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<tbody>
<tr>
<td>Urge to communicate Urge to communicate Urge to communicate Urge to communicate Urge to communicate</td>
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<tr>
<td>Humans are social beings Born with the urge to communicate (Valenza, et al, 1996) People without speech still have an urge to communicate (Nadel, et al, 2000; Caldwell, 1998) Including people with advanced dementia (Astell &amp; Ellis, 2006)</td>
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<td>Advanced dementia Advanced dementia Advanced dementia Advanced dementia Advanced dementia</td>
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<tr>
<td>Mobility, ADL, speech severely impaired Speech loss makes people appear unreachable Communication and social interactions limited to basic activities of daily living (Bowie &amp; Mountain, 1993) Affects people with dementia and caregivers</td>
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<tr>
<td>Dementia and communication Dementia and communication Dementia and communication Dementia and communication Dementia and communication</td>
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<td>Communication difficulties impact on people with dementia, professional and family caregivers (Azuma &amp; Bayles, 1997) Strain on relationships (Orange &amp; Purves, 1996) Fewer attempts by carers to communicate with people with dementia (Kitwood, 1990) Reduces self-esteem and leads to social withdrawal in people with dementia (Kitwood, 1990) People with advanced dementia can appear to be completely unreachable Is this always the case?</td>
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### Understanding communication

- Parent regards baby's behaviour 'as-if' it is intentionally communicative (Newson, 1978)
- Baby reciprocates and communication skills are co-created (Vygotsky, 1978)
- Intersubjectivity – awareness of self and other is achieved (Trevarthen, 1993)
- Communication is non-verbal but mutually meaningful (Papousek, 1995)
- Communication skills are developed through imitative parent-infant interactions (Tomasello, 1992)

### Intensive Interaction

- Approach to interacting with people with severe communication problems developed for people with profound learning disabilities
- Focuses on non-verbal and subvocal exchanges
- Little or no involvement of speech
- Quality of the interaction is all-important (Nind, 1999)
- Key = behaviour of the nonverbal participant viewed as intentionally communicative

Hewett (1996) and Nind (1999) focus on 'pre-speech fundamentals' of communication e.g. turn-taking, shared attention, eye gaze

- Caregiver attends to partner’s behaviour, creates pauses, joins in with rhythms and sounds made by partner
- May include imitating partner’s behaviour and vocalisations

Caldwell (2008) focuses on ‘learning the language’ of the person with impaired communication

- Imitation = “a way of capturing attention, a door to enter the inner world of our partners” (Caldwell, 2008)
Intensive Interaction

• View all behaviour as communicative
• Use the communicative repertoire of the person
• Potential application for people with advanced dementia?

Case study

• Learning Edie's language
• Edie is 81 years old, resident in nursing home for five years
• Three stages:
  1. Current communication context
  2. Baseline interaction (10 minutes)
  3. Intensive interaction (10 minutes)

Baseline – Edie

Intensive Interaction – Edie
Conclusions

• Approach based on Intensive Interaction revealed Edie’s communication repertoire

• Included vocalisation, movement, facial expressions, eye gaze, turn-taking and initiation (Ellis & Astell, 2008)

• Can this technique be applied to other people with advanced dementia?

Pilot study - participants

• Five participants with advanced dementia
• All resident in the same nursing home

• Edie (81 yrs)
• Maddie (87 yrs)
• May (88 yrs)
• Bill (80 yrs)
• Gisela (84 yrs)

Pilot study method

• Bowie & Mountain Observational Tool (1993) used to assess individuals’ communication repertoires and daily opportunities for interaction

• Each participant took part in a total of 6 sessions (total sessions in study = 30)

• Took place over 2 weeks

Total percentage of activity using Bowie & Mountain, 1993 (N=5)
**Coding**

- Physical contact
- Eye Gaze
- Gestures
- Facial expression
- Imitation
- Vocalisation

**Baseline – Gisela**

**Intensive Interaction – Gisela**

**Discussion**

- An approach based on II has potential for people with advanced dementia
- Increased engagement: smiling, vocalising, imitation = communication fundamentals
- A way to ‘learn the language’ of people with advanced dementia
- But memory problems mean working ‘in the moment’ - have to adapt each time
Next step – helping staff to engage

• What are the barriers to helping care staff to try this technique?

Training

• 1 training session a week for 4 weeks

• Each caregiver was paired with a person with dementia

• Caregivers were asked to assess how the person communicates before and after training

Training

• Caregivers filmed themselves communicating with the person with dementia once a week

• Videos were discussed by the group every week

• Training was built up slowly from week to week

Week 1

• Staff members were asked to communicate with their partner as they normally would

• What is happening in this video?
Training

- Staff began to identify communicative behaviours
- To look at which movements, sounds, etc. might be meaningful to each individual
- Staff looked at how they could adjust their own behaviour to maximise the potential of the people they work with

Week 3

- Staff had built up new skills based on the fundamentals of communication
- What is happening in this video?
Outcomes

- People with advanced dementia were encouraged to communicate in a way that was both comfortable and meaningful for them
- This allowed them to express themselves
- Staff felt better equipped to communicate with people with advanced dementia

Outcomes

- Staff were able to identify communicative behaviours – thought that communication was better
- Staff gained a knowledge of the fundamentals of communication
- Staff enjoyed the course and wished it had been longer!

Take home points

- Adaptive Interaction for Dementia (AID):
  - Interaction partners need to adapt their communication behaviour to
  - Respond to the needs of people with advanced dementia and
  - Recognise that needs change as dementia progresses and the
  - Repertoire of retained skills varies between individuals
  - Care staff can be trained and engage in AI for people with dementia

Thank you

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