**Annotated Bibliography for “Communicating with Patients with Dementia”**

1. McCallion P, Toseland RW, Lacey D, Banks S. Educating nursing assistants to communicate more

effectively with nursing home residents with dementia. *Gerontologist* 1999;39(5):546-558.

Mccallion et al. designed a communication skills program for nursing assistants (NAs) working in skilled nursing facilities implemented in a partial crossover control group study design to observe the program effects on both residents and NA staff. Their program had four areas of focus, the first of which was general knowledge of the cognitive changes and progression of dementia. Second was the use of both verbal and nonverbal forms of communication. Third was the use of memory aids, such as photos or objects, to stimulate communication. Last was a three-step approach to problem behaviors, including strategies for determining the needs/concerns of the resident, identifying relevant memories/information, and prioritizing safety. The program resulted in significantly decreased depression-like symptoms in residents, and lower short-term turnover rates in NAs that participated in the program.

The results of this study provide evidence to support the need for and efficacy of education in communication strategies with patients with dementia. The details given regarding the four areas of focus of the program utilized can contribute to the information a physical therapy student can apply during rotations and throughout their career.

Key Concepts for strategies: general knowledge, verbal and non-verbal forms of communication, memory aids, and deliberate approach to problem behaviors.

1. Eggenberger E, Heimerl K, Bennett MI. Communication skills training in dementia care: a systematic

review of effectiveness, training content, and didactic methods in different care settings. *Int. Psychogeriatr.*2013;25(3):345-358. doi:10.1017/S1041610212001664.

This systematic review assessed interventions in all settings that aimed to improve communication between healthcare providers or family caregivers and patients with dementia. The review included 12 studies, 7 randomized controlled trials, 2 clinical controlled trials, and 3 before-and-after studies. Upon review of the content of the interventions, the authors developed 7 categories summarizing the types of communication skills addressed. These included: verbal skills, nonverbal skills, perceptions of patient population, behavior management, self-reflection, use of memory aids, and general knowledge. Overall, the authors found that training in these areas positively affected patient quality of life across settings, and that those who received the training reported high levels of satisfaction with the skills learned.

It is important to note that this review excluded studies that used interventions based on a particular theory or model of communication, therefore this review speaks more to generalized strategies. The categories and example skills relevant to each category given by the authors in Table 4 are concurrent to skills described in other studies found in this project literature review. The positive findings in different settings and with different caregiver/practitioner groups reinforces the flexible utility of these skills.

Key Concepts for strategies: general knowledge, verbal and non-verbal forms of communication, memory aids, perceptions of patient population, deliberate approach to problem behaviors, and self-reflection.

1. Fjellman-Wiklund A, Nordin E, Skelton DA, Lundin-Olsson L. Reach the Person behind the Dementia –

Physical Therapists’ Reflections and Strategies when Composing Physical Training. *PLoS ONE*2016;11(12):e0166686. doi:10.1371/journal.pone.0166686.

This qualitative study interviewed seven physical therapists regarding their experiences and strategies for effectively engaging patients with dementia in an exercise program in a care facility setting. Upon analyzing interview transcripts, the authors were able to divide the mentioned strategies into two summative categories. The first, called “be on your toes”, encompassed strategies where the physical therapists would inquire of the patient’s status from other staff members before and after sessions, and pay attention to the patient’s body language. The second, called “build a bond”, included using meaningful conversations or memories to establish a rapport, and the consideration of creating a “stress-free” environment for exercise with appropriate pacing, motivation, and repetition of instructions. Overall, the authors also found support for the idea of self-reflection throughout interactions to better assess both the therapist’s general skills and the patient’s reaction to strategies used.

With its focus on physical therapists who are implementing exercise programs in the population of interest, this article is particularly applicable to the audience of this project’s resource. However, with a small sample of therapists interviewed and no empirical data regarding the efficacy of the mentioned strategies, the findings must be used in conjunction with other supporting evidence.

