COMMUNICATION WITH COGNITIVELY IMPAIRED CLIENTS

INTRODUCTION

There are many challenges you will face when working as a certified nursing assistant (CNA), and one of the most difficult is working with clients who are cognitively impaired. The word cognitively is derived from the word cognition, and the word cognition means of or relating to, conscious thinking.

Cognitive impairment is defined as the inability to perform complex intellectual tasks.

The term “complex intellectual tasks” would seem to mean activities such as mathematics, memory problems, and intricate problem solving. But human beings are very intelligent, and even the most basic tasks of day-to-day living require a lot of higher intellectual ability. In order to go through day safely and successfully, we have to be able to reason, to think, to use logic. We need to be able to communicate, use short-term and long-term memory, and to learn new tasks. All of those - the ability to reason, use logic, communicate, use short and long-term memory, learn new tasks - are the higher intellectual abilities we need in order to function in our environment. Everything we do in our daily lives may seem simple, but all of these tasks actually require complex intellectual abilities.

People with cognitive impairment have difficulty in communicating. They have difficulty in understanding what is said to them. They can, at times, become confused about who you are, and they can be confused about who they are. They can be confused about where they are, what day of the week it is, and what year it is. People who suffer from cognitive impairment often do not have the ability to think clearly and logically, or they may only have the ability to do so in limited circumstances or for brief period of time. Of course, each person is different in terms of strengths and weaknesses. For example, some people may have no difficulty with short-term or long-term memory problems but have considerable difficulty learning new tasks.

There is no one single condition, illness, or disease that causes cognitive impairment. People with cognitive impairment may have had a stroke, they may be suffering from Alzheimer’s disease, they may have had a head injury, or it may not be known why they have lost the ability of complex thinking. The only certainty is that there has been some illness, disease, or accident that has affected the parts of the brain that control the ability to think, concentrate, and reason. The impairment may be temporary or it may be permanent.

Learning Break: Although many people with cognitive impairment are elderly, being old does not always mean that someone has a diminished mental capacity. Never assume that simply because someone is old that being agitated or confused is nothing unusual.
Regardless of why your clients have cognitive impairment, coping with this situation can be very difficult. It takes patience and compassion. Above all, as a CNA and a healthcare professional, you must remember that these clients do not have the ability to function and think as you do. We use our powers of thought, concentration, memory, logic, and language to cope with the world around us. For these people, those skills are absent or damaged. As a result, they cannot understand what they see and hear and what you say. Many times, this will leave them frightened and confused. And more importantly, it leaves them dependent on you as a professional.

OBJECTIVES

When the student has finished this module, he/she will be able to:

1. Identify a basic definition of cognitive impairment.
2. Identify two possible causes of cognitive impairment.
3. Identify two aspects of non-verbal communication.
4. Identify two aspects of verbal communication.
5. Identify two non-verbal communications that should be avoided.
6. Identify two verbal communications that should be avoided.
7. Identify two key approaches that can be used when working with the client with cognitive impairment.
8. Identify two other key approaches that can be used when working with the client with cognitive impairment.
9. Identify why people with cognitive impairment may act aggressively.
10. Identify the best approach for working with someone who is acting aggressively.
WHAT ARE THE CAUSES OF COGNITIVE IMPAIRMENT?

There are many, many diseases and medical conditions that can result in cognitive impairment: the list of possible causes is very long. However, the common theme is that there has been some damage or compromise, either permanent or temporary, to the parts of the brain that control the higher intellectual functions. Although there are many, many possible causes of cognitive impairment, the majority of cases of cognitive impairment are due to a few, relatively common issues.

**Permanent Causes of Cognitive Impairment**

- Alzheimer’s disease
- Brain tumor
- Cerebrovascular accident: A cerebrovascular accident (CVA) is commonly called a stroke. A stroke is cause by bleeding in the brain or by a clot that lodges in a blood vessel in the brain. In either case, there can be permanent damage to the brain.
- Chronic drug abuse, e.g., chronic use of alcohol, amphetamine, or other illicit substances.
- Traumatic brain injury

**Temporary Causes of Cognitive Impairment**

- Dehydration
- Fever
- Intoxication with alcohol or drugs
- Hypoglycemia (a.k.a. low blood sugar)
- Hypotension
- Hypoxia (Low oxygen content in the blood)
- Infections
- Medication side effects
- Transient ischemic attack: A transient ischemic attack (TIA) is similar to a stroke but the damage is not permanent.
- Withdrawal from alcohol or drugs

The permanent causes of cognitive impairment listed above cause death to the brain cells by several different mechanisms. They completely block blood flow to the brain; there is traumatic damage to the brain; or they cause damage to the brain by interfering with normal metabolism of the brain.

