

Cognition, Dementia, and Psychosis

This handout accompanies the [online module](#) for crisis call centers from the E4 Center on this topic



Older adults can be very complex, and it can be difficult to figure out what the person is experiencing. If the older adult you're speaking to is speaking abnormally or appears confused, it could be due to substance use, dementia, delirium, psychosis, depression, heart attack, stroke... the list goes on. Consult with your supervisor and consider whether it's appropriate to request an in-person safety check.



Practical Strategies

- **Check in with yourself.** Your feelings (worry, irritation, sadness) may impact your ability to understand the caller's concerns. Most people believe some myths about older adults and cognition (see the Ageism module).
- **Check your assumptions.** Conversations can lead to assumptions that may or may not be correct. Knowing the facts (Do they live alone? Are they safe? Are they suicidal even if they deny being depressed?) is critical for intervention and referral.
- **Refer for an evaluation.** Callers who sound confused or are having difficulty communicating should be referred for an evaluation. It is possible that there is a medical condition, including hearing impairment, medication problem, substance use, depression, stroke, or other condition, that needs immediate treatment.

Key Facts

- Normal aging includes some slowing in processing speed and working memory, along with some changes in thinking through decisions and other complex tasks.
 - Delirium and depression can cause cognitive problems, but both conditions are treatable and potentially reversible.
 - Dementia is not a normal part of aging. Dementia is more than being forgetful and can be caused by several different diseases.
 - Alzheimer's disease and cerebrovascular disease are the most common causes of dementia.
 - Psychosis is a symptom of multiple diseases, including mental illness, brain tumors, and infections.
 - People experiencing psychotic symptoms, such as delusions or hallucinations, believe that their experiences are very real.
- **IMPORTANT: if someone's mental status has changed quickly (in a matter of hours to days) – it is critical to go to an Emergency Department.**

- **Reassure.** Cognitive issues, memory problems, and psychotic symptoms can all be very frightening to the person experiencing them and to their caregivers and loved ones. Reassure callers that there is help for cognitive issues and some, like depression and delirium, are very treatable.
- **Caregivers.** Caregivers for older adults who are coping with or worrying about their care recipient's cognitive difficulties can benefit from much of the information that is covered in this module. Information, understanding, and reassurance is important to caregivers.

Suggestions for What to Ask and Say

If your caller sounds confused, ask a few basic questions to obtain an understanding of their experience.

EXAMPLE: *You mentioned feeling [forgetful, confused, angry a lot, worried]. Can you describe what that is like for you? [after response – ask just one question at a time!] How does that impact your day-to-day?*

EXAMPLE: *You said [someone is listening in on your conversations/you don't feel safe/the government is spying on you]. That must be very worrisome! How do you handle that? [after response – ask just one question at a time!] How do you make yourself feel safer or better? [after response – ask just one question at a time!] How can I help?*

If you are having trouble following what they say, ask them to clarify.

EXAMPLE: *I think you said [repeat back what you think you heard]. I am sorry, but I don't really understand. Would you please tell me more? I want to understand.*

Try to get information about any health problems, particularly recent diagnoses. This is an important risk factor for suicidality.

EXAMPLE: *I know how much health problems can add to stress—particularly if you have had to deal with them for a while. Sometimes, new diagnoses are also really upsetting. I am wondering if any new health concerns are weighing on your mind?*

Ask about their support system, such as family or caregivers, and their living situation.

EXAMPLE: *You [have/haven't] mentioned important people in your life right now. It would really help me to learn a little more about your support system. Who is important to you? [after response – ask just one question at a time!] How often do you see them? Talk to them?*

EXAMPLE: *I know we talked about important people in your life—I am wondering, though, if you live with any of them or if you live alone?*

Learn More:

The [HealthInAging website](#) provides information on aging, dementia, causes, symptoms, care and treatment, and lifestyle management.

Information is available for caregivers and others about various [care options for people living with dementia](#).

Information is available about [living with psychosis and providing care for older adults](#).

Information is available about [psychosis and older adults living with schizophrenia](#).

