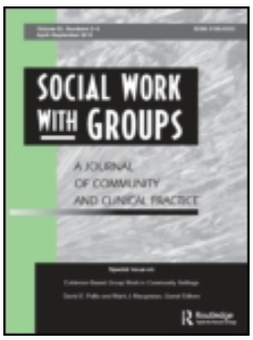

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Group Work with Seniors Who Have Alzheimer's or Dementia in a Social Adult Day Program

Uni Junn-Krebs

ABSTRACT. Social workers have a common misconception that group work concepts are not applicable when working with people who have Alzheimer's Disease or other related dementia. This paper will explore how concepts that are central to group work are beneficial to practice with these populations. The concepts to be examined are: (a) stages of group development; (b) non-verbal content; (c) communication patterns; and (d) group norms.

KEYWORDS. Alzheimer's, dementia groups, stages of group development, non-verbal content, communication patterns, group norms

Social workers have a common misconception that group work concepts are not applicable when working with people who have Alzheimer's Disease or other related dementia. As a result, they have discarded important concepts helpful to practice with this population. Drawing from the author's experience in a social adult day program for seniors who have Alzheimer's and related dementia, this paper will dis-

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cuss group work concepts that provide a foundation from which to advance the work with this special group.

This paper will focus on the following concepts: (a) stages of group development; (b) non-verbal content; (c) communication patterns; and (d) group norms. It aims to show how applying such concepts helps the worker facilitate groups more skillfully and meaningfully with the elderly who have Alzheimer's/dementia.

Considering this population's limited cognitive abilities, losses of memory functions, and the often accompanying physical disabilities or limitations stemming from the illness, it is challenging to apply these concepts in a way that is meaningful to the group members and the group worker. At times the application of concepts will not be straightforward and will require flexibility, spontaneity, creativity, and sensitivity to the unique needs of the group and its members.

LITERATURE REVIEW

Perhaps telling of the isolation and neglect experienced by seniors who have Alzheimer's and related dementia (Hubbard et al., 2002; Lee, 1983), there is little written about group work practice in this area in the social work literature. Most of the literature falls into two general categories. The first general heading focuses on the caregivers and their needs for social supports, respite care, and coping strategies as they struggle to care for their family member or patient. (See, for example, Tebb and Jivanjee, 2000; Cummings, 1996; Walker et al., 1994; Williamson and Schulz, 1993.)

The second category focuses primarily on the characteristics of Alzheimer's and related dementia as a disease. (See, for example, National Institute on Aging, 1996; Epple, 2002; Souder et al., 2002.) Articles in this category expound on the physical, psychological and neurological changes that occur in the individual throughout the varying stages.

Often separated into three stages of progressive severity (Gladstein et al., 1993; Feil, 1982), the person with Alzheimer's/dementia moves from the initial stage of confusion, forgetfulness, and poor judgement to the middle stage of further disorientation and loss of cognitive functions until, finally, the individual enters the late stage where he/she has little or no ability to self-care or communicate linguistically.

Two theoretical approaches commonly applied in the work with Alzheimer's and dementia patients are reality orientation and validation techniques (Feil, 1982; Shoham and Neuschatz, 1985). These two ap-

proaches are used consistently in group work practice to guide much of the interventions used with group members. Reality orientation generally is applied to seniors who are in the early stage of Alzheimer's/dementia. During the initial stage, when the person experiences occasional confusion, gently orienting him/her to present reality of time and place can be helpful. However, during the middle and later stages, the individual will benefit more from validation (Feil, 1982), an empathic and non-judgmental acknowledgement of feelings with which to build trust and security.

Shoham and Neuschatz (1985) found the constant corrections and memory testing required of the reality orientation approach to be more harmful than therapeutic with the more confused elderly. They explain, "the constant reminder of the patients' failure of memory served to reinforce their sense of inadequacy . . . this procedure seemed to have a strongly antitherapeutic element" (p. 69). Those persons described by Shohan and Neushatz (1985) and others (Feil, 1982; Gladstein et al., 1993; Hubbard et al., 2002) could not be convinced to current reality. However, they responded to and benefited from validation, where the emphasis shifted from factual or cognitive content to emotional content.

