

Tips for Non-verbal Communication with People with Dementia

How using non-verbal communication can reduce behaviour that challenges others



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Foreword

Dear Reader,

Would you believe that 10% of your communication is verbal and 90% non-verbal? What you express with your body language is often much more important than what you verbalise. Above all, what you say should match your facial expression and your gestures. If it doesn't, the person you're communicating with will probably not believe you – they'll take your body language at face value.

People with dementia – even advanced dementia – can sense the feelings and emotions of those they're communicating with. So it's all the more important that you, as a caregiver, are always conscious of the non-verbal signals that you send out when performing your care activities.

We hope you find this booklet helpful so you are more aware of what you may be communicating, even subconsciously, to your service users and how you can adapt your body language to communicate more positively and effectively.

Yours Sincerely,



Niki Haunch

Editor-in-Chief, *Dementia: Care & Support for Care Home Personnel*

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How Deliberately Using Non-verbal Communication Can Reduce Behaviour that Challenges Others

It's true that dementia itself often leads to behaviour that challenges. But sometimes it's we, the caregivers, who unconsciously provoke the difficult situation – because we don't know how, or don't realise the extent to which, our behaviour affects people with dementia.

Consider the following example:

A caregiver is sitting on Mrs Miller's bed. Mrs Miller has dementia. The carer raises a fork to Mrs Miller's mouth and, at the same time, says, *"Hello, Mrs Miller, open your mouth and eat."* Mrs Miller reacts by shouting at the top of her voice – and knocking the fork out of the nurse's hand. Could the caregiver have avoided this unpleasant situation? If she had adapted her body language to Mrs Miller, the reaction would not have been so violent. And so, deliberate and targeted non-verbal communication on the part of the care provider could substantially reduce Mrs Miller's need for tranquilisers.



To be able to communicate effectively with people with dementia, you have to:

1. Know what they're capable of sensing
2. Be aware of what they might misunderstand, and
3. In particular, develop an awareness of the extent to which we, as caregivers, can fool ourselves in our interpretation of their body language.

How People with Dementia Sense Non-verbal Communication

People with dementia are as different from another, as you and I. And they also differ from one another with regard to the extent to which they pay attention to other people's body language. But, in general, you'll observe the following in people with dementia:

They **actively interpret** other people's body language. And they do so increasingly intensively with the progressive loss of their ability to speak and to understand speech. You may even detect **greater sensitivity** to the emotional signals of other human beings in many of them.

Our Faces and Our Voices Reveal Our Mood

As a result of their disease, people with dementia lose the ability to recognise faces and to put names to them. But they remain capable of interpreting **emotive facial expressions** up to the point where their dementia becomes very severe. They still know that a smile is an expression of relaxation, pleasure or sympathy. And they haven't forgotten that tears are a sign of sadness and that furrowed eyebrows and pinched lips convey annoyance, stress and rejection. They know from our face and the tone of our voice how we're feeling – specifically, whether we're relaxed and happy, or stressed and insecure – and whether or not we like them.....

Hiding Your Feelings Won't Work

Haven't you been through this at some point before? You bravely try to conceal your own problems or bad mood from those in your care but after they've seen your face – even for just a moment – they ask you directly, *"Aren't you feeling well? Have I done something wrong? Are you angry with me?"* In other words, it's impossible to hide our true feelings from them! People with dementia:

- See through a phoney smile
- Sense suppressed stress and testiness, and
- React with insecurity, irritation or anger to contradictory messages – to discrepancies between verbal and non-verbal signals.

Tip: Don't put on a false, insincere smile. It's better to explain to them, in simple language, that you're not feeling well, so that the person in your care won't think that it's their fault.

Haste Makes Waste

Caregivers run into the following situation almost every day – if they're under pressure and want to get through a treatment faster than usual, just the opposite happens. Those in their care become slower than usual and may even completely prevent the care activities. And not infrequently, the outcome may be aggressive or even so-called **behaviour that challenges**.

But the explanation for this is neither the dementia itself nor their personality – rather, it's usually the **caregiver's body language**. Some carers unconsciously (for example, with furrowed eyebrows, pinched lips, quick or hectic movements, or by avoiding eye contact) provoke a mirror reaction. Some scientists put this down to 'mirror neurons;' which may be responsible for our ability to empathise with others.

How the Brain Mirrors Others

To be able to **foresee** what someone has in mind, our brain mirrors their **movement pattern** – without necessarily understanding these patterns.

