



Therapy Dog Program

BULLETIN



St. John Ambulance

July 2003

Vol. 2 No. 2

AN INFORMATION LETTER FOR ST. JOHN AMBULANCE THERAPY DOG PROGRAM COORDINATORS

COMMUNICATION STRATEGIES FOR PEOPLE WITH DEMENTIA

WHAT IS DEMENTIA?

Dementia is a progressive loss of thinking, reasoning and remembering.

Alzheimer's disease is one of the most common forms of dementia. It destroys brain cells, is degenerative, and impairs memory, thinking, and judgment.

The most common symptoms you will observe when you visit residents are increased memory loss, confusion of time and place, decreased social skills, loss of ambition – the resident just sits there staring if left alone, personality changes – suspicious, insulting, unable to make sense of common thing – the person sees the dog but does not know what it is or what it does, and difficulty eating, feeding, dressing, and walking. These symptoms progress to complete dependency on others for care and safety.

Other diseases that can produce dementia are Parkinson's disease; multiple strokes; alcoholism; acute physical illness; Diabetes – confusion from high blood sugars; and Acquired Immune Deficiency Syndrome (A.I.D.S.)

COMMUNICATION APPROACHES

Approach the resident face on rather than from behind or the side. Maintain eye contact to make sure you have their attention. Also, it is best to sit your dog 2 to 3 feet from the person until you know that the person does want to visit with the dog.

Use a gentle, calm, quiet approach. Your relaxed manner is contagious and you set the mood for the conversation. Humor and cheerfulness works wonders. Remember not to burden anyone with your own worries and problems. Do not feel that you have to be talking all the time. It is perfectly acceptable to sit and say nothing.

Begin each conversation with who you are and why you are there. You need to do this every time you visit. This will assist the resident who has a failing memory.

Speak slowly and look directly at the person's face. Short sentences are best along with concrete terms. Ask questions that require a simple yes or no answer. Allow lots of time for a response. Provide a missing word that the person is struggling for – unless this upsets them. Assume that non-verbal responses are attempts to communicate needs/feelings. After the person is comfortable with you, you can use sense of touch. Always watch your dog's reaction. If the dog is uncomfortable, give both dog and resident more space.

If someone is laughing or talking to themselves, they may be hearing voices. You can still talk to them and visit regardless of the hallucinations. In fact, you are competing with these voices and because the person can see you with your friendly quiet manner, you may be easier to focus on than the imagined voices. If you think the person is hearing voices, then it is best NOT to touch that person.

Page 1 of 2

Therapy Dog Program

BULLETIN

July 2003

Vol. 2 No. 2

If the person has a left-sided weakness, the right side of the brain has been damaged. Thus there may be diminished ability for the person to understand what you are saying. You may just have to take the person's hand and help them to pet your dog. If there is a right-sided weakness, there is left brain damage. Usually this means the person can very well understand what you are saying but may not be able to answer you. Assume they understand your words. Remember too, that if the person has stroked less than 18 months ago, then they are still being rehabilitated, and may improve.

People with dementia are not deliberately trying to be angry, stubborn, suspicious or ungrateful. At times, a person's behavior may be beyond explanation but they still deserve to be treated with dignity. Sometimes too many distractions can cause these behaviours. For example, loss of light can cause confusion, so you may have to simplify the environment by turning off the T.V. or turning on more lights or moving the person to a quieter area for your visit.

Sometimes a person can be agitated or angry when you arrive. This has nothing to do with you. Do not approach too closely with the dog when someone is angry. Sometimes the diversion of seeing the dog will calm that person. Sometimes the distraction may take the form of handing the person a facecloth, a small towel or a stuffed toy. This works well if that person is upset enough to throw something. It is best in the initial visits to find a staff person when anyone is upset. However, as you know the person you visit, the facecloth thing can work nicely. Walking with help also reduces stress and agitation. Sometimes a gentle touch or a verbal distraction will calm the person. If you see that the person is NOT settling, leave the area with your dog and get help. Do not attempt any further intervention.

Some residents become increasingly agitated, confused and restless as sunlight decreases. This has been referred to as sundowning and usually occurs in the late evening. Thus it is best to visit in the early evening if possible, to avoid further agitation. If it has occurred, you may want to shorten your visit and tell staff when you are leaving the unit.

People with dementia are more prone to anxiety and fear and may not want you to leave them. Try just taking their hand and walking with them for a while. Make sure you know where they are, especially when you leave.

If someone is talking about ending it all or suicide and discloses this to you, as soon as you feel you can safely leave, tell a staff member. Do not make any promises to keep information like this to yourself. Staff needs to know.

If someone falls when you arrive, stay with the person and call for help. Don't try to move the person and NEVER give up the lead of your dog to someone else. Always keep control of your dog. Afterwards, do tell your coordinator to discuss the situation and make certain the dog is okay.

NEVER BELIEVE YOUR VISITS ARE FRUITLESS!!!!

PAGE 2 OF 2