> When feelings are acknowledged they often diminish, become resolved and the person chooses to relate to present time and place. Disoriented old-old people respond best to Validation in a group. Genuine eye contact, caring, touch, acknowledgement of usefulness in a group stimulates heightened interaction. Speech improves. Some become motivated to control "negative" emotions. Further deterioration lessens. Never do physical, social and emotional factors combine to determine functioning as in old-old age.
>
> When motivated, many disoriented old-old people tap dormant, logical thinking capacities and return to present reality–if they feel nurtured and validated. (Feil, 1982, p. 62)

Emotional validation recognizes the important role of non-verbal content in meaningful interaction with individuals who are confused and disoriented.

There is growing interest and research on non-verbal communication for understanding the experience of people who have Alzheimer's/dementia. It is estimated that 55-97% of all adult communication is comprised of non-verbal behavior and includes body movement, facial expression, touch, physical appearance, personal space, and vocal com-

munication such as pitch, intonation, and speech rate (Hubbard et al., 2002). This is especially relevant to group work practice, since people with Alzheimer's/dementia experience diminishment in language capabilities including vague and empty speech, impoverished vocabulary, poor linguistic reasoning, changes in word association patterns, and disorganized speech.

Often times, responses made by group members will not be straightforward. The worker may need to reframe jumbled and incoherent phrases by acknowledging the group member's facial expressions or body language, which can be more expressive of the information the member wishes to communicate. Sometimes there may be no verbalizations, just a nod or a blink. The worker is then called upon to meaningfully translate these non-verbal elements of communication back to the group. In this way, all responses by group members become effective. Their contributions are appreciated and members are validated by the group experience.

Research conducted in an adult day-care center has found that people with dementia were able to interpret and assign meaning to non-verbal behavior of others, "suggesting that they possessed a sense of 'self' and took on the 'role' of others in the context of shared meanings" (Hubbard et al., 2002, p. 159). This means that groups can offer people with dementia a safe and encouraging space within which to prolong their sense of self, express their personality, and take on roles. By actively engaging the use of non-verbal skills to compensate for impaired verbal capacities, group members can continue to participate in the communicative social world. Thereby, they can continue to receive the benefits of social interaction, such as feelings of self-worth and usefulness, instead of declining further into a world of personal isolation. Non-verbal communication allows individuals with dementia to engage and interact with others in a meaningful and validating way that a reliance on language alone would have excluded.

Group Practice

The author's initial introduction to leading a reminiscence group with disoriented elders can be summarized by the following statement: "Leave what you know about groups at the door. You can pick it up on your way out." This, or a similar sentiment, is not an uncommon greeting for the novice who leads a group of people with Alzheimer's/dementia. Most likely these messages are passed on by the more experienced worker to lessen the expectations that a new worker may

have and the intention is to save him/her from experiencing disappointment when such expectations are not satisfied. However, it can also be rather intimidating and nerve racking to be stripped of one's tools after laboring long and hard to learn the concepts of good group work practice.

Certainly, not all the traditional forms of interventions and expectations of group practice may apply in work with this population; however, key concepts are applicable and helpful in leading a successful group. This paper will explore four relevant concepts: (a) stages of group development; (b) non-verbal content; (c) communication patterns; and (d) group norms. Examples will be drawn from the author's practice experience leading groups at a social adult day program.

Stages of Group Development

Given the nature of dementia and the multiple levels of cognitive functioning that are affected by the disease, especially short-term memory, the Alzheimer's/dementia group does not possess the potential to move through the various stages of group development. Nevertheless, knowledge and understanding of the stages, especially of beginnings, are important.

Even if some members have been together for a number of years, they may retain only a vague sense of familiarity with each other and often cannot recall individual histories. They learn about each other on a day-to-day basis as they move through the program activities. All staff and members wear nametags because most individuals are unable to remember the different names.

These limitations mean that the group remains in the initial stage of development and continually struggles with the issues surrounding beginnings. Identified by Northen and Kurland (2001) as "inclusion-orientation" and by Garland, Jones, and Kolodny (1973) as "pre-affiliation: approach and avoidance," in beginnings, group members with Alzheimer's/dementia can re-experience the ambivalence and anxiety of entering into an unfamiliar situation and the difficulties of starting new social relationships each time they meet.

Understanding the themes surrounding beginnings and how they contribute to the group process clarifies the role of the worker. "Members enter into the group with feelings and behavior characterized by uncertainty, anxiety, and tension and by self-conscious and noncommittal behavior" (Northen and Kurland, 2001, p. 288). These feelings and behavior are further exacerbated by dementia because members are also

often confused and disoriented by verbal cues. Members' responses tend to be more direct since, owing to the disease, they do not have the self-restraint to disguise their feelings. Furthermore, their emotions and behavior may be more extreme than befits the situation.