If, for example, you just sit very quietly and observe someone holding a glass in their hand, your brain 'pretends' that you yourself were also holding a glass. It activates – unconsciously – precisely those cells in your motor centre that would be required for you to hold the glass.

It also analyses the facial expressions and the body language of the person being observed and determines if their likely next move is going to be **harmless or dangerous** for you.



If their face is relaxed and they direct the top of the glass towards themselves, there is very likely no danger. They'll simply put the glass to their mouth. But if, on the other hand, they appear to be angry and direct the top of the glass in your direction, you should be careful – they may want to toss the water in your face!



Nonetheless, not all mirror activities are concealed. We consciously react to the behaviour and the moods and feelings of other people.

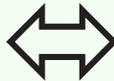
We smile or laugh when someone else smiles or laughs. We yawn when we see or hear someone else yawning. We whistle or sing when others do this. We look up when we see someone else looking up to the sky. We feel pain if we see that our child has hurt themselves. We get goose pimples if, in a thriller, a giant tarantula crawls over someone's face. We cry if, in a movie, a likeable person dies – even though we know that it's only a movie.....

And in performing your care activities, you've also probably used your 'mirror neurons' – unconsciously but successfully – on many occasions. Don't you, for example, open your mouth yourself when you're helping someone with their eating and would like them to open their own mouth?



How 'Mirroring' Works

Subconscious mirroring of the actions of the person being observed



Analysis of their body language (facial expressions, gestures, posture, etc.)



Assessment of the situation as the basis for one's own behaviour



How Mirroring Affects People with Dementia

Mirroring is still prevalent in many people with dementia. But there seems to be one critical difference in comparison with people with normal cognitive function:

The more advanced the disease, the less people with dementia are capable of sensing the moods and actions of others, without imitating and mirroring them.

If, for example, you reach for your coffee cup or you begin to button up your cardigan, people with dementia may do the same thing. And if

someone starts to call out apprehensively or angrily, they'll promptly also feel anxiety and anger – and may begin to shout loudly. This means that their **'signal inhibitors' are not working as well** as those of people with good cognitive function – and that they're at the mercy of the emotions of others. Their good mood and their mental stability virtually vanish when they sense boredom or sadness in others. Conversely, this emotional contagion also means that we can easily influence them, if they themselves are not doing well, with a sincere smile and body language that expresses calm and serenity. But what does all of this mean?

Tip: Be more aware of your own body language. Use facial expressions and touching more purposefully. Ensure that people with dementia are not infected with the anxiety, agitation and shouting of their fellow residents.

Non-verbal Communication Can Easily be Misunderstood

People with dementia no longer grasp the sense of many of your care routine activities. They perceive our movements and actions:

- Slowly
- Fragmentarily, and
- Incorrectly.

Again and again, this is misinterpreted and can lead to overreaction. Those affected often interpret our movement patterns and behaviour as aggression.

These 6 Behaviours are the Most Common Triggers of Stress Reactions and are Open to Misinterpretation

1. Unconscious Facial Expressions on the Part of the Care Provider

Caring for someone with dementia requires you to concentrate intensively on what you're doing. But to many people, a concentrated facial expression can look like a '**long face**', even if we're feeling well and are in the best of moods. Our eyebrows may be furrowed – giving the impression of frowning – and our lips pinched, producing a deep vertical wrinkle above the bridge of the nose.

And we also usually look, in a very concentrated way, at the part of the body that we intend to 'work on.' In people with dementia who, when they're being taken care of, tend to stare incessantly at the caregiver's face, this may be perceived as avoiding eye contact. They often erroneously interpret a concentrated face as being uncommunicative, annoyed, standoffish, and even angry – and they react accordingly.

Tip: Always take a look in the mirror when you're helping someone to bathe. Relax and use humour to counter your concentration wrinkles.

2. Too much – and Too Loud – Noise

In many care homes, radios and the television are left on continuously, in order to 'liven things up.' But this non-stop background noise really does no-one any good – particularly not people with advanced dementia. On the contrary – too much noise and too many images stress and irritate them. (The same is true, by the way, for the loud ringing of telephones, the sound of beepers, and the constant call for nurses). Since those affected are usually not capable of turning the sound of the appliances down by themselves, or even of simply leaving the room, this kind of overstimulation literally provokes conflict.

