



Sonas[®]

Course Booklet

(Day 1 & 2)

**Engaging[™]
Dementia**

“The Sonas[®] Programme is a therapeutic communication activity for people with moderate to severe dementia, which focuses on sensory stimulation, in the belief that the senses are the gateways to communication.”

Sr Mary Threadgold, MSc. MRCSLT

Sr Mary Threadgold devised the Sonas Programme and established Engaging Dementia™, an organisation was originally established as Sonas apc.

Engaging Dementia manages the development and delivery of training in the use of the Sonas Programme, and supports the Sonas Licensed Practitioners who implement the programme. It also provides a range of other dementia training and resources, as well as community-based and initiatives.

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Section 1: Introduction

- Your name _____
- Your workplace _____
- Your occupation _____
- Why you choose to work there

- The special quality that you bring to your work

- What you hope to gain from this training

Section 2: About Engaging Dementia™

The Sonas Programme was developed and continues to be managed by Engaging Dementia™, an organisation which was formerly called Sonas apc.

About Engaging Dementia

Engaging Dementia provides training, resources and supports for people with dementia and their carers. It promotes the value of communication, music, the senses, the creative arts and the outdoors. Engaging Dementia continually explores new ways to upskill carers and enhance quality of life for people living with dementia. It was originally established as Sonas apc in 1990 when Mary Threadgold RSC, a Speech and Language Therapist, devised a therapeutic activity for people with dementia, which she called the Sonas Programme. Research has confirmed the benefits of the programme for people with dementia. There are now more than 800 certified Sonas Licensed Practitioners in Ireland, with an estimated 250 nursing homes delivering the programme for the benefit of their residents.

Over the past ten years, Engaging Dementia expanded its dementia services significantly, both training for staff in nursing homes nationwide and innovative community initiatives. It runs the biggest annual international dementia conference in Ireland, is centrally involved in Alzheimer Cafes in Ireland, and was part of the Dementia Friendly Garden Team that brought two award-winning dementia gardens to the Bloom Festival in 2017 and 2018.

Engaging Dementia is a not-for-profit organisation and registered charity (Registered Charity No. 20033439, CHY 11938).

Our Vision

People with dementia and their carers are engaged and connected with family and community.

Our Mission

Our mission is to facilitate communication, engagement and connection for people with dementia and their carers through education, resources and community activities.

What is the Sonas Programme?

The Sonas Programme is a person-centered method of activating potential for communication. It was pioneered in 1990 by Sr. Mary Threadgold, a Dublin-based Sister of Charity and Speech and Language Therapist who had been aware of the lack of communication among some older people and the absence of stimulation in their environment.

There are three types of Sonas session: Sonas Individual Multi-sensory Session (SIMS) and the Relaxing Individual Session & The Sonas Group Session. The sessions are packaged on CD to free those who are carrying out the sessions to completely focus on the participants. The CDs are available only to those who have completed either training in our two Individual Sessions or training of the three Sonas programs which includes the Sonas Group Session.

The essential features of the programme are:

- multi-sensory stimulation
- focus on communication
- use of structure and repetition
- focus on abilities
- person-centred

The Sonas Individual Multi-sensory Session (SIMS) is an adaptation of the Sonas Group Session for use on a one-to-one basis. SIMS may be used in the care or family home setting.

The Relaxing Individual Session provides a relaxing, interactive environment, which facilitates communication through music and touch.

The Sonas Group Sessions provide cognitive, sensory and social stimulation. There is stimulation of all five senses (taste, touch, sight, hearing, smell) and the programme involves gentle exercise and touch, relaxing music, singalongs, memory-focused exercises and personal contributions by participants.

Ethical framework of the Sonas Programme: Engaging Dementia requires that the choice to participate in Sonas Sessions rests with each person and this choice is respected. It also requires that when touch is used the privacy of the individual is never invaded.

Research on the Sonas programme

A recent major research project, which examined the effectiveness of the Sonas Group Session, found that the programme was especially helpful for people with later dementia. Benefits included improved communication and increased wellbeing during the Sonas Group Session. The research project involved six care centres in Ireland. As part of that project, the Threadgold Communication Tool (TCT), which assesses communication during the Sonas Group Session, was validated. See www.engagingdementia.ie for research articles.

Who attends training in the use of the Sonas Programme?

We train those who work with and care for older people who have dementia. Those who attend Sonas courses/workshops are primarily activities co-ordinators, care assistants, staff

nurses, speech & language therapists and other healthcare professionals.

The Sonas Licence

On completion of the training in the two Sonas Individual Sessions you will receive a Sonas Programme Licensed Practitioner (SPLP) Level 1 badge and certificate. On completion of the three day Sonas Course which includes training of the Sonas Group Session, including the work-based learning it involves, a person is certified by Engaging Dementia as a Sonas Programme Licensed Practitioner (SPLP). The Sonas Licence is valid for two years, after which time it must be renewed by either an eModule or Sonas Licence Renewal Training Day.

