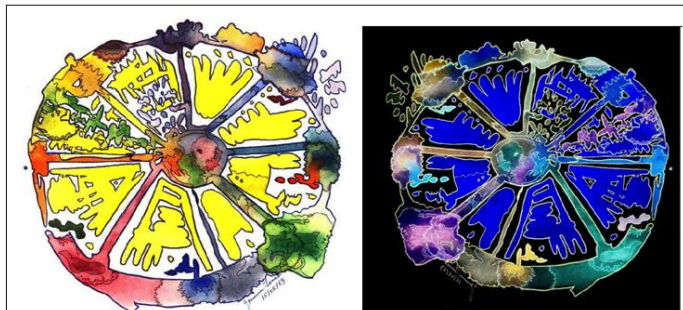


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**TAD (Thoughts About Dementia) Newsletter**  
**By: Dr. Gemma M. M. Jones**



**TAD 76**      7 December, 2021

**The 'Ten plus communication options model' for dementia care**  
**Option 9 – Idle, remain quiet, or repeat**

**Related ideas for observations, reflection, and research**

- Have you ever been stuck in a conversation and not known what to say next?  
What did you do?
- Did you ever idle or stall, remain quiet, or repeat what the person just said?  
What did that achieve, even though it did not add 'content' (facts) to the conversation?  
Did it calm the situation, help change the tone or depth of the conversation?

Dear Reader,

This TAD considers Communication Option 9: "Idle, stall for 'thinking' time; remain quiet; repeat last thing the person said", in the 'Ten-plus communication options model' for dementia care. (See the previous TAD newsletters for details of the model and options one to eight <sup>1-9</sup>.)

**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 the 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.

You've already seen some examples of Option 9 being used in previous TADs. Option 9, (like Options 1 and 8 - asking good questions and validating), can be especially useful when emotions are strong, and you don't want to be defensive.

### **Option 9: Idle, stall for thinking time; remain quiet; repeat what the person just said**

Option 9 is really three ways or techniques - used for the same purpose – to give you some time to think. None add *content* to the conversation but they may give you time because they can pause or slow-down the conversation for a little while. This can help in several ways:

- it can give the person with dementia the chance to calm down, to think about what has been said, to decide if they want to continue responding, and, to realize that you are really interested in them and their situation
- it can give you (the responder), a little bit of 'thinking time' to digest what has just been said, to figure out what to say or ask next, or even, what direction to take the conversation in (or how to try to distract from it or end it).

#### **i) Idle, stall**

An *idle* or *stall* is anything that slows the pace of the conversation, (or perhaps might inadvertently distract the person). For example:

*"Would you like to think about this a little more - we can talk about in a few minutes, or later on?"*

*"Shall we find somewhere to sit down so we can speak more comfortably and privately?"*

*"You seem very upset; would you like your [family / friend] to be here while we speak about this?"*

#### **ii) Remain quiet**

Perhaps say only something brief like "Yes...?" or "And...?".

Appear to be puzzled (tip your head slightly), hold your hands outward (palms upward), and keep looking at the person – thus inviting them to say more.

#### **iii) Repeat**

Another way is to repeat back to the person what they just said, and then wait for them to affirm or reject it, and continue speaking.

E.g., *"You're not sure ... who's supposed to be coming here today?  
... what just happened; ... what's happening next?  
... what you're supposed to do; ... where you want to go right now?  
... who you'd like to sit with?  
... how to try to remember things better?  
... who's in charge of this place and who to complain to?  
... why your family/visitors are late?  
... when your appointment with the doctor is?"*

An example is shown in **Box 1**.

#### **Box 1 – a tutor remains calm while a lady resident accuses her of stealing (true story)**

##### **Setting:**

Caregiving staff had been having great difficulty knowing how to respond to a resident, **Lady A**, who routinely accused them (all) of stealing her knick-knacks – inevitably - just as the caregiver was stepping out of the lady's room. (Staff in this care home did not know about or use a 'staging model'; they were unaware of this lady showing many of the hallmark behaviours of someone in Behavioural Stage 1 of dementia.)

On a given afternoon, **Anna**, a course-tutor, was scheduled to be given a tour of the residential care home, in preparation for the coming week when she would be teaching a dementia-care course to a group of senior staff.

Some of the staff who were *not* scheduled to be on the course, thought it would be interesting to see how Anna dealt with **Lady A**, a resident who most of the staff found 'difficult'. They wondered - could Anna 'walk the walk', or just 'talk the talk'? They decided to find out by volunteering to give Anna a tour of the care home. They wanted Anna to meet, Lady A, but not to warn her about Lady A's frequent accusations about staff stealing things.

They showed Anna around and suggested that - to get an idea of what a *nice* suite of rooms looked like - she should ask to see Lady A's rooms. While in the lounge, they introduced Anna to Lady A. Anna asked her if she could visit her later that afternoon. Lady A seemed pleased and agreed.

The visit went something like this:

Anna [Knocks on the door. She notices that Lady A is wearing a colourful necklace, and, that she has put it on since meeting her in the lounge. ]

Good afternoon. You look lovely! Is it still a good time to have a little visit?

Lady Yes. Welcome – come on in. Sorry I forgot your name, dear!

Anna I'm Anna, I'm staying here this week while I teach a course for some of the staff. Thank you for agreeing to let me see your place as part of my orientation. It's helpful for me to get a feel for this place before I start.

