

# Effective Activity Approaches For People With Dementia

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*“When you’ve met one person with Alzheimer’s disease,  
you’ve met one person with Alzheimer’s disease.”  
(The words of many dementia care experts)*

## Introduction

Ask any expert in the field of Alzheimer’s disease and they will tell you that there are as many variations of how Alzheimer’s is expressed as there are people with the disease. Personality, life experiences and variations in effects on the brain all contribute to individual differences, but there are also some typical patterns.

This course begins by providing brief explanations of various forms of dementia, common losses and remaining strengths, and then explains how to use that knowledge for more effective interactions related to activities with people with dementia.

## Common Forms Of Dementia



Dementia is the umbrella term for a range of symptoms that are typical of dozens of diseases, the most common of these being **Alzheimer’s**, which is why we have used the terms interchangeably in this course. There are three other common forms:

- **Vascular dementia**, also known as multi-infarct dementia, is caused by a series of small strokes and progresses in a step-like fashion, with deterioration after each episode, and then a levelling off.
- **Dementia with Lewy Bodies** is quite common but less well known, perhaps because there seems to be some confusion over whether to call it a variant of Alzheimer’s disease, a variant of Parkinson’s disease, or its own entity. It is characterised by fluctuating motor problems like those found in Parkinson’s, and fluctuating episodes of confusion – meaning strong differences between good days and bad days. People with this kind of dementia also tend to have vivid visual hallucinations.
- **Frontal lobe dementia** is reflected in strong personality changes, such as poor decision-making, reduced social skills, and obsessive behaviour.

There are many other kinds of dementia, some of which are reversible, such as dementia caused by

poor diet or an operable brain tumour. There are also diseases in which dementia is sometimes, but not always a symptom. For example, most people with Parkinson's disease do not develop dementia, but some do (and because speech is low, slow and slurred, many people with Parkinson's are dismissed as being far less mentally capable than they actually are).

### Think about it . . .

Have you worked with people with dementia and noticed individual differences among them?

### Summary . . .

Dementia is an umbrella term that refers to a group of symptoms that are common in dozens of diseases. The four most common forms of dementia are:

- Alzheimer's disease
- Vascular or multi-infarct dementia
- Dementia with Lewy Bodies
- Frontal lobe dementia

Some people with Parkinson's disease also develop dementia, but many are unfortunately underestimated because their speech can be difficult to understand.

### So What Exactly Is Lost?

A great many people think dementia is simply memory loss, which is why they panic when they misplace their keys. But dementia is only present if:

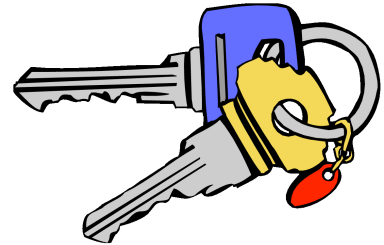
- there is a loss of *multiple* functions
- it is *progressive*, meaning that it gets worse over time, and
- it has reached a level of severity where it interferes with one's ability to function without some assistance.

(People who have *temporary* confusion or loss of memory, such as when they have a high fever or are just coming out of surgery, have delirium, not dementia.)

Here are some of the common losses:

### Memory

- Initially people tend to have short-term memory loss. They forget what they had for dinner last night or what they watched on TV. They forget where they put things (and may put them in odd places) and they may forget appointments. Early in the disease process, they can be helped by reminder notes and labels, but eventually these become meaningless.
- Over time, the memory loss becomes much more profound, so that they usually regress to (or float in and out of) a much earlier stage in their life, perhaps believing they are young adults with babies or even school age themselves. That's why they don't recognise themselves in the mirror and often part of the reason they don't recognise their adult children or growing grandchildren. (If you think you are only 25 years old yourself, how can you have a 50-year old daughter?)



- When memory loss disrupts a person’s daily life, the symptom is serious.

### Language and communication skills

- In the early stages of dementia, people can be surprisingly articulate in describing how frustrated they are by their communication difficulties – and by people who become impatient with them. Later, their loss of language skills is called aphasia and tends to take one of two forms: 1) receptive, which means they don’t understand what is being said; and 2) expressive aphasia (the much more common form) in which they have difficulty putting their thoughts into words.
- All of us occasionally have ‘tip-of-the-tongue’ syndrome, where the word we are searching our brain for simply doesn’t come to mind, but people with dementia have this frequently, and may make up words for those they don’t remember.
- Over time they have increasing difficulty following conversations, and may not ‘tune in’ to a comment until you have gone on to an entirely different subject. They may also repeat stories or phrases – something we will talk more about later.
- If English is their second language, they may revert to speaking their first language, combine the two and/or make up words in both languages.
- They have increased difficulty writing or typing. It’s not unusual for a person with dementia to say that they had a clear idea of what they wanted to say and don’t understand how their pen or keyboard changed their thoughts to gibberish.
- People with dementia can read until late in the disease process and often enjoy doing so, or find comfort in carrying around a newspaper or magazine. As their vision deteriorates, they tend to need things written in larger font. They also do not necessarily read with comprehension. One woman described reading stories to her grandchildren: she could read them to her grandchildren’s satisfaction, but she couldn’t follow the story line herself.
- As their condition progresses, the language of people with dementia gets simpler and simpler, so that at the end of their lives, they may only know half a dozen words or not speak at all (although they understand much more than they can say). That may also be why they sometimes use the wrong words, or don’t make much sense. When a woman in a day care setting asks, “When is my mother picking me up?” is it because she no longer recognises her grown daughter as her daughter or because she can no longer remember the word ‘daughter’? We may never know. Your role is to figure out her needs rather than to criticise her language.
- Eventually someone’s behaviours and tone of voice may substitute language. Even when a person has virtually no language skills remaining, you can read a great deal about the comfort of a person with dementia by their tone of voice, body language, and actions. A person who walks out of your reminiscence session may just have to go to the bathroom, but the message



