The following are Dr. G. Allen Power’s classifications of the seven most common types of language problems encountered in residents with dementia:

**Naming and Word Finding Problems**: many people with advancing dementia begin to have trouble finding the name of an object, or the right words to express an idea. **It is usually helpful to give the person space to try to find words on their own; jumping in too quickly may miss the mark and increase their frustration at being interrupted.** If the person is clearly struggling and in need of help, educated guesses may help.

**Word Substitutions**: a person with dementia might substitute a different word or phrase. **Repeat the word back for clarification, and see if they can supply another word or description to help you out. You can help clarify the comment by asking them to repeat what they said, and asking for information. Another way to clarify a comment you don’t understand is by a technique call indirect repair. The listener clarifies a comment, not through direct questioning but by listening to the intent of the statement and repeating one’s interpretation back to the person for confirmation.**

**Third-Person Speech**: many people with later stages of dementia appear to be talking about another person, and it is difficult to ascertain who that person is. In many cases the person is actually themselves, but language difficulties have changed the grammar. **An important principle in deciphering altered speech: Be attuned to the emotion content of the words, even if they don’t make sense on the surface.**

**Confabulation**: refers to a process whereby a person fills in gaps in memory or speech with false information. **It is important to recognize this, because it differs from true delusions or hallucinations and usually does not cause emotional distress. It often serves to supply the person with a worldview that helps him feel more complete and unimpaired.**

**Emotional Amplification of Speech Problems**: a person’s emotional state can have significant effects on his ability to process and form coherent speech. Communication that is marginal under normal circumstances can become impossible during times of heightened anxiety. **A basic principle with language problems is to create a calm space for communications. Calm, measure speech by the care partner can be critical to helping defuse a crisis. Even in day-to-day situations, creating a safe and relaxed environment can improve communication.**

**Reverting to a Prior Language**: As dementia progresses, there may be a tendency to revert back to the language of origin or to mix the two languages together. **Having an interpreter for foreign languages is crucial to understanding the needs of those who cannot speak English. There is no substitute for trying to find out what a person needs in their own words, if possible.**

**Tangential and “Nonsensical” Speech**: some of the most challenging people to understand are those whose speech easily wanders off topic, or who seem to have no coherent expressions. **Create a space for conversation that is calm, quiet and safe. Center yourself and project a relaxed, accepting demeanor. Speak slowly and carefully, and be sure the person can see and hear you. Listen to the tone of the person’s voice and try to see if the words used have any emotional content. Try to catch little bits and pieces that may carry important information.**

We suggest the following:

1. In-service all facility staff on these language problems. Use roll play as a visual example.
2. Create spaces for conversation with residents with dementia that are calm, quiet and safe.
3. Include these communication skills in staff orientation and training.
4. Do daily walking rounds to provide support for your care-partners when things are difficult.
5. Have daily Huddles so staff can share communication tips and insights.
6. Hire the right staff, focus on character traits. Train them well.

Reference: G. Allen Power, MD (2010) Dementia Beyond Drugs Changing the Culture of Care