Our Philosophy

Engaging Dementia™ values the individuality and inherent dignity of older people and believes that it is through communication that the human need for love, friendship and relationship is met. It strives to help those older people who have unmet communication needs to realise their communicative potential and achieve an enhanced quality of life. The Sonas programme is grounded in person-centeredness and the right of each older person to respect, choice and privacy.

What types of training does Engaging Dementia™ provide?

1. Sonas Courses and Workshops

It is now a requirement that anyone who carries out Sonas sessions (including the Sonas Group, SIMS and Relaxing Individual sessions) is trained and certified by Engaging Dementia™ as a Sonas Programme Licensed Practitioner (SPLP).

A person is trained in the use of the three Sonas programme at a 3-day Sonas Course can be in person, on line or a mix of these two training platforms. The training days are set 3-6 weeks apart to allow for implementation of the Sonas Programmes and completion of work-based learning. Our training is person-centred with a total focus on communication.

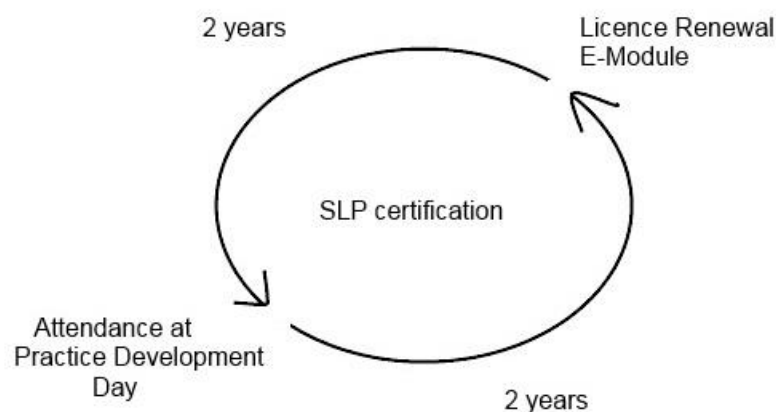
On completion of the full three programs of the Sonas Course, a person is certified as a Sonas Licensed Practitioner (SPLP). This is part of the Sonas Quality Standards (SQS) system which was introduced in September 2012 to quality assure the delivery of the Sonas programme in residential, hospital, day and at-home care settings in Ireland. The development of Sonas Quality Standards was prompted by findings from more than 70 FETAC skills demonstrations between 2009 and 2011 of irregular quality in the delivery of the Sonas programme. Engaging Dementia™ found that, while some Sonas practitioners demonstrated excellence, others displayed poor quality in their delivery of the programme. When implemented as part of a

person-centred care culture, the Sonas programme enhances wellbeing and quality of life for people who have dementia. Irregularity in the practice of the Sonas programme has the potential to undermine a very effective therapeutic activity, the only one of its kind for older people with moderate to severe dementia in Ireland. Given the widespread implementation of the Sonas programme in residential care centres (latest figures from Third Age National Advocacy Programme indicate 60%), sub-standard practice has the potential to negatively affect thousands of people with dementia in Ireland.

SQS involves a simple and effective system of licensing of practitioners and registration of care centres. It was piloted with care centres around Ireland in 2011/2012 and launched in May 2012. Prior to the introduction of SQS, Sonas training involved a 2-day workshop. Anyone who was trained prior to 2012 must attend a Day 3 of the current Sonas Course, and complete the Work-based Learning Booklet, in order to be certified as an SPLP.

2. The Sonas Licence Renewal Programme

The Sonas licence is valid for 2 years. All SPLPs must renew their Sonas Licence every two years if they wish to continue delivering the Sonas programme. The cycle involves an e-module (2 years after certification) and a Sonas Licence Renewal Day/Practice Development Day two years later. This is a repeating cycle.



- E-learning (on Moodle) [2 years after certification]
- Sonas Licence Renewal Day/Practice Development Day [2 years after the e-module]

3. Dementia Training Workshops

Engaging Dementia™ identifies dementia trainers who provide excellent, innovative, evidence-based non-pharmacological programmes/approaches and commissions them to deliver dementia training. Each year we have 2 – 3 workshops in this series.

4. Annual International Dementia Care Conference

We host a major 2-day international conference every year on some aspect of person-centred dementia care. Our line-up is composed of international and national dementia care experts. We also showcase good practice and enable sharing of knowledge and ideas among those who are caring for people with dementia throughout Ireland.

5. Spiritual Wellbeing of the Older Person

We also provide resources to support spiritual wellbeing of the older person. *Ciúnas* is for older people of the Catholic faith and *Serenity* for those of all Christian denominations.

6. Dementia-friendly Garden Project

Engaging Dementia™ is one of three organisations that collaborate on a Dementia Friendly Garden (DFG) Project. TrinityHaus, of Trinity College Dublin, and Newtown Saunders Ltd, are the other project partners. This project involves consultancy work with care centres on the design of outdoor spaces into therapeutic gardens that support activities, socialising and sensory stimulation for residents, visitors and staff. The DFG Team built award-winning DFG gardens to Bloom in 2017 and 2018.

7. Community Initiatives

We are involved in a range of community initiatives, including Alzheimer Cafes in Ireland. We also hold afternoon events of creativity, music and gentle activities for people with dementia and their carers, who live in the community.

