

# **STUDY GUIDE**

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**Study Guide for use with DVD**

***Compassionate Touch: Benefits and Effects in Alzheimer's Care***

## STUDY GUIDE for Use with DVD Viewing

### Purpose

The purpose of this written guide is to:

- ✓ reinforce key points made in the DVD Program
- ✓ promote further discussion and exploration of the topic
- ✓ provide additional information
- ✓ provide supplementary material for facilitators / group leaders

### Content

Pages two through five of the Study Guide include review information and questions that will help viewers retain key points made in the DVD. The questions may be copied and distributed for written completion, if needed, to fulfill Continuing Education requirements when the DVD is being shown in a class or seminar for that purpose.

Pages six through ten provide more details, gleaned primarily from interviews conducted for the original media production, on the uses and benefits of skilled touch and massage in residential and respite care situations. A model example of each type of situation follows, listing a variety of ways in which skilled touch can be utilized in the two types of programs.

Two experiential exercises are included in the Guide for trainers, group leaders or facilitators in order to provide practical reinforcement of ideas presented in the DVD. There is no "right" or "wrong" to these exercises. Each person's response and insights will vary. The purpose of both exercises is to increase awareness and to help participants to become conscious of their experience, not to try and make it come out a certain way.

Questions for self-inspection and reflection are included at the end of each exercise. These and other questions, which may originate from participants or facilitators, can serve to elicit self-expression and promote further discussion and sharing by those who participate in the exercises.

## **Common Physical Benefits of Therapeutic Massage**

- ✓ Increased circulation
- ✓ Pain relief
- ✓ Reduction in muscular tension
- ✓ Relaxation

## **Additional Benefits Specific to Alzheimer's and Dementia Care**

- One-on-one attention
- Skin to skin contact
- Tactile and sensory stimulation
- Opportunity for social interaction
- Reinforcement for verbal communication
- Nurturing
- Comfort and Pleasure
- Reassurance that one is not alone
- "Touchstone" with physical reality
- Acceptance
- Acknowledgment

## **Skilled touch may also be an aid in dementia care by**

- Increasing body awareness
- Building trust
- Alleviating feelings of isolation and loneliness
- Combating depression
- Increasing self-esteem/ feelings of self-worth
- Helping to shift focus of attention or re-direct energy
- Reducing need for drug intervention/ physical restraints

**Applicable Techniques for Volunteers/Family Caregivers**  
(non-massage professionals) as demonstrated in DVD

- Eye Contact
- Hand Holding
- Attentive Touch
- Lotioning of hands or feet
- Gentle Back Rub
- Focused touch on shoulders with relaxed hands
- Gentle kneading on large shoulder muscles
- Gentle thumb pressure down back on both sides of spine
- Light palm tapping up and down back (avoiding spine)
- Gentle squeezing on upper arms
- Redirection

**REMEMBER TO:**

- Proceed only with permission (verbal or tacit)
- Avoid any direct pressure on spine
- Avoid touching bruises, abrasions, lumps or wounds
- Avoid touching any undiagnosed rashes
- Ask for feedback when possible
- Watch and listen for positive indicators

## KEY CONCEPTS\*

Keep your attention on the *individual*

Remain open to each moment as it occurs

Accept the way things are

\*core concepts taught in the COMPASSIONATE TOUCH® Training Program

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## Review Questions

1. Name three well-known benefits of therapeutic massage.
2. Name four additional benefits of massage / touch therapy for people living with Alzheimer's or other types of dementia.
3. Why is attentive touch particularly important in caring for those living with a dementia such as Alzheimer's disease?
4. How can skilled touch be used to help in managing challenging behaviors?  
  
Give one example from the DVD or from your own experience.
5. What important issue does massage therapy address in residential care?
6. What should you do if someone is not open to being physically touched?
7. Name the three key concepts stressed in this DVD program in regard to relating to someone living with Alzheimer's disease or any other type of dementia.

## **Utilizing Massage and Skilled Touch in Designated Alzheimer's Unit/Residential Care**

### General characteristics of residents in sample unit:

- beginning to forget people's names
- unable to identify objects
- some difficulty with language/communication such as
- formulating sentences
  - finding the right word or phrase
  - some losing the ability to communicate at all
- trouble dressing
  - unable to put clothing on in logical sequence
  - putting clothing on inside out
- may need assistance with feeding
- need assistance with bathing

### Examples of caregiver challenges:

- person doesn't want to bathe
- person confused about why s/he is getting dressed
- person doesn't remember why bathing is necessary
- agitation
- wandering behaviors
- boredom and depression



