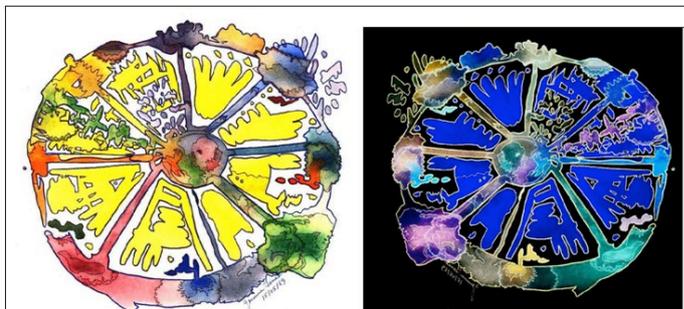


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TAD (Thoughts About Dementia) Newsletter
By: Dr. Gemma M. M. Jones



TAD 67 17 Mar., 2021

The 'Ten-plus communication options model' for dementia-care

Related ideas for observations, reflection and research

- . Did you ever think of how many ways are there to respond to a person with dementia who is speaking to you - but you're unsure of what they are trying to say?
- . Have you ever struggled to respond to someone with dementia because you didn't know what possible 'response-options' there were, and the usual type of responses didn't seem suitable? For example, when a person:
 - is getting the 'wrong end of the stick' while recounting a recent event
 - accuses you of stealing something, when they've misplaced or lost it
 - thinks they still care for their children (though they are now grown up)
 - mistakes your identity, and thinks they know you well from the past
 - tells you about their long-deceased parents, as if they are still alive
 - wants your help to leave [this place] to go to the home of their youth
- . Have you ever thought about **how** you choose a response? Do you:
 - model it on what you have heard colleagues or others say to the person
 - try to distract the person from what they are saying
 - say whatever comes into your head - especially if they need comforting
 - follow a method or model that you have been taught
- . Would it be helpful to your work or situation, to learn about such a model and be able to teach it to others?

Dear Reader,

This '**Ten-plus communication options model**' is about the range of options for responding to a person with dementia when you're not sure of what they are trying to say, or what to reply ^{1,2}. (When you've read this TAD, and the upcoming TADs on communication, you'll also be able to see how to use these ten-plus options in a stage-specific way.)

Background

When I started working with people with dementia, age 16, 1973, in a nursing home in Canada, there was no induction education about dementia. Yet - there were some experienced nurses and staff who gave us 'newbies' tips whenever they could.

One of these tips, about communication, went something like this –

“If they [the residents with dementia] say something that’s wrong, or ‘gibberish’, try to correct them; if that doesn’t work, lie to them. That should make them feel better.”

That’s a ‘two-option communication model’, though it wasn’t called that. *[In terms of the model that will be presented here, those two types of responses would be, Option 2 - orienting a person to the facts, and Option 6 - lying.]*

This tip was intended to be helpful, however, it was clear to me that those two options didn’t account for all other possible types of communication. How many options were there, really? Why were we not taught about this? I was eager to find out, and know how to understand and describe the nuances of what was happening during staff-resident interactions – (some of which were strange and upsetting). That led me to do research on communication interactions in long-stay-hospital settings, in Canada ³⁻⁸.

Some of my research involved looking at the quantity of ‘units of speech’ exchanged between residents and staff. *[The units were: 1) phrase, 2) sentence/reply, 3) question asked, 4) question answered, and 5) command.]* The meagre quantity and quality of exchanges was shocking. This ‘Ten-plus communication options model’ was developed thereafter, and it has been taught as part of the course, “Communication and care-giving in dementia; a positive vision”, since 1985 ^{1,10}.

This TAD only introduces the ‘**Ten-plus communication options model**’. Future TADs will give detailed explanations and examples for each option. *[The assumption behind all these options is that they are used to help people, to the best of the carer or caregiver’s knowledge and ability. In that sense, they are equal morally. But - with more knowledge of one’s options comes the chance to choose the likely best one/s.]*

As the name suggests, this model refers to more than 10 options, but 10 main ones. The mnemonic to help you remember them, in order, is ‘**GORDALS VICH**’, which is the first letter of each option. (And to help you recall that - remember that it sounds like ‘**GIRDLES ITCH**’). **Box 1** shows what these communication options look like in a list.

