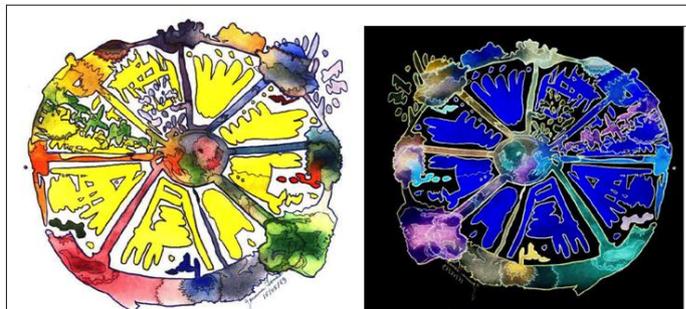


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**TAD (Thoughts About Dementia) Newsletter**  
**By: Dr. Gemma M. M. Jones**



**TAD 77**      27 December, 2021

**The 'Ten plus communication options model' for dementia care**  
**Option 10 – Combinations of the options**

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

- When do you communicate *spontaneously and intuitively*? When do you communicate *in a more planned or strategic way*? Does the difference depend on whether you want to *accomplish a task or goal, or be sociable*?
- When you are communicating with people with dementia, what allowances do you make for changes to their memory, attention, logical thinking, and language abilities?

Dear Reader,

This TAD considers Communication Option 10 : “Combinations of the options”, in the ‘Ten-plus communication options model’ for dementia care. **Box 1** gives a brief summary of the model. (See the previous TAD newsletters for details of the model and options one to nine <sup>1-10</sup>.)

**Box 1** Summary of the ‘Ten-plus communication options model’ (Jones, 1985 <sup>11</sup>)

- 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.

### Option 10: Using ‘combinations of communication options’ versus single options

This TAD considers the difference between using ‘combinations of options’ in familiar or spontaneous ways (saying what you would say to adults without dementia, or, saying whatever comes into your head in the spur of the moment), versus communicating in a more strategic way, (based on knowing about Behavioural Stages of dementia<sup>13</sup>, the Attention Blackboards and Memory Bookcases Models, and the ‘Ten-plus communication options model’<sup>14</sup>).

There are many combinations in which the options can be used... too many to illustrate in any detail here. Suffice it to say that family carers and paid caregivers tend to use ‘single options’ to communicate with people with dementia, when they have a specific purpose – such as to correct facts, reminisce, or chat socially.

#### Box 2 Example of using only one communication option:

**Mr. R**, a gentleman in Behavioural Stage 1, thinks that a fellow-resident put poison in his food.

**Allan**, a member of staff, is trying to convince Mr. R of ‘the facts’ - that this is not true. However, Allan does not know about the stages of dementia, or, that people can struggle to take in new facts. Neither does he know that Mr. R also has damage to logical thinking ability, and cannot follow, or accurately link together, the barrage of ‘facts/reality’ he is about to be told.

*Mr. R I can’t eat that. He’s trying to poison me. (He is pointing to resident at a table nearby.)*

*Allan That’s not so. He likes you. He wouldn’t try to poison you. Nobody here would try to poison you. (Option 2; stating **four facts**)*

*Mr. R I tell you, he’s put something in here.*

*Allan I don’t see anything wrong with your food. Everyone else is eating their meal, without a problem. (Option 2; stating **two facts**)*

*Mr. R Well you can eat it, but I’m not touching it, and I want to report this to the manager. (He is getting upset because he senses he is not being listened to and taken seriously.)*

*Allan I’ll take a bite from it and show you there’s nothing the matter. Then, you’ll see that it’s safe for you to eat. (Allan is using **yet more facts** to appeal to Mr. R’s (weakened) logical thinking ability. Allan has not yet been taught to validate feelings and ask good questions about what a person is thinking - their ‘story’.)*

If you observe communications between carers/caregivers and people with dementia, you’ll notice that when ‘combinations of options’ are used, they are often used in quick succession.

Examples of Option 10, (using a combination of approaches), have been given in the previous TADs on communication. A few more follow here.

As in the example above, many people, (especially if they don’t know what ‘behavioural stage of dementia’ a person is in), first try using ‘facts’ [option 2], to orient a person. (They do this automatically - in the same way they would have a conversation with a person-without-dementia). If that doesn’t work, they might use a lie [6], and if that doesn’t work, they may try to distract [4]. If need be, they might try another lie [6], or attempt to orient a person again [2]. (The overall ‘combination of options’ used is 2, 6, 4, 6, 2.)

Others, may reminisce first [3], and if that doesn’t work - try to distract [4], and if that doesn’t work – try to orient [2], and then lie [6] to the person. (The overall ‘combination of options’ used is 3, 4, 2, 6.)

**Box 3** shows some family carer responses to a hypothetical situation, before they took a dementia course and learned the Ten-plus Communication Options Model. (Notice that despite the variation in the *order* of their responses - the lying [6] and orienting [2] options are used often.)

**Box 3 Option 10; use of a 'combination communication options'****Pre-course** family carer suggestions for speaking to a lady in Behavioural Stage 2

Imagine that you are family carer caring for a person with dementia at home, or a caregiver caring for residents in a care home.

**Situation:**

**Mrs. G** is 85 years old and permanently disoriented in time (Behavioural Stage 2<sup>13</sup>). It's past her usual bedtime.