is definitely: *I am uncomfortable*. Pay attention to potential unspoken needs and to whether a topic of discussion – or others’ specific comments – are causing that person discomfort. Remember that a **person with dementia always makes sense to themselves**. Your challenge is to figure out the message.

### Visual-perception losses

- People with dementia experience some vision losses, such as poor depth perception and narrow peripheral vision. They may also have common visual impairments such as macular degeneration that can be hard to measure on someone who can’t easily articulate their vision difficulties.
- They have profound *perception* losses. As their condition progresses, they lose their proprioception, which means recognising where their body is in space. It’s why it can take them multiple tries to get in and out of a car or chair, why they have trouble with stairs, and why they are hesitant to cross a crowded room. Their bodies have literally forgotten how.
- These perception losses are also what make them unsafe drivers: they cannot judge whether they have time to make a left turn in front of an oncoming car or the distance they need to keep from cars around them. They also have a high sensitivity to glare, which makes oncoming headlights at night especially disturbing.



### Time and number losses



- One of the common tests for dementia is asking a person to draw the face of clock and place the hands at 20 past 8. (The time is chosen because there is no ‘20’ on a clock face.) People with dementia can rarely place the 12 numbers around a circle in reasonably correct order, much less the hands.
- Being unable to draw the face of a clock is a perception problem, but they are also unable to *tell* time and they lose their *sense* of time. If you say something will happen in 10 minutes, as their condition worsens, they can’t differentiate that from 10 hours. And because they have lost their short-term memory, if you remind someone they just asked that same question two minutes ago, they will have no memory of having done so.
- As their dementia progresses, people have many difficulties with numbers: they can’t work out change at the supermarket, add up a list of numbers, pay their bills, or figure out their golf score. (They may still remember their times tables, however, because that qualifies as an early ‘overlearned’ maths skill.)

## Disorientation, planning and problem solving

- Family members frequently describe their first realisation that something was seriously wrong with their parent or spouse when that person got lost going to a familiar place, such as the bank, the supermarket, or even their own home; or their loved ones find themselves somewhere and don't know how they got there. We have all had the experience of losing our car in a shopping centre car park, but our disorientation is temporary. Eventually we can retrace our steps and find the car. The person with dementia cannot.
- Similarly, the person begins to have trouble doing familiar things, particularly if multiple steps are involved, as they are in cooking or grocery shopping. Eventually even self-care activities like washing or brushing one's teeth become too confusing to do independently. There are two formal words associated with this: 1) apraxia, meaning they no longer remember how to do things they have practised thousands of times, like brushing their teeth; and 2) agnosia, meaning they no longer know what common objects like a comb or toothbrush are for.
- The person with dementia also finds it increasingly difficult to remember names and sometimes even faces. One woman described looking at one of her family members and thinking: *I know I know this person, and I know I love him, I just don't know who on earth he is!*



## Other losses

There are other losses, too, some of which are intertwined with the ones above. For example, 'loss of judgment' is often cited, but it's hard to ascertain if an elderly person with dementia still living on their own has bought dozens of magazine subscriptions from an unscrupulous salesperson because they have lost good judgment, or because money has to do with numbers that no longer make much sense to them and they're just trying to be nice.

Personality changes are also often cited, but one can argue that these changes are a coping skill rather than a symptom of dementia. Carers frequently remark on the ingenuity people with dementia show in covering up their losses. For example, they will frequently withdraw from activities that once were important to them. A woman may stop going to church because she doesn't want to be embarrassed by not recognising people she 'should' know. Or she may stop playing bingo because she doesn't want others to see that she can no longer figure out if she has the numbers being called. When asked why they have stopped going, they make up excuses like: "I'm just not interested anymore."



Some people cover up their losses by blaming others – *If I can't find my purse, then it must have been stolen!* All of us have probably been angry at some point with a child or spouse for 'taking' the keys that we misplaced. When someone is angry, we almost always assume they have a reason for being angry, and because anger is upsetting to witness, it is also distracting. Anger buys the angry person time and confuses others, especially if they have no idea what happened to the keys. Someone who

doesn't have dementia will eventually calm down and figure out what they have done with the keys (and apologise for their outburst); the person with dementia *can't* figure out what they have done with their keys, and that's frightening. Blaming others is a way of covering up the fear that they are losing their mind.

