

NATIONAL  
INSTITUTE  
*—for—*  
MEDICAL  
RESPITE  
CARE

# Addressing Cognition in Medical Respite Care

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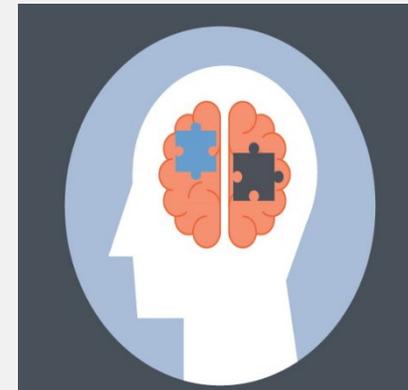
NATIONAL  
HEALTH CARE  
*for the*  
HOMELESS  
COUNCIL

The National Institute for Medical Respite Care is a special initiative of the National Health Care for the Homeless Council.

# What is Cognition?

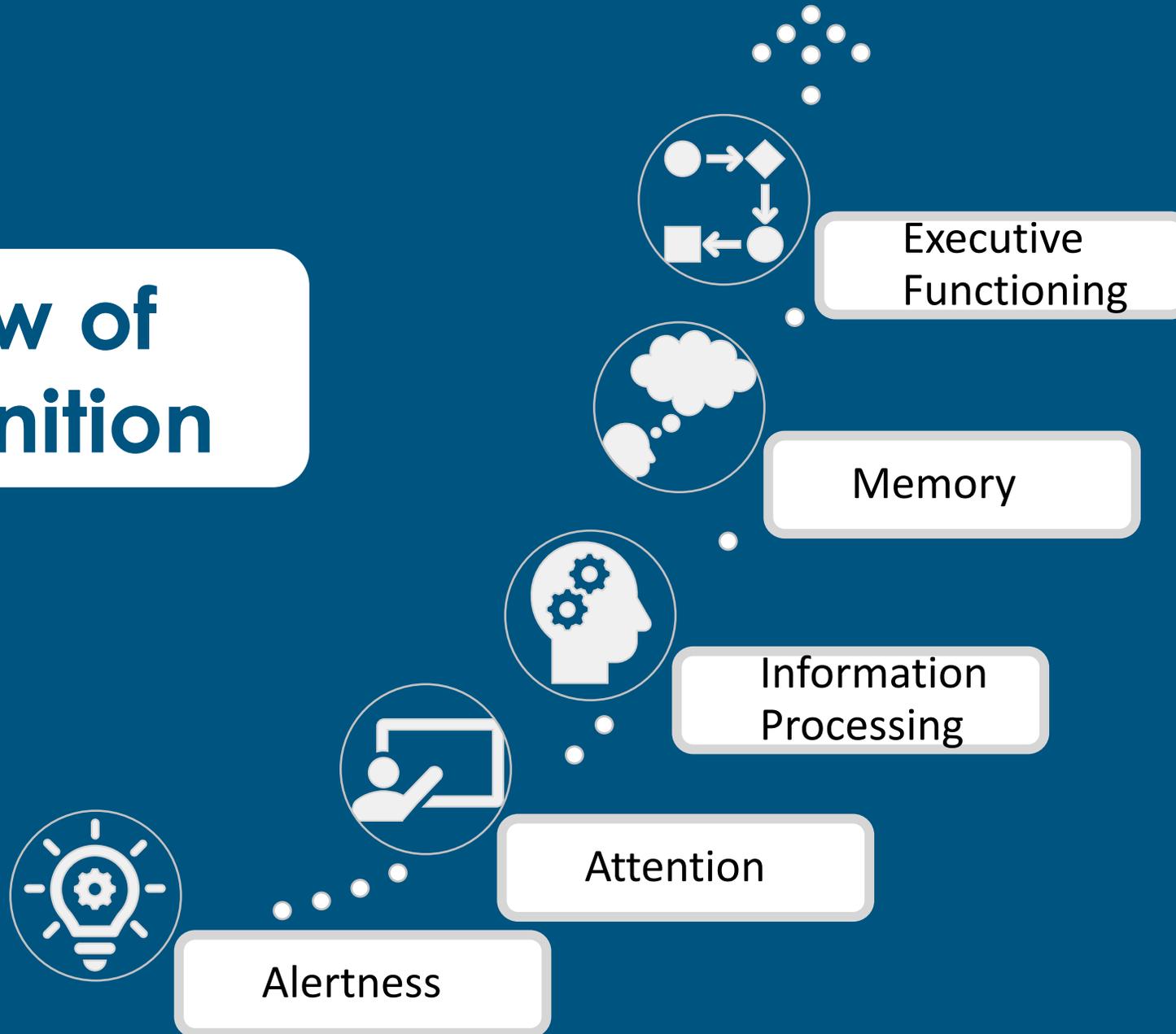
**Cognition** is information-processing functions carried out by the brain that include:

- Attention
- Memory
- Executive functions
- Comprehension and formation of speech
- Calculation ability
- Visual perception
- Praxis skills



(AOTA, 2020; Haskins et al. 2012)

# Flow of Cognition



# What is Cognitive Impairment?

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When cognitive abilities are impaired (often referred to as **cognitive impairment**), a person has trouble with cognitive processes that begin to affect the things they can do in everyday life (CDC, 2013).

