

This section aims to provide a channel of two-way communication between researchers and practitioners in the expanding field of social, psychological and nursing research in dementia care, including all aspects of nursing and care practice, communication and the environment.

The Research Focus section of the *Australian Journal of Dementia Care* aims to keep readers up to date with the fast expanding field of social, psychological and nursing research in dementia care. By this we mean every aspect of person-to-person communication, nursing and care practice and organisation, and the influence of all aspects of the environment. The aim is to provide a channel of two-way communication between researchers and practitioners, to ensure that research findings influence practice and that practitioners' concerns are fed into the research agenda. We would like to hear from you, specifically with:

- notice of the publication (recent or imminent) of peer reviewed papers with practical relevance to dementia care;
- research reports available for interested readers;
- requests or offers for sharing information and experience in particular fields of interest.

The role of communication in quality dementia care

Social interaction is a key feature in determining our quality of life. However, people with dementia can face a dual disadvantage when it comes to maintaining social interaction, with progressive impairment in communication ability and reduced opportunities for social contact (Bamford & Bruce 2000; Holmen & Furukawa 2002).

A skilled communication partner who is knowledgeable in dementia-specific communication techniques can facilitate participation in meaningful conversation, help to maximise social engagement and improve the quality of life for people with dementia.

Across the continuum of care, people with dementia are likely to rely predominantly on their caregivers, both family and aged-care staff, as their primary communication partners. Therefore, staff and family caregivers have an important role in facilitating positive and meaningful interactions as a priority during care. However, the communication changes that occur in dementia can make it difficult for caregivers to facilitate interaction and caregivers do not systematically receive education or training regarding the changes to communication that occur in dementia, or ways to modify

Erin R Conway reports on the impact of two training programs developed by Queensland researchers to give professional and home carers dementia-specific communication skills and strategies to support memory function

their own communication style to support successful communication with people with dementia.

Communication changes in dementia

A progressive decline in communication ability is a prominent feature of most types of dementia. The major areas of difficulty include problems with word finding, auditory comprehension and conversation (Smith *et al* 2011). Word-finding difficulties result in people with dementia having trouble thinking of or remembering the right words to use and are associated with changes to semantic memory function (Chenery *et al* 1996). The impairment in auditory comprehension or a difficulty understanding what is being said can be attributed to cognitive factors such as working memory, attention and slowing of cognitive processing. In conversation, the difficulties with word finding and auditory comprehension often result in: reduced content, with an

increasing reliance on empty or imprecise words (for instance, 'thing' or 'it') as substitutes for content words; utterances that may seem off-topic, irrelevant or repetitive; difficulty coming up with new topics of conversation or remembering a topic over time; and a progressive reduction in the person's overall contribution to the conversation (Caramelli *et al* 1998).

People with dementia also have a progressive decline in awareness of their communication partner's communication needs, knowledge or perspective (Hamilton 1991). The combination of these factors has a significant impact not only on the person's ability to express meaning, but also on the role of the conversation partner, requiring them to take a greater responsibility for managing the conversation. However, there are also aspects of communication that remain relatively well preserved in dementia. These include an understanding of and use of non-verbal communication,

including a preserved sensitivity to emotional tone. Finally, people with dementia continue to have the desire to communicate and engage with others in a positive and meaningful way.

Communication and quality aged care

Effective communication and conversation can be directly linked with quality aged care practice, as there is a key role for communication in the clinical application of the person-centred approach to care (Edvardsson *et al* 2010; Kitwood 1997; Passalacqua & Harwood 2012; Young *et al* 2011). Communication underlies some of the key themes present in models of person-centred care philosophy, including the significance of relationships and social context to personhood and the importance of knowing and acknowledging the person (McCormack 2004). Specifically, the inclusion of conversation as part of care acts to facilitate several elements identified by consumers as important for the

clinical application of person-centred care (Edvardsson *et al* 2010).

These include:

- as a way for staff to get to know the person with dementia and acknowledge their personhood through the sharing of history, preferences and interests;
- as a way for staff to prioritise the person over the task and to be present with the person with dementia, as exemplified by Edvardsson *et al*, to stop and have a chat and a cup of tea; and
- as a meaningful activity to engage in during care and one in which success can be supported.

The importance of conversation to quality dementia care is highlighted by Young *et al* (2011 p1017): "Conversation is caring. You aren't just chatting, you are acknowledging someone as a person and it is, in part, a therapeutic exercise."

