

Compassionate Care and Communication Techniques

Balance the give and take of caregiving



caregivers

PREVENT  PROTECT  PROMOTE
abuse/neglect clients dignity

FACILITATOR GUIDE

Developed by:

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Center for Community Development, Engagement & Training (CCDET)

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Learning Points

After completing this course, learners will be able to:

- Support compassionate approaches in caregiving
- Increase feelings of emotional safety among people with dementia
- Apply communication techniques for more successful interactions

Introduction



Providing quality care to residents requires meeting both their physical and emotional needs. In this session, we will introduce both communication tips and compassionate care techniques to help meet the needs of residents, especially those with dementia or another cognitive disorder.

[In advance of the training, pass out a poker chip to each participant or place a container of poker chips on each table. Wait until later in the training to direct their attention to the chips.]

Sympathy vs. Empathy

Many people are drawn to health care because they naturally care about others. It can be a very rewarding career when you are able to help someone in need. For those who are caregivers and nurturers by nature, it can be very easy to become emotionally invested in the pain and suffering of your patients. Are those feelings of sympathy? Empathy? Is there a difference?

Sympathy

Sympathy shows that you are making an effort to care...you genuinely want the other person to feel better! The feeling of sympathy is what makes you able to say the most appropriate things to someone who is in distress.

For example, you might say, "I know how you feel." But do you really? Because you actually don't identify with that person's plight, the other person may not feel that you truly "get it."

Pity is a more detached reaction to hearing about another person's distress. Pity suggests that the person is helpless and makes no effort to help them improve their situation.

People who are operating out of sympathy try to “make things better” or to “fix” things. They are not trying to be unkind or thoughtless. They are just coming from a *thinking* place.

Empathy

Empathy means coming from a *feeling* place, sometimes referred to as “walking in the shoes” of another. Here are some features of empathy:

Gaining Perspective

We try to see the situation from the other person’s point of view. How they see things is real for them. We need to try to see things through their eyes. But that doesn’t mean sharing a similar event in your own life. The focus remains on the resident.

Encouraging Talk

We encourage the person to talk about their feelings. Often, the person is looking for someone to talk to, not to “fix things.” *Listening is often more successful than talking.*

Staying out of Judgement

We may not have all the facts. Judging completely interferes with our ability to feel/show empathy to another person. We must remind ourselves not to judge others.

Recognizing Emotion

We try to identify how the other person is feeling. It requires that we first recognize emotion in ourselves.

Letting the Other Person Know

We recognize the emotion that person is experiencing.

When we do these things, we are well on the road to using empathy in our relationships with others. People who are empathetic stand beside a person in distress. They don’t try to pull them along or push them toward a place where they or you will feel better.

Activity: Consider the Scenario

Kate was just admitted for end-of-life care in a local Hospice facility. Amy is a new caregiver and meets Kate for the first time. Amy finds Kate crying, saying she’s scared. Amy feels bad for Kate and doesn’t know how to respond and says “It will be alright. You might have a few more months here.” “Let’s go to the kitchen and see what’s for dinner. That will help take your mind off things.”

Was Amy's response coming from a place of sympathy, empathy, or pity? Why do you think so?

[If possible, break the audience into groups. Ask them to discuss and write down some thoughts. After most groups appear finished, ask for their responses. Document them on a flip chart or white board.]

Next, consider the scenario from a different perspective.

Kate was just admitted for end-of-life care in a local Hospice facility. Amy is a new caregiver and meets Kate for the first time. Amy finds Kate crying, saying she's scared. Amy says, "It must be really scary for you. Thank you for sharing with me." Kate nods and says, "I just don't know what to expect as I get sicker." Amy says, "I'm here to listen anytime, Kate." Kate thanks Amy and tells her she appreciates her being there for her just to *listen* to her fears."

What was different about Amy's response this time?

[Ask for responses from the learners. Document them on a flip chart or white board.]

Activity: Trading Places

Successful caregivers know the life histories and preferences of their residents. This knowledge helps the caregiver empathize in situations by understanding "where the resident is coming from." Consider this example in which the caregiver couldn't figure out what was producing agitation and anxiety in the resident.

Barbara is a new resident who is living with dementia. She no longer communicates with words. Most nights, Barbara becomes tangled up in her bed sheets and blanket while pillows fall on the floor. Caregivers pick up the pillows and tuck in the rest of the bedding, hoping to make her more comfortable. Barbara becomes very agitated and starts pulling on the sheets and blanket all over again. Barbara isn't getting much sleep and caregivers are puzzled about her behavior.

[Read or ask someone to read the scenario above. Then tell the "rest of the story." As it turns out, Barbara is a bit claustrophobic. She has always avoided elevators and big crowds. She really dislikes having her sheets tucked in around her—it makes her feel trapped. After the facility spoke with Barbara's family, they learned this fact and made a note in her care plan. The sheets are never tucked in anymore and Barbara sleeps more peacefully.]