On the other hand, whether personality changes are a symptom or coping skill doesn't matter. When someone becomes confused, suspicious, depressed, fearful or anxious; you should be concerned.

### **Think about it . . .**

People who are experiencing all these losses are often afraid. How would you feel in their shoes?

### **Summary . . .**

Among the most common losses when people have dementia are:

- Memory
- Language and communication skills
- Visual perception
- Time and numbers
- Orientation to time and place, planning and problem solving
- Judgement (which tends to be affected by the other losses)

In addition, personality changes often occur, perhaps partly as a coping skill for covering up the losses being experienced.

Alzheimer's Society has useful information of the different types of dementia and the parts of the brain affected. Find out more on their website: <https://www.alzheimers.org.uk> and their YouTube channel: <https://youtu.be/IUYT8sZ4I18>

### **Remaining Strengths**

When we list the losses of people with dementia it can be quite discouraging, but the human brain is amazing and people not only have many remaining strengths, but they often find ways of working around or compensating for their losses.

Here are a few of their remaining strengths:

#### **A sense of humour**

Everyone with dementia deserves to be treated with dignity, but that doesn't mean treating them with solemnity. People with dementia tend to retain their sense of humour almost to the end of their lives (depending on whether they are conscious when they die). The ability to smile is one of the last things they lose, and they are always drawn to wherever people are laughing and having fun. Having a sense of humour is a key element of being human.

People with dementia will tell you that they want to continue living normal lives as far possible, which means enjoying life in any way they can. And many people with dementia, once the shock of their diagnosis is past, are cheerful, surprising even themselves with their positive attitudes. Some retain the ability to make jokes, even at their own expense.

Most of the enjoyment we have in being with friends is simply from *being* there. The laughter doesn't come from telling jokes, but sharing time with one another in a place where we are valued and accepted.

People who are new to working with people with dementia often treat them like a new father treats his first baby: tentatively holding the infant at arm's length, fearing if he holds too tight, the baby will 'break'. People with dementia 'read people' amazingly well. They always know who loves and accepts them as they are, so just relax and enjoy your time with them.

### **Responding to music**

Musical abilities reside in a different part of the brain to language, so many people with dementia who have lost most of their verbal skills can still sing the words – and enjoy doing so. Singing, like physical exercise, draws oxygen to the brain, so help your group break into song whenever you can. Many people with dementia also enjoy dancing (many dance better than they walk), listening to favourite music through earphones or watching DVDs of old musicals.

Because they still have strong rote memory (described below), they can finish song titles:

- 'Love And . . .' (Marriage)
- 'She'll be Coming Round . . .' (The Mountain)
- 'Land Of Hope And . . .' (Glory)

And as noted, because people with dementia also enjoy humour, they are likely to enjoy singing silly songs from their youth ('This Old Man' or 'How Much Is That Doggie In The Window') and learning parodies of familiar songs. For example, there is a parody of the song, 'Daisy, Daisy' that goes like this:

*Michael, Michael,  
Here is my answer true!  
You're half crazy, if you think that I'll marry you.  
There won't be any marriage, if you can't afford a carriage,  
Because I'll be damned, if I'll be crammed  
On a bicycle built for two!*



Music is a huge topic. The main thing to remember is that like laughter, people respond to music all through their lives. It can be both soothing and invigorating. Knowing a person's individual tastes is important, but here are two general guidelines:

- People tend to respond positively to the music from their teenage years and early 20s – the music they first fell in love to – all their lives.
- If you want to change the mood in a room, first match it. If people seem anxious or agitated, play music that expresses that. In the book 'Partial View', Cary Smith Henderson describes listening to Mahler's 'Resurrection Symphony': "It's a little bit loud, but sometimes, actually, I feel that way. I want to shout. I want to raise some hell." The music helps him release the emotion he feels. After a bit of time you can begin to play lighter, slower, more cheerful music to soften the mood.

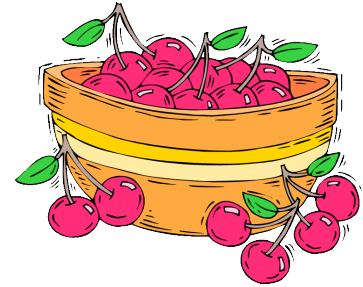
## Rote memory

This refers to what are called 'overlearned skills'. Many older women, for example, are able to make beds, wash dishes and chop vegetables even with quite severe dementia, because they have done those things thousands of times within their lifetime.

When we're talking about activities, rote memory often means filling in the blanks, as in the song titles listed above. Other common versions are finishing pairs (salt and . . . pepper) and lines of proverbs or poetry:

- 'A stitch in time . . .' (saves nine)
- 'The best things in life . . .' (are free)
- 'Life is just a . . .' (bowl of cherries)
- 'How do I love thee? . . .' (Let me count the ways)

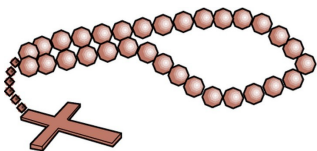
When someone doesn't get the answer by giving them the first few words, just add more until they do.



