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# Communicating With Cognitively Impaired Patients (Alzheimer's and Other Conditions)



## Objectives

- Define cognitive impairment
- Discuss the basics of communication strategies
- List measures to obtain information from the dementia patient
- Explain the KISS method for communications
- Differentiate between verbal and non-verbal communications

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Health care workers frequently encounter individuals who are cognitively impaired, Cognitive impairments affect the ability to think, concentrate, formulate ideas, reason and retain information. Although often associated primarily with old age, cognitive decline may occur due to a variety of reasons such as:

- ✓ Alzheimer' disease
- ✓ CVA (stroke)
- ✓ Delirium – often caused by infections, electrolyte imbalances, brain anoxia
- ✓ Brain trauma – can happen at any age
- ✓ Developmental disorders – mental retardation, autism, learning disabilities
- ✓ Dementia – the word that describes the collection of symptoms outlined below

The signs of cognitive impairment include memory loss, changes in behavior or personality, loss of judgment or the ability to make decisions and other communication difficulties. When a person suffers from cognitive impairment it can be challenging to communicate effectively with them. As healthcare workers, it is very important that we are able to have the patience, understanding and skills to provide quality care to those individuals who are affected by cognitive impairment.

#### Communication Challenges:

- They may have a limited attention span and may find it difficult to follow long conversations. Keep topics in the KISS format: Keep It Short and Simple. Try to avoid conversations that go into detail, and try to avoid difficult vocabulary. This will help patients to understand, and in turn, respond more appropriately.
- They may attempt to describe an object that they cannot name or create a word to describe the object.
- They may only be able to focus on one thought at a time, so multiple step instructions may lead to confusion. Give them time to complete one step at a time, before moving on to the next step.
- They may exhibit short term memory problems, which in turn, affects their train of thought - or to repeat thoughts again and again. They may quickly forget what they did understand at the beginning of the conversation.
- They may be affected by background distractions such as a television, noise or nearby conversations, which can compete for attention and impair conversations and communication.
- They may need much more time than the average person to respond to a question. Staff and family caregivers must be patient, allowing the patient enough time to process questions and formulate responses.
- They may have communication challenges with resulting frustrations, which often cause many of the negative behaviors that commonly occur in a person with dementia.
- They may have additional hearing or visual difficulties that affect their communication ability.

#### Communication: Focusing on Abilities:

- People who suffer with dementia are people with individual needs and wants. Furthermore, the disease progression associated with dementia occurs at a different rate for each person. The staff, and family caregivers must be flexible with their communication techniques; adapting their strategies to reflect each person's changing cognitive level and need.
- Persons with dementia will often communicate to family and staff through their behaviors and expressions of emotion.

- In order to improve communication with a person who has dementia, staff and family caregivers must be creative listeners, and adapt communication strategies to meet each person's unique needs. Both verbal and nonverbal communication should be used.

Examples of non-verbal communications include:

- Shaking hands
- Providing eye contact
- Hugging
- Smiling
- Touching gestures



Verbal communications include:

- Giving feedback
- Initiating a conversation
- Asking questions
- Giving instructions
- Storytelling
- Singing

Communication Strategies: Helping the Person with Dementia Communicate:

- Self-expression is vital to a person's well being. Every effort should be made to show interest in what the person with dementia is attempting to communicate.
- Never interrupt a person who has dementia when he or she is trying to communicate an idea - this distraction may cause them to lose their train of thought. It may be helpful to supply a word that the person with dementia is struggling to find.
- Eye contact (nonverbal communication) and following with an acknowledgement (verbal communication) are excellent methods to let a person know their thoughts are being heard. The blending of nonverbal and verbal communications is very beneficial.
- Never contradict or argue with a person with dementia because this may lead to a catastrophic reaction such as yelling, crying or striking out. Staff must be sensitive to the limited understanding and comprehension of that person.
- Look at the emotional meanings and subtexts behind statements made by a person with dementia. For example, a person waiting for their mother may most likely be feeling lonely, insecure and fearful.