Contact Details

If you are interested in learning more about any of our training events or spirituality resources, please don't hesitate to contact us. See our full contact details on the back of this booklet.

Section 3: Overview of Dementia

‘Our frame of reference should no longer be person-with-DEMENTIA, but PERSON-with-dementia...Each person has come to be who they are by a route that is uniquely their own; every stage on the journey has left its mark.’

Tom Kitwood, Dementia Reconsidered 1997 (pages 7 & 15)

Each person with dementia is an individual, consequently the experience of dementia will be unique to that person. The journey will be different according to the type and stage of the dementia and is also influenced by social circumstances, life history and personality.

There are however some common characteristics which we see in clinical practice.

Dementia – Definition of Dementia – Dementia, regardless of its cause, is a progressive condition, with deterioration likely to occur in all domains. The disease impacts on memory, language, ability to communicate, mood and personality. These and other characteristics on which normal social, occupational and domestic life depends become impaired.

Ref. Cahill, O’Shea & Pierce 2012 (Creating Excellence in Dementia Care, A Research Review for Ireland’s National Dementia Strategy)

Common symptoms include problems with –

1. Memory - most frequently recent, but memories from the person’s past may be retained.
2. Communication – difficulty finding words, understanding what is said. Whilst this verbal aspect of communication is affected, **the non-verbal channel is better preserved. eg facial expression, tone of voice, body language. The ability to express and respond to emotion remains intact**
3. Perception – there may be differences interpreting and making sense of the world.

Dementia is not a normal part of the aging process but it does affect about 5% of people over the age of 65 and 20% of those over 80. Alzheimer’s disease is the most common type of dementia in the UK and Ireland (62%) followed by Vascular dementia (17%) and dementia with Lewy Bodies (4%). There are numerous (approximately 100 varieties) less common forms of dementia, e.g. Fronto-temporal (2%) and Parkinson’s disease dementia (2%).

Section 4: Communication

Each person's dementia journey will be different according to the type and stage of the dementia. It will also be influenced by a person's social circumstances, environment, life history and personality. Consequently the following are only general strategies which may be helpful.

General Considerations

- Be aware that the person may have problems with hearing or vision; do they need glasses or a hearing aid?
- Cut down distractions e.g. turn off the radio or TV
- Do not ignore any attempts at communication
- Provide opportunities for communication
- Try to ensure an enjoyable and positive interaction rather than focusing too much on accurate use of words or information
- Avoid "talking down" to a person or talking about them to other people in their presence. Instead, include the person in your conversation, eg "Mary and I were wondering if you wanted....."
- If you cannot understand what someone is trying to say, look for the message behind their words. It can help to repeat back what you think they mean eg "were you talking about your daughter?"
- Respond to the feelings/emotions behind the message and reinforce with positive and reassuring non-verbal communication.

To help the person with dementia understand –

- Gain the person's attention before speaking by stopping what you are doing, by saying his/her name and/or if appropriate touching their arm
- Face the person so that he/she can see you clearly and read your non-verbal communication
- Move closer if necessary
- Make sure that you are at the same physical level
- Establish and maintain good eye contact
- Make sure the lighting is good and that it is on your face
- Speak a little more slowly but keep natural intonation pattern
- Speak clearly and calmly
- Use short simple sentences and stress the key words that provide the most information.
- Be aware of your non-verbal communication and tone of voice. Body language should be relaxed, friendly and non-threatening

- Use gesture and pointing when necessary to aid understanding
- Pause briefly between phrases to give the person time to process.
- Give the person any information they might need, eg “It is dinner time” or “We are going to the shops”. Only give one unit of information at a time.
- Match verbal and non-verbal aspects of the message. Try to associate words and actions as much as possible in daily care.
- Avoid changing the topic of conversation too often or too quickly as this may lead to confusion.
- Repeat a question or statement if necessary, gently and clearly, it may help to paraphrase.

To help us understand the person with dementia

- Find out as much as you can about the person, the more we know the easier it will be to interpret what they are trying to say.
- Be aware of the person’s total communication style, both verbal and non-verbal.
- Be aware of context of conversation
- Don’t take each word too literally, try to get the gist of what the person is trying to tell you.
- Observe and listen carefully. Look for any underlying meaning/message.
- If a person loses track be ready to gently prompt with what has been said so far.
- Check your understanding as you go along, it is often possible to make guesses about what someone might mean by the person’s reaction, indicating whether you are right or wrong. If you are wrong, try again.
- Respond to the feelings/emotion behind the message and reinforce with positive and reassuring non-verbal communication, eg if the person seems anxious try to show you are concerned.
- Avoid interrupting or correcting the person if what they are saying is not strictly accurate. The main focus should be on creating a positive and enjoyable experience.

Remember

- The “burden” of communication must be on us when communicating with someone with dementia.
- We must develop skills in order to interpret their communication.
- The more you know about someone, the easier it is to read their body language and interpret the symbolic meaning behind their speech;
- Looking for mother or home may demonstrate a need for comfort, reassurance,

safety or security.

