

The Loss of Empathy and Connection in FTD

Loss of emotional warmth and indifference toward other people, including loved ones, is common when disease affects the brain's frontal lobes in FTD. Uncharacteristically insensitive comments to others, self-centeredness in actions, and flat, emotionless facial expression are common. Other behavioral symptoms, while challenging, can be addressed with specific strategies. Approaches to empathy loss must focus on the family and persons involved in care.

Educate all caregivers about loss of social behaviors

- Recognize that loss of empathy and the inability to connect emotionally are primary symptoms of FTD.
- Acknowledge the hurt, sadness and anger that occur in a relationship when one partner no longer reacts in expected ways. Loss of empathy is often the most distressing symptom for spouse/ partner and family.
- Encourage the frequent use of counseling and support to process emotions, such as AFTD educational materials and FTD support groups.
- Teach others involved in care about FTD. Individuals with Alzheimer's disease will smile and make eye contact; people with FTD do not. It is much harder to establish a relationship without social behaviors.
- Help new staff, residents and visitors learn that flat facial expression and a blank stare are effects of the disease and do not convey indifference or anger.

Help caregivers discover new ways to relate to person

- Develop a new way of relating to the person without expecting a response in return. Act from your own empathy, empowered by feeling good about what you can do.
- Share pictures, videos, and room props like awards and sports memorabilia of the person and his/her family to help everyone understand and to keep positive memories alive.
- Identify topics that care providers might discuss with the person: names and antics of pets, the university she attended, favorite television programs, and family memories.
- Go through the actions of meaningful interaction i.e.: speak in an engaging way, invite the person's input, do previously enjoyed activities, celebrate birthdays, and special occasions.
- Encourage family to remain involved in care and speak frequently with staff to share and appreciate the positive interactions each has with the person. Assume the person enjoys the activities based on their interests and preferences.
- Reassure family and professional caregivers that they are doing something good for the person and for themselves; maintaining the person's individual identity enhances the quality of care.

Help caregivers redefine expectations, connections and relationships

- Recognize how lack of empathy affects interactions with other residents; pushing to get to dining room, cheating at bingo, etc. Use positive, not punishing, behavior approaches.
- Share ways staff members interact with individual. Since staff does not share a history with the resident, they may suggest new ways for families to relate to the person when they visit.
- Recognize unexpected moments of insight or connection with the person and share them with family and staff.
- Help the family recognize when their loss of emotional connection interferes with care decisions.
- Redefine the relationship continuously as the disease progresses. Keep your side of the connection open regardless of what the other person is doing.