Key Concepts for strategies: verbal and non-verbal forms of communication, self-reflection, and use of other staff.

1. Smith ER, Broughton M, Baker R, et al. Memory and communication support in dementia: research-

based strategies for caregivers. *Int. Psychogeriatr.* 2011;23(2):256-263. doi:10.1017/S1041610210001845.

In their review of literature regarding memory, cognition, and communication in people with dementia, the authors created two mnemonic devices for caregivers to use. The first, RECAPS, is a set of memory strategies using “Reminders, the Environment, Consistent Routines, Attention, Practice, and Simple Steps”. The second, MESSAGE, is a set of communication strategies containing: “Maximize attention, watch your Expression, keep it Simple, Support the conversation, Assist with visual aids, Get their message, Encourage and engage in communication”. These strategies were presented in a DVD-based educational program involving role-playing examples of techniques followed by professional, evaluating dialogue.

The videos for these strategies are easily accessible, so these could serve as a convenient and valuable resource for physical therapy students that should be included in this project’s resource. Several of the following studies (see references # 5-8) utilize these programs/techniques, making this article valuable as an original reference for the development of the materials used in other studies.

Key Concepts: verbal and non-verbal forms of communication, memory strategies

1. Broughton M, Smith ER, Baker R, et al. Evaluation of a caregiver education program to support

memory and communication in dementia: a controlled pretest-posttest study with nursing home staff. *Int. J. Nurs. Stud.*2011;48(11):1436-1444. doi:10.1016/j.ijnurstu.2011.05.007.

This pre-test, post-test controlled trial used MESSAGE and RECAPS trainings for the staff members of multiple nursing homes, consisting of nurses and nursing assistants. Both knowledge of communication strategies and satisfaction with caregiver role improved after the intervention. At three month follow-up, 94.3% of participants reported they were able to implement the strategies frequently in their everyday practice. They also had positive remarks for the video examples. Participants also made suggestions that the strategies may be more useful for those with early to moderate dementia and not with severe stages.

The first of several studies implementing the MESSAGE and RECAPS training, this study provides evidence that the trainings are effective and well-received by healthcare providers working with the population of interest.

Key Concepts for strategies: verbal and non-verbal forms of communication, memory strategies

1. Liddle J, Smith-Conway ER, Baker R, et al. Memory and communication support strategies in

dementia: effect of a training program for informal caregivers. *Int. Psychogeriatr.* 2012;24(12):1927-1942. doi:10.1017/S1041610212001366.

A follow-up to the study by Broughton et al. (reference #5), this pre-test, post-test controlled trial used MESSAGE and RECAPS trainings with informal caregivers of a person with dementia living in the community. This study utilized frequency of disruptive behaviors as an outcome measure that allows the reader to see the effects of the training not only on caregivers, but for those that they care for. After the training, the caregivers showed improvements in perception of caregiving and frequency of disruptive behaviors.

This study provides further evidence support the MESSAGE and RECAPS techniques. This study also is unique in that it targeted community-dwelling people with dementia rather than those residing in a care facility, supporting the use of these strategies in a variety of settings.

Key Concepts for strategies: verbal and non-verbal forms of communication, memory strategies

1. Atay C, Conway ER, Angus D, Wiles J, Baker R, Chenery HJ. An Automated Approach to Examining

Conversational Dynamics between People with Dementia and Their Carers. *PLoS ONE* 2015;10(12):e0144327. doi:10.1371/journal.pone.0144327.

This study utilized the knowledge of communication experts along with a computer-based discourse analysis tool to evaluate recordings of staff interactions with patients with dementia. The analysis identified communication behaviors that were and were not facilitative to engage patients in adequate content-based conversation. In particular, the authors found support for the behaviors consistent with MESSAGE techniques. Table 1 in the article provides extensive categorization and dialogue examples of facilitative and non-facilitative communication, while Figure 3 provides an overview of techniques for both short and long-term communication maintenance.

