice providers. Clinicians and front-line staff will serve more people over age 75 than any other age group and prevalence of dementia is being seen in every sector of senior services.

A changing population requires a change in care. Dawn Lehman, PhD

About one-quarter of all older hospital patients are people with dementia.¹

People with dementia constitute about half of all nursing home and assisted-living facility residents.²



An estimated 15 million family and friends in the U.S. provided care to a loved one with dementia in 2013.⁴

Federal and state initiatives aimed at culture change and person-centered dementia care are calling upon all providers to equip care partners with practical tools that create positive outcomes for people with dementia and their family, staff and the community.³

Such initiatives strive to:

Reduce unnecessary use of anti-psychotic medication by replacing [or supplementing] them with non-pharmacologic approaches and strategies.

Develop geriatric-focused environments that improve clinical outcomes.

Assess patient and family experiences and use that information to improve care.

Empower staff to foster care-partner relationships.

At the core of every initiative is human interaction. Care for people with dementia rests on relationships, underpinned by a strong evidence base. This paper outlines the foundation of Compassionate Touch[®] and explores research supporting the beneficial effects of skilled touch as a powerful, yet under-utilized, means to address an urgent need: person-centered care for people with dementia. (Please note that I use the term “elder” and “older adult” throughout the paper in an effort to adopt language of culture change.)

Answering the Need:

Touching as a therapeutic event is not as simple as a mechanical procedure or a drug, because it is above all, an act of communication.

Ashley Montagu, Touching: The Human Significance of the Skin

Compassionate Touch® gives caregivers a powerful tool for non-verbal communication. **Naomi Feil, The Validation Breakthrough**

Compassionate Touch® is an evidence-informed, relationship-centered, practical, pro-active and cost-effective approach combining skilled touch with compassionate presence. It's a tool that can help establish holistic dementia care while meeting regulatory requirements.

Compassionate Touch® brings together the world of medical technology with the human side of care.

Touch and Older Adults

Touch deprivation in old age is real, especially for the medically frail elder, leading to feelings of isolation, anxiety, poor trust in caregivers, insecurity and decreased sensory awareness.

Older adults living with serious conditions are often especially receptive to touch.

Unfortunately, they are least likely to receive expressive human touch from health care providers.¹⁷ Nursing students have been shown to experience anxiety about touching older patients.⁸

Elders report that "touch conveys fondness, security, closeness, warmth, concern, and encouragement, and makes them feel an increased sense of trust and well-being."⁶



The Science of Compassionate Touch[®]

Presence is accepting the people around us simply as they are, without judgment, creating an atmosphere that is healing, grounded and sane. **Judith Lief, , Making Friends with Death**

Touching patients with Alzheimer's disease can have huge effects on getting them to relax, make emotional connections with others, and reduce their symptoms of depression.
Susan Kuchinkas

Professionals experience touch as being mutual, giving comfort, calmness and well-being to themselves as well as to the receiver. **Jan David Edvardsson**

The methods used in Compassionate Touch[®] combine specific touch techniques—including focused touch, hand massage, slow-stroke back massage and foot massage—with the qualities of presence.

Compassionate Presence

Compassionate presence is both a personal quality and a professional skill that has an increasing relevance in today's health care. Fogarty reports that only 40 seconds of compassionate communication from a physician reduces anxiety among patients and increases the patient's confidence in his care and the doctor-patient relationship is stronger.⁸

Presence combined with touch is a powerful combination. Two reasons may be oxytocin and hard-wiring.