> The members had finished singing songs. The songbooks were collected and the participants were asked to form a circle to begin the reminiscence group. The group members remained seated and did not seem to know what to do next. The workers went over and asked them to stand so that they could move their seats to form a circle. Some stood and waited for the workers to move their chairs and walk them over to their seats. Mary did not budge from her chair. "No, I don't want to move," she said and crossed her arms across her chest. Another member, Faye, also refused to get up from her chair, saying, "No, I'll stay here." Some seated members looked passively on the scene. The workers asked the two again to join the circle. Mary shook her head. Faye simply smiled and shrugged her shoulders. Finally, all were in the circle except Mary and Faye. The workers went to each individually and told them that the others missed them and that their presence in the circle was wanted. Mary said, "Oh, they want me? Really?" She seemed very surprised and her rather stubborn stance melted. She was willing to get up and join the others. Faye was not convinced. The workers again repeated that the group needed her and that her presence was missed. Faye looked at the others and then to the workers. She seemed to recognize that she was alone outside the circle. She got up and walked over to join the rest of the group.

According to Garland, Jones, and Kolodny (1973), a member experiences ambivalence at the initial stage–"the tendency to approach and to involve himself in the situation because of the gratifications which it promises, and the tendency to avoid the situation because of the demands, the frustrations and even the pain which he may anticipate" (p. 26)–that the worker needs to address.

The worker is called upon to minimize the level of anxiety that the member is experiencing and provide structure for member interaction. In this example, Mary seemed to reject the group out of fear that she herself would be rejected. Her uncertainty about the group's expectations of her seemed to be the cause of her anxiety. Her way of coping and satisfying her need to feel safe was to create distance between herself and the other members. Mary responded positively to statements

that validated her presence and belonging to the group. Faye, however, seemed to be more noncommittal and suspicious of the group and did not seem to experience the fear of rejection that Mary seemed to feel. Faye responded more to the pressure to conform to social norms that the group represented than to the workers' interventions.

Non-Verbal Content

Another important aspect of the beginning stage in group development is the heightened sensitivity to non-verbal methods of communication. "When people enter a new group, they scan the situation for signals that indicate to what extent they are welcome. They may be especially sensitive to those signals that indicate aloofness, arrogance, indifference, or mild hostility, as these are communicated through tone of voice, facial expression, or gesture. Such messages are often more potent than verbalized ones are" (Northen and Kurland, 2001, p. 292). This is particularly applicable to seniors with dementia, who often communicate non-verbally and are highly responsive to empathic connections of warmth and encouragement.

Although, the members' verbalizations may lack coherence and relatedness to a given situation, their facial expressions and body gestures often express their inner states and needs. By being aware of the non-verbal messages communicated, the worker can respond meaningfully to members' jumbled sentences. The need to feel included and to be validated for their contribution to the group can be effectively addressed by the worker's conscious use of non-verbal methods of communication.

> Ada, the co-facilitator, told everyone the topic for the group's discussion "Just throw it away." She asked if anyone had anything they kept that needed to be thrown away like clothes that no longer fit, old report cards, children's trophies and so on. No one in the group answered. Ada then called on each member to respond to this question starting from her right. In round-robin fashion, she went around the circle until everyone was asked the same question. The members did not comment on each other's responses. They stared and smiled, nodded from time to time, and some fell asleep when they were not called upon. The energy in the room seemed very flat and I felt myself becoming drained by the process.

In this example, the worker did not make use of non-verbal channels of engaging the members and providing the boost of energy that was

needed to rouse activity and participation from the group. Over-reliance on verbal communication and repetition can be minimally effective for engaging members who have cognitive deficits. However, if she had exuded the enthusiasm and interest that members were unable to produce themselves, the worker might have succeeded in stimulating more interactions from the group. Since people with Alzheimer's/dementia are highly sensitive to the emotional climate of social interaction, it is the worker's responsibility to provide an environment that is both supportive and lively within the group.

The worker can encourage involvement and bridge similar experiences by tuning into group members' facial expressions, gestures, and tone of voice. By calling these observations to the attention of the group, a more natural dynamic can occur. The opportunities to make connections with others, that otherwise would not have taken place, are created. This kind of attention to members' inner states and needs lessens the rote of directive questions and encourages members to remain engaged while everyone gets his/her turn in the group. Taking into account the members' limited ability to engage with others on their own, the worker can expect little individual spontaneity. Therefore, an expansion of communication that includes all the different levels of non-verbal messages is necessary to develop more group process.

