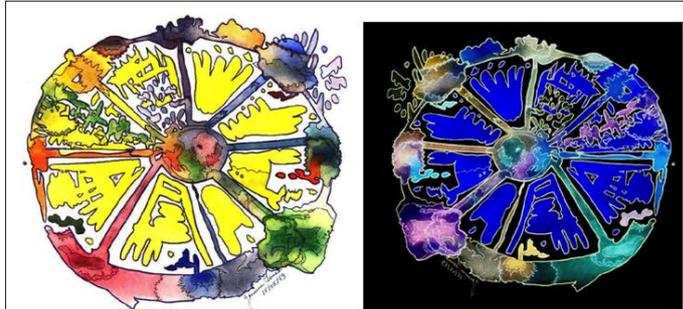


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TAD (Thoughts About Dementia) Newsletter
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TAD 72 28 August, 2021

The 'Ten-plus communication options model' for dementia care
Option 5 - Agree – play along with

Related ideas for observations, reflection and research

- Under what circumstances do you *nod, mumble something, or give some sign of agreement* with whatever your friends or acquaintances are saying – (sometimes perhaps - even if you're not really sure of what they said)?
- Do you notice when someone agrees with you (plays along with you), or is it usually such a natural, fluid response that you don't notice?
- How long can you maintain this type of 'minimalist' communication?
- Is this type of communication better than 'no communication'?
- How does this type of communication usually end?
Do you switch to a different type of communication, or does it conclude a conversation?

Dear Reader,

This TAD, the briefest of the newsletters in this communication series; expands on **Option 5 'agree; play along with'**. In the 'Ten-plus communication options model' for dementia care, this is the option about which there is least to discuss.

(See the previous TAD newsletters for details of the model and options one to four ¹⁻⁵.) **Box 1** gives a brief summary of the model.

Box 1 Summary of the 'Ten plus communication options model' (Jones, 1985)

- 1 **Gather information**; ask 'good' questions to find out about the person's story
- 2 **Orient** the person to what's happening, explain 'the facts'
- 3 **Reminisce**
- 4 **Distract**; directly and indirectly
- 5 **Agree**; play along with
- 6 **Lie** – told to make a person feel better, but a lie none the less

- 7 **Social response**; superficial, safe topics
 - 8 **Validate** (acknowledge) the person's feelings
 - 9 **Idle**, stall for 'thinking' time; remain quiet; repeat last thing person said
 - 10 **Combinations** of the above options - used consecutively
- Plus Humour (with provisos), and other options**

Note that '**becoming defensive**' and '**trying to show the person you are right, and they are mistaken**' are NOT options in this model.

Communication option 5 - 'Agreeing – playing along with'

There are different ideas about what '**agree/ playing along with**' means. (Some people think it includes lying to a person, to agree with them - but that is not the sense in which it is used here. Lying is dealt with as a separate option in the next TAD.)

For our purpose here, using this communication model, option 5 means **giving someone the impression that you agree, you share their thinking - but in a passive sort of way – with little speech**. The 'bystander person' shows a sense of agreeing with whatever person with dementia is saying, by matching their emotional tone and minimal verbal input.

The purpose of this option is to encourage the person to continue speaking - even and especially if you don't understand what the person is saying. Such brief communications function like bridges and links - to keep conversation reciprocal. You might have used some of these words, phrases, or little cliches yourself:

- Oh; my
- How interesting
- Sure – a bit later perhaps
- Really
- Not really
- My goodness; [Gosh]
- You don't say, Is that so
- Ah huh
- Well....., Well I never
- Hummmn
- I think so
- I know what you mean
- Let me have a little think about that
- Perhaps
- Sounds good
- You think so; must be so; I think so too
- Seems nice; what a lovely idea
- Maybe; maybe sometime; some other time
- When I've got a moment
- Well let's see about that
- How about that
- Isn't that typical
- You just might have something there
- Sounds familiar

'**Agreeing/ playing along with**' is also used, instead of 'lying' (option 6), or 'explaining or correcting the facts' (option 2), - when those other options seem too harsh, emotionally. 'Agreeing /playing along with' does not expand the

conversation, but may keep the person talking, albeit briefly, since there is no real content being added to the conversation by the other person.

You'll notice 'communication option 5' used most often:

1 with people with dementia who are in **Behavioural Stage 2** (permanently disoriented in time) are they speaking of people from the past - as though they are nearby or present, and they are asking a carer/caregiver about them or inviting them to join them

2 when a carer/caregiver does not understand the content of what a person in **Behavioural Stage 3** is saying (speaking 'word salad' - disconnected words and phrases, with substitute nouns), and they want to encourage them to use their verbal abilities and *feel* like they are having a normal, two-way, conversation

3 with people who are not readily understood – for whatever reason (e.g., someone who mumbles; who does not speak English (well); who has difficulty making the mouth movements required to produce speech accurately (e.g. stroke); someone who is hard of hearing, and people who have other difficulties holding conversations.

Example: A lady wants a caregiver to have tea with her deceased Mum

A lady with dementia, living in a care home, really likes a particular caregiver. Although the lady does not know the caregiver's name, she recognizes her, is affectionate with her, and actively seeks her out; it is obvious that the caregiver 'feels very familiar' to her. The lady wants, somehow, to include the caregiver into her own (remembered) experience of family. She says to the caregiver:

Lady: Do you know my mother?