Oxytocin is a neurotransmitter in the brain related to social behavior. Scientists call it the "care and connection" hormone. Touch stimulates production of oxytocin leading to feelings of safety, caring, trust, decreased stress and anxiety.^{11, 12, 13}

Zeisel, an innovator in the non-pharmacological treatment of dementia, tells us that capabilities of people living with dementia provide windows for connection and communication and an opportunity for a vibrant relationship. He points to universal hardwired human abilities, explaining that touch is one of these, along with emotions, singing and facial expressions. Even people with advanced dementia don't lose the capacity to recognize a caring touch.¹⁴

Focused Touch

These techniques communicate the basic intention to connect and meet the elder in the moment without an invasive procedure. The bond formed deepens the relationship, builds trust, and offers reassurance. When elders with dementia feel cared for by staff, the emotional and social impact of the disease may lessen, allowing them a greater chance to participate in daily life.¹⁸ Caregivers report that focused touch changes how they view the elder from a deteriorating body and outward behaviors to seeing the person inside the disease.^{15, 16, 17}



Hand Massage

Since touching the hands is so familiar, hand massage may be gladly accepted by elders living with dementia. Even a five-minute protocol has been shown to elicit a physiological relaxation response and decreases cortisol levels.²⁰



Cortisol is a stress hormone that is produced by the adrenal glands during prolonged stress and is often used as an objective marker of stress. When cortisol levels are lowered it enhances sleep quality and the immune system.^{20, 21} Massage has also been shown to increase serotonin levels.^{19, 20, 21} Serotonin is a neurochemical that regulates mood; feelings of calm; and subdues anxiety and irritability.

Studies using a five or ten-minute hand massage protocol demonstrated the following results:^{19, 22, 23, 24, 25, 26, 38}

1. Significantly decreased agitation immediately and sustained the decrease for up to one hour.
2. Decreased the frequency and intensity of agitated behavior during morning care routines.
3. Strengthened the relationship between the person with dementia and their family care partner.

Snyder Study

Snyder explored whether or not administering hand massage before care activities that were often associated with agitation behaviors would reduce the frequency and intensity of these behaviors during those care activities. Both aggressive and non-aggressive forms of agitation were studied. A hand massage protocol that took five minutes to give was chosen as the intervention. Hand massage was performed in the morning and afternoon for 10 days. Results showed that hand massage decreased the frequency and intensity of agitated behavior during morning care routines. Staff reported that reducing the intensity of the behavior made it easier to care for the elders.²¹

Kilstof Study

Researchers completed a study that took place in an adult daycare center. Hand massage was applied by staff and by family members. Reported effects on recipients included increased alertness, improved sleep, and decreased agitation, withdrawal and wandering. Family caregivers also reported decreased stress, improvement in sleep and less difficulty in managing the elder's difficult behaviors.²²

Modalities like massage...can provide a balm for anyone who is in need of more human connection. I will confess that I have occasionally ordered moisturizing creams twice as often as needed for people with dementia who are disengaged merely to increase the frequency of hands-on contact.
Dr. Allen Powers,
Dementia Beyond Drugs

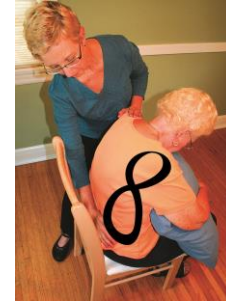
The most important innovation in medicine to come in the next 10 years: the power of the human hand. Dr. Abraham Verghese

Suzuki Study

Suzuki evaluated the effects of hand massage on physical and mental function and behavioral and psychological symptoms consistent hand massage protocol. Both aggressive behaviors and stress levels decreased significantly.²³

Slow-stroke Back massage

Slow-stroke back massage uses a technique called effleurage which involves moving the palm of the hand in long, rhythmic, firm strokes. The method used in Compassionate Touch[®] applies effleurage in a figure-eight formation on both sides of the back. Massage stimulates production of endorphins.^{7, 19} Endorphins are opiate-like compounds produced by the body that suppresses pain and uplifts mood. Massage has a generalized effect on the autonomic nervous system, producing a relaxation response.



Studies using a three-to-five minute protocol have shown slow-stroke back massage to:^{27, 28, 29, 30, 31}

1. Help people fall asleep.
2. Decrease anxiety.
3. Decrease physical expressions of agitation such as pacing, wandering and resisting care.
4. Ease pain.
5. Decrease blood pressure and heart rate indicating a physiological relaxation response.