**Sample activities offered on unit:**

- physical exercise: chair exercises, walking, balloon volleyball
- music and art activities
- remembered tasks such as cooking, folding laundry, sweeping the floor, raking leaves, gardening
- games such as bingo and dominoes
- age-appropriate massage and touch therapy
- special day parties

**How age-appropriate massage/touch therapy is used on unit:**

1. to enhance quality of life through
  - one-on-one attention
  - relieving minor aches and pains
  - aiding in stress reduction/relaxation
  - soothing/nurturing
  - providing sensory and tactile stimulation
  - giving comfort/pleasure
  - providing an opportunity for social interaction
2. to prevent or help cope with challenging behaviors such as
  - agitation
  - pacing/wandering
  - sleeplessness
  - disorientation
  - verbal and physical aggression
  - calming

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3. to help address important issues such as
  - touch deprivation
  - feelings of loneliness, isolation and abandonment
  - depression
4. as a communication aid in helping to
  - reinforce verbal communication
  - as way of communicating without speech
  - focus attention
  - redirect energy

**Benefits of utilizing massage and touch therapies on dementia care unit:**

1. Non-pharmacological modality for coping with aggressiveness
2. Helps reinforce verbal instructions and other communications
3. Offers a universal language for communicating with the non-verbal
4. Helps manage and reduce challenging behaviors
5. Provides opportunity for staff to learn useful techniques
6. Provides opportunity for staff members to receive massage themselves

**Finding the right touch practitioner:**

Whether a designated staff nurse or massage professional, he or she must:

1. Understand the characteristics of dementia
2. Be comfortable relating to those living with dementia
3. Be comfortable working in a care facility setting
4. Be able to offer touch in a non-intrusive, conscious and caring way

5. Have acquired, or be willing to acquire, specialized training

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## **Utilizing Age-Appropriate Massage and Touch Therapies in Respite Care Programs**

### **General characteristics of residents in sample program:**

- difficulties in communicating/ voicing needs
  - repetition
  - unable to find part of speech needed
- short term memory loss
- anxiety/ confusion
- disorientation at times
- occasional combative or aggressive behavior

### **Sample activities offered in program:**

- socialization/ snacks
- intergenerational activities with adjacent pre-school
- singing and rhythm activities
- balloon toss
- special day parties
- sing-a-longs/ dancing/ musical games
  - art therapy
  - massage therapy
  - chair exercises
  - garden stroll/ nature walks in enclosed area

- brain teasers/memory games
- birthday parties

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**Examples of staff/volunteer challenges:**

- learning how to communicate with those verbally challenged
- coping with mood swings and erratic, unexpected behaviors
  - depression
  - high anxiety/agitation
  - non-cooperation/disruption
  - occasional combativeness or aggression

**Age-appropriate massage/skilled touch is used in program to:**

- Give personal attention
- Offer reassurance
- Provide nurturing/comfort
- Elicit interaction
- Provide tactile and sensory stimulation
- Enhance body awareness
- Help reduce tension
- Help calm/relax
- Help focus or re-focus attention
- Re-direct energy when necessary

**Observed benefits in sample program:**

- Increase in self esteem
- Increase in feeling of emotional well-being
- Increase in communication/verbal expression
- Relaxation/Calming
- Shift or “lightening” of mood
- Decreased repetitive communication/behavior

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- Enhanced quality of life in moment
- Changes "frowns to smiles"
- Elicits emotional release/expression

**How staff/volunteers benefit from massage or skilled touch programming, and from training the touch therapist may provide:**

1. Receiving touch themselves
2. Learning through example how to use touch more skillfully and consciously in order to
  - elicit cooperation
  - build rapport/trust
  - help participants relax
  - help manage or modify challenging behavior
  - help re-direct energy
3. Increasing awareness of
  - each individual’s personal space
  - importance of receiving permission to touch
  - how skilled touch can enhance quality of life for program participants

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### **Experiential Exercise #1**

The purpose of this exercise is to increase the ability to relate to others mindfully and consciously. Another objective is to help participants increase their ability to touch another human being in a way that is: focused; communicates true caring; and respects the dignity of each individual.

This exercise helps illustrate the difference in touching someone intentionally, in an intentional, focused way as opposed to the kind of random, casual touch that frequently happens during informal social situations or during daily care activities.

**Note to facilitators: Participation in the exercise should be optional. If someone does not want to be touched at all for any reason, that person can participate as an observer.**

#### **Instructions:**

- 1) Pick a partner. Situate yourself in a comfortable position facing your partner (at approximately the same eye level) and close enough to reach out and touch your partner when instructed to do so. Decide who will be Partner "A" and who will be Partner "B."
- 2) While listening to the facilitator or thinking about something else (such as what to fix for dinner or a conflict with a colleague) Partner A simply reaches out and touches person B in some casual, random way such as a pat on the shoulder, a quick handshake or a "there there" arm stroke.
- 3) Now, without discussion, switch roles. Partner B will touch partner A in the

same casual, quick and random way. Avoid the desire to talk with your partner at this time and proceed directly to the next part of the exercise.