Many of the temporary causes of cognitive impairment disrupt the higher intellectual abilities because they interfere with the metabolism of the brain. The brain needs oxygen and food - the food being glucose, or blood sugar - to operate, and the brain and the central nervous system are extremely sensitive to a lack of oxygen or glucose. Without adequate supplies of these nutrients, some level of cognitive impairment will be seen. Elderly people are especially at risk because may have frail health and pre-existing medical conditions and without glucose and oxygen cognitive abilities will suffer.
Example: An 89-year-old client who has a fever of 104.3°F will have an increased heart rate because of the fever: heart rate increase as body temperature goes up. However, that client’s heart may well be very weak and unable to tolerate a very fast pulse or pump a lot of blood out with each heart beat. So if the patient has a high fever and a rapid heart rate the brain doesn’t get the blood and oxygen it needs and the client becomes confused.

It is important to remember that although cognitive impairment is more common in the elderly, this is simply because many of the causes of cognitive impairment such as Alzheimer’s disease, stroke, and TIA are more often seen in the elderly population. Getting older does not necessarily mean that mental function inevitably declines to a point at which someone cannot competently perform activities of daily living, and you should never assume that a sudden decrease in someone’s mental abilities is acceptable just because that person might seem is of a certain age. The decrease in mental acuity may be from a simple, easily treatable cause or it may indicate that a serious medical condition is developing.

WORKING WITH THE CLIENT WITH COGNITIVE IMPAIRMENT: AN EXAMPLE

Imagine you have come home after a long day of work. You are working tomorrow at 7:00 am so the alarm is set for 6:00 am. However, at 5:30 you wake up from a very deep sleep because someone has just turned on the lights. You open your eyes and see that there are two women in your bedroom.

You have never seen either one of these women before. You have no idea who they are and before you can begin to get your wits about you, one of them yanks the covers off the bed and the other one is trying to take your pajamas off.

They are speaking to you - something about how it is time to get up and get washed - but you can’t really understand what they are saying; the only thing that matters to you is that you were sleeping and now two strangers are trying to undress you. Suddenly, a third person comes into the room. That person, without a word, pulls up one sleeve of your pajama top and sticks a needle into your arm and then tries to push some pills into your mouth. Then, they all team up and try and pull you out of bed. They aren’t necessarily being rough, but it is obvious that they are in a hurry.

How would you react? If someone you didn’t recognize woke you up from a deep sleep, tried to take your clothes off, stuck a needle into your arm, was pushing pills into your mouth, and trying to yank you out of bed - all while speaking what was essentially a foreign language - it is safe to say that you would be very frightened and confused. It wouldn’t be unreasonable for you to resist and you might even try and defend yourself as best you could.

This illustration may seem extreme, but it’s not. Ask anyone who has worked with clients who suffer from cognitive impairment and that person will tell you a situation such as this is very common. A patient who has as significant degree of cognitive impairment will be unable to understand what is happening and the confusion and difficulty in communicating with these clients can be quite frustrating for the patient and the people caring for the patient.
So working with a client who has a significant degree of cognitive impairment can often be very difficult. What you would consider to be normal patterns of communication are not possible. However, it is important to realize that these interactions are a two-way street; the situation is difficult for the client, as well. So when you are caring for someone who is confused, uncooperative, perhaps even aggressive because that person does not have the ability to understand what you are saying and doing, it is absolutely natural to feel frustrated. But remember: the client is doing the best he/she can and their feelings of confusion and fear are probably just as intense as your feelings of frustration.

**Learning Break:** Someone with a significant degree of cognitive impairment may not know why he/she can’t understand the world around them. But that person often does know on some level, that there is impairment. She/he can sense that the ability to cope is limited and as a result, fear and uncertainty are natural feelings when interacting with others. The person with cognitive impairment feels a bit defenseless, and he/she is a bit defenseless. They are impaired, they know they sense they are impaired, and that increases the anxiety level.

**A PRACTICAL APPROACH TO WORKING WITH CLIENTS WHO HAVE COGNITIVE IMPAIRMENT**

Fortunately, with the proper attitude and some simple techniques, working with clients who have cognitive impairment doesn’t have to be painful for you or for them. Here are some basic tools that can help you when you are working with a client who has cognitive impairment.

