

MESSAGES ABOUT COGNITIVE INTERVENTION

Suggestions of Basic Messages to a Caregiver about a Person with Cognitive Impairment

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1. We all have at least some cognitive impairment. No brain is perfect. We all have since birth created cognitive interventions for ourselves to **compensate** for the cognitive functions we have more difficulty performing.
2. A person with a cognitive impairment that interferes significantly with daily functioning, emotional stability, or social interactions usually has a **brain disorder** or a disorder that is preventing the brain from functioning properly. They may not be able to create for themselves cognitive interventions that are effective enough.
3. A person with a brain disorder most likely **cannot easily control** their behaviors or their responses to you. Their brain disorder is causing **impairment** in their **ability to perform cognitive functions**. Avoid assuming they are being manipulative or “mean”.
4. This person’s ability to think is not a unitary concept. There are **many cognitive functions** this person performs in order to respond to you and their environment and to perform a task. These individual cognitive functions are specific and are usually associated with specific parts or functions of the brain.
5. The specific parts or functions of the brain affected by a brain disorder vary with the **particular disorder** a person has. Therefore, the **cognitive functions** that are difficult for this person or that they do well vary with their particular disorder. Each disorder affects specific parts of the brain and specific cognitive functions.
6. When any disorder or injury affects a particular part of the brain, the same cognitive functions are impaired, regardless of the brain disorder or injury. It is helpful to **identify the part or parts of the brain involved** in an injury or disorder, such as a stroke, a traumatic brain injury, a psychiatric disorder, a neurological disorder, or a disease. When you know the part(s) affected, you will have a better idea of which cognitive functions might be impaired, which may still be intact, and which might even improve as the brain learns to compensate.
7. A person’s cognitive preferences or which cognitive functions they seemed to perform more successfully and easily before they acquired the cognitive disorder (and which parts of their brain were particularly proficient) will also affect their cognitive abilities after they acquire the disorder.
8. **Anyone** can create and use cognitive interventions. It is not necessary to know about the brain and the relationship of parts of the brain with specific cognitive functions to develop and use cognitive interventions, though it can be helpful.
9. **Cognitive interventions** directly or indirectly address specific individual cognitive functions.
10. Cognitive interventions are most effective when they are based on **assessment** of a particular person in a specific situation or set of conditions.
11. **You can recognize** (or assess) this person’s ability to perform each of many cognitive functions by carefully observing them perform various everyday tasks.

12. Look for parts of a task or cognitive functions this person seems to have **difficulty** performing.
13. Look for tasks, parts of a task, or cognitive functions this person seems to be **doing well**.
14. Look for tasks, parts of tasks, and cognitive functions this person not only does well, but does **more easily** or successfully than they could before they had the brain impairment, or because they have a brain different from most people.
15. **Ask yourself “why?”** You don’t know how to help someone until you ask why they are unable to perform a task, are having difficulty, or are distressed. Asking “why?” is fundamental to assessment that leads to intervention.
16. Ask why by **assessing** (that is, **asking specific questions** about) this **person** and their emotional status and ability to perform various cognitive functions, and how well the **environment**, your **interactions** with this person, and the **task** structure and timing support this person.
17. **Make the task as easy as possible**. This person with brain impairment is likely working very hard to perform the simplest of tasks.
18. **Modify the conditions** around this person to help them perform the task more easily and to feel more pleasure, safety, and comfort. These conditions are the **environment**, your **interactions** with this person, and the **task** and daily routines.
19. **Help this person relax** so their brain can work better. Avoid overwhelming them, embarrassing them, putting them on the spot, or making them emotionally distressed.
20. Emotional distress, withdrawal, and difficult behaviors frequently occur when this person has **too much difficulty meeting the cognitive demands** and expectations placed upon them by the situation or conditions (that is, the environment, your interactions with them, and the task) around them.
21. Sometimes the conditions are **not cognitively stimulating enough** and a person has similar reactions and boredom and lethargy.
22. **Evidence that conditions don’t adequately accommodate a person’s cognitive functioning** (that is, the conditions are too challenging or not stimulating enough) include: fatigue, withdrawal, lethargy, emotional distress, anxiety, confusion, irritation, anger, reduced success in performing a task or task step, distressing behaviors, and the person’s distressing response to the difficult behaviors of others.
23. **Match the cognitive demands** and expectations of the conditions (the environment, your interactions with them, and the task) **to this person’s ability** to perform various cognitive functions, in a way that stimulates and supports this person.
24. Develop creative **cognitive interventions** that:
 - a. **Help a person grow** in her/his ability to perform some cognitive functions and to acquire new skills or strategies that (at least temporarily) accommodate changes in other cognitive functions (for example, increasing the contrast between an object and its background, so the ability to scan an area to find an object is more often used and improves as the ability to remember where an object is declines; or nurturing artistic, music, and singing skills as speech declines).
 - b. **Rely on an intact cognitive function** (for example, pointing to an object as you name it, if this person doesn’t recognize the object when she/he sees it, but does recognize the name of the object when it’s said aloud).
 - c. **Make a particular skill, function, or task step easier** (for example, singing a rhythmic song with a person on the way to lunch, so walking becomes easier).
 - d. **Compensate** for a cognitive impairment by performing the function or task step for this person (for example, buttoning this person’s shirt for her/him).