Switch roles again so that Partner A becomes the "giver" and Partner B becomes the "receiver."

**(Note: The receiving partner may keep his/her eyes either closed or open and need do nothing except remain present and keep breathing.)**

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- 1) If you are Partner A, put your attention on the person sitting opposite you. Do not think about what you may know about this person from past experience, or about some idea you have of what this person might be like, based on appearance, age, gender or behavior. Try to simply be open to and aware of this person as an individual in this particular moment in time. Let your attention just rest on this individual for a few moments without internal comment.
- 2) Without making any movement, decide that you are going to reach out and touch one of your partner's hands in some way. Put your attention on your own hand for a moment as you prepare to use it to make physical contact with the other person's hand.
- 3) Now, let your hand and arm move, intentionally and consciously toward one of your partner's hands. Make the initial physical contact between your hand and your partner's hand very gently, without being intrusive. Let your touch be unconditional (not wanting something back or expecting any particular reaction or response).
- 4) Touch the hand of your partner with one or both of your hands in whatever way you feel that person might want or need to be touched in this particular moment. It may be anything from a gentle squeeze to a firm hand grip, or holding one of your partner's hands in both of yours or softly stroking the top of the hand. (If you feel unsure of what to do, just take a breath and trust your intuition. Let your openness to the other person guide you rather than trying to make a logical decision.)

- 5) When the touch feels “complete” to you (i.e. it has a beginning, a mid point and an ending and you feel satisfied with what you have offered) break the physical contact with your partner, mindfully and gently, and then bring your hands back to your lap.
- 6) When both partners are ready, silently switch roles again so that each partner can experience receiving and giving this second kind of physical contact.

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### **Experiential Exercise #1 (concluded)**

After both partners have had the opportunity to touch and to experience being touched, take a few minutes to share with each other what you learned from this experience

**Note: Use “I” statements to speak about your own experience. Refrain from evaluating your partner or analyzing what s/he did or might have done differently.)**

### **For self-reflection and sharing:**

Did you notice a difference in the two kinds of touch?

What differences did you experience?

What did you notice about the hand of the person you were touching?

How did touching your partner affect your relationship with him or her?

Was it more difficult for you to give the touch or to receive the touch?

Did you feel uncomfortable or awkward at any point during the exercise?

Did you have any emotional reactions to being touched?

What other thoughts or feelings came up for you during this exercise?

What did you like most or dislike most about participating in the exercise?

What, if anything, did you learn from the exercise?

**Note to facilitators: If time allows, give everyone who participated in the exercise, by being a partner or by observing, a chance to share his or her experience with the larger**



**group.**

## Experiential Exercise #2

### Objectives:

1. To demonstrate how a person can feel another's presence before actual physical contact is made.
2. To give participants a way to warm and build up energy in their hands before touching another person.
3. To give participants the opportunity to practice touching another person in a way that does not feel intrusive or disturbing.

**Note to facilitators:** Instruct participants to make their initial physical contact as gentle as possible so that partners do not feel startled or intruded upon, and to end the physical contact similarly--gently and consciously, rather than abruptly. The exercise should be completed in silence as much as possible. Let participants know that they will be able to talk with their partners about their experience at the end of the exercise.

### Instructions:

1. Pick a new partner. Decide who will be person "A" and who will be person "B" for this exercise.
2. If you are an "A" sit down on a chair and relax. If you are the designated "B" for this exercise, stand behind your partner.
3. Those of you standing behind the chairs, let your arms hang naturally at your sides. Put your attention on your hands. Bring your hands up to the sides of your body and shake your arms and hands at once. Now let your hands just hang loosely and shake them vigorously for 10-15 seconds. Next, bring the palms of your hands together in front of you in a "prayer pose." Keeping your hands together, drop them forward an inch or two and then begin moving your hands back and forth creating friction between the palms. Keep rubbing your hands together, more and more vigorously, as you count to 25. You may notice more warmth or energy in your hands after completing these movements.