- **Patience:** You will need a lot of patience. The natural instinct when interacting with another adult is to assume that he/she is at your level of emotional and intellectual ability. This is not true of the client with cognitive impairment. This is a simple idea to understand, but many people have difficulty remembering this. But think back to the last time you interacted with a small child. You did not expect the child to act like an adult, and you did not expect the child to understand complex ideas or new and unusual situations. Knowing all this, you made adjustments in the way you communicated and in the ways you treated the child and the responsibility for making these adjustments fell on you. When you are working with a client who has cognitive impairment, you are, in one sense, the adult. You need to be patient. This example is not intended to compare an adult to a child or to be demeaning. It is simply used to stress the point that expectations must be realistic. You are working with clients who have a significant disadvantage in terms of their mental abilities.

- **Non-verbal communication:** Most of us think of communication as what we say or the words we use. But there is quite a bit of our communication that is non-verbal. The tone of your voice, the loudness or softness of your speech, the speed at which you talk, the way you stand, and where you stand when you speak to someone - all of these are forms of non-verbal communication. People with cognitive impairment may have lost the ability on an intellectual level to
understand everything you are saying. But their other senses are completely intact. They will often respond to how you speak to them rather than what you are saying. So it is often best to stand where the person can easily see you. Making eye contact is important. Avoid touching the person until you are sure he/she won’t feel threatened by physical contact. Never pull or yank on someone if you want that person to move, change positions, stand up, etc. When you first approach someone, try and do so slowly; don’t rush at them.

Verbal communication: You don’t have to be “talk down” to people who have cognitive impairment. However, until you have established otherwise it is sensible to be gentle and take your time when communicating to these clients. Speak slowly and clearly. Try and keep your language at a basic level. Give them time to process what you are saying, and try and remember that it may take them far longer than you imagine to completely grasp the meaning of what you have said. It also helps to keep your communication simple and direct. Do not speak quickly, and make sure that you use simple terms and words. Don’t be afraid to repeat what you have said, and don’t be surprised or frustrated if you have to repeat yourself several times. And don’t forget: although you may remember something that was said to you earlier in the day or earlier in the week, these clients may forget something that was said to them just an hour or a few minutes ago. Repetition and reinforcement will also help clients to remember.

Learning Break: It takes everyone time to get used to a new idea and change isn’t easy no matter who you are. But for the person with cognitive impairment even ordinary situations in day-to-day life can represent new ideas and change. You can recognize people and situations that you are familiar with. But many times for these clients, even people and places they should know well may seem strange and unknown. They are constantly challenged by a world that seems new and different from moment to moment. Imagine how difficult it must be to be constantly being “re-introduced” to the world around you.

Flexibility: Perhaps nothing is more important when working with a client who has cognitive impairment than flexibility (And the opposite is also true: nothing is more harmful when working with these clients than being stubborn or rigid). What do we mean when we use the term flexible? It means simply that you adjust to the demands of the situation. It means that you are able to change your plans. It means that you realize what is/ isn’t important, and that you know that getting the task done is far more important than how you do it.

Priority setting: Many health care professionals see their job as a series of tasks that need to be accomplished. That is true in one sense, but working with people is very complex. Many times it is simply not possible to do everything you need to do and want to do, how and when you want to. Situations change and people change. If you are not able to clearly see what at any given time is the most important priority, your job will be very difficult: you must know how to set your priorities and how to change them as needed. Ask any experienced health care
professional and he/she will tell you that in order to function efficiently, it is important to know what is most important, but you also need the ability to see that the situation has changed and to understand that a new, more important priority has replaced the previous one. Setting priorities is important, but so is being able to change and adjust your priorities.

- Regular routines: Because the person with cognitive impairment has difficulty remembering people, places, and situations, he/she can be helped by establishing reliable routines. If it is possible, try and arrange for the same CNA to work with the same clients. Try and find a routine for daily activities that is simple, does not change, and will be easy to remember for the client. Be careful to slowly introduce changes into the client’s daily routine, and try and explain these changes as clearly as possible. And if you tell the client that you are going to do something, make sure that you follow through on your promise. The client may surprise you by remembering what you said (e.g., you will in his/her room at 9 in the morning to help them get dressed) and may become disoriented if you do not keep your word.