However, despite these links between communication and quality care, research suggests that there are limited opportunities for communication within the aged care setting and that task completion is often prioritised over social talk (Carpiac-Claver & Levy-Storms 2007; Ward *et al* 2008). For instance, Ward and colleagues (2008) observed interactions between care staff and people with dementia in a residential aged care setting and found that residents with dementia spent just 10 per cent of their day in direct contact with others. The authors also noted that the periods of contact with staff were mostly restricted to care-related talk. In fact, less than a quarter of the interactions were identified as either primarily social or relationship oriented (15 per cent), or a combination of task-based and social/relationship-oriented talk (eight per cent). In addition, interview data from residents with dementia indicated that many continue to crave social engagement (Ward *et al* 2008). Other authors have reported a similar lack of interaction, even suggesting that care staff avoid

communicating with people with dementia during care (Ekman *et al* 1991; Tappen *et al* 1997). It's been suggested this avoidance is due to the person with dementia's communication difficulties or a perceived lack of feedback for staff during communication by the person with dementia (Ekman *et al* 1991; Tappen *et al* 1997).

These investigations suggest that residents with dementia have unmet needs when it comes to communication and social interaction, and therefore there is significant potential to improve the quality of aged care services by prioritising communication as part of care. In order to do this, staff will require education on appropriate communication skills for effective communication with people with dementia, as well as in ways to engage in conversation during care.

The MESSAGE training program

To fill a gap in practice for an easy-to-apply, time-efficient and research-based training program that can provide staff with dementia-specific communication skills, researchers from the University of Queensland developed the MESSAGE Communication Strategies in Dementia training program in 2009 (Smith *et al* 2011), with an updated version produced in 2012. At the same time, the research team also developed a related program, the RECAPS Memory Strategies in Dementia training (Smith *et al* 2011), designed to provide carers with strategies to support memory function in everyday situations. The two programs can be used together or separately, and both are presented in video format, offering caregivers the flexibility to access them as required. There are two versions of each training program – one for care staff working with people with dementia (see Figure 1) and one for informal or family carers at home.

The MESSAGE training is designed to provide carers with



Figure 1. The MESSAGE and RECAPS training materials for care staff

a set of practical skills that can be used to optimise their communication interactions with people with dementia. The training involves watching the video in groups or individually, and as all aspects of the training are presented on the video, training sessions can be completed with or without a facilitator.

The video incorporates the following main content: (a) information about the communication changes experienced in dementia; (b) the MESSAGE strategies outlined and exemplified in context for staff carers or home carers; and (c) conversation vignettes showing examples of good and not so good conversations between carers and people with dementia for reflection or discussion.

The MESSAGE strategies (see Figure 2) encompass techniques that compensate for cognitive-linguistic deficits and also provide ways to encourage the social aspects of communication. For instance, the *Maximise attention* strategy provides techniques to compensate for cognitive difficulties relating to divided attention (Perry & Hodges 1999). This strategy suggests that a carer can give the person with dementia the best chance to take in what is being said by using the person's name to gain their attention, moving to their eye level, maintaining eye contact and removing distractions from the environment when possible.

The *Support their conversation*

strategy also highlights specific ways to compensate for cognitive-linguistic deficits in dementia, particularly auditory comprehension and word finding difficulties. The four techniques outlined by the *Support* strategy include:

- giving extra time to compensate for cognitive slowing;
- using repetition or rephrasing to give the person with dementia another chance to understand;
- making suggestions in a conversational way to support word finding;
- and providing reminders of the topic throughout the conversation to compensate for working memory difficulties.

Strategies that support the social aspects of communication include the *Get their message* strategy. This highlights the importance of characterising a person with dementia's speech as meaningful. *Get their message* also provides techniques to help the caregiver work out the person's intended meaning, such as listening carefully to the words used and encouraging the person to continue to provide more information because the words they are using might not be quite right, but may be similar in meaning to the intended message.

Finally, the *Encourage and Engage in communication* strategy outlines the importance of encouraging communication and suggests topics and

techniques to engage with the person, thus providing opportunities to talk during care.

The MESSAGE and RECAPS training programs have been the subject of research exploring their impact across the continuum of care.

Research in care settings

Previous research has explored the impact of the MESSAGE and RECAPS training in residential aged care facilities (Broughton *et al* 2011) and with informal caregivers at home (Liddle *et al* 2012). In the residential aged care setting the research compared the outcomes for staff who received the training (training group) with staff that did not receive the training (control group). Staff in the training group were found to significantly increase their knowledge of communication and memory support strategies immediately after training, with this increase being maintained to the three-month follow-up (Broughton *et al* 2011). There was no significant difference in knowledge scores found for staff in the control group (Broughton *et al* 2011).

Additional outcomes in the residential care setting include a significant increase in caregiver satisfaction for Registered Nurses who completed the training, although this did not reach significance for other types of care staff (Broughton *et al* 2011). The investigation with informal or family caregivers again found a significant increase in knowledge of communication and memory support strategies for caregivers in the training group immediately after training and at the three-month follow-up compared to no difference between time points for the control group (Liddle *et al* 2012).

