

Communicating with the Cognitively Impaired

A Primer for CNAs

1.0 In-Service Hour

**NOTE: This course is not accredited for RNs, LPNs, LVNs, or APNs.
This course is approved for 1 contact hour (1 in-service hour) for Certified Nursing
Assistants.**

Presented by:

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By Michael R. Cruse, Ed.S.

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Objectives:

At the completion of this course, the learner will be able to:

1. Discuss the importance of recognizing our own emotions in working with patients with cognitive impairments.
2. Explain the importance of observing patient behaviors and making behavioral accommodations where appropriate
3. Recognize triggers that may affect patients' behaviors and how to effectively manage negative behavior patterns
4. Relate how to deal with wandering, agitation, paranoia and sundowning in patients with cognitive impairments

Patients with cognitive impairments present a unique challenge to their caregivers. Communication with these patients is commonly complicated by behavioral problems, poor memory and slower comprehension and information processing skills. These impairments can lead to frustration and conflict between caregivers and patients. However, there are several practical strategies for caring for patients with cognitive impairments that will be helpful in dealing with some of these behaviors.

The first and most obvious resource for communicating with patients is your name. Introductions are critical and may need to be repeated several times, and on multiple occasions before the patient remembers who you are and what your function is in their care. Introductions should be both spoken and visual. You can introduce yourself visually, by making your appearance as uniform as possible from one visit to the next. Dramatic changes in appearance make it difficult for patients with cognitive impairments to recognize you. The best way to keep your appearance uniform is to maintain a professional dress code. If you decide to wear your hair in a certain style at work, or to only wear certain jewelry, it will help patients to more quickly and easily recognize you. Also, wearing a name tag that matches what you prefer to be called by your patients will also help them to be able to identify you, even when they may not remember your physical appearance. Once you have established a relationship with the patient, it will be easier to care for their particular needs.

Patients with cognitive impairments often exhibit unusual behaviors that you must deal with in providing their care. These behaviors can elicit a range of feelings on the part of caregivers, ranging from frustration to embarrassment. As a professional, it is your responsibility to recognize your feelings in these situations and not to let them affect the quality of your care for these patients.

The first step in recognizing and dealing with your own feelings around these behaviors is understanding that all behaviors have a purpose, even in patients with cognitive impairments. Instead of feeling angered or inconvenienced by a patient's behaviors, try to discover what personal need she or he might be trying to meet through their actions. Often times, a patient's behaviors are the result of trying to meet their own perceived needs. Many times these needs might not be apparent to you; however, if you take the time to observe their behavior, instead of just reacting to it, you might discover some of the reasons for it.

Your role as a caregiver for patients with cognitive impairments is also to be a careful observer of these behaviors. While many of the behaviors are persistent, sometimes new behaviors or variations on long-standing behavior patterns may be the result of changes in medication. Your observation of these behaviors can be helpful in alerting families and other healthcare professionals about any changes you notice. It is not your job to diagnose or correct any of these changes in behavior. Instead, acknowledging them, reporting them to the appropriate staff and family members, and accommodating them when appropriate, are ways of how you can best manage these patients. Ways of accommodating behaviors will be discussed below.

Patient behaviors are often triggered by specific actions or environments. For example, you may say or do something that is part of your routine with a patient, that triggers a specific behavior in the patient. Your action may be something as benign as opening a window blind or putting a hand on their shoulder, yet these actions can trigger adverse behaviors without your realizing them. It will be helpful to you to think about your own actions once you start noticing unwanted behaviors. "What was I doing or saying right before the patient's behavior started?" Then, if you recognize something you are consistently doing or saying that may be a trigger for your patient, you can try changing your actions to see if they also change their behavior. Once you start to realize how you may be affecting your patient's behaviors, can you begin to discover possible ways to safely accommodate them.

It is important to remind yourself that it is not your job to try and change these behaviors. What you can do is learn to acknowledge and accommodate them, when they do not harm the patient, yourself or others. An example of safely accommodating a patient who insists on sleeping in a favorite chair instead of on their bed, might include making the chair more comfortable to sleep in, or making sure that they have any other basic needs met while sleeping in the chair. Keep in mind that what works as an accommodation one day, may not work forever. Patients with cognitive impairments are subject to change, just like any other patients. Where patients with dementia are more likely to see further disturbance in their cognitive functioning as their disease progresses, patients suffering

from a traumatic brain injury often experience cognitive improvements in the days, months and even years after their injury.

Some behaviors may be more difficult to safely accommodate. It is your responsibility to judge for yourself what behaviors you can safely accommodate, and which ones you cannot. Knowing the rules and regulations of the facility where you work and the states where you practice, should help guide you in making these decisions. The important thing for you to remember is to keep yourself open to observing your patients' behaviors, as well as your own actions which may be triggering certain behaviors, and continuing to observe when and where you can safely accommodate some of these behaviors.