If you had dementia, what would you want your caregivers to know about you? What personal preferences and parts of your life story would you want to have included in your own care plan?

[Ask participants to offer suggestions. Document them on a flip chart.]

Adult-to-Adult Relationships



Adult-to-adult communication is respectful of self and of the other person. There is no attempt to control the other person. There is give and take...questions and opinions asked and answered.

When a resident behaves in a manner that seems child-like, it is natural for a caregiver to want to take on the role of a parent.

Based on our own experiences with positive parenting, we might respond by encouraging, soothing, calming, or supporting the resident. This will make the resident feel safe, protected, and capable. Remember, although these techniques are also useful with children, the resident is not a child and must be respected as an adult.

Another type of response to child-like behaviors might be to address the resident in a negative parent mode. When a caregiver interacts in this manner, the goal is to attempt to control the resident or force the person to do something that you perceive to be in his or her best interest. If the caregiver responds by controlling or criticizing, the resident feels insecure, incompetent, and dependent.

Behaviors and language to avoid include:

Body Language: Rushed or impatient movements, finger pointing, hands on hips or scowl on face

Verbal Language: "Stop it!" "What are you doing?" "Do what I say." "You always..." "You never..." "Why can't you just...?"

Providing Compassionate Care for Persons with Dementia



Caring for residents with dementia often means helping them feel safe in their surroundings. Dementia can alter perceptions about the physical environment and lead to responses that produce anxiety and agitation.

Emotional Safety Techniques

It is through our senses that we view the world around us. Celebrating what the person with dementia can experience and providing appropriate stimulation to that person's sensory world can bring joy to the person's day. Knowing a person's life story and preferences helps us make a personal connection using each person's history and sensory memory.

[Give learners a few minutes to review the techniques below, stopping them before the activity. The activity will give them an opportunity to better absorb and apply the information.]

Consider the following techniques and tips for increasing the emotional safety of a person living with dementia, based on each of the five senses.

The Sense of Sight

As we age, our eyes usually become less efficient. People living with dementia may become confused about what they see. They may see a person or an animal in what is really a shadow. They may view their own reflection in a mirror or window as that of a stranger. People living with Alzheimer's disease and some other dementias may also lose the ability to use peripheral vision and are unable to see items close to them.

Some helpful tips for addressing the sense of sight are:

- Use natural daylight whenever possible
- Increase the level of light
- Use different colors when painting walls and hallways to increase contrast
- Minimize glare
- Consider covering reflective surfaces

- Approach the person from the front
- Create murals and scrap books of favorite scenes/people
- When possible, avoid busy patterns in floor covering which can be interpreted as threatening or confusing to a person living with dementia

The Sense of Hearing

Meaningful hearing has a major impact on the quality of life for a person with dementia. Hearing affects a person's ability to make sense out of conversation and people living with dementia including Alzheimer's disease often have difficulty with this skill.

Some helpful tips for addressing the sense of hearing are:

- Approach the person from the front
- Minimize background noise (e.g. turn off radio or TV)
- Speak in a normal tone, don't yell
- Use visual cues to add meaning to your words (e.g. mime drinking)
- Discover the person's preferences when selecting music by using music they listened to in the past or music they respond positively to now

The Sense of Smell

People living with dementia may lose protective smell. They may not recognize the smell of smoke and/or spoiled food as a dangerous thing. On the other hand, pleasant odors can help people relax and can stir up fond memories.

Some helpful tips for addressing the sense of smell are:

- Use aromatherapy in the form of fragrant plug-ins, oils or flameless candles
- Remove unpleasant odors
- Walk in the garden or provide cut flowers indoors
- When possible, focus on a person's favorite aromas (Chocolate chip cookies baking? A favorite flower or fragrance?)

The Sense of Taste

The senses of sweet and salty are reduced in a person with dementia. The sense of bitter is retained longer. A person living with dementia may crave foods that are very sweet and/or salty and will tend to give in to that craving because of poor impulse control.

Some helpful tips for addressing the sense of taste are:

- Offer smoothies and other foods that are high in nutritional value and are sweet
- Provide meals that appeal to the individual and reduce the sense of hunger
- Limit access to condiments, saltshakers and sugar containers

The Sense of Touch

All people have their own sense of personal space, which must be respected. People living with dementia have a right to determine who may and who may not enter into that personal space. Touching with the entire palm feels safer to a person living with dementia than touching with the fingertips only.

Some helpful tips for addressing the sense of touch are:

- Respect the person's response to being touched
- Touch with your entire palm
- Keep in mind over-sensitivity to touch
- Provide comforting textures in the form of linens, towels, blankets, and other items the person may touch frequently

Activity: Design a Scenario

[Review the example to ensure that learners understand the activity that follows.]