3. Inappropriate Tone of Voice

But the worst thing for people with dementia is when we speak to them too loudly, in a high, shrill tone of voice. Experienced caregivers know that this is what happens:

- When we want to make ourselves understood to people who are hard of hearing
- When we're upset, stressed or angry.

But what many of you are not aware of, is that even with the best of intentions, some caregivers may they want to 'mother' those in their care, and may slip into a high, baby-like and overly loud tone of voice. And that can be disastrous! Many people with dementia don't sense this as being loving and well-intended – rather, they take it as aggression (because a high, loud and shrill voice does sound angry) and, logically, get ready to defend themselves.

Tip: Don't speak louder – speak more clearly. Make an effort to use a lower tone of voice if you want to 'come across well' emotionally and acoustically. Avoid becoming louder in conflict situations. Instead, whisper, sing and hum, in order to get them to calm down.

You'll also avoid unnecessary stress by refraining from loud goodbyes. *"Bye-bye, I'm going home now"* can give a homesick resident bad ideas.

4. Approaching the Person Incorrectly

As with all older people, those with dementia become hard of hearing and visually impaired, with a substantially restricted field of vision. A situation may become difficult simply because they don't see or hear us approaching – they'll be frightened if we come up to them from the wrong side or from behind, and suddenly move their chair or touch them.



How can you make use of this knowledge in your daily care routine?

Tip: If possible, you should:

- Only approach them from in front
- Draw your resident's attention to yourself in advance with a verbal or visual signal (e.g. waving to them)

- Show them a friendly face so that it's clear to them that you 'come in peace'
- Tell your resident what your intentions are
- Only then perform your care activity.



When giving them their meal, you should sit in front of them, not beside them.

5. Take Your Time

On the one hand, caregivers are always pressed for time while, on the other hand, the abilities of people with dementia to act and react are substantially slowed down. This doesn't match at all! If caregivers don't give them enough time to understand their intentions, they'll immediately run into various forms of resistance. Those being looked after will fight back!

For example, it's particularly difficult if you're too quick in helping them with their meals. People with dementia sense a spoon that's quickly being raised to their mouth as a surprise attack to life and limb. They resist it by, like Mrs Miller in the example at the beginning of this report:

- Turning their head away
- Pinching their lips
- Or even knocking the spoon out of the caregiver's hand.

Tip: The more advanced the dementia and the less they see and hear, the more time we have to give them to understand our intentions. A spoon proffered in slow motion has the best chance of getting into their mouth successfully.

Conclusion: By working slowly, you'll be more efficient and end up in fewer difficult situations.

6. Not Keeping Your Distance

Sometimes, conflict develops because caregivers come close to those in their care (as they must during the course of their work). People with dementia unfortunately consider some care activities to be too intimate or even disrespectful. Let's illustrate this problem with examples of 5 routine activities or common behaviours.

Example 1. Sitting on the bed

For someone who's bedridden, their bed represents their ultimate shelter, their home, their remaining intimate space. So if you sit down uninvited on their bed, that may be, to them, just as threatening as if a stranger would appear on your balcony and wander around your living room. Such behaviour is felt by someone with dementia to be trespassing – and can therefore lead to a defense reaction.

Example 2. Fussing over the person

It can be observed everywhere that caregivers – without thinking twice about it – are constantly smoothing out the clothing of residents with dementia, for example, when they're helping them to get up from the table after a meal:

- They smooth out their clothing
- They straighten their sweaters and blouses
- They wipe away crumbs.

Have you ever noticed how people with dementia look at that moment? They look humiliated and sad. They seem to be embarrassed or annoyed – like children whose grandmother is removing a smudge from their cheek with saliva. It's no wonder that they sometimes react indignantly!



Example 3. Wiping the mouth

Many care providers wipe the person's mouth or chin when feeding them, without prior warning. If and when this is necessary is open to discussion. But one thing is sure, it doesn't please anyone, neither people with dementia, nor others, who experience it for themselves – it's extremely unpleasant and frightening.

Tip: If it's necessary to wipe the face of someone with dementia after eating and they can no longer do it on their own, you should definitely tell them in advance what you're about to do. And you should only begin once they've signaled their understanding and agreement to you.



Example 4. Touching their face

Many caregivers want to touch people with dementia lovingly every time the opportunity arises. That's wonderful. But it's not at all wonderful that they often pat them on the face. The gesture may be well intended but it's not always perceived that way. Many of those being cared for immediately turn their faces away, dismissively or frightened. Not because they may not be fond of the caregiver but because the face is one of the most intimate and sensitive parts of the body – not to be touched by just anyone, just like that.