- Anxieties about children may be an expression of a need for identity as a caring nurturing individual.
- A person who is constantly busy throughout the day is reflecting the need for occupation and stimulation.
- The person who is looking for lost objects eg a handbag may be reflecting the need for attachment.
- It is important to validate the person's feelings whenever possible and not get into disagreements about facts.
- Behaviours that 'challenge' us are very often an attempt to communicate. We need to try and understand the thoughts and feelings behind a person's behaviour rather than placing value judgements on their actions.
- Whenever possible, maintain a running commentary in order to keep the person informed about what is happening, eg "Now you've had a bath let's go down to breakfast".
- Slow down to the pace of the person with dementia, even if you are in a hurry, otherwise the person may become anxious and/or frustrated.

Someone who is quiet and undemanding may easily become isolated. Regular short interactions, eg stopping to say hello, saying the person's name and/or holding their hand for a moment or two will help the person stay connected to the world around them and will make a difference to their wellbeing.

Useful Contacts

The Alzheimer Society of Ireland, tel 01 284 6616, website www.alzheimer.ie

The Alzheimer's Society (UK), website www.alzheimers.org.uk

The Dementia Services Information and Development Centre (DSIDC), tel 01 416 2060 / 416 2050, website: www.stjames.ie/dsidc

Further Reading

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SECTION 5: SIMS (Sonas Individual Multi-sensory Session)

“There is no doubt that non-verbal communication is the single most powerful form of communication, far more important than the verbal actual content.”

UCLA Psychology professor - Albert Mehrabian.

Guidelines for Selection

1. SIMS has been developed to provide a multi-sensory session for individuals who may prefer to communicate on a one to one basis. Often the person is socially isolated and lacks opportunity for interaction and empowerment. We recommend that people should choose to participate in SIMS, if however this not possible, working in a person centred way can help us decide if someone is appropriate. Liaising with relatives and staff may also help us to decide if someone would benefit from a session. Carefully observe for signs of well-being and ill-being as this would indicate whether or not the person would be happy to be involved again.

Review of the session

- (i) The signature tune is the introduction that alerts the person to the session. It is important that the music is used within the session and not at other times so as to preserve the association that is built up.
- (ii) The seats should be arranged opposite one another. This will facilitate maximum interaction and will allow best ability to engage with the person.
- (iii) A similar form of greeting should be used on each occasion and the person should be greeted by her/his preferred name.
- (iv) The exercises are demonstrated and the person is free to join in as (s)he chooses. Sometimes a little assistance can be offered, bearing in mind safety factors

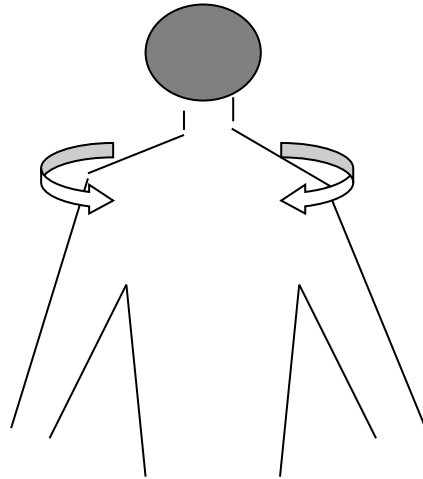
This section includes a blowing exercise – encourage the person to blow away the feather or maybe some bubbles. Also, the beanbag is thrown to each other.

- (v) Different items can be used to stimulate the sense of smell, and again bear in mind safety issues. If using hand cream, encourage participant to rub the hand cream into his/her own knuckles or give gentle assistance if required. The sense of touch is also stimulated here through the use of the hand rub.

Use of Touch in the Group, SIMS & Relaxing Individual Sessions

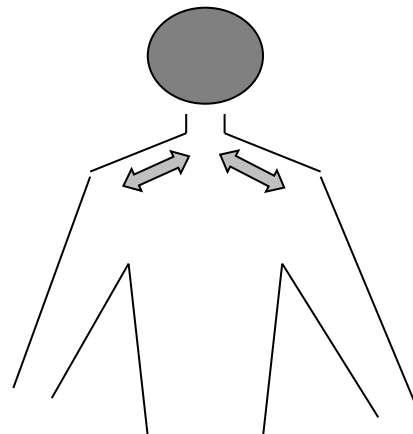
Shoulders (i)

The palms of the hands should be used in circular movements and should remain in contact with the shoulders throughout.



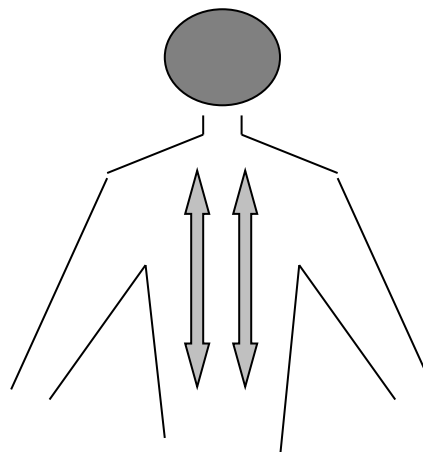
Shoulders (ii)

Use the back of the fingers - again keeping them in contact throughout.