One behavior typical of many patients with cognitive impairments is wandering. While wandering is typical behavior of patients, the reasons for their wandering may be as different as the patients themselves. Some patients may wander out of boredom, while others are trying to meet a need, whether it be searching for a bathroom or something to eat. Others may wander due to the side effects from certain medications they are on. Again, it is your job to try and observe what the underlying cause of the behavior may be. It is not always easy to try and determine why a patient is wandering, and indeed there may not always be an apparent reason for their behavior.

Regardless of whether you can determine the reason for a patient's wandering, there are preventive measures that you can take to hopefully minimize this behavior. Make sure that patients are given the opportunity to exercise when they are able to do so. Restlessness or undirected physical energy are sometimes the reasons behind wandering behavior. When given the opportunity to spend that energy in a productive way, many patients will be less likely to wander aimlessly. Other patients' tendency may be to wander outside. This is a concern for many caregivers, who fear that patients will get lost or be hurt outside of a controlled environment. One of the simplest and easiest deterrents to patient wandering outside is to put away items that they would need. Jackets, canes, purses, wallets and glasses are all items that a patient may search for before wandering outside. By making sure that these items are put away, and not left out in plain sight, you help to decrease the chances that a patient will wander outside.

Patients with cognitive impairments may also exhibit repetitive speech or actions. This behavior may be triggered by stressful situations, boredom or environmental factors. In these situations, a patient may repeat a word, statement, question or action for variable lengths of time. While this is not problematic for the patient, it can be very stressful for the caregiver to hear. It may seem like common sense to tell the patient that they just said the same words, asked the same question, or repeated the same action, but try to avoid doing this. Instead, use your energy to ignore the repetition and try to redirect the patient's attention by stimulating one or more of their senses. Some examples may be giving them a piece of candy, pointing something out for them to look at, giving them something physical to touch and manipulate, or simply engaging them in conversation. Often times patients with cognitive impairments are better able to access their long-term memory. This may include memories of their young adult life, and even their childhood.

Expressing interest in their lived experiences and guiding them back to their memories of these times can be a good way to disrupt their repetitive speech or actions.

Another behavior typical of many patients with cognitive impairment is exhibiting signs of agitation. This elicits a range of feelings on the part of the caregiver, and it is again important to separate your personal feelings from the patient's behavior, as much as possible. Recognizing that frequently signs of agitation are a reaction to the patient's experience of having no control over their actions and decisions taken away. Put into this context, it is easier to understand why patients become agitated. In truth, most of us would have similar reactions if our sense of control were taken away. Still, it is often in the patient's best interest that we have to assume some control over certain decisions. You may help minimize some of this agitation by reducing caffeine and sugar intake in patients exhibiting frequent or prolonged agitation. Minimizing noise and other distractions will also help reduce the stressors on the patient and may help reduce their frustration. In managing a patient's behaviors where you anticipate being unable to safely accommodate them, it can be helpful to try and minimize the stressors in their environment as much as possible. Finally, when a patient does become agitated, your reaction can affect the situation for better or worse. Understanding your own reaction is critical to maintaining control over the situation. When you become angered or frustrated with the patient, they are likely to respond with greater agitation. However, if you present yourself in a calm, relaxed manner, and acknowledge their agitation at the situation, you will help to diffuse their agitation and reconcile them to your decisions.

Paranoia is another attribute often found in patients with cognitive impairments. Again, rather than reacting with anger or frustration to accusations by the patient, responding in a calm tone of voice will help diffuse the situation much quicker than by becoming defensive. Remember that these feelings are very real to the patient, and should be respected as real emotions. In residential care settings, patients may frequently make accusations of having money or possessions stolen. The best response to these types of accusations is to begin helping them look for the items in question and then look for opportunities to distract them from this task. Sometimes, in the course of searching for the items, you will find them in the patient's favorite hiding place. Similar distractions used to interrupt repetitive speech or actions are also useful in re-directing a patient who is paranoid. Additionally, general reassuring statements, like, "I'm sorry this is happening, I won't let anything bad happen to you," may help to calm their underlying feelings of fear.

Sundowning is a term used to refer to restlessness, agitation, disorientation or other behaviors that appear to worsen at the end of the day and may continue into the night. This is quite common in patients with cognitive impairments. It is caused by a combination of factors, including exhaustion from the day's activities, changes in their 'biological clock' and effects from medications and diet. You can control this period of increased behaviors by increasing a patient's daytime activities, discouraging napping and controlling their intake of caffeine and sugar in the late afternoon. If these simple accommodations to their schedule do not help ease the patient in their transition to evening time, you can also mention your concerns to doctors and other healthcare

professionals who are in a position to make possible changes in the patient's medication schedule, or even prescribe other medication to help alleviate the effects of sundowning.

Communicating with a patient who is experiencing some level of cognitive impairment is a challenging task. As a certified nursing assistant, you are on the front line in managing these patients' challenging behaviors. This requires you to be creative in your thinking, and also aware of patients' best interests, which may not always be what they think is best for themselves. Being aware of your feelings and reactions to these behaviors is the first step in learning to communicate effectively. Once you recognize your own communication patterns, you will be able to effectively engage your patients in a way that recognizes their potential, while respecting their limitations.