

ABOUT THE AUTHOR

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Since 1981, Dr. Brandt has been on the faculty of the Johns Hopkins University where he is currently Professor of Psychiatry and Behavioral Sciences, Professor of Neurology, and Director of the Division of Medical Psychology in the School of Medicine. He is also Director of the Cortical Function Laboratory at the Johns Hopkins Hospital, and is Director of Research at the Copper Ridge Institute.

Dr. Brandt's research has focused on amnesia and other memory disorders, dementia syndromes, genetic testing for neuropsychiatric disorders, and improved methods for neuropsychological assessment. He has published over 250 articles and book chapters on these topics.

Dr. Brandt, a board-certified clinical neuropsychologist, is a Fellow of both the American Psychological Association (APA) and the Association of Psychological Science (APS). He has served as President of both the APA's Division of Clinical Neuropsychology (2000-2001) and the International Neuropsychological Society (2004-2005).

In 1996, Dr. Brandt received the Arthur Benton Award for mid-career achievement from the International Neuropsychological Society, and he was named A Hero of Medicine by TIME magazine in 1997.

ABOUT THE COPPER RIDGE INSTITUTE

The team developing Copper Ridge began working with faculty of The Johns Hopkins University School of Medicine to design the clinical care program long before Copper Ridge opened in 1994. Through that relationship, the education and research programs of The Copper Ridge Institute were formed. The Institute joins the patient care, research and education culture of Johns Hopkins with the dementia and long term care mission of Copper Ridge. The Copper Ridge Institute advances the assisted living and nursing care provided at Copper Ridge by infusing resident services with evidence-based, relevant and replicable care methods of care.

The Copper Ridge Institute (TCRI), based in Maryland, is at the forefront of scientific research on the care of people with Alzheimer's disease and related disorders. What makes TCRI unique is that it takes the best scientific findings from its research and that of others and applies it in the creation of educational and training programs for healthcare providers and other professionals. This link between research and training puts the most up-to-date information into the hands of those who care for persons with cognitive disorders.



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"CAN WE TALK?"



Tips for Conversing with Persons with Dementia

by
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Avoid complex grammatical structures.

Compound sentences, embedded clauses, passive voice, etc. are much more difficult to process than simple, short, declarative sentences. For example, instead of saying, "If Bob weren't coming this weekend, we could have gone to the lake," say, "Bob is coming here this weekend. We need to stay home. We can't go to the lake."



Repeat and rephrase.

If it appears that the person with dementia doesn't

comprehend something you've said, wait a moment and say it again. Or say it in a slightly different (but not more complex) way.

Avoid asking "open-ended" questions.

Even in early- to mid-stage dementia, patients have difficulty searching their memories for answers and appropriate words, and formulating verbal responses. Substitute "yes/no" or "either/or" questions. For example, instead of asking, "What would you like for dinner?," ask, "Would you like chicken or fish for dinner?"

Avoid frequent use of pronouns.

If you use words like "he," "she," "they," and "it" repeatedly, the person with dementia will often forget what they refer to. Use proper names or the names of specific objects as often as possible.



Avoid metaphors, analogies, and sarcasm.

People with dementia lose the capacity to understand abstract expressions. Be concrete and direct. For example, don't say "It's an oven in here!" if you enter a very warm room. Instead, say "It's hot in here!"



Make maximum use of hand gestures, facial expressions, and tone of voice.

All of these nonlinguistic cues can facilitate communication. Exaggerate them a bit, as an actor on a stage might, but avoid "baby talk." For example, while saying "Let's brush your teeth," make a toothbrushing gesture in front of your mouth.



Avoid multiple simultaneous conversations.

People with dementia have difficulty shifting their attention and adapting rapidly to the speech characteristics of different speakers. Thus, it might be best to have a "designated communicator" for the person in any interaction where multiple people are present (e.g., a family gathering).

Avoid confronting people with dementia with their language errors.

It's not necessary to correct every error, especially if you understand what the person means.