At the same time, people often enjoy coming up with their own answers to fill in the blanks. For example, they might have distinct ideas for how to finish, 'Life is just . . .' that have nothing to do with cherries.

When their verbal abilities have diminished or when they can't come up with their own answers, they often enjoy hearing the responses school children have given to common proverbs, such as 'A penny saved is . . . not much!' (The actual proverb is 'A penny saved is a penny earned.')

In today's classrooms, memorisation is not as heavily emphasised as it was in the days before computers and calculators. That means that many of today's older adults might still remember things like the Kings and Queens of England and multiplication tables (even when they can't count pocket change). They might also still excel at spelling tests.



Rote memory also provides comfort to people for whom religion is important. The familiar hymns and unchanging prayers and rituals of their faith can give people with dementia a sense of safety and security.

## Remembering long-ago events

When a person is in the early to middle stages of Alzheimer's disease, their verbal skills may still be intact so that if you ask them about their experiences growing up or their favourite TV shows from the 1950s, they will be able to tell you in some detail. Later you may have to resort to fill-in-the-blank exercises. For example:

- One of the most popular TV shows in the 1950s was, 'I Love . . .' (Lucy)
- Jack Warner played a police officer in the television programme 'Dixon Of . . .' (Dock Green)

At other times you may have to give people a choice of two things. For example:

- In the 1950s TV sitcom, 'Hancock's Half Hour', who was Tony Hancock's sidekick? Was it Sid

James or Kenneth Williams? (Sid James)

- What was the name of the Sargeant in The Army Game? Was it Davis or Snudge? (Snudge)

General questions related to long ago events are endless. People may be able to talk about their chores, school days, playground games, raising children and so on.

### **Opinion exercises and advice**

We all have opinions about all kinds of things in life. Some of us base our opinions on weighing the facts as we know them, and some of us base our opinions on what our hearts tell us. Since everyone has a right to their own opinion, there are no wrong answers, which means that someone with dementia can be as successful with an opinion-based exercise as someone cognitively intact. It is a sign of respect to listen to a person's opinion – and not to discount it simply because the person has dementia.

This also becomes a brain exercise when we form our own opinions after hearing different perspectives on a subject, and also when we listen to try to understand those whose opinions are different from our own. It may not change your own existing opinion as a result, but giving another person's ideas consideration expands your thinking. People with dementia often appreciate the exchange of ideas.

These same ideas apply when we ask for advice; we don't have to take the person's advice, but we show respect by asking for it and listening attentively. Plus, you may be surprised by how often people with dementia have wisdom that is not affected by the damage to their brains!

### **Repetitive motions**

For reasons we don't fully understand, many people with dementia enjoy activities that involve repetitive motions or sequences of movement – sweeping, raking, sanding wood, and dancing are just a few examples.



### **Touch**

There are some people with dementia who respond negatively to touch; for them it seems to be physically uncomfortable. It may be that they have highly sensitive skin – synthetic fabrics itch, a shower spray feels like needles, and so on. Most people with dementia, however, welcome giving and receiving hugs, an arm around the shoulder or hand-holding. They are often better able to focus on a conversation when their hand is held, or when someone touches their hand and says their name to get their attention before beginning a conversation.

People at the end of life frequently respond to soft music and a gentle stroking of a cheek or arm even when they can no longer communicate. For most people, these gestures signify that they are accepted and valued and they bring reassurance and a sense of security.

### **Think about it**

Which of the many strengths listed here have you noticed in the people with dementia you have worked with?

### **Summary . . .**

Some of the remaining strengths in people with dementia are:

- A sense of humour
- Positive responses to music
- Rote memory
- Remembering long-ago events
- The ability to give advice and opinions
- Performing repetitive motions
- Responding to gentle touch

Tapping into these strengths will help you to have successful interactions.

## **General Tips For Working Effectively With People Who Have Dementia**

**The goals of doing activities with people with dementia are simple:**

- **To build self-esteem, not tear it down**
- **To build rapport with one another, and to be engaged with one another**
- **To have fun**

### **Slow down/be patient**



The best thing you can do to enhance the likelihood of people with dementia enjoying an activity is to slow down. It frequently takes people with Alzheimer's a significant amount of time to 'tune in' to an activity and to 'get their brains in gear' to react. If you have ever been sound asleep and woken up suddenly by someone who wanted you to take immediate action, you have a sense of how discombobulated a person with dementia frequently feels.

A person with dementia who feels rushed to respond, also feels flustered and uncertain, which tends to cause them to slow down even more. What seems like a normal movement of arms and legs to a person in good health, may come across as wild flailing to the person with dementia. It takes a conscious effort on our part to slow our movements and our speech and to wait quietly for a response from a person with dementia, but – although it may not seem like it – our deliberate slowing down results in a faster response time from the person with Alzheimer's, who is relaxed in our presence. The relaxation comes when our body language, facial expression and tone of voice all indicate that we are willing to wait for them to gather their thoughts and form their words.

