

The Thurston-Mason Senior News

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“How to say NO.”

How do you say NO to someone with dementia? Well that depends on to what you are saying NO, which symptoms they have and their stage of dementia.

One hallmark symptom of dementia is a decreasing capacity for short term recall. Short term recall is most evident in increased frequency of questions as the disease progresses. Questions asked 5 times a day becomes 5 times an hour and then every 5 minutes.

Earlier in their illness, NO may be comprehended. Later in the disease NO is not. In the middle stages of dementia a NO may be perceived as a confrontation, an affront, and received with suspicion or even paranoia.

From their perspective, they wonder why you are trying to control them – they are asking you for the 1st time – but you answer with a strained voice, a dose of frustration perhaps even intolerance. They are not aware it is the 26th time you have answered their question since breakfast.

NO – such a short yet powerful word. Observe any 2 year old wield it with their parents – especially in aisle 3 of Safeway.

NO to a person with dementia is personal. They are an adult, not a child who needs correction or containment. How dare you tell me NO to having my car keys (‘I bought the darn thing’), going for a walk (‘why I have summited Rainier, may I remind you!’) or telling me to take my medication (‘I just took my medication’) – AND in my own home (‘well I never!’)



How to say NO without saying NO.

NO can also be conveyed as - in a minute, not now or soon.

A NO can be a question. Can you help me with preparing dinner, opening a jar or getting ice cream?

Sometimes NO is necessary to keep them safe. It can simply be a spontaneous reaction from caregivers for fear of what might happen or due to habit. So, sometimes you blurt out ‘No - do not open that door’. NO may be necessary to cause them to pause long enough to protect them from a threat. Safety is your concern, since they have lost their safety awareness. So it is OK if NO happens.

That is where distraction, deflection, and diffusing are helpful caregiver tools. Your family member may ask and insist – ‘Where are my keys? I want to go for a drive now!’ You say ‘so you want to get the keys to go for a drive. Yes, can you help me get the ice cream from the refrigerator? Can you help me find the cheese and crackers, I need a snack – want some?’

They may say ‘I want to go for a walk, but cannot get the door open’ and you offer ‘the door is stuck, how about you join me for a snack,’ or ‘how about we make some tea, sit and rest a while.’

Using distractions to diffuse emotional intensity and deflect questions are

essential caregiving skills. They may be or come naturally to you. Remember they are skills, which means they are learned. All are delivered best with congruent body language: body language which projects a kindness and support without confrontation. Standing at a 45 degree angle is less confrontive and allows them to make eye contact or look away. Body language which is supportive, is not necessarily passive. A strong physical presence, using simple words goes a long way supporting someone who struggles with remembering including remembering what or who is safe for them.

Standing in front of them with arms crossed and telling them NO to visiting their long deceased Mother is not a formula for success or effective communication. Softer, indirect, redirect activities, thoughts, movement go a long way.

If these do not come naturally or easily to you, it means you need practice. Caregivers who seem to be natural at redirection are likely ones who just have been doing it longer or had practice with their own children before redirecting their parent with such effortless elegance. Join us at a Dementia Study Group to learn more.

This article is a service of the Lewis Mason Thurston Area Agency on Aging. For more information about the Family Caregiver Support Program, call (360) 664-2168 and ask to speak with a Resource Manager or visit our website at WWW.LMTAAA.ORG