Mok Study

This study investigated the effect of slow-stroke back massage (SSBM) on anxiety and shoulder pain in hospitalized elderly patients with stroke. The study compared scores for pain, anxiety, blood pressure and heart rate of two groups of patients. The intervention consisted of 10 minutes of slow-stroke back massage (SSBM) for seven consecutive evenings. The results revealed that the massage intervention significantly reduced the patients' levels of pain perception and anxiety. In addition to the subjective measures, all physiological measures (systolic and diastolic blood pressures and heart rate) changed positively, indicating relaxation.²²

Meek Study

Meek analyzed slow-stroke back massage (SSBM) as a non-pharmacological means of relaxation with hospice patients examining its effect on blood pressure, heart rate and skin temperature. SSBM was associated with decreases in blood

pressure and heart rate and an increase in skin temperature, all indicative of a relaxation response.

Holland Study

Researchers explored the effects of slow stroke back massage (SSBM) on adults in a rehabilitation setting, assessing physiological response to touch as well as the recipients' perceptions of touch. There was a significant decrease in blood pressure and heart rate after SSBM. Perception scores indicate a positive response to SSBM. Patients perceived it as being comfortable, good, pleasant, and warm. On all occasions, their responses indicated that the intervention made them feel cared for, happy, physically relaxed, less anxious, calm, restful, and gave them a feeling of closeness with the nurse.

Foot Massage

Foot massage is considered “boundary-safe” and frail older adults may readily accept having their feet rubbed. Evidence reveals that foot massage: ^{33, 34, 35, 40}

1. Induces deep relaxation.
2. Alleviates anxiety.
3. Eases pain and physical discomfort.
4. Promotes sleep.
5. Communicates support and comfort in palliative care



Moyle Study

Moyle explored the effect of a 10-minute foot massage on agitated behaviors in older people with dementia. The most common agitated behaviors observed in the research group were verbal aggression, wandering and repetitive movements. Results showed that daily foot massages reduced agitation after just two weeks, irrespective of gender. Changes were maintained for at least two weeks without massage. The results also indicate that foot massage is well tolerated by people with dementia. ³²

Won Study

Won looked into the effect of foot massage on sleep, vital signs and fatigue in elders. There was significant difference in the sleep and fatigue between pre- and post-foot massage, demonstrating that foot massage can improve the sleep and decrease fatigue. Won recommends using foot massage as an effective sleep-related nursing intervention for elders. ³³

A Case Example

Mary was 81 years old and had lived in a skilled nursing facility for 7 months. Prior to admission, she had been cared for in her daughter's home. Mary's medical information revealed that she had Alzheimer's disease, anxiety, behavior disorder, insomnia, osteoarthritis, osteoporosis, and recurrent urinary tract infections. She was no longer able to safely ambulate and had fallen several times. She couldn't find the appropriate words to express herself and she would sometimes yell out and bang on her wheelchair. Staff would take her to group activities, but the yelling and banging upset the others and she was then removed from the group. Much of her time was spent in her room or hallway. She was often awake and anxious at night and yelling would escalate, waking up other elders.

The nurse assistants and activities staff offered 5 to 10-minute hand massages twice a day, in the morning after breakfast and in the evening. Mary was receptive to having lotion applied to her hands and was responsive to the one-to-one attention. Following one week, the activity director reported that Mary was able to remain in more group activities without disruptive yelling and only occasional banging on her wheelchair. This resulted in less isolation because she was able to stay in the group activity. The nurse assistants reported that Mary was more alert during personal care and that she slept better at night. The overall impact of the hand massage was an increase in the quality of life for Mary and decreased job stress for the staff.

Conclusion

Compassionate Touch[®] helps ease physical, emotional and psychosocial distress that leads to behavioral and psychological symptoms of dementia and is a feasible intervention to curb the use of anti-psychotic drugs. When it is used proactively, elders and their families experience greater satisfaction in their care.

When caregivers possess effective tools, they feel less helpless and frustrated. They experience satisfaction in rediscovering the power of human touch as a solution to challenges often faced in caring for older adults.