We, in turn, will be rewarded with sometimes amazing insights, and at the least, a more affable response than if we had rushed the person. Along these same lines, if you are playing a board game with someone with Alzheimer's, throw out the buzzers and egg timers and be willing to go at that person's pace.

### **Keep your sense of humour**

While you're tuning into theirs, keep your own.

### **Relax**

If you enjoy being with them, they will enjoy being with you. If you forgive them for any mistakes they may make, they will do the same for you.

### **Think about it . . .**

What difference have things like refreshments and breaks made in your experience of an event?

### **Summary . . .**

Working effectively with people with dementia means that your activities:

- build self-esteem
- build rapport and enhance engagement
- are fun

Three key elements for making this happen are to:

- slow down/be patient
- keep your sense of humour
- relax

## **Specific Communication Tips – Understanding The Person's Language**

### **Be attuned to time travel**

As we noted earlier, as short-term memory diminishes, people may think they are living in a past reality – when they were young parents or even when they were children themselves. They may also slip in and out of that time period. A person talking about playing with their young children one minute may suddenly be talking about playing with their siblings the next. A woman who remembers she is a widow one minute may think of herself as a young bride a few minutes later. Sequencing of events can be equally difficult because of this time travel. Try to go with the flow. It may be disconcerting for you, but it is often surprisingly easy for the person with dementia.

### **Avoid questions related to time and numbers**

When you are reminiscing, it is natural for most of us to say things like: "When did that happen?" or "How long ago was that?" or "How many years were you married?" – all of which can be impossible for people with dementia to answer. Even asking how many children a person has can be confusing because, as noted above, in their time-travelling mind they can confuse their children with their siblings from their own childhood. Chances are, the person with dementia is unconcerned, and any answer you get may vary by the reality the person is living in at that moment. Instead, aim for a range: "Do you come from a large family?" or "Did you have several different jobs in your career, or did you stick to one?"

### **Recognise that generalities tend to substitute for specifics**

People with dementia have a tremendous need to feel safe and secure. This shows up in their language too. If you say, "Tell me about the house in which you grew up" they might say, "It was nice." That's an easy, go-to phrase that works in dozens of situations. You will learn more if you ask specific questions,

particularly ones which only require short responses, or for the person to make a choice between two things: “Was the house one story or two?” or “Did you have your own room?”

### **Verbal repetition may be as comforting as repetitive motions**

Just as people use generalities to ‘play it safe’, they often use repetition. First, we all have favourite stories to tell, and second, because of their short-term memory loss, people with dementia don’t realise they’ve already told you the story. There is a video that demonstrates a woman telling a brief anecdote about her husband over and over within a 5-minute time frame. She always laughs when she tells it – it’s clearly a fond memory – and the first few times at least, the staff members who hear it laugh too. The woman who repeats it sees it not only as a fond memory but as a ‘safe story’, one that helps her fit in.

At the same time, consider that repetition can be a sign of nervousness; the person may have a need to have their hand held, to be reassured that they are valued, and to be redirected to another topic. But if none of those distractions work, just keep laughing with them.

### **Holding an object can be reassuring**



People with dementia are often comforted by things, not because they are materialistic, but because they’re tied to their identity or because they help them feel grounded and safe, like a security blanket. A man jingling coins in his pocket or a woman clinging to her handbag are essentially saying: *This is part of who I am; this gives me confidence.* The same is true of a man constantly carrying a newspaper under his arm or wearing a bowler hat, or the woman who carries around silverware ever-ready to set the table. Some may have a stuffed animal or a doll that they talk to and carry with them.

In a reminiscence class, people may be more comfortable and focused if they have a photograph, piece of fabric or some other tangible form of memorabilia to hang on to. As the disease progresses, it may become harder to get someone to pass that object to the next person unless you give them another object to replace it.

### **People have the right to refuse to participate or to participate passively**

Some people will never join your exercise group. Some people will always sit on the sidelines of a discussion. Respect their right to make those choices.

### **Think about it . . .**

Do you have any go-to phrases/responses that you use frequently?  
Do you have any object or item of clothing that increases your sense of security and confidence?  
Are there activities you like to fully participate in and others that you prefer to watch from the sidelines? What are they?

### **Summary . . .**

To figure out what people with dementia are thinking, keep these things in mind:

- They have a tendency to time travel in and out of present reality.
- They have difficulty answering questions that have to do with time and numbers.
- They may use very general statements; you need to ask specific questions to get answers that fill in the details.
- They often find repetition comforting (repeating phrases and actions).
- They often have one or more ‘security blankets’ in the form of a handbag, wallet, newspaper, hat etc.
- They have the right to refuse to be involved in an activity or to just watch from the sidelines.

## Specific Communication Tips – Watching Your Own Language

### **Names**

Since people with dementia have trouble remembering names, wear a large-print name tag, and always introduce yourself, saying why you are there: “Hi, Mrs Jones. I’m Sarah, the activity coordinator, and today we’re going to have a music session that I think you will enjoy very much.” Using Mrs Jones’ name also helps her to tune into your message. If Mrs Jones prefers people to use her first name or a nickname then use whatever name she prefers. People with dementia almost always recognise their names until the end of life, but near the end of their lives the name they recognise tends to be whatever they were called in their childhood.