Caregiver: No

Lady: Oh, I thought you did.

Caregiver: No, not really.

Lady: Are you sure?

Caregiver: Pretty sure.

Lady: Mother would like you!

Caregiver: How nice.

Lady: You'd fit right in with us all.

Caregiver: You think so?

Lady: Yes, you would.

Caregiver: Well - that's nice.

Lady: You have the right...oh -what's the word... the right fit.

Caregiver: Well fancy that.

Lady: Mother would enjoy it. She loves being with family.

Caregiver: Does she now?

Lady: You know - she's just upstairs.

Caregiver: Is that so?

Lady: Yes. We could have tea if you like; I'll call her to come down.

Caregiver: Perhaps some other time.

Lady: Are you sure?

Caregiver: When it works out.

Lady: Yes, anytime would be fine with her, I'm sure.

Caregiver: That's easy then.

Lady: Very good.

[The lady is happy. This is the end of this conversation for our purposes here.]

In the above example, the caregiver was listening very carefully to the lady, but not adding any content, other than the vague, implied agreement. (If she added more content she would likely be orienting the lady to 'the facts' or lying to her.)

The Table in **Appendix 1**, shows almost the exact opposite sort of conversation. A lady resident is trying to converse with a caregiver who is replying *inattentively*, about her own personal story and issues. The lady becomes increasingly distressed, as does the caregiver.

Note of interest: Your attentive presence with someone helps

Miesen's research on attachment behaviour in people with dementia

Miesen's work on *attachment behaviour* and *substitute attachment figures* led to him develop POPFiD Theory (Parent Orientation Parent Fixation Theory in Dementia) ⁶⁻⁹. (In the absence of being able to secure the presence of attachment figures, or substitutes for them - at some point, people with dementia inevitably return to 'memories of safety' in their search for safety.

Miesen documented many conversations with people in Behavioural Stages 1, 2, and 3. Many conversations showed that when a person in Stage 2 was speaking to a bystander - about one or both of their parent/s as if they were present or nearby - they only eventually stopped doing so, if the bystander remained present and conversant with them. Miesen postulated that, for a person in Stage 2, interacting with a 'live person' is better than re-living 'memories of parents (or parent substitute figures)', in order to *try* to feel safe.

Miesen's reflections on the above conversation would be that - 'the on-going attentive presence of this caregiver' would likely have stopped this lady from continuing to think about her mother. However, had the caregiver left the lady at the end of this scenario, the lady would most likely have:

- tried to follow the caregiver
- continued thinking about, and possibly have started searching for her mother
- asked anyone else she met if they had seen her mother or knew her.

The next TAD newsletter will be on Option 6, 'lying'. Lying is a complex subject!

In the meanwhile,
Best regards,

Gemma Jones

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APPENDIX 1

Communication Options Scoring (for the 'Ten-plus Communication Options Model')

Example of caregiver not listening to a lady resident, and distressing her

Table 1 The conversation between a resident and a caregiver is recorded in table form, to show how 'the communication options' have been scored, directly beside each line of caregiver's dialogue. *(This is part of an actual conversation that was recorded for some of my communication research in the 1980's; it has not been previously published.)*

Type of communication by resident Scored as a: • Statement (for communication, Information, reminiscing) • Question • Reply to question • Expletive	Resident (in Behavioural Stage 2)	Caregiver	Type of communication used by caregiver Scored using the Comm'n option number from the 'Ten-plus Communication Options model'
Statement	LADY SPEAKS TO THE CAREGIVER, WHO ENTERS THE ROOM WHERE THE LADY IS SITTING ALONE, and says: I've been to New Zealand.		
		Is that so?	Option 2 orient - explain the facts
Statement	Yes, I've been to New Zealand.		
		That's nice. I'm going on holiday next month for a whole month.	Option 7- social reply Statement (personal)
Statement	It was a long time ago.		
		I'm not going that far.	Statement (personal)
Statement	My daughters [x] and [y] were born there.		
		I'm going alone this year. My husband isn't interest in holidays – actually he isn't interest in anything.	Statement (personal)
Statement	My husband works in a law office in the city, at least I think he still does...		
		So we decided to take separate vacations from now on – to spare us a lot of aggravation.	Statement (personal)
Statement Statement	I'm expecting him any moment now. He's a good man. My father also works in an office.		
		You'll see that I'll have a gorgeous tan when I get back.	Statement (personal)
Question (x2) Statement	Where am I? Where am I? I must go home.		
		It's not dinner time yet. That's at 5:00 o'clock	Option 2 - orient Option 2 - orient
Question	Where am I?		
		You're in the care home.	Option 2 - orient
Statement Questions	No! Where am I?		
		Don't you worry. Everything will be OK.	Option 7 – social reply Option 7 – social reply
Question Expletives	Where are my daughters? Oh, Oh, Oh, Oh, Oh,		

	(Begins to rock back and forth - looks distressed.)		
		(The caregiver doesn't know what to do now, and quietly leaves the room.)	
	(The lady cannot follow her; she is in a wheelchair but cannot use it herself and is alone again.)		

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