It's particularly inappropriate to caress someone who's dozing or sleeping on their face. If this is done, it's not surprising that the reaction is one of hitting, spitting and kicking.

So what should you pay attention to regarding touching?

Tip: Observe the reactions of those with dementia closely and don't impose physical contact on anyone – even if well-intended.

Give them time to recognise you or at least to get used to being close to someone. Touch the less private parts of their body, like their shoulders, upper arm or hand.



Example 5. Intimate care activities

It's also problematic if caregivers come too close without notification or explanation. All of their antennae will quiver if you:

- Take away their bedspread/blanket
- Undress them
- Begin suddenly with their intimate care.

Proceeding with your care activities in this manner will often be misunderstood as an attack or as sexual aggression. That's why extreme caution is necessary for performing intimate care in people with dementia.

Tip: If you want to avoid catastrophic reactions, temper tantrums and panic attacks, any such touching within the framework of your care activities has to be:

- Announced in advance
- Visible, and
- Performed slowly.

Even Caregivers Can Make Mistakes

We all imagine that we're reasonably sensitive and capable of correctly interpreting the mood and state of mind others. But in elderly care, especially with dementia, there are many traps that you can fall into. We are sometimes completely wrong about the feelings and needs of people with dementia. And we sometime even trigger conflict because we pass judgement about their **body language too hastily or incorrectly**.

Example 1. A mask-like face can be deceptive

People with severe depression, like those with Parkinson's disease and advanced dementia, often have a rigid, mask-like, motionless facial expression – their gaze seems to be blank and their face looks sad to us. And in the case of people with Parkinson's dementia, we can be mightily deceived.

The best example of this is my grandmother. When she was still healthy she spoke incessantly but now, with advanced disease, she hardly speaks at all. Her permanently downturned mouth and her disease-associated rigid gaze make her seem to be sad and suffering.

Accordingly, all discussion peters out at some point when, at the Sunday dinner table, she struggles with eating. The entire family becomes depressed because Grandma is apparently doing so poorly.

But recently, something astonishing happened to all of us. When my mother wanted to take her plate away, my grandmother, suddenly perky, said, *"Clap you hands, Harriet!"*



Example 2. In dementia, gestures are rarely unambiguous

It's usually difficult to interpret the gestures of people with advanced dementia. On the one hand, they can be stereotypical – displaying repeated arm and hand movements – they smooth, rumple, wipe, knock, etc., endlessly. On the other hand, their gestures are often distinctly unconventional and individualistic, meaning that seemingly similar movement patterns can have totally different meanings and causes in different people.

What do you think? What's the woman in this picture doing? Notice, in particular, her furrowed eyebrows and the wrinkles above the bridge of her nose. She's concentrating on her hand. At first glance, she seems to want to hold it in front of her mouth, presumably because she has to yawn or cough. But let's be honest – how many people with advanced dementia would still do that?



And in any case, most people pull their lips back when they yawn and open their mouths widely. But her lips seem to be almost puckered. If you take a second, less fleeting glance, you'll come to the conclusion that she's discovered something on the inner surface of her hand such as, for example, a remaining bit of marmalade (that she intends to lick). But then again, the fact that she has not stuck her tongue out (what would be typical of licking) speaks against this. Instead, her lips are completely round and tense, making the form of a circle. And in this observation, you can see the solution to the riddle – the lady is singing! She's belting out an aria and her hand represents her sheet of music.

Example 3. The unfriendly look

Take your time to contemplate the facial expressions of the woman in the photograph.

How is she feeling?

What does the look on her face tell you?

How do you interpret the frowning forehead, the furrowed eyebrows and the pinched mouth with the tightly closed lips?



Does she look friendly and as though she wants to communicate?

Would you not be hesitant about sitting down beside her? Such a facial expression would be taken by most people to be a sign of a bad mood, scepticism or rejection. But you would probably be doing her an injustice because you would be quite wrong with your interpretation. Hers is, in fact, is the tense face of someone who is very concentrated on trying to hear. It turns out that she's very **hard of hearing** and is not at all in a bad mood!

Her hand-to-ear gesture supports this interpretation, as does her slightly rigid gaze, presumably in the direction of the lips of someone who is speaking. Her gaze doesn't at all mean, "*Leave me alone*" but rather, quite the contrary, "*Involve me, I want to speak with and listen to you!*" Unfortunately, a person with dementia is usually not aware of the effect that their facial expressions have on others. They wonder or get annoyed about the fact that no-one wants to have anything to do with them.

