Dementia and AAC Intervention

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Taiwan
February 2014
Introduction

• Dementia – neglected area, particularly in communication
• Negative connotations and attitudes
  • fear of the economic cost of health and social services

The WHO reminds us that the aging population is in fact a positive indicator of social development and public health
Dementia in Taiwan

• Percentage of Taiwanese aged 65 years and older has been increasing over the past 27 years
  • 4.1% in 1980 to 10.2% in 2007 (Fun & Want, 2008)
  • Prevalence of Dementia 1.7-4.3% among aged people. Most common cause Alzheimer’s disease (AD). Slightly lower than in Western countries.
  • Respect for the elderly – mild dementia not identified (under presented).
  • Link between illiteracy and dementia scores recognized

• Official statistics showing an increase in Taiwan’s 65 and over population moving from an “aging society” to an “aged society” (10.9 % at end of 2011 and prediction of 20% aged by 2018– Taipei Times, October, 23 2013).
Normal vs pathological aging

The process of aging however, brings with it important changes in communication:

• Normal decline in communication functioning
• An increase of disability and health issues which are typically referred to as pathological aging.
Normal decline in communication

- Language comprehension: short-term memory, understanding embedded clauses
- Expressive language: less complex grammatical constructions, recalling people’s names. Forgetting names can substitute with pronouns – it etc. Not necessarily forgotten, but problems retrieving them.
- Increase in vocabulary with age (until 70ys) (Park et al. 2002).
- Presbyacusis
- Inhibitory capacity – if this ability declines it can have dramatic effects on communication “off-target verbosity” – engaging in lengthy narratives that tend to drift away from their starting point (frontal lobe damage).
Pathological Aging: Alzheimers

- Complex brain disease that causes minor confusion and mental malfunction later on.
- Syntax (grammar) is in tact, **semantic (meaning) and word processes (lexical)** become progressively impaired. Difficulty coming up with the right word for things - broader problems with the meaning of language.
- Flashes of lucidity – which indicates the person is still there and probably knows more than is apparent a lot of the time.
- “No cure, no help, no hope”
Communication Predicament in Aging Model (Ryan, Meredith, MacClean & Orange (1995))
Different perspective on aging

- On being a Person and Personhood maintained
- That those with dementia have the same value, the same needs and the same rights as everyone else and that they are to be brought fully into the arena of moral concern
- A view of personhood which meets at least four criteria (Kitwood, 2004):
  - Reveal our moral obligations
  - Valid in terms of psychology that focuses on experience, action and spirituality
  - It must illuminate care practice
  - Fully compatible with findings of neuro-science
- The dialectics of dementia: neurological impairment – compensated for by positive person work
- Pivotal role of the quality of care
From a deficit to an enhancement model of aging in communication (partially based on Ryan et al., 1995)

- Acceptance of change – non-judgmental
- Understanding the use of a different interactional code
- Recognition of contained communication
- Understanding of contained symbolic interaction
- Increased contained interaction opportunities – different partners
- Content, mutual benefits of exchanges
- Understanding of contained symbolic interaction
- Recognition of old age cues
- Stereotyped expectations
- Modified speech behavior toward the older person
- Constrained opportunities for communication
- Reinforcement for age stereotyped behaviors
- Loss of personal control and self-esteem
- Lessened psychological activity and social interaction
- Negative changes in old age cues
- Encounter with older person
Recognition of old age cues

Conversational features:

**Signs of ALZ**

- Egocentric
- Fewer adherence to conventions of conversations
- Less sensitive to others in conversation
- Shrinking vocabulary
- Fluctuating relevance of responses
- Topic maintenance and turn-taking problems
- Unable to engage in extended discourse/short turns
- Partners have difficulty in following verbal output
- Disrupted reference and cohesion
- Empty language, primary use of indefinite terms
- Uses more words

**Contained communication?**

- Adhering to a different interactional code:
  - Restricted vs elaborate speech code
  - Contained/Restricted symbolic meaning
  - Contained/Restricted communication opportunities
Acceptance: non-judgmental

- Measuring attitudes toward aging: emotive response
- Stereotypes: mental representation
  - 2 dimensions underlying our mental representations of aging: (Harwood, 2007)
    - A dimension relating to health, activity and attractiveness (declining)
    - A dimension relating to wisdom, kindness and generosity (increasing)
  - Older people are relatively low on competence, high on warmth – low status or societal respect
American Social Groups and Perceived Competence

Figure 3.1 American Social Groups Arrayed Along Perceived Competence and Perceived Warmth and Sorted by Cluster Analysis

Communication with People with Severe Dementia?

Communication Behavior

- Isolation
- Withdrawn, often no speech.
- Very restricted short term memory – long term memory more in tact
- “Empty speech” – lack of cognitive coherence, echolalic

- How do we reach people who have withdrawn and are isolated from their own families?
What do we know about AAC Strategies and dementia?

- Memory Wallets and books (Bourgeois, 1992)
- Visual cueing systems (Bourgeois et al, 2001)
- Photo videos (Uasuda & colleagues, 2009)
- Cohen (2000) and Lund et al. (2005) – video biographies
- Talking photo albums, increase in electronic devices as technology users get older, e.g. using iPod for music in an old age facility in Indiana. (Gentry et al., 2008).
What do we know about AAC Strategies and dementia?

• Speech output (Fried-Oken & Rowland, 2008) – value of pre-programmed output for moderate ALS patients
  • Novelty reduced interactions – perseverative behavior increased
  • Confused them – dropped the line of thought
Conclusions from AAC studies

- Success more likely if individual’s own strategy ideas are used – previous experiences and cognitive strengths (Bourgeois, 2002)
- Simply providing visual cues and enhancements may not be sufficient for establishing improved participation and engagement
Meet Gladys and Naomi
(www.memorybridge.org)

• Video minutes 25-30
What changes occurred in this interaction?

• How did the interaction start?
• How did it change?
• How did Gladys’ interaction change?
• How will you describe the outcome of this interaction?
• Who benefitted from this interaction?
  • Why?
What strategies were used to facilitate interaction?

1. How did Naomi first make contact?
2. How did she use her voice?
3. How did she use her hands?
4. What facial expressions were used?
5. What else did Naomi use?
6. How did Gladys respond to these?
Principles of Validation Therapy

- **Centering**: focus on own breathing – to release own emotions and listen empathetically
- **Nonthreatening communication** – not confrontational, but acceptance. Ask factual questions not questions directed at their emotions
- **Maintaining eye contact**
- **Maintaining clear, low tone of voice**
- **Observing and mirroring**
- **Touching**
- **Music: rhythm**
So – what does this mean for intervention?

- **Developing shared meaning:**
  - understanding the thematic context and what they represent – symbolization
  - Different reality – and context: emotional engagement not just rational

- **Understanding the code**
  - Words/gestures used
  - Need for social closeness
Increase opportunities for interaction
How?

- Supportive communication
  - The role of supportive communication: Dreher (2001) effective communication with AD may often involve not arguing about the truth of a particular statement. Truth may well not be relevant in the context. It might lead to more productive and useful responses. Sabat (1999) describes “indirect repair” – clarifying, questioning, restating to confirm understanding.

- Naomi Feil: Non-judgmental empathic listening

- Central role of empathic listening
References