**Cognitive Dysfunction** can be defined as functioning that is below expected normative levels or loss of ability in any area of cognitive functioning (Evans, 2010).

**Mild Cognitive Impairment (MCI)** is the stage between the expected cognitive decline of normal aging and the more serious decline of dementia. (Mayo Clinic, 2022)

# Factors Impacting Cognition

## Medical

Traumatic or Acquired Brain injury

Developmental Disability

Dementia

HIV

Substance Use

Mental Health Symptoms

Medical interventions/ Being in an ICU

Chronic Conditions

## Environmental

Unstable, unsafe, or inadequate housing

Poor nutrition / Lack of access to food

Sleep Deprivation

Trauma

Stress

Low literacy

# More on Brain Injury . . .

## Acquired Brain Injury

**Acquired Brain Injury (ABI)** is an injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma. Essentially, this type of brain injury is one that has occurred *after* birth.

- Stroke
- Infectious disease or virus (such as meningitis)
- Seizures
- Tumors
- Drug overdose
- Lack of oxygen (such as drowning or choking)
- Aneurysm
- Electric shock
- Neurotoxic poisoning (such as lead poisoning)
- Metabolic disorders

## Traumatic Brain Injury

- Falls
- Assaults
- Motor vehicle accidents
- Bicycle or recreation equipment accidents
- Sports/recreation injuries
- Gun shot wounds
- Workplace injuries
- Abuse or interpersonal violence
- Military actions (such as a blast)

**Traumatic Brain Injury (TBI)** is caused by a bump, blow, or jolt to the head that disrupts the normal function of the brain.

# What cognitive impairment can look like:

Cognitive impairment can result in difficulty with:

Concentration

Attention

Memory

Judgment

Social interactions

Problem Solving

Following instructions

Managing multiple activities

Learning new skills

Which can look like:

Disorganization

Difficulty making or following plans

Difficulty completing tasks

Grandiose planning

Failure to initiate an activity

Repeating the same mistakes

Jumping to conclusions

Stubborn

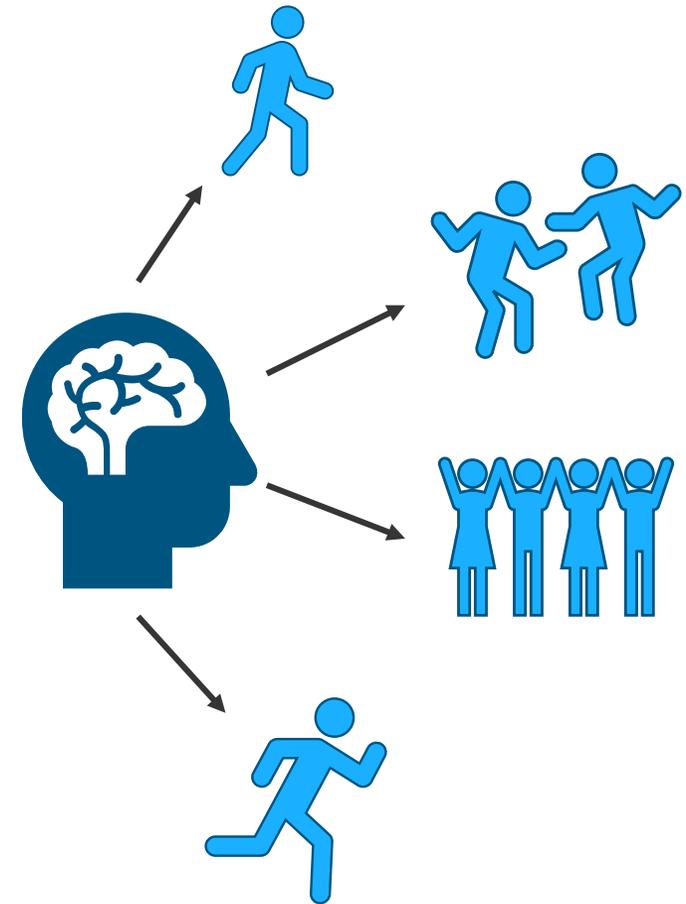
(Andersen et al., 2014)

# Cognition's Impact on Physical Function

The brain directs movement and motor actions

Cognitive skills can affect how a person is able to plan for and follow through on movement

A person may have decreased awareness or problem-solving skills to adjust for physical limitations