## Communication Strategies: Helping the Person with Dementia Understand You:

- It is critical to get a dementia patient's attention before saying anything to them, staff and family caregivers should begin a conversation by making eye contact.
- It is also important to identify yourself and call the person by name.
- Staff and family caregivers need to speak slowly and clearly, and in a low pitched voice, while maintaining an open, calm and friendly communication manner.
- It is important to remember to break down tasks into clear and simple steps.
- Staff and family caregivers must also be aware of what words are familiar to the person and remember to use them often. Using words from a person's native language can be extremely helpful in communication efforts.
- When communicating with a person who has dementia, avoid open ended questions. Offer yes or no questions. Or provide a choice limited to no more than two items - anything more will cause further confusion.
- If a person with dementia does not understand the question, repeat it or rephrase it. Sometimes the patient may reply appropriately if they have a better understanding of the question.
- Persons with dementia need more time than the average person to process a question and may require extra time and patience to respond.
- Most importantly, simple expressions of caring communicate to any person that they are loved and appreciated. A smile or a hug speaks volumes to a person with dementia.



## Communicating With a Person Who Has Dementia:

A person with memory loss and confusion may have trouble understanding what is said, or saying what he or she thinks and wants. This can be very frustrating for both the person with dementia and his caregiver. Following are some practical tips to help make communicating easier:

- 1. Personalize your Conversation:** Use the person's name to get his attention. Talk to the person directly, make eye contact. Try a gentle touch on the arm to help him focus on the conversation. Speak on a topic that both the speaker and patient express an interest in.
- 2. Use Short, Simple Sentences:** Keep sentences short and easy to understand. Speak clearly and slowly. This allows for better comprehension.
- 3. Repeat Sentences Exactly:** If the person does not seem to understand a word, try substituting another word that will convey the same meaning. Repeat what you are saying, using the same words, gestures and tone of voice.

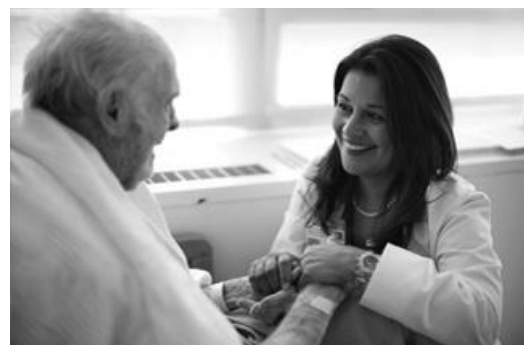
4. Be Specific: Say “Here is your oatmeal”, instead of, “It's time for breakfast”. Or try; “Do you want your glasses?” instead of “Do you want these?” Avoid the phrase, “Don't you remember?”

5. Offer Simple Choices: Ask questions that require a yes or no answer. Limit the number of choices in a question “Would you like a cup of tea?” instead of, “Would you like something to drink?” When giving instructions to a patient, only one step at a time should be given, allowing for comprehension and understanding.

6. Use Labels: Label frequently-used-items with a picture (e.g. a toilet on the bathroom door or cups on a cupboard door).

7. Use Signals Other than Words:

- Use Non-Verbal Communications/Universal signs
- Wave or gently touch the person's arm to say hello
- Smile and nod to show you understand what is being said
- Motion with your hand to invite him to join in an activity
- Show the person what you are talking about (ie, point to a glass when asking if he wants a glass of water)
- Use touch when the person is upset
- Watch and listen for clues in behavior. (Wandering can often mean the person needs to use the toilet)
- Be aware of your body language - facial expression, tone of voice and posture. The person may not understand the content of what you are saying but he will understand your non-verbal signals



8. Try to Determine What is Really Being Said: Stop talking and listen to what the person is saying. Repeat what you hear “You're hungry now, aren't you?” Think about what the person really means; “I want to go home” may mean “I'm anxious and need reassurance.” Recognize the tone as well as the words. Give the person time to answer. Offer support even when you do not understand him.

9. Reduce Distractions: Communicate in a calm, quiet environment where the person will not be distracted by other activities. Encourage the person to wear his glasses and hearing aid. Provide the conversation at face level. (Approach from the front, do not surprise the patient from behind).

10. Have Patience: Impaired patients can be time-consuming; they do not know they are repeating themselves. This may take a toll on the provider, yet the provider should remain calm without getting frustrated.

Pain is another area that may alter mental capacity. Treating pain in patients with cognitive impairment is a difficult task for a very simple reason: communication. Dementia patients may not be able to communicate fully about their pain due to their cognitive impairment. Depending on the degree of impairment, the person may not be able to say where it hurts or even that pain is present.