While the nature of using audio recordings does not allow insight into non-verbal techniques described in MESSAGE, this study provides ample information for verbal strategies. The example dialogues provide an excellent learning source for students to see how to implement the various verbal strategies.

Key Concepts for strategies: verbal communication

1. Conway ER, Chenery HJ. Evaluating the MESSAGE Communication Strategies in Dementia training for

use with community-based aged care staff working with people with dementia: a controlled pretest-post-test study. *J. Clin. Nurs.* 2016;25(7-8):1145-1155. doi:10.1111/jocn.13134.

Using a controlled, pre-test post-test design, the authors assessed the effectiveness of the MESSAGE training program when used with nurses and nursing assistants at multiple community aged care facilities. MESSAGE was delivered through presentation of DVD materials in a single session and focuses on specific verbal and non-verbal strategies via the acronym “MESSAGE” to facilitate communication with patients with dementia. In the intervention group, there was significant improvement in knowledge of communication strategies, increased self-efficacy, and increased preparedness to provide care. No differences were found in staff strain or staff attitudes towards those with dementia.

In contrast to the previous studies using MESSAGE (references #5 and #6), this one does not use it in conjunction with RECAPS. This may be more in line with the intent of this project, since MESSAGE focuses on communication while RECAPS is for memory. This study shows that while RECPAS may be helpful information, it is not necessary to be combined with MESSAGE to influence communication outcomes. The authors also discuss the use of several outcome measures related to evaluating knowledge of communication strategies, which could be a useful reference when developing the evaluation component of this project.

Key Concepts for strategies: verbal and non-verbal forms of communication, memory aids

1. Wood JH, Alushi L, Hammond JA. Communication and respect for people with dementia: student

learning (CARDS) - the development and evaluation of a pilot of an education intervention for pre-qualifying healthcare students. *Int. Psychogeriatr.* 2016;28(4):647-656. doi:10.1017/S104161021500188X.

In order to prepare healthcare students for working with patients with dementia, the authors designed a two-step educational program that was used in physiotherapy and nursing students. The program, Communication and Respect for people with Dementia: Student learning (CARDS), utilized an introductory workshop that gave students a general review of dementia, examples of verbal and nonverbal communication techniques, overview of problem behaviors, and knowledge of the Mental Capacity Act. The workshop also taught the REAL approach, which is an acronym for a technique using “reminiscence, empathetic engagement, active listening, and life story work”. The second step of the program has students volunteer with patients with dementia in care homes to allow application of the knowledge and skills learned in the introductory workshop. Significant increases were seen in both student knowledge and confidence after the intervention. Interestingly, while there was no difference in knowledge between the physiotherapy and nursing students, the nursing students reported higher confidence both before and after the intervention.

This study highlights the effectiveness of education in communication strategies for improving the knowledge and confidence of physical therapy students in working with patients with dementia, and also reveals the lack of confidence in these students compared to those of other disciplines. The two-part program is similar to the intended use of this project’s resource, with students receiving a structured informational resource during the classroom portion of their program before interacting with patients during back-to-back clinical rotations. The evaluation methods used by the authors can be referenced when constructing the evaluation component of this project.

Key Concepts for strategies: verbal and non-verbal forms of communication, memory aids, general knowledge, reminiscence

1. Digby R, Lee S, Williams A. Interviewing people with dementia in hospital: recommendations for

researchers. *J. Clin. Nurs.* 2016;25(7-8):1156-1165. doi:10.1111/jocn.13141.

Written with researchers in mind, this article discusses the experiences and communication strategies developed when interviewing 45 patients with dementia in inpatient rehabilitation as part of data collection for research studies. Themes revolve around recommendations for verbal and nonverbal communication, such as acknowledging the patient’s readiness to answer questions, encouraging a flowing conversation, and fostering a judgement-free tone that fits the level of communication of the patient. The authors provide examples of each theme as well as excerpts from dialogues with patients that fit into each theme.