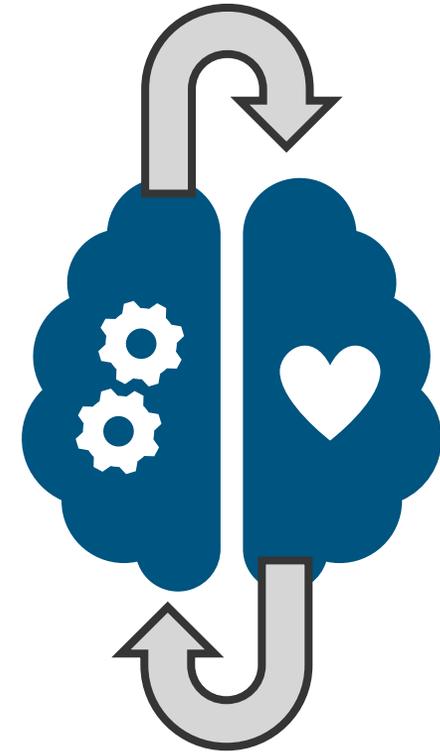
# Cognition and Emotional/Behavioral Regulation

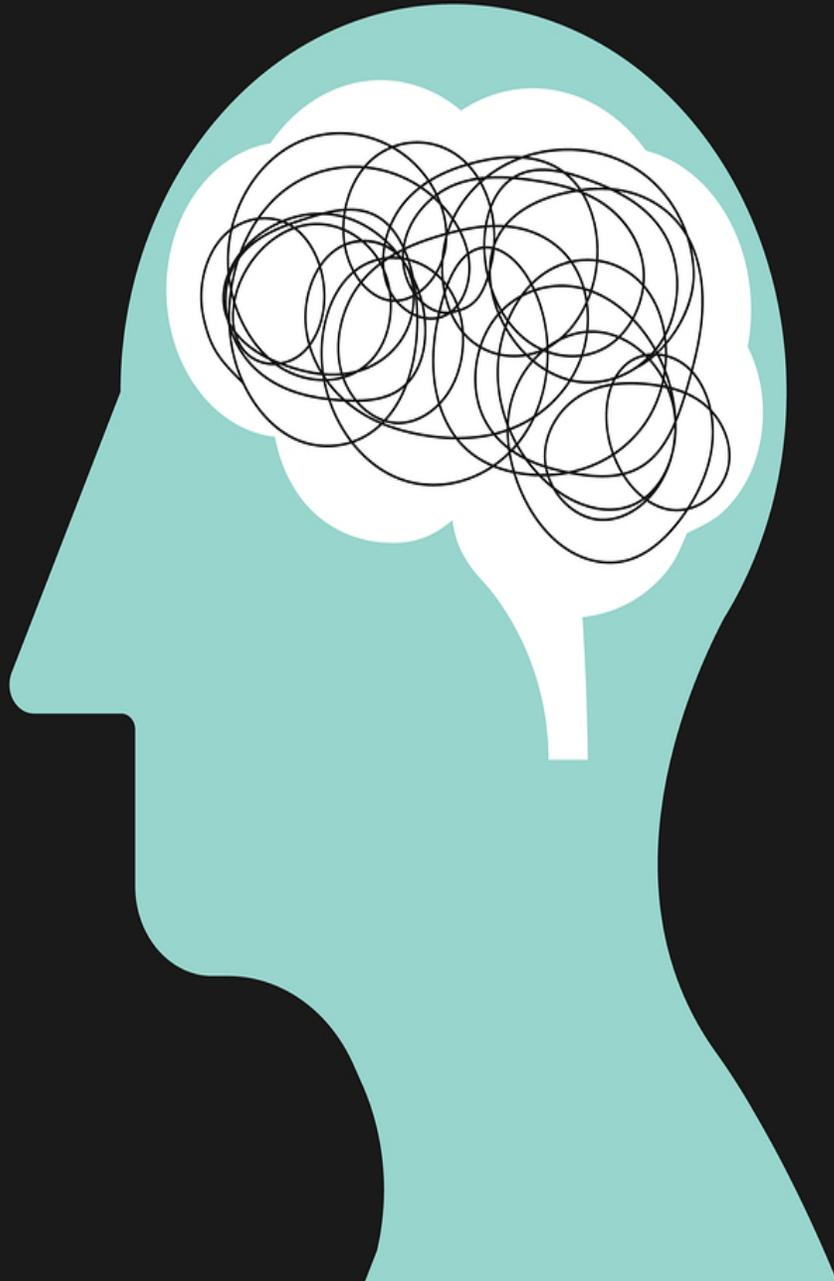
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Areas of the brain that control cognition can also regulate emotions and behavior

Impacted cognition can cause frustration or anxiety

If emotional regulation is impacted, it can make it harder to use cognitive skills





