

## **Dementia Communication Skills Training for Care Partners: Do's and Don't's**

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### **Do GOLD**

- Go along to get along
- Overtly validate
- Listen to understand and promote their self-esteem and wellbeing
- Distract with personalized precise hook (something the person is passionate about)

### **Do HAC**

- Humanity - Have a gentle gaze and soft tone, touch lovingly as appropriate and at be at their eye level
- Accept their reality
- Attitude of respect
- Communicate with Compassion
- Stay Calm Cool Collected Composed Curious (especially when they are angry or panicking)
- Give them Choices and options

### **Don't TTRACC**

- Test memory
- Talk down
- Have a negative Tone
- Reason
- React angrily and with impatience
- Argue
- Correct
- Confront

### **Don't BITE**

- Blame
- Insisting on reality
- Infantilize them (talk to them as if they were a child)
- Take things personally
- Expecting unrealistically

### **Don't SOD**

- Sweat small stuff (and it's all small stuff)
- Overreact
- Dismiss them / what they say

Namaste

When they are distressed, angry and agitated, don't match their mood. Instead stay calm, cool, collected, curious, kind, loving, warm, generous and patient. Find out underlying unmet biological-psychological-social-spiritual needs that are causing the agitation

Challenging their reality often does more harm than good.

Learn and **practice Improv** - "Yes and" strategy and see everything as "an offer to connect"

Words - less is more (talk less, listen more)

**Active listening – LEAP:** listen, empathize, agree, partner

**Humanitude** - gaze speech touch verticality (promotes empathy)

Aware care by Dr. Linda Clare

Role play with trainers to hone skills

**TADA method:** tolerate, anticipate, don't agitate (Dr. Flaherty, geriatrician)

**ABCD of dignity conserving care (Dr. Chochinov)**

- attitude of respect
- behavior matches attitude
- compassion
- dialogue