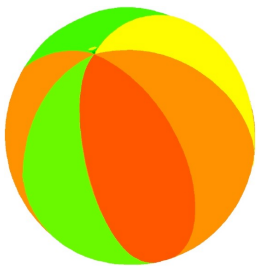
### **Issue an invitation**

If someone is afraid they may make mistakes when they do something, the easiest way to avoid failing is to refuse to participate.

- “Do you want to go to exercise class?” “No, thank you.”
- “Do you want to go to the singalong?” “No, thank you.”
- “Do you want see the children who are visiting from the primary school?” “No, thank you.”

In reality, they might enjoy and benefit from all of these things, but when they are not entirely sure of what is expected of them, saying “No” feels safer.

To overcome this tendency in people with dementia (and, frankly, in many of us), send an invitation. Most people with dementia seem to retain their basic social skills. They really do say, “No, thank you.” They don’t want to seem rude. And they are as enticed by flattery as any of us. So try something like this:



- “Mrs Jones, I would really love to have you come to our discussion group today. Your presence always draws others in. They love your bright smile!”
- “Mr Smith, would you please help me with the exercise class today? I’m going to be tossing some beach balls today, and I need some help carrying them to the lounge.”
- “Mrs Brown, we’re going to be talking about school days of long ago today. Since you were once a teacher, it would mean so much to me if you would come and share your experiences. I

bet you were a great teacher!”

- “Mr Green, would you please come with me to the singalong? I need your wonderful baritone voice!”

All people love to be helpful and valued. That doesn't change when someone has dementia, so show that you value them by inviting them to be helpful on your behalf.

### **Use concrete terms**

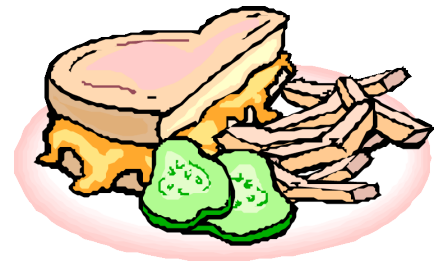
“Put that over there” is likely to be meaningless to the person with dementia. “Please put the vase on the table” is better.

### **As a person's dementia progresses, avoid open-ended questions**

A person who is newly diagnosed with Alzheimer's disease may be able to respond easily if you say, “Tell me about your high school.” As verbal skills become more compromised over time, however, you will find that questions with short answers or ones that can be answered “Yes” or “No” work more easily.

### **Suggest choices**

If you ask someone what they had for lunch, they know they ought to know. Since they can't remember, it is logical to think they haven't eaten, and that's what they are likely to say. If instead you ask, “Did you have the grilled cheese or the tuna sandwich?” they can give a likely answer. This is also important when the person needs to make a choice. If you say, “What would you like to do in art class today?” the person is unlikely to have any idea what is an acceptable answer. If you ask, “Would you like to paint with watercolours or work with clay today?” making a choice is easier.



### **Don't give on-the-spot quizzes**

People who like filling in the blanks for rote memory exercises often do *not* like being asked to provide concrete answers that might remind them of the tests that led to their diagnosis. (“Who is the Prime Minister?” or “What's the date?”)

### **Use short sentences and give directions one step at a time**

If you have planned a craft project and tell people all the steps before they begin, people with dementia are likely to be overwhelmed. The same is true if you put all the equipment and supplies in front of them at once.

### **Avoid asking questions that begin, “Do you remember . . .?”**

Try to substitute with, “Did you ever . . .?” or “Did you like . . . ?”

For example: Did you ever...

- ice skate on a frozen lake?
- meet a film star?
- ride an elephant?



- sleep in a tent?
- eat frogs' legs?

Did you like:

- going to school?
- playing in the snow?
- swimming in the sea?

### Use multisensory clues

As we noted earlier, people with dementia frequently like something tangible to see and/or hold. When you reminisce about hula hoops, it's great to bring in a hula hoop to demonstrate, and to pass around. Pictures are also helpful, provided they are large enough to see clearly (always at least 8 × 10 inches). People with dementia tend to have a severely compromised sense of smell, but that doesn't mean they won't enjoy talking about and remembering favourite smells – or tasting the freshly-baked biscuits that were just being discussed!

Remember to use those multisensory cues and clues in all possible situations. If a newcomer arrives, you might say, "Welcome, Mary. Sit beside me in this chair," and then give it a little pat and maybe pull it out for her. If she still looks confused, get up and assist her into position.

### Have a conversation

If you ask multiple questions in a row, you may make the person feel as if you are prying. For example:

- Did you grow up in a small town?
- Did you walk to school?
- Was it far away?
- Did you like your teachers?

These all represent easy-to-answer questions, but if you don't slow the pace and volunteer information about your own life too, it feels more like an interrogation than a conversation.