In this activity, you and your partner(s) will create a scenario based on one of the senses listed above. You may use an example based on your own experiences. Next, try to determine the “reason” behind the behavior and then propose a possible solution. For example,

ASSIGNED SENSE: Taste

Create and describe the scenario	Possible reason(s) for the behavior?	Possible response(s)? How to meet the resident's need?
Alonzo has started to visit the dining room in the middle of the afternoon when no meals are being served. One day, caregiver Lucy finds Alonzo sitting at one of the tables, tearing open sugar packets and ingesting them.	<ul style="list-style-type: none"> • The senses of sweet and salty are reduced in a person with dementia • A person living with dementia may crave foods that are very sweet and will tend to give in to that craving because of poor impulse control 	<ul style="list-style-type: none"> • Remove sugar packets from the tables between meals • Alonzo's craving seems to come mid-afternoon. Offer him a nutritious sweet alternative at that time, such as a smoothie made with fruit.

[Divide the learners into groups and assign them one of the “senses” above. Give the groups time to complete the activity. As time permits, ask volunteers to describe their scenario, reasons behind the behavior and possible solutions. They can use the template on the next page to document their scenarios.]

SENSE: _____

Create and describe the scenario	Possible reasons for the behavior?	Possible response(s)? How to meet the resident's need?

Communication Techniques

Remember that anger and agitation result from the frustration of having cognitive deficits that are part of the condition, *not a bad attitude*.

Understand that illogical replies can result from forgetfulness and confusion, *not from attempts to lie*.

[Ask learners to review and check initial contact techniques that they have used in the past and then draw a circle around those they will try to use more often.]

Initial Contact

Approach the person from the front. Put yourself at eye level when possible.

Establish a one-on-one connection. Ask others who are not needed to step away or move to another room.

Control the environment. To the extent possible, try to calm the surroundings. Turn down televisions, radios or other electronics; limit the number of people present, avoid side conversations and have only one person talk at a time.

Be aware of non-verbal communication. It should take the lead in your approach when possible. Open body language and friendly facial expressions can calm an agitated, confused person.

Be aware of the person's reality. The person living with dementia may perceive the environment differently than you do.

Use your knowledge of the person's preferences and life history when possible. Knowledgeable caregivers can give the situation context and provide the valuable insight needed in a person-centered response.

Communication

[Ask learners to review the communication techniques. As they review, ask them to select the "most important" technique in their opinion and say why. When ready, ask for responses.]

Speak slowly and calmly. Try to make eye contact and speak directly to the person. Keep sentences short and use plain language. Try to avoid using abstract concepts or words.

Say your name and your role. Repeat your name when you believe the person may be confused about your identity. The person may not perceive your relationship based strictly on past associations, even close ones.

Tell the person you are there to help. Smile. Use a gentle tone of voice.

Ask only one question at a time. When possible, ask closed questions – ones that can be answered yes, no, or other one or two word responses. If the person must make a choice between options, then limit the options to no more than two or three.

Give directions one step at a time, waiting until the first step is completed to give the next step.

Allow extra time for responses. Counting to 10 before expecting a response will help gauge how long to wait.

Treat the person as an adult. Avoid speaking to the person living with dementia as you would a child. Address the person as a respected elder.

Techniques

Use Validation. Don't argue with a person with a cognitive disorder. Move to that person's reality instead. For example:



Polly insists that today is her birthday, even though you know her birthday was months ago. She is all dressed up and seems to be waiting for her guests. How do you respond?

- a) Remind Polly of her true birth date so that she will remember it next time.
- b) Ignore Polly's conversation, hoping she will forget about it.
- c) Ask Polly about her favorite birthday ever.

[Ask learners to pick a response. The correct answer is c). You should move to the person's reality. Correcting or reminding will not help a person with dementia remember. Ignoring Polly misses an opportunity to provide her with some joy in her day.]

Try Re-direction. People living with dementia can have short attention spans and may be diverted to another subject when they are agitated or angry. The idea with re-direction is to “change the subject.” For example:



Calvin is wearing his coat and pacing by the front door. Caregiver Scott asks, “What’s up, Calvin?” Calvin says that his ride to the bowling alley is late. Scott knows that Calvin was once a champion bowler but has not bowled in many years. How should Scott respond?

- a) Scott says, “Say Calvin, while you’re waiting, why don’t we catch the news on TV?”
- b) Scott says, “I heard that there are some fresh cookies in the dining room. Let’s grab a couple!”
- c) Scott reminds Calvin that he no longer bowls so Calvin won’t be disappointed when his ride doesn’t arrive.

[Ask the learners to pick a response. The correct answers are a) and b). The important idea is to suggest another activity that you know the resident enjoys, to divert and hopefully calm the resident. C) does not redirect the resident or change the subject and may even worsen the situation.]

