

APHASIA HOME SUPPORT GUIDE

Communication Strategies: Communicating with Patients with Cognitive Communication Disorder



Understanding Dementia and Cognitive Communication Disorder

- Dementia is a neuro-degenerative condition, not a normal part of ageing. It leads to a progressive decline in memory, thinking, behaviour, and the ability to perform daily activities (World Health Organization, 2022).
- Cognitive Communication Disorder (CCD) refers to **communication difficulties** arising from **cognitive deficits**. Dementia is a leading cause of CCD (Enderby & John, 2019).
- Communication strategies can **reduce frustration** for the person with dementia, decrease **challenging behaviours**, and improve the quality of care and well-being for all involved (Enderby & John, 2019; 山口晴保, 2018).

Stage-Specific Communication Strategies

1 Suspected / Early-Stage CCD

Description: The individual may experience **forgetfulness**, **repeat questions**, occasionally **get lost in familiar places**, or show other early signs. Communication challenges are mild, and the person often retains awareness of their difficulties (Enderby & John, 2019).

Recommended	Avoid
Use memory aids collaboratively, "Let's check the schedule <u>together</u> ."	Negative comments: "You've already asked that five times!"
Allow plenty of time for responses; wait patiently.	Rushing them or finishing their sentences.
Offer context, e.g., "It's getting warm today, shall we bring a coat?"	Issuing direct commands, e.g., "Wear your coat."

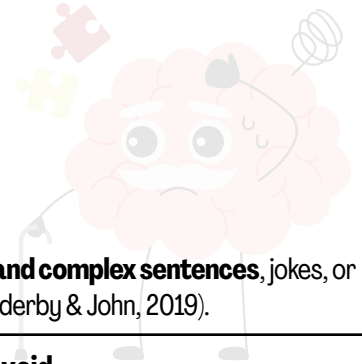
- The goal at this stage is to **provide reassurance** and alleviate anxiety stemming from self-awareness.
- Maintain **respect** and avoid making the person feel patronised.
- Introduce **external aids like notebooks and calendars** to establish helpful habits.

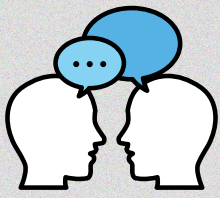
2 Mild to Moderate CCD

Description: Communication difficulties become more apparent. The person may **struggle to understand complex sentences**, jokes, or sarcasm. They may have significant difficulty finding words and often need repetition and clarification (Enderby & John, 2019).

Recommended	Avoid
Use simple, clear words and short sentences.	Long, complex instructions or abstract language.
Reduce background distractions (e.g., TV, radio, etc.) during conversation.	Holding important conversations in noisy environments.
Offer choices, e.g., "Would you like tea or coffee?"	Asking open-ended questions, e.g., "What do you want to drink?"

- Using optimised strategies (like **reducing distractions**) lightens the cognitive load.
- Offering **simple choices** makes decision-making easier and reduces frustration.
- The person's dignity and independence should be supported within a safe and appropriate scope.





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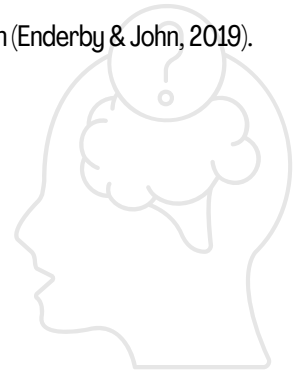


3 Moderate CCD

Description: Communication ability is significantly reduced. Conversation is limited to the **'here and now'**, and understanding abstract concepts is very difficult. **Repetitive speech, irrelevant answers, and loss of social etiquette** may occur. Significant prompting and support are required for interaction (Enderby & John, 2019).

Recommended	Avoid
Use gestures, objects, and photos as visual aids.	Relying solely on verbal communication.
Acknowledge their feelings, e.g., "You look tired, let's sit down."	Arguing about facts or logic (e.g., "It's evening, not morning").
Use yes/no questions for confirmation, e.g., "Are you in pain?"	Asking complex questions that require reasoning or memory.