Back

Use the back of the hands on either side of the spine with slightly more pressure in the upward direction. Keep hands in contact with the back throughout.



Hand Rub Instructions for SIMS

Make the person comfortable with a cushion under the arm in a position where you can have easy access to the hand

- Stroke the back of the hand from finger tips to wrist using firm but gentle touch about 12 to 15 times.
 - Repeat this procedure on the palm of the hand
 - With your thumb and forefinger on each side of the person's digits walk down each finger and thumb using gentle pressure
 - Repeat this making sure that you have time to cover both hands during the music
- (vi) The songs can be listened to or joined in with, and at times it may be appropriate to add in some actions. You can choose to use alternative songs which might be more appropriate/enjoyable for the individual.
- (vii) While the relaxing music is playing a taste item is given. This should be small as it is just to stimulate the sense of taste.
- (viii) The sense of touch is stimulated here through rubbing the person's shoulders (as in the Sonas group session). Keeping to the same routine preserves familiarity and means that any practitioner will deliver in the same way.
- (ix) While the music is playing the practitioner can introduce clapping, movements and perhaps the use of instruments.
- (x) The person is encouraged to offer some sort of contribution, and it is helpful for the practitioner to know the life history of the person so that appropriate prompts can be introduced at this point.
- (xi) Again the songs can be listened to or joined in with, and if appropriate, actions can be added.
- (xii) The signature tune signals the end of the session and at this point the end is recognised by the practitioner. The session can be followed by a continuation of the communicative interaction, and it may be appropriate to have some light refreshment at this time to add to the social nature of the occasion.

Reasons for Inclusion

SIMS/Relaxing Individual/Group Sessions

Note: The SPLP completes this form when identifying suitable participants for SIMS, Relaxing Individual and Group sessions.

Name of session participant _____ Date _____

Type of session(s) (please tick): Group ☐ Relaxing Individual ☐ SIMS ☐

Reason: _____

Name of session participant _____ Date _____

Type of session(s) (please tick): Group ☐ Relaxing Individual ☐ SIMS ☐

Reason: _____

Name of session participant _____ Date _____

Type of session(s) (please tick): Group ☐ Relaxing Individual ☐ SIMS ☐

Reason: _____

Name of session participant _____ Date _____

Type of session(s) (please tick): Group ☐ Relaxing Individual ☐ SIMS ☐

Reason: _____

Note: You will be completing this form when identifying suitable participants for SIMS, Individual and Group sessions.

Safety and Other Considerations Assessment in relation to Sonas Group, SIMS and Relaxing individual sessions

Hearing loss

Compensate for hearing loss by ensuring that any appliances such as hearing aids and available amplifiers are used and are working. Position the person where (s)he will best be able to lip read the leader.

Poor vision

Extra help may be needed at times in the form of physical prompts.

Check that glasses are clean and if the person needs an up-dated eye check.

Consider the possibility of hemianopia – a condition where part of the field of vision is impaired. Positioning of such a person is important, as is the need to approach her/him from either the front or from the intact side – this will avoid a startle reaction.

Mobility problems

These have to be handled very carefully. In assisting participants be cautious that you do not encourage any movements that would cause pain or damage. Consult with a physiotherapist if you are in doubt about any of the exercises. Also consult a physiotherapist and/or an occupational therapist about appropriate seating and the person's position in a chair.

The following are some causes of reduced mobility with appropriate cautions:

1. Contractures: abnormal shortening of the muscle tissue, rendering the muscle highly resistant to passive stretching.

Caution: assistance with exercises should be done with *extreme* care, advice should be sought and the helper should be very alert to indications of pain or discomfort.

2. Poor balance: there may be different reasons for this, such as:

- postural hypotension (a drop in blood pressure that occurs when rising to an upright position, which can lead to dizziness).
- hemiplegia (paralysis of one side of the body).

Caution: do not involve the person in any activity that would put her/him at risk, e.g. getting up to dance (particularly in the case of postural hypotension) or leaning forward in the chair (particularly in the case of hemiplegia).

3. Weight-bearing: a person not able to bear her/his own weight e.g. because of hemiplegia or weakened muscles.

Caution: do not get the person up to dance or encourage her/him to lean forward in the chair.

4. Stiff and painful joints: there can be many reasons for this e.g. arthritis.

Caution: care should be taken when encouraging or assisting movements that involve the

affected joints. Be alert to non-verbal signs of pain or discomfort.

5. Lower back pain: pain experienced in the lower back.

Caution: care should be taken when encouraging or assisting leg movements, or when the person is bending forward. Be alert to non-verbal signs of pain or discomfort.

6. Osteoporosis (brittle bone disease): abnormally low density of bone.

Caution: care should be taken when encouraging or assisting movements. When touch is used e.g. rubbing the shoulders, light touch should be used. Advice should be sought before the person is encouraged to get up and dance, and particular care should be taken to avoid falls.

Swallowing / Dysphagia

Some people have difficulty swallowing certain things. A person with a swallowing difficulty may not be able to take anything by mouth, even water, or is restricted in what s(he) is able to safely eat or drink.