What would you do and/or say if Mrs. G told you that she had enjoyed talking to you, but that, "you really must leave now because the children are coming home and I must get the tea/dinner ready for them." You wanted to help her get ready for bed.

**1** A gentleman carer suggested:

"The children are on holiday. It's time for bed now. Shall I help you while I'm in here?"

6 - lie (the children are not on holiday)

2 - orient, explain the fact/s (it is time for bed)

4 - distraction (asking a question related to his aim of getting the lady to bed, not about what this lady is thinking about)

**2** A gentleman carer suggested:

"Let me put you to bed. The children will see you when you're in bed."

2 - orient, explain the fact/s (I want to help you to bed)

6 - lie (the children don't live with her and won't see her when she's in bed)

**3** A lady carer suggested:

"I've already sorted the tea/dinner for the children. Now it's time to help you. Do you remember how you liked to have a cup of warm chocolate milk before going to sleep? Would you like to listen to some music on the radio while I get some for you?"

6 - lie (the children are not on holiday)

2 - orient, explain the fact/s (it is time for bed)

3 - reminisce (remember that you liked having warm chocolate before going to sleeping)

4 - distraction (ask a question related to her aim of getting the lady to bed, and away from thinking about cooking for children)

**4** A lady carer suggested:

"I bet you'd like to have a cup of tea and a chat first. Then - we can get ready for bed."

7 - social response, used as an attempted distraction from the topic of 'cooking for children')

2 - orient, explain the fact/s (I want to help you to bed)

In contrast, **Box 4** shows how their ideas for responding had changed after the course (after learning about the Behavioural Stages of dementia, communication options, and also about the pairing of options 2 and 8, i.e. 'gathering information about the person's story' combined with 'validating their current emotion/s').

**Box 4 Option 10; more ideas for using a 'combination of communication' options****Post-course** family carer suggestions for speaking with a lady in Behavioural Stage 2

Family carers now understood that:

- The goal is to (eventually) distract Mrs. G from her thoughts about cooking for her children, and, that this is often possible by letting her relate 'her story' and by validating her feelings (in whatever order seems most suitable). Trying to distract her too quickly could make her feel like she is *not* being listened to and may make her more upset.
- Mrs. G is in Behavioural Stage 2
- In terms of the Memory Bookcases model<sup>14</sup>, her 'factual memory bookcase' has collapsed; her 'emotional memory bookcase' is fine (and dominant); her use of nouns is likely to be limited.

- There is little point repeating ‘the facts’ since she cannot retain them for long, if at all
- To be able to validate her feelings, they have to reflect on what she’s feeling.

[Have you ever had company overstay their welcome? How did you feel? This lady, likewise, seems to be anxious, frustrated, worried, and/or annoyed. Any of those feelings can be validated.]

A carer suggests by starting with **option 8**, (validating) by saying, “You sound worried.”

Other carers suggest continuing with **option 1**, asking ‘good’ questions to gather information about the lady’s story (to let her calm down and feel listened to, so hopefully she will then become ‘distractable’).

The questions they thought of asking included...

- How many children do you have?
- Do they all have a good appetite?
- What are/were you planning to make for them?
- Is/was that their favourite food?
- Did/will anyone help you prepare things?
- .....
- What kind of cooker do/did you have?
- Do you like cooking?
- Who taught you how to cook?
- Are you hungry?
- Do you find it hard to go to settle down to sleep if you’re still hungry?
- .....
- I’d be happy to make you something and help you get ready for bed.

[Note: As mentioned previously, some people like to ask questions in *present tense*. My preference is to ask questions using *past tense* - in case people have a ‘lucid moments’, so nothing can be construed as a lie, and, in case you continue to reminisce with them in past tense. However, in my experience, regardless of the tense being used, people in Stage 2, tend to reply in present tense.]

Notice that the **first five questions** show direct interest in a person’s story. The **next five questions** become more general **distraction** and **reminiscing** questions - they veer away from the topic of ‘needing to cook for children’. *Only thereafter* is assistance offered - in keeping with the goal of helping Mrs. G to get ready for bed.

### Timing can be very important

The example of Mrs. G shows how sometimes we can mean to say or do *the right thing*, but we may try to do it *too soon*. If we offer to help someone (try to solve their [our] problem) too soon, it could come across as disinterest in them and their situation, instead of help. Giving someone the time and encouragement to tell their story and express their feelings, can be part of the help we offer.

### Summary

Option 10, (using a ‘combination of options approach’), is usually done spontaneously and intuitively, as we do in everyday conversation. However, **it can be helpful to use some communication options in a certain order**, to achieve a particular goal. To do this we need to be conscious of our aim as well as which option are most likely to be successful. (This takes practice.)

The next TAD newsletter will be a reprint of a TAD 40 about humour – which is one of the ‘plus’ options, in the Ten-plus Communication Options Model.

In the meanwhile,  
Best regards,

Gemma Jones

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### **To quote or reference this TAD – cite as:**

*Jones, GMM (2021) TAD 77. The 'Ten-plus communication options model' – Option 10: Combinations of the Options. TAD (thoughts about dementia) newsletters. (27 Dec.) Sent out by TheWideSpectrum.co.uk, pp 5.*

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