Physical therapy students will be expected to interview patients in order to gather information regarding past medical history and current function. Thus, the themes discussed in this article can contribute to the development of communication strategies that can lead to more successful interviewing of patients with dementia.

Key Concepts for strategies: verbal and non-verbal forms of communication, reminiscence

1. Passalacqua SA, Harwood J. VIPS Communication Skills Training for Paraprofessional Dementia

Caregivers: An Intervention to Increase Person-Centered Dementia Care. *Clin. Gerontol.* 2012;35(5):425-445. doi:10.1080/07317115.2012.702655.

The authors of this study created a communication skill intervention using a person-centered approach know by the acronym VIPS. In a weekly one-hour workshop offered over 4 weeks, the authors trained staff members of a long-term care facility on each aspect of VIPS through video, PowerPoint presentation, and role-playing. “Value the Person” covered the use of respectful speech versus elements of condescending “elderspeak” such as the use of terms of endearment or a high-pitched voice. “Individualized Care” stressed the importance of learning a patient’s personality and preference to be able to better use strategies they respond to best. “Personal Perspectives” included information about the effects of dementia and verbal strategies for using redirection and indirect repair of incorrect or difficult patient responses. “Social Environment” promotes consideration of the environment and memory aids to foster and supplement verbal communication. After the intervention, staff reported less subject depersonalization of residents and more empathy for them, as well as increased use of suggested strategies.

While some of the ideas behind this person-centered approach are universal to all patients, this article provides specific examples of typical, ineffective communication strategies used with the target population and methods for improvement.

Key Concepts for strategies: verbal communication, memory aids, reminiscence

1. Catananti C, Gambassi G. Pain assessment in the elderly. *Surg. Oncol.* 2010;19(3):140-148.

doi:10.1016/j.suronc.2009.11.010.

Catananti and Gambassi discuss the under-detection of pain in older adults, due to barrier such as altered cognitive status, age-related changes in pain perception, and psychosocial aspects of healthcare providers. With patients with dementia who have difficulty communicating, the authors recommend assessment of pain behaviors that include “facial expressions, verbalizations and/or vocalizations, body movements, changes in interpersonal interactions; changes in activity patterns or routines, and mental status”. In addition to the use of simple questions and pain scales such as the faces pain scale, they discuss several scales that have been validated with patients with dementia and incorporate the discussed pain behaviors. The Elderly Pain Caring Assessment-2 (EPCA-2) and The Pain Assessment in Advanced Dementia (PAINAD) in particular are quick, easy-to-administer measures.

Pain assessment is a common component of a physical therapy examination, and with the extreme subjective nature of pain, it is important to be able accurately assess pain in all patients despite communication barriers. The measures recommended in this article provide an objective measure to track pain in this population it would be a useful addition to a student’s toolkit.

Key Concepts for strategies: Non-verbal forms of communication, pain assessment, perceptions of patient population

1. Allen-Burge R, Stevens AB, Burgio LD. Effective behavioral interventions for decreasing dementia-

related challenging behavior in nursing homes. *Int. J. Geriatr. Psychiatry* 1999;14(3):213-28; discussion 228. doi:10.1002/(SICI)1099-1166(199903)14:3<213::AID-GPS974>3.0.CO;2-0.

The authors provide a brief overview of several interventions for addressing problem behaviors, such as the use of audiotapes to decrease disruptive vocalizations, and increased social interaction to reduce wandering. They offer a more detailed discussion of the use of reminiscence via memory aids to improve engagement with residents with dementia. Memory aids such as notebooks or signs can include information that is biographical, orients residents to their setting, and outline their daily routine. The aids can also have pictures of family members, other residents, and staff memebers that frequently interact with the resident.

While this article lacks specific and/or strongly evidence-supported details regarding many of the discussed interventions, it does serve as a valuable resource for the composition of memory books. Although physical therapists may not have a direct hand in creating these memory aids, knowledge of them can be useful for educating family members and other staff, or as an outreach activity.

Key Concepts for strategies: reminiscence, memory aids, verbal communication