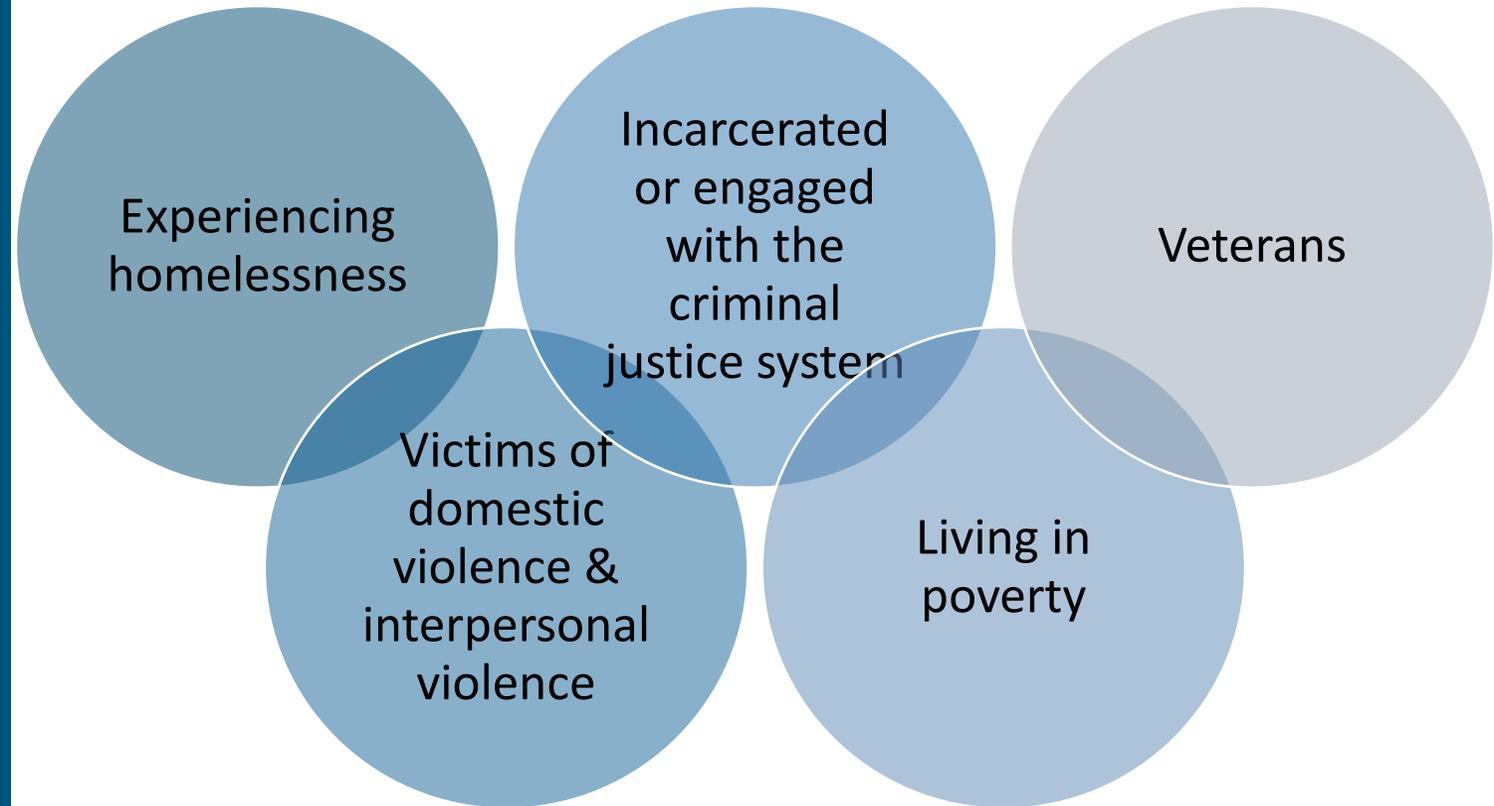
# Other Considerations

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*Many things can affect ability to learn*

- Amount or quality of sleep
- Acuity of mental health symptoms
- Level of stress or emotional distress
- Medications or side effects
- Pain

# At-Risk Populations for Brain Injury



# Impact of Brain Injury on People Experiencing Homelessness

Increased odds of a history of TBI with loss of consciousness were associated with:

- All mental health and substance use diagnoses other than psychosis
- A history of suicide attempts or recent suicidality
- Having migraines and epilepsy

A history of TBI with LOC were more likely to:

- Have been in contact with the criminal justice system
- More likely to visit the ER
- More likely to report unmet health care needs even though they were more likely to have access to a regular medical doctor

# Cognitive Impairment and Medical Respite

## New onset of cognitive impairment

- Due to health condition or event
- Recent diagnosis

## Cognitive impairment can get in the way of activities needed for recovery

- Attending appointments
- Following medical instructions or learning new strategies
- Taking medications
- Completing paperwork

## Serves populations most affected by cognitive impairment

- Often undetected or under-diagnosed
- Consumers may not have had opportunity for rehabilitation or learning effective strategies
- Access to resources impacts ability to address cognitive needs
- Population faces aging and aging-related health concerns earlier than general population

# Barriers for People Experiencing Homelessness

Person must follow all organizational rules

Person must participate in large groups or structured activities

Person must follow the organization's schedule

Mistakes and/or relapse result in loss of services

- Difficulty managing time
- Difficulty with memory
- Unable to participate because of difficulty with attention
- Conflicting requirements and restrictions of programs combined with difficulty organizing activities
- Need to prioritize safety
- Unmet health needs, such as pain
- Re-traumatization
- Lack of sleep
- .... And so on

# Strategies to Support People with Cognitive Impairment

# Strategy Use and Cognitive Impairment

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The strategies in today's presentation are more effective for those with cognitive impairment where the person has capacity to learn.