This can be a very serious and possibly life-threatening condition and it is vital that nothing is given to eat or drink that is contra-indicated by the person's condition. Guidance should be sought from the medical/nursing team, and/or a specialist speech & language therapist.

Caution: consult regarding what is safe and appropriate to be given as a taste item.

Dietary restrictions

- Different types of illness may require special diet. Always consult regarding what is appropriate for the person to be given as a taste item.
- Be aware of any dietary restrictions that apply as a result of e.g. -
Diabetes, Coeliac disease, food allergies or cultural differences

Other factors should also be taken into account for the taste item

1. Cultural needs: different cultures have certain dietary restrictions which may apply at all times or at specific times of the year.

Caution: consult regarding what is appropriate for the person to be given as a taste item and be aware of changes throughout the calendar.

2. Allergies: these can be many and varied and very specific to individuals.

Caution: consult regarding what is appropriate for the person to be given as a taste item, and be aware of ingredients of items given and action to take if an allergy is triggered.

3. Personal taste: this can be as varied as the individuals in your group.

Caution: consult regarding people's likes and dislikes and vegetarianism should be taken into account.

Smell items

Essential oils: Engaging Dementia™ do not recommend the use of undiluted essential oils.

Topical products: sometimes hand creams or lotions etc may cause allergies.

Caution: find out if individuals are allergic to particular products.

Always –

1. Know the participants life history/ 'A Key to me'
2. Keep your knowledge up to date.
3. Ensure the safety of the participants and of yourself.
4. Consult if you are in any doubt.

Safety and Other Considerations Assessment

Sonas Group / Relaxing Individual / SIMS Sessions

Important: Safety of Sonas session participants is paramount. This form must be completed by the SPLP in consultation with a healthcare professional prior to involving a person in the Sonas Programme, and updated three months later. The form must be renewed every six months or if the participant's health status changes.

Name of session participant: _____

Signed (SPLP) _____ Date: _____ Review Date: _____

Co-signed (healthcare professional) _____

Does the person have	Yes	No	Comment	Specific Advice for the Sonas Session
Safety considerations				
Hearing loss				
Visual impairment				
Restricted movements				
Difficulties with balance				
Difficulty standing				
Arthritis				
Pain				
Swallowing difficulties				
Dietary restrictions				
Allergies				
Other considerations				
Specific cultural needs				
Any strong dislikes re items to taste or smell				
Other relevant factors				

Review Comments: _____

Role of the SPLP Level 1

- Ensures that safety forms have been completed (and up-dated) for all participants
- Plans the timing and location of the session in conjunction with the ward manager and staff. Also keeps updated on health status of participants.
- Takes overall responsibility for the session. Ensures that everything is in place for the session - CD player, smell and taste items, percussion instruments, chairs in correct position, brings or arranges for participant to be brought to the room on time.

After the session, the leader should take some time to reflect, and record his/her observations on evaluation forms. Also update ward staff, particularly if it might influence the quality of care of individual participants.

Threadgold Communication Tool (TCT)

The Threadgold Communication Tool (TCT) measures expressive communication behavior during a Sonas Group Session. It is designed primarily for older people with dementia (Engaging Dementia, 2018). Sonas Group Sessions are delivered by Engaging Dementia-trained Sonas Licensed Practitioners (SLP). TCT consists of 14 items, with a scoring range from 0-4. The scores measure the average evidence for each item during the Sonas Group Session. The higher the score, the greater the level of expressive communication behavior, with a total score of 56.

No evidence = 0, very little evidence = 1, some evidence = 2, regular evidence = 3, frequent evidence = 4. Cut-off scores: Scores below 14 (Severe communication difficulties); 15-25 (Moderate communication difficulties); 26-44 (Mild communication difficulties); 45-56 (No communication difficulties).

Name of participant: _____

1. Speaking	0	1	2	3	4
2. Vocal sounds	0	1	2	3	4
3. Eye contact	0	1	2	3	4
4. Smiling	0	1	2	3	4
5. Singing	0	1	2	3	4
6. Using gesture	0	1	2	3	4
7. Interactive touch	0	1	2	3	4
8. Exercises	0	1	2	3	4
9. Rhythmic movements	0	1	2	3	4
10. Contribution	0	1	2	3	4
11. Using instruments	0	1	2	3	4
12. Interactive posture	0	1	2	3	4
13. Smell	0	1	2	3	4
14. Taste	0	1	2	3	4

Subtotal:

Total score (out of 56): _____

Comments: _____

Date: _____

Name of SLP: _____

The number of items was increased from 12 to 14 in this edition of the TCT (2018) to include the senses of smell and taste, based on the results of the psychometric test carried out in 2016 (Strøm, Engedal & Grov, 2016).