The Compassionate Touch® Advantage



Ann Catlin, OTR, LMT is a recognized expert in the field of massage for those in later life stages. She draws upon 30 years' experience as an occupational therapist and eldercare/hospice massage therapist to guide professionals in rediscovering "touch-as-medicine" in caregiving. In 2002 she founded the Center for Compassionate Touch, LLC and in 2015 joined the AGE-u-cate Training Institute, LLC, serving as VP of Training and Education, helping develop training programs and is a Master Trainer for Compassionate Touch® and Dementia Live™.



We seek to create transformative change for an aging world.

We achieve this by delivering high impact solutions to usher in a new culture of service for those who live in, work and visit your community or organization.

For a Free Consultation:

(817) 857-1157

www.ageucate.com

References

1. AHCA. 2013. [“LTC Stats: Nursing Facility Patient Characteristics Report: June 2013 Update.”](#)
2. Institute of Medicine (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington DC: National Academies Press.
3. Centers for Medicare & Medicaid Services (2014) [Interim report on the CMS National Partnership to Improve Dementia Care in Nursing Homes](#). Baltimore, MD
4. Alzheimer’s Association 225 N. Michigan Ave., Fl. 17 Chicago, IL 60601-7633 www.alz.org
5. Millenson, M. L. et al. (2012) [Will the Affordable Care Act Move Patient-Centered Care to Center Stage?](#) Washington DC: The Urban Institute.
6. Montagu, A. (1986) *Touching the Human Significance of the Skin*. Harper and Row New York, NY
7. Field, T (2003) *Touch*. MIT Press Cambridge, MA
8. Fogarty, L. (1999) [Can 40 Seconds of Compassion Reduce Patient Anxiety?](#) *Journal of Clinical Oncology* Vol. 17 No. 1
9. Keltner, D. (2010) [Hands On Research: The Science of Touch, Greater Good: The Science of a Meaningful Life](#)
10. Kuchinskas, S. (2009) *The Chemistry of Connection: How the Oxytocin Response Can Help You Find Trust, Intimacy, and Love*. New Harbinger Publications, 5674 Shattuck Ave, Oakland, CA 94609
11. MacDonald K. (2010) *The Peptide That Binds: A Systematic Review of Oxytocin and its Prosocial Effects in Humans*. *Harvard Review of Psychiatry* Jan/Feb Vol. 18 Pgs. 1-21
12. Zak, P. (2012) *The Moral Molecule: The Source of Love and Prosperity*. Penguin Group, New York, NY
13. Zeisel, J. (2009) *I’m Still Here*. New York, NY: Penguin Group.
14. Lief, J. (2001) *Making Friends with Death*. Shambhala, Boston, MA
15. Edvardsson, J. et al. (2003) *Meanings of Giving Touch in the Care of Older Patients: Becoming a Valuable Person and Professional*. *Journal of Clinical Nursing*. Vol. 12. 601-609

16. Simington, J. (1995) The Power of Expressive Touch Humane Medicine Journal, Vol. 11 No. 4.
17. Bush, E. (2001) The Use of Human Touch to Improve the Well-Being of Older Adults. Journal of Holistic Nursing Vol. 19 No.3 256-270
18. Nelson, J. (2006) Being in Tune with Life- Complementary Therapy Use and Well-being in Residential Hospice Residents. Journal of Holistic Nursing. Vol. 24 (3) 152-161
19. Fritz S. (2000) Fundamentals of Therapeutic Massage. Mosby Inc. St. Louis, MO
20. Field, T. et al. (2005) Cortisol decreases and serotonin and dopamine increase following massage therapy. International Journal of Neuroscience, Vol. 115 (10)
21. Woods, D. et al. (2009) The effect of therapeutic touch on behavioral symptoms and cortisol in persons with dementia.
22. Snyder M. et al. (1995) Efficacy of Hand Massage in Decreasing Agitation Behaviors Associated with Care Activities in Persons with Dementia. Geriatric Nursing March/ April 60-63
23. Kilstoff, K. et al. (1998) New Approaches to Health and Well-being for Dementia Day-Care Clients, Family Carers, and Day-care Staff. International Journal of Nursing Practice 4 70-83 in Vanderbilt S (2000) It's Never Too Late to Touch: Massage Emerges as a Lifeling to Dementia Patients. Massage and Bodywork June/July 140-144
24. Suzuki, M. et al. (2010) Physical and Psychological Effects of 6-Week Tactile Massage on Elderly Patients with Severe Dementia. American Journal of Alzheimer's disease and Other Dementias, December, Vol. 25 no. 8, 680-686
25. Hicks-Moore S. (2008) Favorite Music and Hand Massage: Two Interventions to Decrease Agitation in Residents with Dementia. Dementia: Sage Publishing Vol.7 93-108
26. Remington, R. (2002) Calming Music and Hand Massage with Agitated Elderly. Nursing Research 51 (5) 317-323
27. Harris, M. et al. (2010) The physiological and psychological effects of slow-stroke back massage and hand massage on relaxation in older people. Journal of Clinical Nursing Vol. 19
28. Mok, E. (2004) The effects of slow-stroke back massage on anxiety and shoulder pain in elderly stroke patients. Complementary Therapies in Nursing and Midwifery Volume 10, Issue 4, 209-216