Example #1, Verbal and Non-Verbal Communication: Your client is being treated by the physical therapy department because she is recovering from a broken hip. You need to help the client perform range of motion exercises. These typically take about 10 minutes to perform, there are five separate exercises, and three of them are a bit complicated. You are familiar with the exercises - you have helped other clients do them - but this is the first day you have worked with this person. The first three exercises go smoothly, but not the fourth. This one requires you to place your hands under the client’s heel and on the sole of the foot. The client must lift her leg from the hip, bend the knee down, and then push against your hand while flexing the leg at the hip and knee. But every time you ask the client to push against your hand she pulls back instead, and at times she straightens her leg instead of bending at the knee. The client has a degree of cognitive impairment because she suffered a stroke, and the simple instructions you are giving her (They seem simple to you) are not working, e.g., “Bend at the knee and hip, now push, push against my hand.” The client can’t seem to understand.

The wrong way to handle the situation would be to become impatient. A feeling of impatience would be perfectly normal, and impatience doesn’t imply being rude or discourteous. But many people would feel impatient and would express this by repeating the same instructions in the same way, speaking a little louder and a bit more slowly, and eventually becoming exasperated and frustrated. However, this approach is rigid and is unlikely to be successful. If the client cannot understand the instructions for the exercise, giving the instructions over and over again while speaking more loudly and a bit more slowly is not likely to work.

The right way to make this experience better for the client and for you - or at least a better way - would be to see that simplifying the instructions would be difficult as they are very basic. However, you could break them down into small steps in order to give the client time and you can use non-verbal communication. Instead of saying, “Bend at the knee and hip, now push, push against my hand,” try this. Take the client’s leg and bend it at the hip and while doing so say “Bend at the hip.” Repeat this several times, and after...
each attempt wait a bit to give the client time to absorb the information, ask her if she understands and then try the next steps. Doing it this way uses simple, short verbal communication and non-verbal communication, small discrete steps instead of a long chain of tasks, and it also makes the process shorter and more manageable.

**Example #2, Regular Routines:** People who have cognitive impairment have difficulty learning new tasks and adjusting to change. Unfortunately, the routines of many health care facilities are often disrupted and unpredictable. Suppose you have established a routine for your one of your client’s meals and it seems to be successful. His meals are served at the same time every day and he always eats alone. However, on this day not only is the meal 10 minutes late, but because of new admissions to the unit the client has to take his meal in a different area and eat alongside several other people. It is clear that these changes have upset him, he is confused, and you are worried that he will become agitated.

The wrong way to handle the situation would be to fail to recognize how upsetting this change is for this client who has cognitive impairment (He has suffered a traumatic brain injury), and this would be easy to do. After all, 10 minutes is not a long time and what is so difficult about sitting next to someone else during a meal? So, you tell him that the meal was late but that won’t happen again, and that the seating and eating arrangement is temporary; he will be able to resume his normal routine tomorrow. However, that attitude assumes that the client can easily adapt to and understand changes in the environment and routine, and he is clearly indicating that he can’t. That attitude also suggests to the client that his feelings are unrealistic and unimportant.

The right way to handle the situation would be to recognize that all of these changes in the routine have made the client very upset, and his feelings are normal and should be respected. So your communication, verbal and non-verbal, should focus on providing reassurance, comfort, and support. Direct the client’s attention to the parts of the environment that are part of the regular routine. Talk to him about the food, about what you and he have done together so far that day, and what is planned for after lunch. Distraction can be a very useful technique for helping calm someone who is upset, and in this situation the distraction will hopefully remind the client less of how his routine has been disrupted and more of how much of it has been maintained. Encourage him to talk and express his concerns. And be flexible. You may have duties, but try to rearrange your schedule so that you can spend enough time with the client in order for him to feel safe.

**Example #3, Priority Setting:** Imagine that you need to assist a client in getting out of bed and getting dressed. You are very busy and you have a lot of other things you need to do for other clients, as well. But the client you are working with is resisting all of your efforts. He doesn’t want to get up, and he doesn’t want to get dressed. You can’t understand why and he can’t tell you.

The wrong way to handle this situation is to try and force the issue. You can raise your voice slightly, speak firmly but politely, and tell the patient that he has to get up and get dressed now. Some people may even try to physically lift the client out of bed and begin to undress him. This would be a normal reaction to the situation; after all, this task does need to be accomplished and you do have a lot of other people to care for. However, when the CNA tries this approach, the client begins to get agitated and confused.
The right way to proceed would be to stop and assess the situation. You need to
determine what the most important priority is, and what the best way to accomplish that
goal is. Perhaps in this situation you have more time than you think. You might be able to
sit quietly with this person for a bit and give him a few minutes in which to adjust. Ask
him why he doesn’t want to get up and get dressed, and give him time to answer; he may
not be able to express his thoughts immediately but with a few minutes the reason might
be clear. Perhaps you can accomplish the task in steps; this will also give the client time
to adjust. Also, you might be able to move to another task with another client. It may not
be important - really important - that the client get dressed right at that time you had
planned. When the day is not going as you have planned, ask yourself: Can you change
your priorities to make your day and the clients’ day run a bit smoother?