### Practice conversation helpers

If you ask most grandmothers about their grandchildren, they will have no trouble bragging. However, a person with dementia may need help getting started. For any topic, give them information to respond to. For example:

- Your granddaughter is so full of energy. I bet she's fun to be around.
- Is she bright? Does she do well in school?
- I think she's really cute, but I would guess all that energy can be exhausting. Do you need a nap when she leaves?



### Substitute statements for questions

Sometimes we put people on the spot inadvertently. The question "What did you do today?" seems innocent enough, but can completely stump a person with dementia. A better comment would be: "You look like you've had a good day today." The person can then respond in any way that they're able.

**If you don't understand, it's okay to say so**

When a person's coherency diminishes, but they are clearly trying to communicate something important, tap into the emotion they are demonstrating through their tone of voice or behaviour. For example: "I'm not sure what you're saying, but you look sad (or happy)." Perhaps the person will then indicate in some way that you are on target. Provide reassurance or affirmation: "I'm sorry you had to go through that, but you certainly turned out to be a good person to have around," or "That sounds like it was a wonderful experience for you. I'm so happy for you."

**Take the blame for miscommunication**

You will sometimes misunderstand what was intended. You will make mistakes. Apologise and then move on. Change the subject by discussing what you see out of the window or by asking for an opinion. Don't obsess about 'should haves'.

**Enjoy the silence**

If you are doing a craft project or simply sitting outside on a bench with someone, conversation isn't necessary. Many people with dementia can't carry on a conversation and do a craft project at the same time. They need all their concentration for one thing or the other. When you are sitting outside enjoying the fresh air and each other's company, no words are necessary.

**Provide reassurance**

People with dementia are often painfully aware of their limitations and of others' impatience. They need – as much as the rest of us – to be reassured that they are doing well enough, that they are loved and valued. They want to be liked for who they are now, not just the person they once were. Let them know regularly that you appreciate them.

A smile is still the shortest distance between two people.  
Take that route at every opportunity.

**Think about it . . .**

What successes have you had in engaging people with dementia?

**Summary . . .**

There are many ways that you can enhance communication when doing activities with someone with dementia. Here are the ones we mentioned:

- Introduce yourself regularly, wear a name tag with large print, and use the person's name at the start of any conversation.
- Issue invitations and enticements that show you value the person when you are asking them to participate in an activity.
- Use concrete terms.
- As the person's dementia progresses, avoid open-ended questions; suggest choices instead.

- Don't give on-the-spot quizzes.
- Use short sentences and give directions one step at a time.
- Avoid asking "Do you remember . . .?" and substitute with: "Did you ever . . .?" or "Do you like to . . .?"
- Use multisensory cues.
- Have a conversation and help it along by giving the person topic-related questions to respond to.
- If you don't understand, say so.
- Take the blame for miscommunication.
- Enjoy silent companionship.
- Provide reassurance.

### Approaches For Logic/Trivia And Word Games

Logic puzzles require us to examine the facts and come up with a single right answer, which as we have noted earlier, may be uncomfortable for someone with Alzheimer's who may feel like they're being tested. If the person is sensitive about what they may no longer know, they might express a lack of interest rather than risk being embarrassed or ashamed. Respect their right not to participate, but also look for ways to adapt games into more comfortable formats.



There are lots of trivia games like 'True or False' that people with dementia can have fun playing if you bend the rules and avoid buzzers or timers.

#### **About quizzes**

Approach is key. In a trivia quiz, if you ask the question as if it's a guessing game that you are playing together as partners, you are likely to have greater success than when you 'test' the other person. Rather than saying, "I'd like you to take this quiz," try saying something like, "Here is some trivia on . . . (name the subject). Shall we try this together?"

If the quiz is 'True or False', the chances of getting an answer right are 50/50, which are pretty good odds. If the quiz is multiple choice, the odds of getting an answer right are generally 1 in 4 or 5, which isn't so bad, particularly if you make light of any mistakes. You can also look up the answers in advance and give the person a choice between just two answers, one of which is the right one (but then you will always know the right answer, which isn't quite playing fair!).

Open-ended questions like "Who was the UK Prime Minister in 1960?" are likely to flop when people have dementia because they have to come up with a name rather than choose between names, and they often simply can't do so. On the other hand, getting the answer wrong in a multiple-choice question can be handled diplomatically.

If you don't know the answer to a question and have to look it up, you are learning something new and

that is always good for the brain. If all you ever do is retrieve information you already know, you are not creating new pathways in your brain.

Always look up the answer right after you ask the question. If you wait until after you've answered five or ten questions together, the person with dementia will have no idea which question you're referring to.

Let's say you have read the question and asked the person with dementia, "Would you like to have a guess with me?" Then make your choices; you don't have to agree. Look up the answer, and make a positive comment.

- If the person with dementia got it right; celebrate.
- If only you got it right, downplay your success, perhaps as a lucky guess.
- If you both got it wrong, say something like, "Well, isn't that interesting? I didn't know that. Did you?"
- Always keep it light.