The most important factor, when determining pain, is flexibility and persistence in finding the scoring method most appropriate for the individual patient. Depending on their own cognitive abilities, some patients may respond better to a numeric scale (0-10 scale), some may do better with words (no pain, mild pain, moderate pain, severe pain), and others may prefer an instrument based on faces. (See chart)

### Pain Scale:

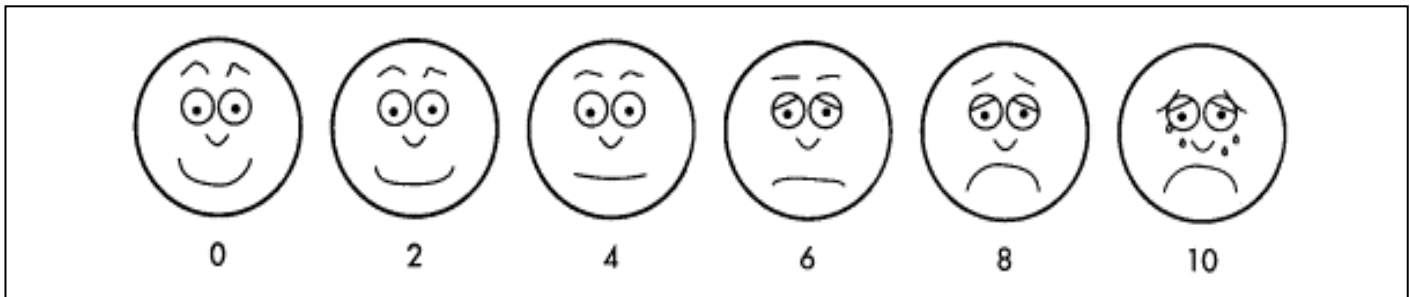
Allows the patient to describe the presence and intensity of pain:

None (0)

Mild (1-3)

Moderate (4-6)

Severe (7-10)



- Assessing pain in an impaired person is not an easy task. Look for non-verbal clues
- Activity changes – excessive sleeping, personality changes. Moaning/grimacing
- If in doubt, assume that it hurts
- It is not just how severe their pain is; it is how that pain impacts their quality of life that should be of concern

### **Conclusion:**

Providing care to cognitively impaired individuals is not an easy task. It is frustrating to have to deal with a wide range of behavioral issues day after day for a long period of time. Dealing with these individuals can cause healthcare workers to become “burned out” from excessive stress related to the responsibility of meeting the needs of these challenging patients. Healthcare workers should be aware of their own limits and need to seek help when the demands become overwhelming by voicing their feelings of frustration and stress to their supervisor so that assignments can be shifted or shared to utilize the best source of healthy resource for the client. And while providing care to cognitively impaired people can be one of the most challenging situations in healthcare, it can also be one of the most rewarding.



## **Additional resources can be found at:**

### **Alzheimer's Association**

225 North Michigan Avenue, Floor 17  
Chicago, IL 60601-7633  
1-800-272-3900 (toll-free)  
[www.alz.org](http://www.alz.org)

### **Alzheimer's Disease Education and Referral (ADEAR) Center**

P.O. Box 8250  
Silver Spring, MD 20907-8250  
1-800-438-4380 (toll-free)  
[www.nia.nih.gov/alzheimers](http://www.nia.nih.gov/alzheimers)

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

322 8th Avenue, 7th Floor  
New York, NY 10001  
1-866-232-8484 (toll-free)  
[www.alzfdn.org](http://www.alzfdn.org)

### **American Stroke Association**

(Division of American Heart Association)  
(800) 553-6321  
<http://asa.healthology.com>

### **Brain Injury Association**

(800) 444-6443  
[www.biausa.org](http://www.biausa.org)

### **Caregiver Resource Room**

[www.aoa.gov/prof/aoaprogram/caregiver/carefam/carefam.asp](http://www.aoa.gov/prof/aoaprogram/caregiver/carefam/carefam.asp)

### **Children of Aging Parents**

PO Box 7250  
Pennel, PA 19047  
(800) 227-7294  
[www.caps4caregivers.org](http://www.caps4caregivers.org)

### **Family Caregiver Alliance**

785 Market Street, Suite 750  
San Francisco, CA 94103  
(415) 434-3388  
(800) 445-8106