**Example #4, Flexibility:** Flexibility is closely aligned with patience, priority setting,
regular routines, and skillful use of verbal and non-verbal communication. Flexibility
could be considered to be the essential ingredient to successfully working with a client
who has cognitive impairment. In example # 1 the CNA broke out of her standard routine
for performing the range of motion exercises and used new patterns of communication. In
element # 2 the CNA was able to see the situation from the client’s perspective and also
to help him adjust to a change. And in example # 3 the CNA was able to see that he had
more time than he imagined and was able to think of several different approaches to the
problem.

All of these examples have implied that the client’s cognitive impairment is a
permanent condition. However, when you are working with a client who has become
agitated, confused, or uncooperative, you must always keep two points in mind. First, is
this behavior new and unusual? If the answer is yes, then you should immediately notify
a supervisor. The behavior may simply be an extension of a pre-existing problem, but it
could also represent something new. And second, keep in mind the possibility that this
behavior could be due to a medical problem. In example # 3 the client’s agitation and
confusion could be explained by a pre-existing cognitive impairment, but the patient
could have diabetes and be hypoglycemic. Many times people who have some condition
that caused cognitive impairment, a condition such as a stroke, may well have a medical
condition that can affect behavior.

**WORKING WITH THE CLIENT WHO BECOMES AGGRESSIVE**

Most of us are able to stop, sit back, and assess a new situation. We can decide if we
like what we see and whether or not it is safe. If we are not comfortable, we can simply
avoid the situation. And as we gain experience in the world, this process becomes easier
because we have encountered similar situations before: the learning process has become
more efficient.

But for the patient with cognitive impairment this is not the case. Because of their
impairment, many situations - even ones they have encountered many times before - can
seem new. Like everyone else, this can make them anxious, but unlike most people, they
cannot draw on their past experiences to interpret what is happening now and they cannot
quickly assess what is happening because of their impairment. Not surprisingly, when
someone who has a significant level of cognitive impairment is confronted with a new and unusual situation they feel vulnerable and afraid. Unfortunately, in many cases this fear leads to aggression and attempts at self defense.

It can be very difficult to work with someone who is confused and aggressive. You need to keep that person safe, but you must also protect yourself and others. Working with a client who is aggressive, confused, and potentially violent is very difficult but with some common sense and planning these situations can be handled safely.

- Do not indiscriminately use force: Using force can often backfire. Certainly, there are times when you need to physically restrain someone. But when and how to do so should be clearly outlined in the policies of the facility in which you are working, and the use of physical restraint is usually only allowed if it has been ordered/approved by a physician or a supervisor. So, make sure you familiarize yourself with the rules governing the use of physical restraints before these incidents happen. Physically restraining someone is the last resort. It can be dangerous for you and the client.

- Stay calm: It is natural to become excited when someone is acting aggressively. But many times, if you allow that person to express the anger the possibility of physical violence can be avoided. Most people have a natural aversion to harming another person, so give the person who is angry the opportunity to be verbal rather than physical.

- Don’t take it personally: The client who is acting aggressively is not doing so to harm you; the situation is not personal. Although the client is acting dangerously, that person believes that he/she is trying to protect herself/himself from you. Don’t give them another reason to feel threatened. Be quiet, rational, and calm. However, remember that the definition of the situation is not rational, so trying to force someone to “see things sensibly” often won’t work. You should certainly try and speak calmly and rationally, but a client who has cognitive impairment and is acting aggressively will be unlikely to be influenced by appeals to reason and common sense.
SUMMARY

Cognitive impairment is defined as the inability to perform complex intellectual tasks. Cognitive impairment can be temporary or permanent, and there are many causes: Alzheimer’s disease, hypoglycemia, stroke, and traumatic brain injury are some of the more common ones. Cognitive impairment is more common in the elderly, but it is should never be considered a normal, inevitable part of aging; it represents a serious pathology.

People who have cognitive impairment have difficulty with many of the higher intellectual functions such as short-term and long-term memory problems, adjusting to changes in routine, learning new tasks, or communication. Working with clients who have a significant degree of cognitive impairment is very challenging. But it does not have to difficult or frustrating if you practice these qualities: flexibility, good verbal and non-verbal communication patience, priority setting, and regular routines.