Most people with cognitive impairment and head injury are able to learn new skills or build on familiar skills

- It may take more time, support, and practice in a supportive environment

However, those with dementia will likely not be able to build new skills or learn new information.

- Tune in next week to learn those strategies!

# Approaches to Address Cognitive Impairment

## Build Alliance

Learn how a client communicates

Create an emotionally safe environment

Clarify personal goals

## Build Compensatory Routines

Identify appropriate self-management strategies

Establish environmental supports

Assist with organization/scheduling

Consider cognitive compensation

## Develop a Supportive Environment

Ensure the environment is accessible and supportive

Clarify routines and processes

Gather pertinent information

# Trauma Informed Care and Cognitive Impairment

## Trauma-Informed Care

- Understands the high prevalence of trauma
- Assumes there is likely a history of trauma
- Delivers care to avoid additional or re-traumatization
- Recovery is possible with the right supports

Client-centered

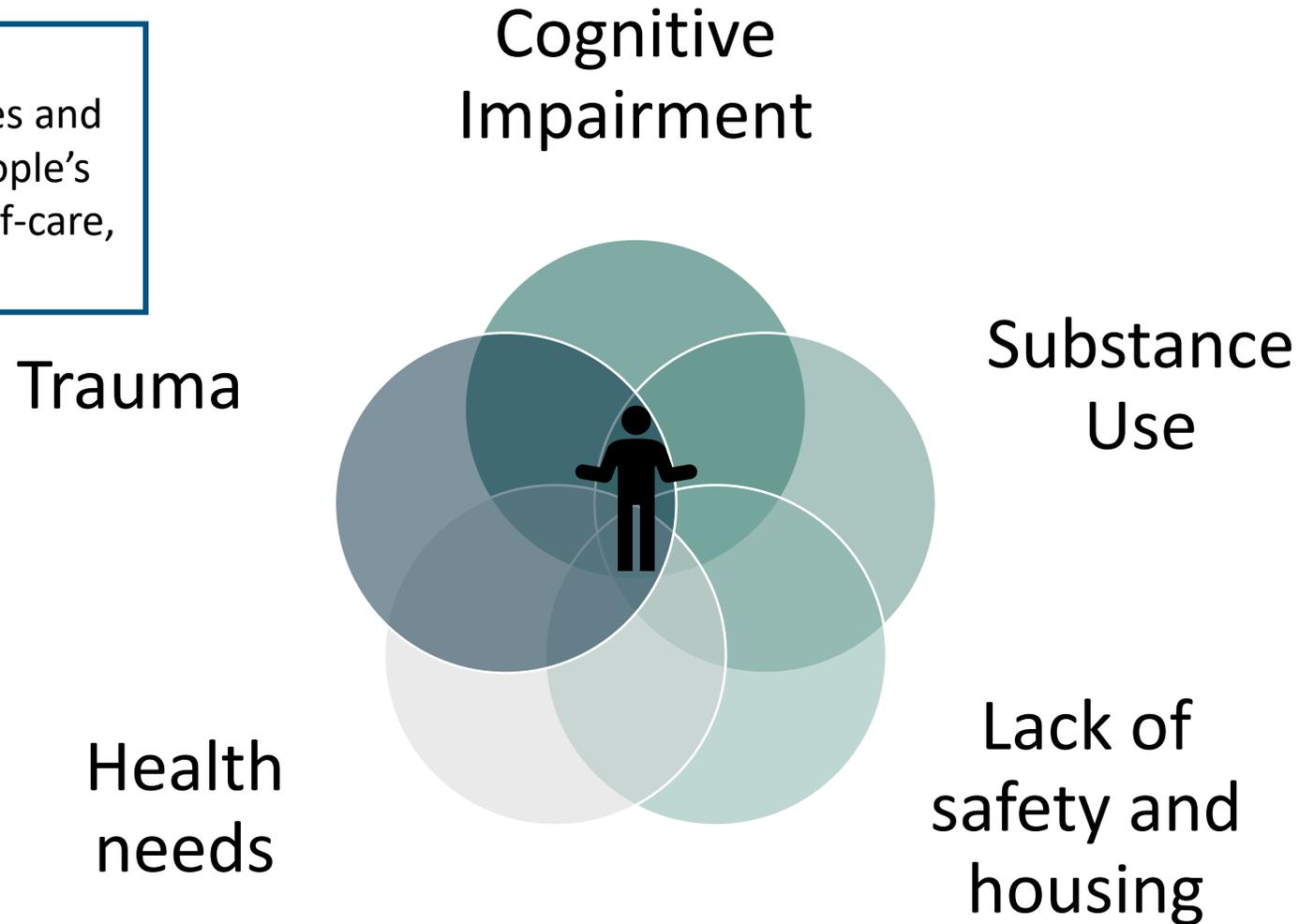
Understanding individual needs

## Addressing Cognitive Impairment

- Understands the high prevalence of head injury and cognitive impairment
- Assumes there is the possibility of impacted cognition
- Delivers care to compensate for cognitive impairment
- Progress and success are possible with the right supports

# Harm Reduction Approach & Cognitive Impairment

Any time we add a “requirement” for services and basic needs, we limit people’s ability to access safety, self-care, and change.