You can make similar adjustments if you have a matching game. If there are eight questions to be matched with eight answers, rewrite them in larger letters on a white board or flip chart and display them in pairs, so that the answer is always one of two instead of one of eight.

For example, imagine a quiz that features famous opening lines in literature. That's a topic that could prove much too difficult for people with dementia, but here are things you can do with it:

1. You might say, "Here is the quotation: 'It was the best of times; it was the worst of times . . .'  
Do you think that was the beginning of *Moby Dick* by Herman Melville or *A Tale Of Two Cities* by Charles Dickens?" You might need to repeat the **choices**, "*Moby Dick* or *A Tale Of Two Cities*?"
2. This is a famous line from *A Tale Of Two Cities* that anyone over 60 is likely to have been exposed to in school, but someone with dementia could easily have forgotten that they ever read it. In that case, you can **take away the 'test' feeling by simply talking about the topic**. "Did you ever read *A Tale Of Two Cities* or see it as a movie or a play? Did you think it was a moving story?" (It's the story of a man during the French Revolution who sacrificed his life to protect the husband of the woman he loved – very romantic!)
3. If the person is unfamiliar with the quotation or the book, **change the focus to an opinion question or two**: "Do you think we are now living in the best of times or the worst of times? What's good about the present time? What's bad about it?" Pause between questions to give the person time to answer.
4. If that doesn't seem to be working, **put it aside and try something different**. Always have a Plan B and C.



### Think about it . . .

Have you ever felt outmatched in a game like Trivial Pursuit by someone who was better than you? Did it make you want to play with that person again?

How have you adapted quizzes to make people with dementia more comfortable?

### Summary . . .

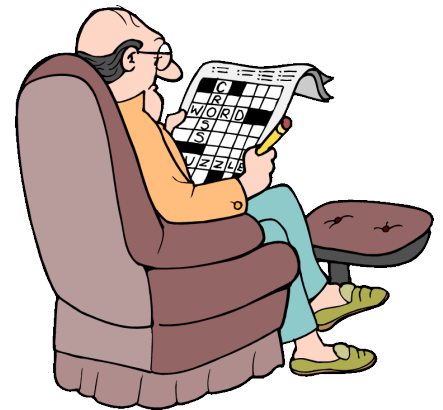
While people with dementia are generally more comfortable playing games where there isn't just one right answer, there are ways to adapt trivia quizzes to make them more fun for this group.

- Throw out buzzers and timers. Give people whatever time they need to answer.
- Let the person know that you will work as partners on the answers, not as competitors.
- Choose quizzes where the answers are multiple choice, true/false or matching pairs. Adapt the exercise as needed. Avoid quizzes where you must come up with an answer out of thin air, because the person with dementia is less likely to be successful.
- Always look up answers immediately, as you go along.
- When you both answer correctly, congratulate yourselves; when only you answer correctly, play down your success; if you both get an answer wrong, say, "Isn't that interesting!"
- Emphasise that learning new information as a result of making a mistake is good, because new information builds new pathways in our brains.
- If a quiz is proving too difficult, look for ways to turn it into an opinion-based question or simply put it aside and try something different.

### About word games

Some people with dementia who have done crossword puzzles or word searches for many years find they are still relatively good at them even as they develop dementia. Some are still good spellers, but the variation of word game abilities is tremendous among people with dementia. Here are just a few suggestions of ways to adapt word game activities.

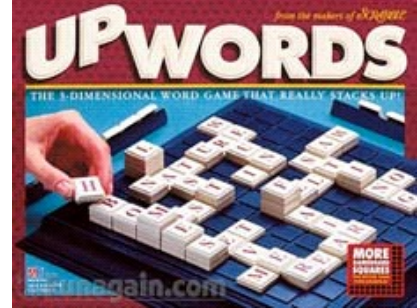
Perhaps because its word combinations have a musical element to them or because it evokes long-ago memories, poetry is often very appealing to people with dementia. Many people enjoy reading poems aloud or listening to others read them. Many people memorised poetry when they were younger that they can still recite at least some of the lines to.



You can find all sorts of poems online by simply typing in the name of a famous poet such as Emily Dickinson or William Wordsworth followed by the word 'poems'. Find one you like and then copy and paste it to a Word document so that you can make the print as large as necessary.

You can also help people make up rhymes easily by asking, for example, "What rhymes with cake?" One board game that facilitates this is called Upwords. It's similar to Scrabble except that first, the tiles are interlocking so that you can build on top of existing letters. If you place the letters C-A-K-E on the

board and give a person some consonants like B, R, and T, the person can then put those letters on top of the C to make new words. Second, unlike a Scrabble board, the Upwords board is blank (no double/triple word or letter scores, etc) making it less distracting and easier for the person with dementia to make sense of.



**Think about it . . .**

What kind of word games do you enjoy?

**Summary . . .**

People with dementia – even when their own vocabulary diminishes – often enjoy the rhythmic sound of poetry and hearing and creating rhymes.

**This is the end of the course.  
Please now move on to take the online test by logging into your account at  
[www.dailysparkleonlinelearning.co.uk](http://www.dailysparkleonlinelearning.co.uk)**