In addition, an understanding of non-verbal program content in the use of activities is helpful in broadening the worker's relationship to group members and increasing the worker's ability to enhance member interaction within the group. Middleman's (1983) definition of program content is relevant here: "It is the accumulated totality of all the group does–both verbal and non-verbal–inclusive also of horseplay, clean-up, setting up a projector, and such. It consists of both the constructive and the distracting activities that comprise the group's experience and the individual's tangential or related experiences within the overall group session" (p. 66). To develop more meaningful interaction within specific group activities, attention must to be paid to all that occurs before, during, and after the activity.

> Before beginning the reminiscence group, I made certain that I went round and talked to each member in a warm and friendly way. I called on them by name; I noticed what they were wearing and complimented them on a bright sweater, or on their smile, and so on. When it was time to start the group, I continued to talk with different members casually as they were seated. I noticed that the energy in the room was lively and the members made more eye

> contact with me. We began on the topic of "school days." This got their attention and the members responded with positive memories of their days in high school. The topic moved on naturally to dating and meeting their husbands to be. During the group, Annie turned to Sue who was sitting next to her and they started to have a conversation on their own. They talked to each other about their husbands and their children. They were actively supportive of each other's stories.

Individually acknowledging and validating members before the start of the reminiscence group helped members to feel comfortable and appreciated. Through empathic touch, eye contact, and a friendly tone of voice, the worker created a connection with each member. This connection then became a model which members could follow to relate with others in the group. A sense of ease flowed from one activity to the next. The warm and social atmosphere created during the down time between activities was sufficiently sustained within the reminiscence group so that Annie felt comfortable enough to initiate conversation with Sue and to reminisce with her about their pasts.

When the group experience expands to encompass all that the group does together, reminiscence can occur spontaneously in the middle of activities that might seem completely unrelated to it.

> Members were engaged in an exercise activity, which was walking around the room in single file. I saw Katie hesitating as to whether she would join the group in this activity and I went up to her and asked her if she would join me in a walk with the others. She agreed. I held onto her hand on my arm to give her extra support. We strolled at a leisurely pace, a little slower than the others did. Earlier in the reminiscence group, she had mentioned having once had a summer resort, so I asked her about it and whether her husband was there to help her. Katie said that her husband had long since died by the time she was running the resort. She then reminisced that her husband was with her only eight years before he died. I said that I was sorry to hear that he passed away so early in their marriage. She thanked me for my sentiments and agreed that it was a very sad time for her. We finished our walk together and walked back to her seat.

The connection that was made during the reminiscence group continued in a meaningful way for Katie during the next activity, when she was

able to communicate painful memories concerning the death of her husband. If feelings of connection and safety had not been nurtured in the group before our conversation, Katie probably would not have opened up the way she did.

Patterns of Communication

The worker's attention and facilitation of communication between members in the group needs to be structured and directive in order to engage and energize group members. "Through verbal and nonverbal symbols, people react to each other. The meaning of any act becomes human by the response of others to it. Communication is the very essence of social interaction" (Northen and Kurland, 2001, p. 36). As a result of the members' limitations, there is little spontaneous interaction amongst them. The worker's ability to bridge mutual experiences within the group is a vital part of the group's process.

Most times, it is the worker's response that validates and makes clear the communications of the members. Meaningful interaction is facilitated by the worker's attention to the commonalties and differences of the members' responses and the worker's ability to share these distinctions with the group. Via this process, the group members achieve a sense of belonging and groupness that is necessary for a sense of individual "self" to emerge. "Social workers need to follow the interaction process itself. There is a reciprocal influence of people on each other as they participate in the conversation. Practitioners are concerned with the nature and spread of feelings, opinions, and ideas, who interacts with whom, who initiates behaviors, and who follows the initiator. They are interested in discovering the factors that create a beginning sense of mutuality between the members and, on the other hand, with the sources of tension and conflict in the group" (Northen and Kurland, 2001, p. 320).

As in the earlier example on the importance of non-verbal content with Ada, there exists a predominance of direct questioning that takes on the quality of turn-taking when working with Alzheimer's/dementia groups, and this may not feel reflective of true group work. However, such turn taking seems to be unavoidable because of the members' limitations. The worker is called upon to be a primary figure in the group's interactions. His/her ability to facilitate communication amongst the members provides the necessary structure, engagement, and safety for group process to occur. This pattern of communication incorporates the

application of concepts on non-verbal content and the beginnings of group stages.