The Reason behind the Behavior

Although behavior may seem unusual to you, there is usually a reason behind the actions of a person living with dementia. Consider the following example:

John is an 80-year-old resident with dementia. He doesn’t talk much anymore. He communicates with body language and actions. Each morning, John rises before dawn. He puts on his coat, goes to the locked front door of the building, and waits to leave. It’s clear that John wants to go somewhere. His caregivers don’t know what he has in mind, especially at such an early hour. They usually can divert him, but he always seems unhappy about it.

Looking for the Wise Reason

Even though John was well cared for, some emotional needs weren’t being met. He may not have felt useful or needed. Those needs never disappear because we get old or have dementia. What does change is our ability to express those needs or have them fulfilled.

[Tell the learners the rest of the story: Staff learned that John was a mail carrier for over 30 years. He prided himself on his dependability...he only missed 3 days of work during that time. John also received recognition for saving the life of one of his customers after noticing that she had not picked up her mail for a few days. He contacted the police who discovered her on the floor of her bedroom, unable to get up. She was conveyed to the hospital and recovered.]

Helping a resident to feel special and unique promotes self-esteem and is the key to providing the best care possible.

Building Self-Esteem: The Poker Chip Theory



There is a theory about self-esteem...that it relates in some ways to a game of poker. When someone makes us feel special, poker chips get added to our stack. Statements like, “I’m proud of you for...” or “Thank you for your help...” can make those chips add up.

Unfortunately, the reverse is also true. When we rush in and take over for a resident who is dressing too slowly, what are we really saying to the resident? “You’re helpless!” “You’re too old, too slow, and worthless.” Both actions and words steal poker chips, or self-esteem, from the person.

When we have lots of poker chips in our stack, we can allow ourselves to risk a few. It’s not so scary. We can try new situations even if we might not succeed.

But what happens when only a few poker chips remain? We become careful about risking even one or two, worried that we might lose them all. People with dementia usually have a small stack of poker chips and are very careful about taking chances. Boosting self-esteem by supporting, cheering on, and paying compliments can allow the person to expand their experiences and feel joy, accomplishment, and self-satisfaction.

[Tell participants to pick up a poker chip from their table. Ask for volunteers to share how they may have added to a resident’s stack of poker chips. Tell them to keep a chip in their pocket to remind them, each day, to think of ways to boost a resident’s self-esteem.]

Simple Solutions



When we left John, he had a small stack of poker chips. Let's return to his story and help him add chips to his stack.

John's actions were trying to show us that he had needs that were not being met. It's wonderful to figure out the story behind the behavior, but what happens next? How do we rebuild John's positive feelings in the present?

[Tell the following story: The caregiving team placed a small table in the community room with baskets and a variety of envelopes. John was given a shoulder bag, like his mail pouch from years ago. His family even supplied an old shirt from his mail carrier days. Now, on mornings when John rises early, he puts on his "uniform," takes his mail pouch to the "post office" and sorts envelopes into his bag. He then "delivers" envelopes to various locations in the facility. Later in the day, caregivers retrieve the delivered "mail" and place the envelopes back on the table, ready to be sorted again the next morning.]

Staff have addressed John's need to feel useful. But how about feeling needed and appreciated? That's where the caregivers' small personal gestures came in. How do you think the caregivers contributed to those needs?

[Possible responses: Caregivers might say to John, "Thank you for sorting the mail! You make sure we get the mail on time! We can count on you, John!"]

The lesson of this story is: When we can fulfill people's emotional needs, they don't have to withdraw into the past. They can risk a few poker chips by interacting in the present.

Wrap-Up

To be at their best, residents require both physical and emotional care. Learning positive techniques to enhance residents' self-esteem, responding with empathy and increasing a resident's sense of safety can go a long way in meeting their emotional needs. You play a critical role in enhancing the quality of life of those in your care.

Learning Points Review

After completing this course, learners will be able to:

- Support compassionate approaches in caregiving
- Increase feelings of emotional safety
- Apply communication techniques for more successful interactions

This material was developed by University of Wisconsin Oshkosh – Center for Community Development, Engagement and Training (CCDET) in collaboration with Wisconsin Department of Health Services-Division of Quality Assurance.

Training Materials Checklist

For this training, you will need:

- *Laptop computer (recommended)*
- *MS PowerPoint (PPT Viewer can be downloaded for free at [Microsoft.com](https://www.microsoft.com/en-us/download/details.aspx?id=13099))*
- *LCD Projector (recommended)*
- *Screen for viewing the PPT (recommended)*
- *Flip chart and markers*
- *Printed Participant Guides*
- *Poker chips*
- *Pens or pencils*
- *Evaluation (optional)*
- *Certificate of completion (optional)*

Note: It is strongly recommended that the PPT be viewed using an LCD projector. If that option is not available, the PPT may be downloaded and printed as a handout.