29. Meek S. (1993) Effects of slow stroke back massage on relaxation in hospice clients. *Journal of Nursing Scholarship* Spring 25(1):17-21.
30. Cinar, S. (2009) The Effects of Back Massage on the Vital Signs and Anxiety Level of Elderly Staying in a Rest Home. Ege University School of Nursing, Department of Fundamentals of Nursing, Izmir, Turkey
31. Holland, B. (2001) Slow Stroke Back Massage: Its Effect on Patients in a Rehabilitation Setting. *Rehabilitation Nursing* Vol. 26, 182–186
32. Moyle, W. (2011) Exploring the effect of foot massage on agitated behaviours in older people with dementia: A pilot study. *Australasian Journal on Ageing* Vol. 30 159–161
33. Won, J. (2002) Effect of Foot Massage on Sleep, Vital Sign and Fatigue in the Elderly who live in their Home. *Journal of Korean Academic Fundamentals of Nursing* Vol. 9 No.3 513-523.
34. Puthusseril, V. (2006) Special foot massage as a complementary therapy in palliative care. *Indian Journal of Palliative Care* Vol. 12 No 2 71-76
35. Chang, M et al. (2002) Effects of Massage on Pain and Anxiety. *Journal Advanced Nursing* Vol. 38. No. 1 68-73
36. Faurot, K et al.(2007) Training Family Caregivers in Hand and Foot Massage for Hospitalized Patients. *Complementary Health Practice Review*, Vol. 12 No.3 203-226
37. Kim, E. and Buschmann, M. (1998) “The Effect of Expressive Physical Touch on Patients with Dementia” *International Journal of Nursing Studies*. Vol. 36, pp. 235-243.
38. Power, A. (2010) *Dementia Beyond Drugs*. Health Professions Press, Baltimore, MD
39. Power, A. (2014) *Dementia Beyond Disease*, Health Professions Press, Baltimore MD
40. MacDonald, G. (2005) *Massage for the Hospital Patient and Medically Frail Client*. Lippincott Williams and Wilkins Philadelphia, PA
41. Maslow, K et al. (2013) Person-Centered Care for People with Dementia. *American Society on Aging Generations Journal* Vol. 37 No. 3

- 42. Boyle, R. (2000) Managing Agitation Behavior in Alzheimer's Patients. ElderCare Online <http://www.ec-online.net>**
- 43. Cohen-Mansfield. (2005), Managing Agitation in Elderly Patients with Dementia. Geriatric Times May/June 2001 Vol. II Issue 3**
- 44. Cohen-Mansfield J. (2001), Managing Agitation in Elderly Patients with Dementia. *Geriatric Times*, May/June Vol. II Issue 3**
- 45. Herr, K. et al. (2003) Assisting Older Clients with Pain Management at Home. *Home Health Care Management and Practice*, Vol. 15 (3) 237-250**
- 46. Wood, D. (2013) Building a Person-Centered Culture for Dementia Care. *Leading Age Magazine* Vol. 3 No. 5**