# **Strategy: Build an Alliance**

# At the beginning of an interaction...

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- Do a brief check-in on how you and the client are feeling
- Take a few deep breaths or moment of quiet before beginning
- It's OK to change the plan or activity

Smell the flower



Blow the pinwheel



*Starting in a calmer or more relaxed space can improve your ability to use cognitive skills.*

# Communication

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## Are we communicating well?

- Do I understand my client?
- Does my client understand me?
- Is my client able to stay on topic?

## How will information be retained?

- Is the client able to remember?
- Is there an environmental cue?
- What strategies does the client already use?

# Improving Interactions with Ground Rules and Boundaries

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Be consistent but realistic

Be prepared emotional response or outbursts

Use trauma-informed de-escalation

Process and problem solve interaction in calm and safe space

Identify triggers and how to adjust

# Goal Setting

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Have client identify personal goals

Link activities, actions, and tasks to the person's goals

- They may need frequent reminders of the relationship between these

Use structured formats such as SMART goals

- Goals should have tangible outcomes and direct actions

# Ensure the Person Understood You

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Checking  
Comprehension

“Can you **summarize** what we did or talked about today?”

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“I want to be sure I was clear. Can you **tell** me what you understood?”

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“Can you **show** me which one is for hypertension?”

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“**Tell** me what you are going to do next.”

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“We’ve talked about a lot of things today...what do you **think** was most important?”

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# **Strategy: Build Compensatory Routines**

# Prioritizing – Brain Dump

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Use the “brain dump” strategy to have client express everything that is on their mind



The client spends 5-10 minutes writing down everything they are thinking about doing



From that list, pick 1-2 most important areas of focus



Clients can categorize tasks by “Have to do, Should do, Want to do”



Refer to “brain dump” list later to identify next priorities

# Assist with Problem Solving

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Identify potential problems

- Help with thinking ahead to see what “might” happen

Provide options

- Give 2-3 acceptable options or potential solutions

Step by step teaching

- Give specific instructions to minimize guessing
- Link specific strategies to specific actions

# Identify the Steps Before Doing

Before starting, help the client write out the steps needed to complete the activity

Wikihow is a great resource for instructions with pictures!

The person complete steps one at a time

Client can use written list as a cue as to what to do next

Client can repeat steps out loud to themselves

Break steps into small reminders or divide steps over multiple days

# Generalizing Skills

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Learning to use skills or strategies in new situations:

Work with the person to identify specific situations where a strategy has worked

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Work with the client to identify similar situations where the strategy might work

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Talk about how the strategy could be used in new situations

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Assign homework to practice the strategy in new situation or contexts

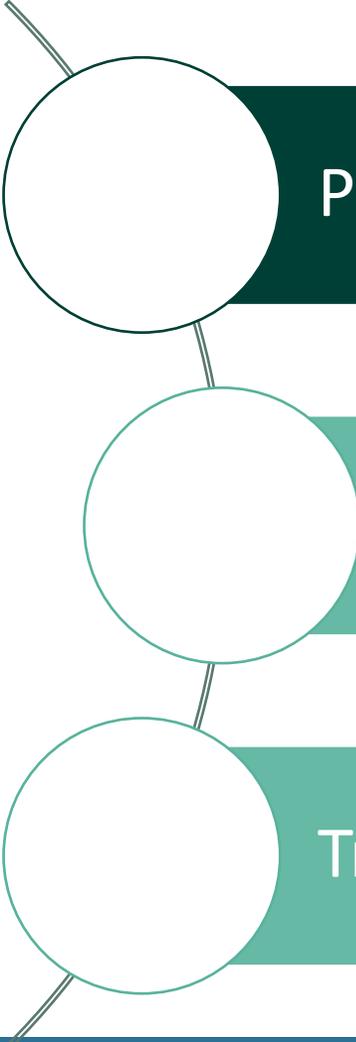
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Reflect on how use of the strategy has worked and continue to identify new situations

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# It's Important to Remember

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Progress can be inconsistent and unpredictable

Reduced stamina and fatigue may persist

Transitions may be especially difficult

# External Supports



Engage client to identify what works



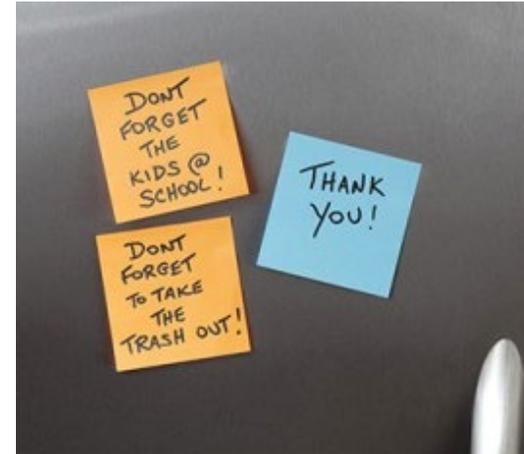
Review if strategies were useful or helpful