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4. Without doing anything just yet, decide that, in a moment or two you are going to bring your hands to gently rest on the top of your partner's shoulders.
5. With intention, let your hands begin to move slowly and consciously toward your partner's shoulders, but stop just short of making physical contact.
6. Let your hands hover slightly above your partner's shoulders.
7. Now, let your hands come very gently into contact with your partner's shoulders. Relax your hands and let them simply rest on your partner's shoulders.
8. When you feel ready, slowly remove your partner's shoulders *while keeping your attention on him or her*. (In other words, disconnect from your partner physically but not mentally.) As your arms come back to rest at your sides, bring your attention back to yourself notice your own thoughts or feelings at this time.
9. Take a moment or two to absorb this experience before silently switching roles. Resist the urge to engage in conversation with your partner at this time. If you are partner "B" it is your turn to sit down on the chair, relax and breath normally, with your eyes open or closed as you wish.
10. After you have switched roles and completed the exercise, take a few moments to talk with your partner about your experience, as both the "giver" and the "receiver" (remembering to speak about your own experience).

### **For self-reflection and sharing after exercise:**

As the receiving partner...

Did you "feel" your partner's hands before physical contact was actually made?

Were you aware of your partner's attention on you before or after his or her hands came into contact with your shoulders or after they were withdrawn?

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What were your reactions to being touched in this particular way?

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How was the experience different from previous experiences of physical contact?

What, if anything did you learn about yourself from this experience?

As the person giving the touch:

How was this experience different from other kinds of touch?

Was this exercise difficult for you in any way? If so how?

Did making physical contact your partner in this way affect your relationship with her or him? If so, what is different now?

What, if anything did you learn about yourself from participating in this exercise?

**Note to facilitators: If time allows, at the completion of this exercise, invite anyone who would like to do so, to share their experiences and/or comments with the whole group**

### **Author's Note:**

These exercises may be adapted or expanded upon at the discretion of the group leader or facilitator in order to enhance or deepen the educational experience. Follow-up training should include the opportunity to incorporate key concepts and ideas presented in the DVD program by interacting with care facility residents or other individuals who are living with some level of dementia. In this way, the concepts and ideas presented in the DVD will be reinforced and amplified through direct experience and practice.

**To learn more about Alzheimer's disease and for links to other resources contact:**

#### **National Alzheimer's Association**

1-800-272-3900.

[www.alz.org](http://www.alz.org)

#### **Alzheimer's Foundation of America**

1-866-232-8484

[www.alzfdn.org](http://www.alzfdn.org)

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For those who wish to educate themselves further on the characteristics of Alzheimer's disease or the benefits of specialized massage for those living with dementia; and for those wishing to pursue additional guidance for relating to and caring for people with dementia, the following abbreviated list of articles and books may be helpful.

### Articles:

*"The Power of Human Touch in Alzheimer's & Dementia Care*, by Dawn Nelson Massage Therapy Journal, Fall 2004

*"Efficacy of Hand Massage in Decreasing Agitation Behaviors Associated with Care Activities in Persons with Dementia"* by Mariah Snyder, Ellen C. Egan and Kenneth R. Burns in GERIATRIC NURSING, March/April 1995.

*"It's Never Too Late to Touch: Massage emerges as a Lifeline to Dementia Patients:"* by Shirley Vanderbilt Massage and Bodywork Quarterly, June/July 2000.

### Books:

Dunn, Rosemary, Discovering Adventure in Special Care (G.F. Murray, 1998)

Laurenhue, Cathy, Alzheimer's Basic Caregiving – an ABC Guide and Activities of Daily Living – an ADL Guide for Alzheimer's Care ([www.wisernow.com](http://www.wisernow.com), 2006)

Mace, Nancy L. and Peter Rabins, The 36-Hour Day: A Family Guide to caring for Persons with Alzheimer's Disease, Other Dementias and Memory Loss in Later Life (John Hopkins University Press, Baltimore, 1994)

Nelson, Dawn, From the Heart through the Hands: The Power of Touch in Caregiving (Findhorn Press, Inc., 2001; 2006).

Ronch, Judah, Alzheimer's disease: A Practical Guide for Families and Other Caregivers, (Continuum, New York, 1991.)

Snyder, Lisa, LCSW, Speaking Our Minds: Personal Reflections from Individuals with Alzheimer's (W.H. Freeman and Company, New York, 1999)

Taylor, Richard, Alzheimer's from the Inside Out (Health Professions Press, Baltimore, 2007)

**Dawn Nelson**, M.F.A., C.M.T., Founder of COMPASSIONATE TOUCH® for Those in Later Life Stages, is an internationally recognized speaker, author and touch educator. A pioneer in the effort to utilize age-appropriate massage and skilled touch in hospice programs, nursing facilities and dementia care environments, Dawn's latest book, From the Heart Through the Hands: The Power of Touch in Caregiving has been critically acclaimed as containing the tools to "revolutionize geriatric care and utterly transform the experience of aging."

If you wish to schedule an on-site consultation, in-service training or workshop for your facility or you are a massage professional interested in practitioner training with Dawn, you can contact her by email at: [cttrain@jps.net](mailto:cttrain@jps.net).