Lady And I'm very pleased to be able to show you. It's clean and tidy and as you'll see - I've nothing to hide and everything to be proud of.

Anna Staff were keen for me to see it; they said you had the nicest place here.

Lady [Evidently pleased.]

They did, did they now? Well look around and see what *you* think.

Anna How long have you lived here?

Lady Oh, not that long really. [Pausing and hesitating] Just over a year I should think by now.

Anna Do you feel fully settled in, and have you adjusted? Moving can be such hard work.

Lady And don't I know it! I still feel like I'm not quite on top of it all.

Anna Such lovely colours and careful arrangement of the furniture. Everything fits here really well. And what nice things you have – look at this collection of matching figurines.

Lady Yes, they are lovely – I used to have more, but some have been stolen!

Anna [Moves to look at a matching set of books on an antique cabinet.]

These are real classics. You must be a keen reader.

Lady Yes, they are classics. Having properly bound books is part of the pleasure of it too.

Anna And such a beautifully carved cabinet. It looks very solid. Is it oak?

Lady Yes it's oak. I had two, but one of them was stolen - after I moved here; some of the books are missing too.

Anna [Anna has noted the mention of 'stealing' thrice now. She checks that the handbag she has over her shoulder is zipped shut, and that her hands are folded over it - fully visible to Lady A. Anna is aware that people in Behavioural Stage 1 have a fragile memory, and can misplace things, or forget to whom they have given their things when they move. Anna does not want to be accused of stealing and she figures that if her hands are visible, on a closed handbag, Lady A cannot accuse her of taking anything.)

[The conversation continues much like this for another few minutes.]

**Anna can hear staff talking and laughing behind the door.** She hears someone say, "It's going smoothly now, but wait till she tries to leave." More giggling. Anna is aware that she needs to role-model good communication with a person in Stage 1 for the staff, though she is not sure what will happen.]

Lady How long did you say you'll be here?

Anna I'm here all week.

Lady Will you come and visit again?

Anna Sure, I'd love to.

Lady You'll have to check with me first, to make sure I'll be in.

Anna Good idea. I'll do that. Thank you for the visit. I'll see you later then.

[Anna moves towards the door and turns the handle to leave.]

Lady: [Sounding angry]

Not so fast - you don't leave here that fast!

Anna Is anything the matter?

Lady Yes. Yes there most definitely is.

Anna What is it?

Lady It's you! I notice that you've got quite the eye for all my nice things. And I also noticed that you have a large handbag - large enough to put some of my nice things into. I want to see what's inside your handbag. You've had plenty of time to take something.

Anna [Anna is startled hearing this sudden switch in Lady A, who has been so polite to her. But - she remembers that this can happen when someone is worried about losing things (or other things happening beyond their control) and can't work out what's happening. She also remembers what she learned about rapid, defensive posturing – and not to take it personally because it could happen to anyone who is present when a person with dementia notices, or thinks about, things 'going wrong'.

Anna's first instinct is to defend herself from this implied accusation by saying something like –

*"I thought you might do something like this. Didn't you notice that I had the zipper of my handbag closed, and that my hands were folded over it the whole time that we talked, so there was no way you could have thought I was taking anything?... You were with me the whole time; how could I have taken anything?"* However, Anna knows that this is not a helpful communication option.

Anna hears the staff laughing again and sees that Lady A has heard them too. Anna collects herself mentally, so that she can role-model her best communication. (She thinks of **Option 9**). Remaining calm, she pauses, faces Lady A, takes the handbag from her shoulders, and holds it out to Lady A. She looks at her and repeats the last thing that Lady A said.]

You think I might have put some of your things in my handbag - you wanted to check it?

Lady [Lady A seems puzzled by this reply. She is used to staff correcting, arguing, and disagreeing with her. She remains quiet and looks intently at Anna, who is returning her gaze, calmly.]

Anna You can have a look if you wish.

Lady [Lady A is quiet before speaking.]

No dear... it couldn't be you... but it could be one of them [pointing to staff by the door].

Anna leaves Lady A's room, promising to visit her soon. Staff follow Anna and ask - "How did you get out of there without any nastiness?" Anna does a mini-teaching session right then and there for them. Though these members of staff will not be attending Anna's course, they plan to ask management for another one. Anna's one-off example was enough to make them think - "I want to learn how to do what she does, too."

**Note:** People in **Behavioural Stage 1** are sometimes referred to as '*mean and nasty*'. As shown in this example with Lady A, it would be more accurate to say that feelings (and moods) can change quickly when people feel threatened. Having dementia and reduced control can cause people to react uncharacteristically, defensively.

In Stage 1, people can still have insight into their difficulties. (Using the language of the Memory Bookcases Model – the Factual Memory bookcase is 'wobbly' but hasn't yet 'collapsed'. See TAD 59 <sup>10</sup>.) People may get some of the facts - but miss others – which can result in misunderstandings. Their difficulties can be fluctuating in severity, and intermittent; they can be very upset and defensive (or blame others) when things go wrong, and when they have insight into their mistakes. If this happens often, people can seem 'moody'.

Fortunately - when carers and caregivers realize this and learn not to take it [the upset and accusations] personally - the focus can be to reassure the person and help them to feel safe again.

Thankfully, emotions and moods can change quickly, sometimes very quickly.

The next TAD newsletter will be on communication Option 10, 'Combinations of the above options - used consecutively'. And we're nearing the end of the series about this Ten-plus communication model.

In the meanwhile,  
Best regards,

Gemma Jones

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