Verbal communication

1. *Speaking*: expresses ideas or feelings in words, samples of verbal interaction could be recorded
2. *Vocal sounds*: expresses with sounds only, no identifiable words, but any sound uttered by the participant e.g. laugh

Non-verbal communication

3. *Eye contact*: briefly meeting the eyes of another person, either the group leader, helper or other member of the group.
4. *Smiling*: using lips/mouth to convey pleasure enjoyment or satisfaction.
5. *Singing*: indicating the ability to sing the words, 'la, la' or hum during this section of the group.
6. *Using gesture*: any gesture that could be interpreted as having meaning e.g. waving, pointing, conducting the music, or indicating the person does/doesn't want something.
7. *Interactive touch*: patting or stroking someone's hand, holding hands. Can be observed when shaking hands during the greeting and farewell song.
8. *Exercises*: partaking in any of the exercise section. No matter how small the movement, it is about the person participating to their best ability.
9. *Rhythmic movements*: shaking or beating instrument in time to music, swaying to music, clapping hands, tapping feet, beating time with a finger to the best of the person's ability.
10. *Contribution*: evidence of willingness to attempt to sing, say a poem or any other personal contribution, either verbal or non-verbal or the person being facilitated to contribute by the leader e.g. the leader telling the person's story
11. *Using instruments*: any appropriate active use of an instrument e.g. beating time with drumstick, or shaking maracas.
12. *Interactive posture*: open posture, turning towards someone, reaching to take someone's hand e.g. Does the person appear engaged with the session, how does their body language reflect their engagement?
13. *Smell*: response to stimulation of smell.
14. *Taste*: response to stimulation of taste.

References

Engaging Dementia. (2018). *Sonas Course Booklet*.

Strøm, B. S., Engedal, K., & Grov, E.-K. (2016). A Psychometric Evaluation of the Threadgold Communication Tool for Persons with Dementia. *Dementia and Geriatric Cognitive Disorders Extra*, 6(1), 150-160.

Section 6: Work Based Learning and Focus on Day Two

Day 2 will concentrate on feedback of your use of the SIMS programme. You are required to complete Part 1 of your Work-based Learning Booklet before Day 2, and email back to Engaging dementia following the link one week prior to our next training date

These forms will be used in the feedback process.

Day 2 will also focus on –

- **Feedback on facilitating a SIMS Session**
- **Introduction of the Relaxing Individual Session**
- **Experience of living with Dementia**

Your experiences of facilitating the SIMS Session
--

Positive Points	Difficulties Encountered

Difficulties Addressed

Problem:
Solutions:
Insights:

Section 7: The Relaxing Individual Session

The Benefits of Music

Music is a form of communication and interaction

- Conveys mood
- Background music encourages people to talk
- Encourages singing which is expression

Music is rhythmic

- Encourages expression through dance and use of instruments
- Can highlight the natural rhythm of speech

Music is stimulating and motivates exercise

- Encourages exercise
- Stimulates the brain

Music is relaxing

- Slow, gentle music can aid relaxation

Music can trigger memories and expression

- Can help to bring back memories
- Can assist the production of words associated with the music

The Benefits of Touch

Touch is an important communicator and should be stimulated in whatever way is appropriate.

Points to remember –

1. Touch must be used with respect and permission
2. Cultural differences must be honoured
3. We must be aware of sexual dis-inhibition and personal history in some people and mindful of how our approach might be interpreted

Touch can be –

- ‘interpersonal’ as in a handshake or a hug and this can be thought of as *instrumental* e.g. when bathing someone or helping them to dress, or *expressive* e.g. rubbing someone’s hand as a gesture of comfort
- ‘tactile’ as in the feel of objects

Sometimes interpersonal touch may be inappropriate and then the tactile use of touch can be encouraged through the introduction of objects which have a variety of texture, shape, hardness and softness, and fluidity.

Body awareness

~ can help awareness of both sides of the body following paralysis of one side
~ awareness of one’s body can help the sense of individuality

Self-esteem

~ feeling accepted as one is can raise self-esteem

Acceptance

~ can often show acceptance more than words

Competence

~ repetition of the touch format allows practitioners to become competent
~ a competent practitioner will instil confidence in clients

Relaxation ~ often a gentle ‘rub’ can help relaxation

Suggestions for tactile use

Pebbles Wood Bubble wrap Tweed Seersucker Velvet Sand Water

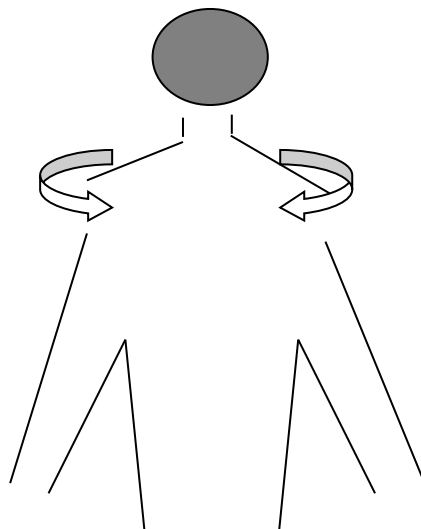
Use of Touch in the Group, SIMS & Relaxing Individual Sessions

In general

- Be aware of non-verbals
- Don't initiate conversation but respond to any that is offered

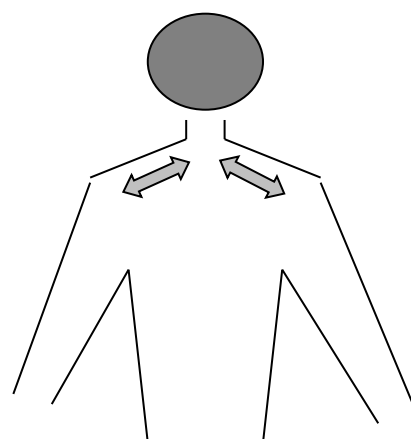
Shoulders (1)

The palms of the hands should be used in circular movements and should remain in contact with the shoulders throughout.