May need cuing to use supports initially

# Visual Reminders

- Should be placed in natural and easy to view locations
- Don't overuse – focus on important reminders or tasks
- Should be readable and make sense to the person

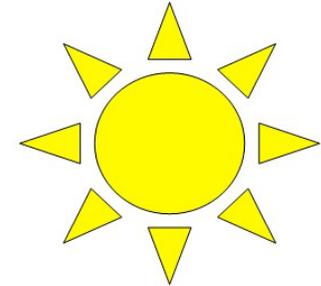


# Checklists

- Visual cue of next steps to complete or tasks to be finished
- Can be simple or complex
- Should be posted and kept where they can be easily accessed or viewed

## Morning To-Do

- Say prayers
- Shower/Wash-Up
- Brush teeth
- Put clothes on
- Breakfast
- Take medicine



## Night To-Do

- Wash face
- Mouthwash
- Comb hair
- Take medicine



# Organize Personal Space & Items

- Keep priority items safe but easy to access
- Use folders or labels to help quickly identify the right folder/drawer
- Store items that are used together in the same location
- Minimize clutter as much as possible



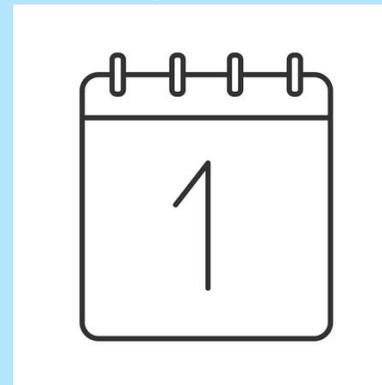
# Use Natural Routines

- Pair hard to remember tasks with tasks that are routinely done without thinking
- Keep important items where you are most likely to look for them or use them

Take medications when you brush your teeth



Pay your bills on the day you get paid



# Minimize Distractions

- Reduce visual and sound clutter when trying to do complicated tasks or things that require focus
- Minimize unnecessary distractions like cell phones, TV, etc.
- Find a quiet and calm place to work

**DO NOT  
DISTURB**

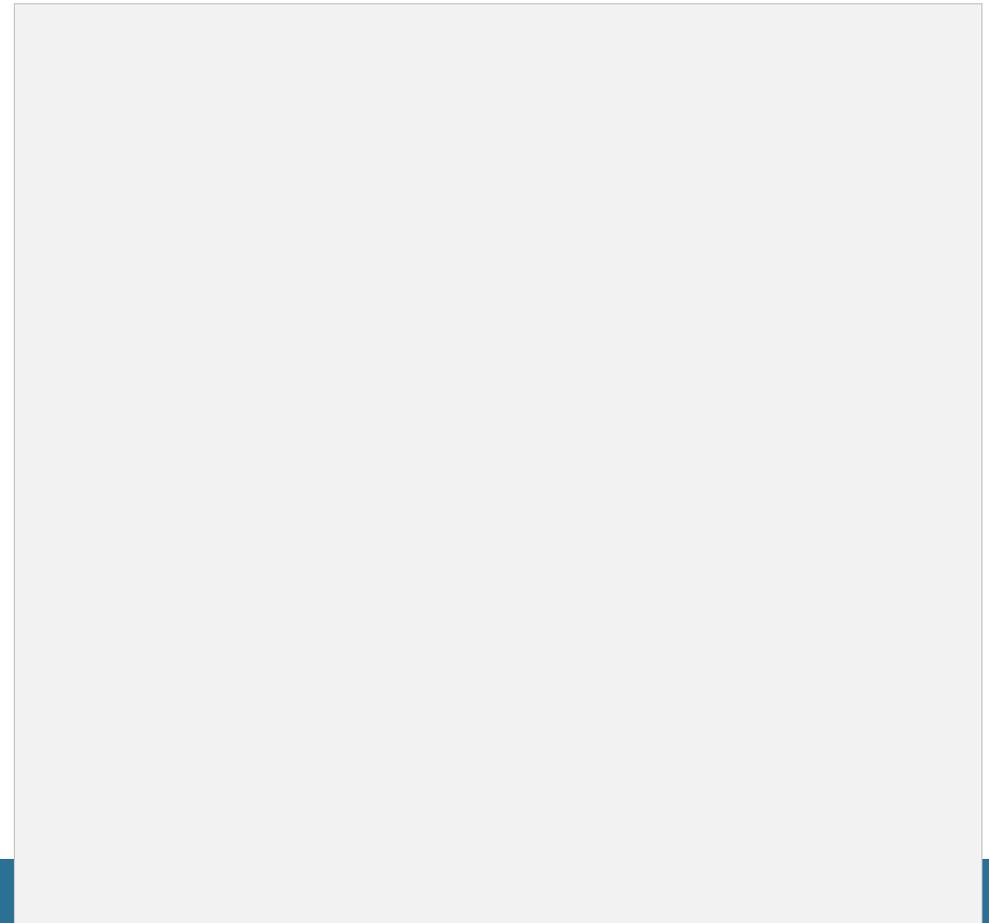


# Decrease Visual Information

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- Use a blank piece of paper to block out information and support focusing on one section at a time
- Limit text in written instructions
- Use pictures as appropriate to display information

**2 Put a new bulb in the socket.** In order to put a new bulb into a lighting fixture's socket, you will want to turn the bulb in a clockwise direction. Just remember: Counter-clockwise to remove; clockwise to insert.