Box 1 Summary list of the ‘**Ten-plus communication options model**’ (Jones, 1985)

G	1	Gather more information ; ask ‘good’ questions; find out the person’s story
O	2	Orient the person to what’s happening; explain ‘the facts’; give information
R	3	Reminisce ¹ ; through prompts, questions, triggers
D	4	Distract , directly (with a trigger); indirectly (leave; person distracts themselves)
A	5	Agree , play along with
L	6	Lie – told to make a person feel better, but a lie none the less
S	7	Social response (superficial, safe topics)
V	8	Validate ¹² (acknowledge) the person’s feelings;
I	9	Idle , stall for ‘thinking’ time; remain quiet; repeat last thing person said
C	10	Combination approach ; several of the above options - used consecutively
H		Plus Humour ¹³ ,and other possible options, not described above
		[Other options could be things like agreeing, commanding, offering comfort, communicating through music ¹⁴ .] Note that, though they are used, ‘becoming defensive’, and, ‘trying to show the person that you are right and they are mistaken’, and ignoring and arguing with the person, are NOT options discussed or condoned in this model.

Besides becoming more aware of one's own communications (or that of others'), these ten-plus options can be *scored (and used for teaching and research about communications between carers or caregivers and people with dementia)*. My on-going teaching work with both family carer and caregiver groups has repeatedly shown that:

- options 2 (orient), and 6 (lie) are used most frequently
- options 1 (gather more information) and 8 (validate feelings) are least used, or never.

Humans naturally change their communication as they become more conscious about what they're doing, and/or when they have good role models who they want to follow.

I hope that as carer and caregivers become more aware of how they communicate, options 1 (gathering information/ asking good questions) and 8 (validating feelings) will be used more frequently. Why? Because these options can show interest in and extend empathy to someone, quickly and powerfully. They can make a person with dementia feel listened to, safe - and establish trust¹⁵ - quickly.

Only when a person's fear and upset is allayed, can you start to get to know the real person – beyond just seeing the person's 'fear behaviour' (which is sometimes still erroneously mistaken for a) a person's personality, or b) as 'a symptom of dementia').

Also, I hope that when people understand how many communication options there are, and how useful they can be – that the 'lying option' will be used as a 'last resort' - only if necessary - and never as a first resort. However, in order to change our 'intuitive' style of communication, we have to be able to name and understand what options we are using, know there are more, and decide which ones we want to use.

One way of becoming more conscious of our communication, is by reflecting on communication – our own, and/or those of others. See **Appendix 1** for a worked example of how a communication between caregivers and a resident with dementia can be recorded and scored. (It uses both the 'ten-plus options' and the 'units of speech' mentioned in paragraph four.)

Have you worked out what range of options you use in your communication repertoire?

Subsequent TAD newsletters will expand on each of the options.

In the meanwhile,
Best regards,

Gemma Jones

Appendix 1 – Example of recording and scoring communication interactions between a caregiver and resident using the ‘Ten-Plus Communication Options Model’ and the ‘units of speech descriptors’. (To be read downwards, vertically - in the time/order of the conversation.)

Time/ order	Resident A lady resident in in a corridor saying:	Unit/s of speech used by resident	Member of Care-giving Staff First caregiver says:	Communication Option
a	“Help, help!”	command		
b			“What’s the matter?”	1 - gather info; ask question/s
c	“I don’t know...it’s just...”	reply to question		
d			“Just what?”	1 - gather info; ask question/s
e	“I don’t know.”	reply to question		
f			“This is the fourth time I’ve come to help you in the past fifteen minutes and you don’t know what you want.”	2 - orient; explain the facts
g	“You haven’t helped me; I haven’t seen you.”	sentence		
h			“Yes I have, and you’re wasting my time.”	2 - orient; explain the facts
i	“No, you don’t understand, I’ve got to get out of here. Can you help me?”	sentence question		
k			“No, this is your home now, this is where you stay. I can’t let you leave.”	2 - orient; explain the facts
k	“I need to go home; my family will wonder where I am.”	sentence		
l			Long pause,.... “Your family will wonder where you are?” <i>[The caregiver does not want to say ‘your family placed you here; they know where you are’, and needs some time to think about what to say next.]</i>	9 - Idle, stall - repeat last thing the person said.
m	“Yes, it’ll be getting dark soon - mother and father will be waiting for me.”	reply to question		
n			“You don’t need to worry about them... They know we’re looking after you, here... So you don’t need to worry about them.”	10 combination approach: 2 – (implied; tell the facts; the parents are dead so you don’t need to worry about them), plus 6 - lie (the parents are dead, so they don’t know the person is here.) 2 – orienting; giving information
o	“They don’t know I’m here! You have to help me.”	sentence sentence		
p			“They <i>do</i> know you’re here. I phoned them this morning. I’ll phone them again now.”	6 - lie 6 - lie 6 - lie
q	“Are they OK?”	question		
r			“Everyone’s just fine, and...”	10 combination approach 6 –lie