- The importance of **non-verbal communication** (facial expression, tone of voice, touch, gesture) now exceeds that of language itself.
- Always **validate** the underlying emotion (e.g., anxiety, fear) rather than correcting the factual error.
- Behaviour is a symptom of the brain injury, not intentional. **Acceptance** is more important than correction (Enderby & John, 2019).

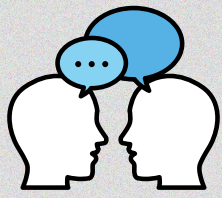


4 Severe CCD

Description: Verbal expression is extremely limited, perhaps to **single words or phrases**. Comprehension is severely impaired, with responses only to **simple instructions in familiar contexts**. Recognition of **familiar people** may be lost, and there is significant **disorientation** (Enderby & John, 2019).

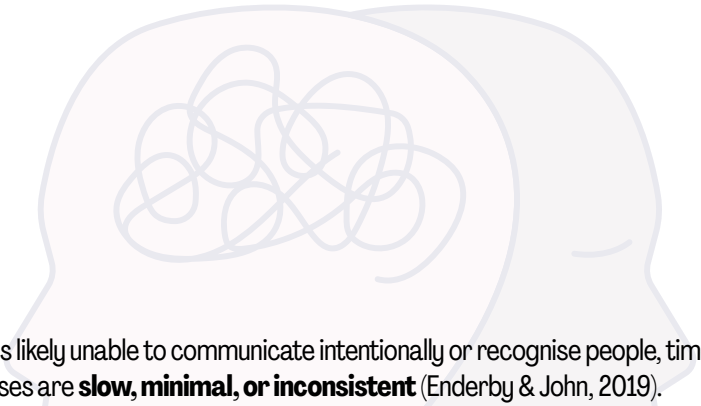
Recommended	Avoid
Gently introduce yourself each time you approach, e.g., "Hello, Mum, it's Mei Ling."	Demanding, "Do you know who I am?"
Use sensory stimulation (e.g., gentle touch, favourite music) for connection.	Continuing to rely heavily on language and becoming frustrated.
Observe body language and vocal cues (e.g., frowning, groaning) to interpret needs.	Ignoring non-verbal signals and assuming there is no intent to communicate.

- The core goal of communication is no longer information exchange, but to **provide emotional safety and connection**.
- The person's response to tone of **voice, rhythm, and facial expression** is often better than their response to words.
- Carers must become 'detectives', carefully interpreting the potential needs behind behaviours (e.g., discomfort, fear) (Enderby & John, 2019).



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Profound CCD

Description: There is little to **no response** to most stimuli. The person is likely unable to communicate intentionally or recognise people, time, or place. They are **fully dependent** on others to meet all needs. Responses are **slow, minimal, or inconsistent** (Enderby & John, 2019).

Recommended	Avoid
Assume hearing and understanding may still be present; continue speaking in a calm, gentle tone.	Discussing their condition or behaviour in front of them as if they are not there.
Use simple words and gentle touch to explain care procedures (e.g., turning, feeding) before starting.	Initiating sudden physical contact or movement, which may cause a startle reflex.
Focus on providing comforting experiences, like playing soft music or giving gentle hand massages.	Demanding any form of response from them.

- The essence of communication at this stage is **human companionship** and the **preservation of dignity** (Enderby & John, 2019).
- Consistent, caring interaction can help regulate the nervous system and may provide a sense of **peace and comfort**.
- The carer's role is to be their advocate, ensuring their **physical and emotional needs are met** (Enderby & John, 2019).

Aphasia Training App




Download Leaflets




The information provided is for reference purposes only. For professional management or to learn more, please contact a speech and language therapist.

Reference(s)

- ENDERBY, P., & JOHN, A. (2019). THERAPY OUTCOME MEASURE USER GUIDE. J&R PRESS.
- WORLD HEALTH ORGANIZATION. (2022, SEPTEMBER 20). DEMENTIA. [HTTPS://WWW.WHO.INT/NEWS-ROOM/FACT-SHEETS/DETAIL/DEMENTIA](https://www.who.int/news-room/fact-sheets/detail/dementia)
- 山口晴保 (2018). 《換個話法，跟他好好說話：理解失智後的內心世界，達到心平氣和的共好照護》。采實文化。

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