> The group had gathered in the circle for reminiscence. Mary was very talkative today and responded to every question that I asked of the group. Every time I asked one member of the group a question, Mary would interrupt. These interruptions contained mostly unpleasant and negative comments about her family's treatment of her as a child. Mary was expressing painful, unresolved issues from her past, but they were unrelated to the topic at hand. In addition, it soon became obvious that some members were becoming quiet and withdrawn. A couple of members even shot angry and annoyed looks toward Mary.

Mary's disruption of the established communication pattern of the group brought the meeting to an uncomfortable point for all involved. As a result, some members withdrew or became angry. The interruptions were a source of conflict that needed be resolved.

The nature of Mary's statements pertained to unresolved issues from her childhood that now presented themselves in the group. As earlier stated, the ambivalence and anxiety surrounding beginnings continue to apply in working with an Alzheimer's/dementia group. Mary's feelings of rejection by her family were projected onto the group, while she held onto her need to feel accepted by the same people. The worker needed to calm the anxiety and reestablish the structure to move the group along.

> The next time Mary interrupted, I smiled toward her, made eye contact and placed my hand on her knee. I reminded her that everyone would have a turn to respond to the question and that she had already responded and I repeated her answer. "Oh, well, then I'll just zip up and I won't say another word if that's the way it is," said Mary and mimed zippering her mouth closed. "Oh, no," I said, "Your contributions are very important and we want to hear them. Other people in the group also have things they want to say, so let's give them a chance." I sensed that Mary felt rejected by my response, as she was acting rather sullen. Sadly, this sense of rejection paralleled the situation she had stated was the norm in her family as a child. However, with Mary quiet for a while, others who had been withdrawn had an opportunity to participate.

The worker also needs to take into account that, owing to the disease, there are times when a person will not be able to restrain his/her emotional responses. Furthermore, the volume and intensity of these emotions could be more than the situation warrants. To limit the negative influence of these outbursts in the group, it is better to remove the person and provide him/her with the individual attention, validation, and reassurance that he/she needs to feel safe and calm.

> Pretty soon, Mary was interrupting again. She was not able to control her verbalizations. The level of tension increased in the group. At this point, the co-facilitator came over and asked Mary if she wanted to spend some one-on-one time with her. Mary agreed and was led outside of the circle. After Mary left, the group became noticeably calmer. There was a sense of order as everyone took his or her turn. At the end of the activity, Mary was invited back with smiles and a hearty welcome. By this time, she was more subdued as a result of the individual attention she had received outside the group.

Although highly directive, turn taking as a pattern of communication serves several needs of the group. At times, when one member is monopolizing the conversation, as in Mary's situation, turn taking can be a way to reinforce positive group behavior without chastising or singling out one member's behavior as objectionable. At the opposite end, when a member is withdrawn, it serves to engage the member to participate. Furthermore, turn taking can reinforce feelings of inclusion, as everyone is expected to participate. Finally, the repetition of the questions provides some members the time needed to recall and prepare a response.

Group Norms

For a sense of safety and support for the group members to grow, a set of group norms must develop that fulfills the needs of the members and staff. Without such norms, the group does not gain the sense of cohesion that is necessary for members to feel comfortable contributing and participating.

Understanding and facilitating communication patterns is part of creating norms. As in the previous example, established group norms were that each person is part of the group and, therefore, is expected to contribute. Everyone is expected to be treated fairly and with respect. No

one will be singled-out to be reprimanded. In the example, in response to Mary's interruptions, she was reminded that everyone would have a turn. Yet, when this was not effective, she was asked to join the co-facilitator to have individual time with her. Mary was given attention and support so that she could feel validated and strong enough to return to the group. All contributions are welcomed and valued, as long as they do not hurt or disrespect others in the group.

CONCLUSION

Group work concepts are valuable in working with people with Alzheimer's/dementia. Given this population's limitations, the application of these concepts often needs a creative approach that is sensitive to the unique needs of the group. Flexibility, spontaneity, and empathy are all qualities the worker needs to accomplish this task. The application of the four concepts, beginnings of group development, non-verbal content, communication patterns, and group norms, aids the worker to facilitate groups in a meaningful way that sustains a sense of self, and nurtures self-worth and usefulness in the person with Alzheimer's/dementia. Furthermore, validation and encouragement to use non-verbal communication methods can enhance the quality of life of elders who have this disease.

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