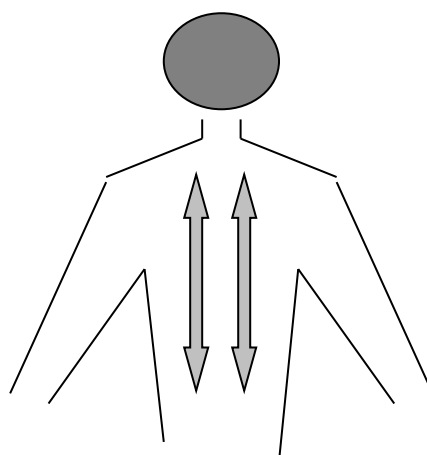
Shoulders (2)

Use the back of the fingers - again keeping them in contact throughout.



Back

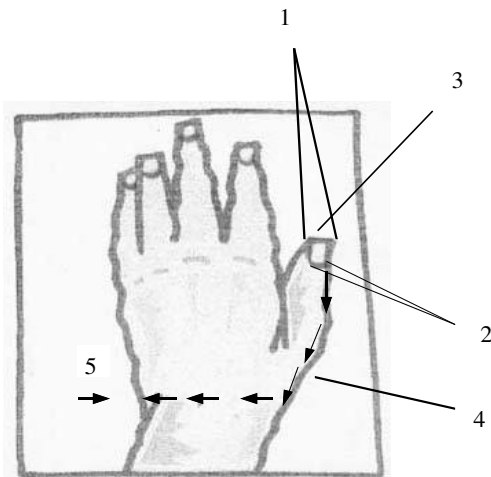
Use the back of the hands on either side of the spine with slightly more pressure in the upward direction. Keep hands in contact with the back throughout.



Use of Touch in the Relaxing Individual Session

When working on the hands –

- ~ Sit at right angles to the person ~ Have a cushion or pillow to rest the person's arm on
- ~ Use your soft finger/thumb pad and not the nail.
- ~ Don't use oil or talcum powder ~ Don't make prolonged eye contact which becomes a stare.

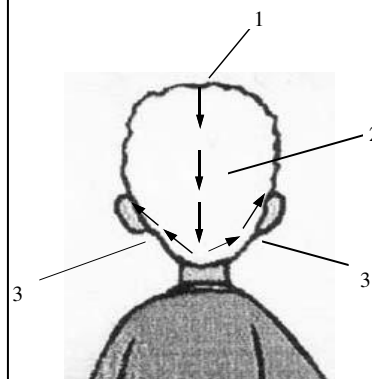


Hands

Take the hand in one of yours and with the finger and thumb of your other hand apply gentle pressure to the top two corners of the nail **(1)**, the bottom two corners of the nail **(2)**, rub gently across the top of the thumb **(3)**, move down the outside of the thumb using small circular movements **(4)**, continue across the back of the wrist **(5)**. Retrace and repeat.

Head

Stand behind the person and place your finger or fingers centrally about a third of the way back from the forehead **(1)**. Make small light circular movements on the scalp, moving backwards and downwards to the nape of the neck **(2)** keeping in a central line. Then use fingers or thumbs of both hands to continue the circular movements up behind the ears ending just in front of the ears **(3)**. Retrace and repeat. While using one hand keep the other by your side.



Relaxing Individual Session Evaluation Form

Name of participant: _____ Date: _____

Note: Part 1 of this form is filled out before the session, and Parts 2 and 3 after the session

Numeric value: No evidence= 0; Very little evidence= 1; Some evidence=2;
Regular evidence = 3; Frequent evidence= 4

Part 1 Before the session

Did the person show evidence of

	Evidence (0 - 4)	Comments
Eye Contact		
Facial Expression		
Spontaneous Speech		
Vocalising		
Tension		
Relaxation		
<i>Total</i>		

Part 2 During the session

Did the person show evidence of

	Evidence (0 - 4)	Comments
Indicate well-being		
Indicate ill-being		
Show anticipation		
Vocalising (sound only)		
Using meaningful sounds/words		
Respond to interaction		
Indicate wanting more		

Move/look toward you		
Make eye contact		
Appropriate touch		
Use facial expression		
<i>Total</i>		

Part 3 After the session

Did the person show evidence of g

	Yes	No	Comments
Interaction			
Relaxation			

Was there any feedback from staff about after effects of the session?

Signed by SLP: _____

[illegible][illegible]



Keep up to date with the latest knowledge on dementia in Ireland and connect with other SPLPs by logging into our [Engagement Hub](#) account, following us on social media and visiting our website



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