



Imagine the frustration of not being understood when asking for something or misunderstanding what is being said to you. Now, imagine feeling frustrated every time you had to do a simple task such as eating, drinking and personal care. People who are cognitively impaired (CI) experience this each day of their lives. So it's easy to see why some people with CI can become angry, frustrated, confused, and eventually withdrawn and depressed. They are truly lost for words!

“Read my lips”:

Communicating with the cognitively impaired

By Carol Edwards, RN, GCM

Real risks

Miscommunication can result in care risks including

- frustration and anger
- lack of trust and co-operation
- agitation in public
- verbal abuse
- aggression
- “Sundowning,” or night-time confusion and altered personality
- rushing through personal care
- changes in eating patterns
- incontinence

To understand the person with cognitive impairment, we must first understand how the disease affects the person. Alzheimer disease starts with an inability to remember people, words, reading, writing and looking after oneself, and eventually how to eat and speak.

Other neurodegenerative disorders affecting the frontal temporal lobe, such as Pick’s disease, also result in changes in behaviour, loss of insight, disinhibition, primitive reflexes, and eventually mutism, or lack of speech.

Coping with these changes is hard both for the caregiver and the person with the condition. How well I know, as my father was diagnosed with this disease. A refined and intelligent man changed radically right before my eyes! This experience was my education. Even as a registered nurse, I felt inadequate coping with this new situation not to mention the emotional stress.

For the person with CI, most communication barriers are caused by the progressive limitations of memory, thought-processing, and written and oral skills. Usually, executive functioning fails. The person cannot remember how to organize themselves. To accommodate, the person will adhere closely to routines to cope.

As words and processing becomes affected, the person may blankly not respond or have a delayed reaction and be unable to follow commands. A caregiver may misinterpret this behav-

our as being uncooperative—hence my use of the phrase “read my lips.” In fact, the person with CI cannot read the caregiver’s lips; they are more likely to read body language.

Maintaining communication

Better communication will result in better care. So what can you do to improve communication and care? Here are a few ideas:

- Speak slowly and clearly. Do not rush.
- Maintain a sense of humour.
- Keep the person in a familiar environment.
- Follow patterns consistently.
- Visit frequently to remain current in the person’s memory.
- Keep family members involved in care to help maintain familiarity.
- Hire consistent staff.
- Educate family members on how to respond appropriately to the person with CI.
- Cross-train staff to ensure similar actions. Whenever possible, train staff in front of the person with CI to ensure a complete understanding and sympathy to their situation.
- Stay informed on their ever-changing situation. Progressive diseases constantly change a person, often in subtle ways. For example, an undiagnosed infection can alter the person with CI’s ability to respond quickly.
- Seek expert medication management through a neuropsychologist, behavioral neurologist, geriatrician or geriatric psychiatrist.

- Ensure that the environment is always geared to the person's needs.
- Try to anticipate their needs. Consider hiring a private skilled support worker.
- Advocate for the elder person's care.

While CI is a serious disease with negative consequences, humour can be a great communication tool. Using humorous situations—not laughing at the CI, but helping them to laugh with you—is important. I used to practise this with my father. Once he started laughing, everything became hysterically funny. I think that it made both of us feel good; even if things were rough, he would kiss me goodnight before I left the nursing home each night. Humour helps foster a more relaxed atmosphere for communication in a friendly environment.

Trust can also play a large part in care. Once they become familiar with a caregiver, the person is more likely to co-operate. This usually occurs when they are able to read the body language of the caregiver, and vice versa; a trusting rapport will soon develop between the two parties. Alternatively, if the caregiver gets frustrated by the person's inability to co-operate and rushes their care, the trust is broken and any co-operation will halt.

Familiarity and routines

Managing the person with CI is easier in a familiar environment such as the person's home; however, the same can be achieved by well-chosen and trained private staff in a long-term-care facility. The most important element of caring for someone with CI is that all caregivers—family members and hired staff—must understand what the person is experiencing. This will help all parties to communicate effectively and to manage behaviour in a manner that compliments—and doesn't alienate—the situation. Frequent caregiver changes are not recommended for someone with CI, as the person has difficulty adapting to change. Routine is important as it's less threatening and will more likely lead to co-operation.

Professional support

Hiring additional help can help you communicate with and manage the care of a person with CI. Professional caregivers must have a kind,

calm, non-threatening approach. The ability to laugh and a good sense of humour will help. Caregivers should also be receptive to coaching on the specifics of the individual with CI. Everyone is different, and one set of reactions may not be the same as in another client. It is important that caregivers understand the person's cues. In fact, a caregiver must not only read lips but also try to read the person's mind!

A geriatric care manager (GCM) can help improve communication between the family and the person with CI, and between the family and health care professionals. A GCM is skilled at interpreting non-verbal cues and explaining the reason for the behaviours of a person with CI. This is valuable, as some family members may be experiencing or attributing the reactions or behaviours of the CI to past interactions without realizing the person's altered status.

A GCM can facilitate communication between family and medical professionals. Several of my clients, who are themselves intelligent professionals, have been upset by the insensitivity of delivering what is routine news or information for the medical professionals but devastating to the family member. A GCM can also help communicate with long-term-care staff. In order to maintain and build trust between the facility and the family, facility staff must know how to approach various family members. The confidence that the family has in the facility will be directly affected by this communication.

Cognitive impairment results in many changes not only for the person with CI but also for the family caregiver. By understanding the disease, caregivers can take the steps necessary to enhance communication and ultimately improve care. ●

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“When you come to the end of your rope, tie a knot and hang on.”

Franklin D. Roosevelt