Tip: Smile and beckon to people with dementia who are also hard of hearing hard in order to produce a relaxed smile on their faces.

In group activities, sit next to them and tell them regularly what others are talking about. It's true that even then they won't always understand everything but they'll at least have the comforting feeling that someone is interested in them. They'll be more relaxed and will come across to others as being more approachable.

Example 4. Don't overlook the rest of their body

This lady knows for certain that she's being photographed. She's saying "*cheese*" for the camera. At first glance, she seems to be in good spirits. She may even be flirting with the photographer. So what do you think – how's she doing? What lies behind this façade?

Now, please cover her face and concentrate fully on the lower parts of her body. What's the message conveyed by her folded arms? What can you read into her hands – clawing the elbows – the bones of which have turned white due to the sheer muscular tension?



To what extent is her facial expression consistent with her gestures? You're right – in this case, the **messages are contradictory**. But we're usually so focused on someone's face that **we hardly notice the rest of their body**, so that it's easy to miss the corresponding red flags (for example, that someone is insecure or feels the need to protect themselves). It's possible that if the photographer would come closer, the woman's 'coquetry' would suddenly be switched off – and that she might even throw her handbag in his face!

Tip: After a first glance at their face, pay close attention to the body language of the rest of their body. Take any signs of agitation, tension or anxiety that you pick up seriously.

Example 5. Behaviour that challenges

It sometimes seems that during care, people with dementia purposefully:

- Tightly hold onto the caregiver
- Pinch them
- Hit them, or
- Pull their hair.

Usually **no bad intention** lies behind this behaviour. It's due to either:

- A **muscular reflex** that they can't control, or
- **Apraxia** (i.e., the loss of purposeful movements).

What turns out to be hitting and hair pulling is sometimes really intended as a caress! So, in such situations, it's completely inappropriate for us to overreact.

Tip: Sometimes a glance at their facial expression shows whether people with dementia really want to hurt you or rather, whether they themselves are frightened about what's going on, or can't control their own behaviour.

Example 6. Resistance

People with dementia sometimes seem to deliberately resist being moved. This impression can be deceptive – resistance is a neurological reflex to an external stimulus that you should not try to suppress.

So how can you prevent such misunderstandings from occurring in the first place?

Tip: Prepare those in your care verbally and non-verbally every time you want to move them. Tell them what you're thinking about doing and demonstrate it to them as a mime. Give them time to understand what you're saying and avoid trying to overcome their physical resistance forcefully – that will only make it worse. It's more effective to let them know that they're hurting you, if that's the case, and tactile stimulation may also help – try to tickle the palm of their hand in order to get them to let go.

Pay Particular Attention to the Person's Body Language

You may now say: I already knew most of this. But do you take it sufficiently into consideration in your daily routine?

Unfortunately, there's no panacea that's guaranteed to work at all times. The care of people with dementia remains a highly challenging and incredibly difficult task.

The job is, however, made easier if you consciously use:

- Your facial expressions
- Your voice, and
- Your movements.

in such a way that they won't cause fright, anxiety or insecurity.

And coming back to the example at the beginning of this booklet:

- If the caregiver had been visible to Mrs Miller from the outset, i.e. if they had sat down in front of her
- If they had indicated to her in advance, by speaking to her or touching her, or by opening their own mouth, that they intended to help her with eating
- If they had given her the time necessary to understand their intentions, and
- If they had raised the fork to her mouth slowly

Then Mrs Miller might not have hit her but might simply have opened her mouth.

How to Manage Behaviour that Challenges Checklist

- Remember that people with dementia are very dependent upon non-verbal communication (facial expressions, gestures, tone of voice, body language).
-
- Don't forget that they notice when we try to hide our true moods and feelings.
-
- Due to their dementia, they may misinterpret your body language.
-
- Understand that our own moods and behaviours can influence people with dementia.
-
- Be aware of the importance of your facial expressions.
-
- Reduce, as much as possible, everyday background noise.
-
- Remember that a shrill, loud voice increases anxiety and can lead to aggression.
-
- Avoid provoking them.
-
- Try not to frighten them in approaching them inappropriately.
-
- Learn how to use both closeness and distance correctly in caring for people with dementia.
-
- Keep mind that your initial interpretation of their body language may be incorrect and deceptive.