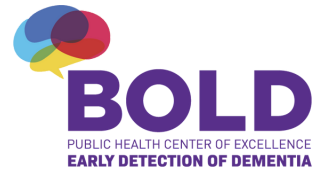


Navigating Pre-Screening Conversations



Having these important conversations requires building trust by creating time and space, having a positive frame of mind about the activity, and being prepared with short and simple statements to fall back on.

OVERVIEW

Conversations about thinking and memory can be deeply personal. Having sensitivity is critical in one's approach to such conversations. Without this sensitivity, the conversation may be received as abrupt or intrusive. The person we might be concerned about may themselves be in search of answers or looking for help but they may also be unaware or avoidant of these concerns. To ease difficulties related to conversations about cognition, try using the following steps:



Building trust

The first step to a productive conversation is to build trust by developing rapport with the person of concern; familiarity with who that person is enhanced relatedness, a sense of safety and concern for them.



Utilize positive framing

The second step is to normalize and reframe conversations around cognition to characterize the results of an assessment in the most positive way.



Preparing short, simple statements

The third step is to prepare short, simple statements to explain the importance of the screening, the screening process, length of the screening process, and what the results mean.

BUILDING TRUST



Building trust does benefit from having prior interactions (familiarity with the other person) but that is not always possible. There will be times when the relationship is brand new--the first medical visit, the first trip to the community center or encounter with a particular staff member. Trust must be built in the moment to have a successful conversation and for a successful assessment of cognitive function. There is no question that making cognitive assessment a routine part of a clinical visit, something that is done as a general course of practice, or in the community center, a visible and usual part of assessment opportunities (along with other assessments – e.g., eyes, ears, blood pressure, gait and balance, sleep, nutrition) diminishes the need to establish as much context for the assessment.

Although under those circumstances, the conversations may require less context or preparatory statements (establishing a rationale) the elements of a successful conversation remain the same. Building trust comes from developing rapport with the person of concern; familiarity with who that person is enhances relatedness, a sense of safety, and concern for them. This can be accomplished by encouraging a style of engagement where the medical provider or staff person engages the person as an equal, as a person of concern, and as someone they will remain connected to. Simple things like sitting down and assuming a position at eye level, making good eye contact, always “checking in” with questions like “is this room/seat comfortable for you?” “Am I speaking clearly enough?” “What questions do you have about this?”

UTILIZING POSITIVE FRAMING



What one says leading up to an assessment makes it much easier to then characterize the results of an assessment in the most positive way. Although by no means equivalent, blood pressure screening--something we are quite familiar with--provides a useful analogy. In one instance, the examiner might say, “Let’s check your blood pressure because if you have hypertension, we will want to make sure you see the doctor and get treated. Elevated blood pressure can lead to strokes.”

While this statement is true, it takes a negative position and is potentially stigmatizing as well. Moreover, any anxiety that has been generated by this statement may translate to a spuriously elevated blood pressure and an unnecessary concern. Rather, by saying, “Can we check your blood pressure? This will only tell us where you are right now but it will help us see whether this is something we should work on as part of being healthy,” the issue is reframed and normalized. Also note the use of “we” rather than “you” is more supportive and joining--“We are in this together.”

Learning about where this person is in their own lives with respect to these concerns provides a great place to start. Our ability to then introduce the topic is then relevant to them. This gives our discussion some context and an opportunity for a shared agenda. Linking brain health/ brain assessment to the daily things that people do enables this to be a discussion about one’s ability to do those things and not about personal worth or disability.

PREPARING SHORT, SIMPLE STATEMENTS



For using any performance-based screening tool, additional conversational set up helps this go more smoothly and leads to a better experience for the recipient. With cognitive screening the person being screened is put into a vulnerable position as this can be interpreted as a “test” of intellect, of personal ability, or personal agency. It may raise issues about “who is in charge.” Recipients who are less trusting may make statements like, “you are not trying to take away my driver’s license are you?” We have to address these concerns up front without assuming that is their specific concern. Moreover, cognitive screening can be insulting because of the relative simplicity or obviousness of some questions even if those same questions will be difficult for some. One needs to cover some basic elements with the person being screened: **1) rationale** – why you think this is important to do; **2) what you will do** – ask questions, do some thinking tasks; **3) how much time it will take**; **4) what the results mean** – responding to “how did I do?”

Examples of pre-screening statements:

- Doing all that we can to keep our brains health is important for all of us.
- Sometimes we are concerned about our own ability to remember things. Sometimes other people seem more concerned than we are about ourselves.
- Sometimes people are concerned about their memory. Do you have any concerns about this?
- Just like it is important that you know what your blood pressure is, knowing about your memory and thinking ability is important as well.
- I want to be sure that I do all that I can to help you be able to stay healthy.
- Have there ever been times when you thought your memory or thinking was not working as well as it usually is? If yes, can you tell me more about that?
- Do you know anyone who has trouble with their memory or thinking? Can you say more about that?
- Many of us are concerned about our memory or thinking in general. It's good to have a sense of just how well we are doing.

PREPARING SHORT, SIMPLE STATEMENTS



When preparing a general opening statement, be sure to include the following elements:

1. **Getting permission**
2. **Rationale**
3. **Normalization (addressing stigma)**
4. **More rationale and some anticipation**
5. **Respectfulness, engendering sense of caring, trust**
6. **Respectfulness and attention to high likelihood of hearing loss**
7. **Anticipatory guidance** - How much time this will take
8. **More anticipatory** - Setting expectations to avoid embarrassment when the respondent is unable to answer correctly

Below is an example of a general statement, that one can take and make their own, that includes all eight elements.

GENERAL OPENING STATEMENT EXAMPLE

"I would like to talk to you about your thinking and memory. Would that be OK with you?¹ I want to ask you a series of questions that will help me get a sense of how you are doing.² This is something that I do with all of my patients/all the center folks who are interested in doing this.³ It just gives us a place to start, to know whether we should talk beyond just this conversation.⁴ Is where we are sitting comfortable enough for you?⁵ Am I speaking clearly enough for you to hear me without having to make an effort?⁶ OK, this should take us between 5-10 minutes.⁷ Some of the things I will ask you may be very easy or obvious to you and some things may be more difficult.⁸ Can we start?"

Note: "Am I speaking clearly enough for you to hear me without having to make an effort?" and how that is very different from saying, "are you able to hear me OK?" The former places the responsibility and potential criticism on the examiner and the latter places it on the recipient. It is important to ensure that communication does not require increased effort because needing increased effort to hear what is being said will make one less able to demonstrate their true ability.

NAVIGATING POST-SCREENING CONVERSATIONS

Cognitive function and dysfunction come with a broad array of experiences, abilities, and disabilities from normal common experiences to those that are not. This is a continuum of capability and people normally have particular strengths and relative weaknesses. Prior functioning must always be taken into account as must intervening or influencing conditions from sensory impairment to mood disorders. Refer to the "Navigating Post-Screening Conversations" infographic to learn more about discussion strategies in the result of a negative or positive screening.