			So are you. Settle down now... I'll check on you again in a jiffy."	6 – lie command 2 – orient, provide information
s	"There's no such thing as a jiffy."	sentence		
t			Silence... <i>(The caregiver is hoping that her absence will stop the conversation here, and give the lady the chance to distract herself. The caregiver leaves, but she has not left the lady feeling safe or listened to.)</i>	4 – distract - indirectly
u	"Come back, come back! Help, help!"	command command	A second caregiver hears her and responds	
v			<i>Caregiver gets down to lady's eye level, right in front of her, to say ...</i> "I'm here. What's the matter? You sound so upset!"	1 - gather info; ask question/s 8 – validate feelings
w	"I am. I don't know what's happening. No one will help."	statement statement statement		
x			"Who won't help?"	1 - gather info; ask question/s
y	"I don't know - the others – they just left me."	reply to question		
z			"What happened?"	1 - gather info; ask question/s
a1	"I have to go home."	statement		
b1			"Who's at home?"	1 - gather info; ask question/s
c1	"Mother and father – they'll be worried about me. They don't know where I am."	reply to question	<i>[The caregiver learns from this reply that the lady is in Behavioural Stage 2 – permanently disoriented in time. This means she cannot learn new 'facts' anymore. The caregiver needs to know more about what the lady thinks is happening (i.e. her story). The caregiver plans to continue speaking with the lady until she settles down and feels safe, and then hopes to distract her by reminiscing.]</i>	
d1			"Where's home?"	1 - gather info; ask question/s
e1	"Behind the High Street, in Bagshot."	reply to question		
f1			"How were you going to get there?"	1 - gather info; ask question/s
g1	"I'll walk a ways and then it's not so far by train."	reply to question		
h1			"Were you going to go to the train station alone?"	1 - gather info; ask question/s
g1	"Yes, I'm sure I can find it once I get out of here."	reply to question		
h1			"You want to get out of here? What's been happening?"	1 - gather info; ask question/s
i1	"Nothing but upset; people don't want to know. That's it you see."	reply to question statement		
j1			"Does anyone know how upset you are? Have you told anyone?"	1 - gather info; ask question/s
k1	"I tried, but they're not listening."	reply to question		

l1			"They're not listening... but I'm listening now. No wonder you're so upset! No one was listening"	9 - Idle, stall - repeat last thing the person said. 8 – validate feelings
m1	<i>"The lady remains silent, and reaches for caregiver's hand."</i>	-----		
n1			"Would you come and sit with me and tell me about it?"	1 - gather info; ask question/s
o1	"Yes Dearie – You're very kind."	reply statement		
p1			<i>"The caregiver walks with the lady to a small table in a quiet, well-lit, corner of the lounge and sits down with her."</i>	4 – (direct) distraction, – a change of environment
q1			"Please tell me - what's been happening here? How bad is it?"	1 - gather info; ask question/s
r1	"There's so much squabbling around here; some of those people yell and yell. They're not nice. " [She's referring to other residents in the lounge].	reply to question		
s1			The caregiver is quiet for a moment. "They're squabbling and not nice?"	9 - Idle, stall - repeat last thing the person said.
t1	"No, and I don't want to be in that noise."	reply to question		
u1			The caregiver is quiet for a moment. "Too much noise for you, and everyone. That's upsetting you a lot; I can see that."	9 - Idle, stall - repeat last thing the person said. 8 – validate feelings
v1	"Yes, I don't know what to do to stop it."	sentence		
w1			"I know it upsets others. Do you think we could work together to help make it better?"	1 - gather info; ask question/s
x1	"Yes, of course we could, Dearie."	reply to question		
y1			"What would help?"	1 - gather info; ask question/s
z1	"Having a quiet room, and music; and you could be there."	reply to question		
a2			"That sounds like a good start -like we're doing right now." Are you feeling more comfortable now?"	5 – agreement 1 - gather info; ask question/s
b2	"Yes, I'm fine here."	reply		
b3			"Would you like to have a cup of tea or coffee while we chat?"	7 – social response
b4	"Yes Dearie!"	reply		
b5			"Could you tell me more about when you were young; what home was like."	3 - reminisce
b6	" Sure I can."	reply	END OF THIS EXCERPT	

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