# Where is there is cognitive impairment and physical impacts:

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A person with affected cognition and physical skills might need:

Extra cuing for  
physical  
adaptations

Step by step  
instructions

Extra time to  
process  
directions

Being shown  
how to do  
something first

More visual or  
environmental  
cues

# Where is there is cognitive impairment and emotional or behavioral impacts:

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A person with affected cognition and emotional regulation might need:

Cues to use  
calming strategies  
while doing  
activities

Step by step  
instructions

Extra time to  
complete the  
activity/ no  
rushing

Help with problem  
solving solutions

Support to develop  
structure

# **Strategy: Develop a Supportive Environment**

# Creating a Supportive Environment

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Can an individual easily find the information they need?

Is it easy to find someone to answer a question or provide support?

Do our materials meet literacy and health literacy guidelines?

How do we address when something is frequently reported as difficult or ineffective?

# Creating a Supportive Environment

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Use clear, large signage to point out key instructions or features

- Label different areas of the space
- Arrows to show flow of movement in building

Keep information in organized and central locations

- Bulletin board of group information
- Lists of providers
- Update information routinely
- Minimize clutter

# Creating a Supportive Environment

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## Have a staff person readily available to answer questions

- All staff are aware of key information and messaging is consistent
- Do the staff have adequate time to answer questions

## Provide reminders

- Use consistent methods by everyone within the agency
- Support clients in using available strategies

# Creating a Supportive Environment

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## Engage consumers and recipients of services

- Develop and ad hoc committee or consumer advisory board
- Include recommendations and concerns as part of agency changes

## Assess rigidity of rules and implications

- How do we best engage individuals who have difficulty meeting requirements of our program or facility?

## Include discussion of strategies within care team planning

- Allow time to work together, engage in care planning, and identify plans
- Allow time for providers to receive training to implement effective strategies

# How do we begin to integrate these strategies into programs?

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Who is trained to provide accommodations?

Who are key staff to implement organizational changes?

What strategies will be implemented first?

# How do we begin to integrate these strategies into programs?

## All Staff Roles – Building Alliance & Rapport

### Care Coordination

- Identify strategies to support health and self-management
- Support clients in using strategies
- Increase in-person supports
- Identify community supports

### Basic Clinical Support

- Provide health education using supportive learning strategies
- Reinforce information from community providers and help to apply strategies to support health

### Clinical Care

- Assess for cognition and history of brain injury/other cognitive impacts, or pre- and post-medical intervention (as possible)
- Consider cognition when prescribing medications
- Document diagnoses or findings

### Communicate with External Providers

- Request screening or assessment of cognition; history of brain injury
- Request documentation to help access to additional community supports

### Get Additional Supports

- Refer for further medical assessment
- Refer for rehabilitation (OT, speech, psych)
- Refer to community-based support programs  
*(Referrals as appropriate)*

# How do we begin to integrate these strategies into programs?

## Behavioral Health

### Care Coordination & Basic Clinical Support

- Identify and refer to behavioral health services that have more accommodations for cognitive impairment
- Help clients utilize strategies to meet program requirements

### Onsite Behavioral Health

- Use interventions that are more effective with cognitive impairment
- Assess for impact of behavioral health symptoms on cognition
- Advocate for clients

### Clinical Care

- Assess for impact of MAT on cognition
- Assess for impact of behavioral health symptoms on cognition
- Advocate for clients to access services as needed

## Environmental Strategies

- Identify what in environment is in control of program
- Identify low cost and more immediate strategies
- Ensure all staff understand purpose of and support consistent use of strategies and environmental changes
- Identify staff and processes to maintain environmental strategies
- Provide staff time to identify, develop, and implement changes

# Additional Resources

# Adapted Clinical Guidelines for Traumatic Brain Injury



Comprehensive overview of traumatic brain injury



Recommendations for assessment and programmatic changes for accommodating people with TBI and experiencing homelessness



<https://nhchc.org/clinical-practice/adapted-clinical-guidelines/tbi/>

# Health Literacy



All handouts and written materials should meet health literacy guidelines (6<sup>th</sup> grade reading level or less)



Sentences should be short and clear.



Reduce unneeded text



Images should be used to emphasize key points but not clutter the page



<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.html>

# Teach Back Method



Teach back method focuses on providing education in a way that is understandable and checks for the person's understanding



Comprehensive training on the teach back method including ways to incorporate changes into your program and practices



<http://www.teachbacktraining.org/home>

# Brainline



Overview of brain injury and its physical, cognitive, and emotional/behavioral effects.



Recommendations for caregivers and providers and strategies to address different effects of brain injury.



[www.brainline.org](http://www.brainline.org)

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