The training was also reported to influence caregiving, with the improvements found in reports of the positive aspects to caregiving and reductions in the frequency of observed disruptive behaviours by the person with dementia both approaching significance for the training group. Caregivers in the

training group were also found to identify the occurrence of more of the verbally expressed depressive behaviours by the person with dementia on the Revised Memory and Behaviour Problems Checklist (Teri *et al* 1992) at follow up, including items such as "Comments about feeling like a failure or about not having any worthwhile accomplishments in life". However, there were no differences found on the Cornell Scale for Depression in Dementia (Alexopoulos *et al* 1988) over time or between groups (Liddle *et al* 2012).

Both studies also report positive participant opinions about the training, with Broughton *et al* (2011) and Liddle *et al* (2012) finding that the majority of staff and informal caregivers thought the training was very useful and had taught them a lot. More than 90 per cent of staff and informal caregivers also suggested that they would recommend the training to a friend or colleague and that after three months they had found that they could apply the strategies in their everyday life or work (Broughton *et al* 2011; Liddle *et al* 2012).

Further research is currently underway to extend the investigation of the MESSAGE training across the continuum of care, specifically, to investigate the outcomes of training on the

quality of community-based aged care. Internationally, community-based aged care services are being increasingly used and therefore there is an associated need to encourage further research around quality community care to inform best practice.

Communication and social interaction are of particular interest in the community-care context, with consumers identifying that facilitating socialisation, social contact and companionship are important elements in quality community-based aged care (Bamford & Bruce 2000; Low *et al* 2012) and that important staff skills include being able to engage the person with dementia (Low *et al* 2012).

Finally, due to the one-on-one nature of service provision in community care, there is further opportunity (and further pressure) for staff to include conversation as part of care, compared to residential aged care settings.

Despite this, community care staff do not systematically receive training in dementia-specific communication skills that could maximise their ability to engage people with dementia in positive and meaningful social interactions. Therefore, the current research is examining the impact of providing the MESSAGE communication skills training to

care staff in 12 community care centres in Queensland, on staff's knowledge of communication support strategies, their confidence or preparedness to provide care to people with dementia, and their person-centred attitudes to care.

In addition, this research is providing individual feedback to staff on their use of communication strategies during conversation with clients with dementia to facilitate a sustainable change in communication practice after the training.

Conclusions

Communication is an important part of quality dementia care. The MESSAGE Communication Strategies in Dementia training is research-based, designed to be easily accessible, time-efficient and relevant for caregivers across the continuum of care. Research to date has shown it has positive outcomes in residential care and with informal caregivers at home. The MESSAGE training also has the potential to improve the quality of community-based aged care and subsequently the quality of life for the increasing number of people with dementia accessing these services. ■

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Figure 2.

The MESSAGE Strategies

- M** - MAXIMISE attention
- E** - Watch your EXPRESSION and body language
- S** - Keep it SIMPLE
- S** - SUPPORT their conversation
- A** - ASSIST with visual AIDS
- G** - GET their message
- E** - ENCOURAGE and ENGAGE in communication

Full strategy details are available within the training summary booklet accessible at:

<http://www.uqccr.uq.edu.au/dementia-care/care-staff.aspx> or
<http://www.uqccr.uq.edu.au/dementia-care/home-carers.aspx>

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At the time of writing this article and completing the research included in the article, Dr Erin Conway was a research fellow at the University of Queensland (UQ) Centre for Clinical Research. She was part of the UQ research team led by Professor Helen Chenery that developed and evaluated the educational training on memory and communication support in dementia. She has since taken up a new position as a lecturer in Speech Pathology in the Faculty of Health Sciences, Australian Catholic University, Brisbane. Contact Erin at: Erin.Conway@acu.edu.au

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Playful Engagement has positive effect

An award-winning research project studying the effect of humour and playful engagement on the quality of life for people with dementia in aged care facilities is already showing positive results.

One of the research team, Professor Michael Balfour, from Griffith University in Brisbane, said they expected to release the preliminary findings of the three-year study in early 2015, but at this point the results were already very positive:

"It is a qualitative and quantitative study of the impact of playful engagements on people with dementia. We're exploring the impact of the play on participants in terms of, hopefully, lowering anxiety and depression and also in improving social engagement."

He said the emerging findings from the Playful Engagement and Dementia project indicated strong developments in individuals' moods and anxiety levels and their capacities to communicate; enhanced benefits for carers and the institutional environment, as well as increased appreciation of participants as capable individuals. The early findings also indicated that humour, song, spontaneity and role-taking helped to support elements of play including physical, cognitive and social spontaneity, manifest pleasure and sense of humour.

The project is a partnership between Griffith University theatre and dementia researchers, Wesley Mission Brisbane (WMB) and two elder clowns, Clark Crystal and Anna Yen from The Lamingtons. It

was the Queensland winner of the 2013 Creative Partnerships Arts and Health Award and one of six finalists for the National Award announced in November 2013.

The other chief investigators on the project are: Professor Wendy Moyle, Professor Marie Cooke and Associate Professor Julie Dunn, all from Griffith University.



Elder clowns Clark Crystal and Anna Yen (The Lamingtons) with a resident at one of Wesley Mission Brisbane's homes during the study