

SLP-chosen for you, from the Nicespeechlady.com library SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____



DATE: _____

HANDOUT-ABLE: Redirecting Phrases for Dysregulated, Cognitively-Involved Patients

When individuals with cognitive involvement require redirection, there are useful phrases to utilize:

- “Let’s take a trip to the kitchen to see what goodies are in there”
- “I wonder what it feels like outside, let’s go out and see”
- “Oh, there is something I wanted to show you, do you have a second for me to show you something?”
- “Can I get your advice on something?”
- “An interesting thing happened the other day, I was hoping you could help me out on a situation.”
- “Let me tell you a joke ...”
- “That reminds me of a story. Do you have a second for hear it?”
- “I meant to ask you about something that has been on my mind...”
- “Do you think there is a way that you could tell me one of the stories I remember you telling me before...”
- “Do you think we could look at some of your past pictures/trinkets/collectables?”
- “Do you mind reminding me of your favorite movie of all time?”
- “Do you mind reminding me of your favorite song of all time?”
- “Do you mind reminding me of your favorite food of all time?”
- “Do you mind reminding me of our favorite place to travel?”
- “Do you think we could talk about the plans for the week?”
- “I was wondering if we could review the shopping list?”
- “Let’s look at these magazines and think about where we would like to travel in the future?”
- “I have a new song I would love for you to hear.”
- “Can I ask if you need to use the restroom?”
- “Can I ask if you need something to eat?”
- “Can I ask if you need anything to drink?”
- “Do you think you need to go shopping for new clothes? Are there any clothes you need?”
- “Do you think that it is time for a haircut?”
- “I was wondering if you could please help me pick up the house by dusting?”
- “Do you think that it is possible for us to think of a new craft activity?”
- “I was wondering if you could tell me the funniest story in your past?”
- “Let’s make brownies, I could really use your help.”
- “I was having a conversation with a friend the other day, we were discussing if we could only have words or numbers in society — only one or the other — which one would be the most beneficial? What do you think?”
- “I wonder how your walker/wheelchair is holding up. Let’s inspect it for safety.”

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If it appears a filter is not currently present, if the patient is not demonstrating signs of agitation (if agitated, re-direct — see above) —

- “I wonder if it would be possible to say it in a ‘softer way’?”
- “There may be a different way to communicate that. I am wondering if there is a way that would be easier for someone to accept.”
- “Let’s come to terms on that, if we can come to terms on it, we will be in good shape.”
- “Do you think it may be possible for that to have been another way — sometimes we bring our interpretations to the table and it colors our experience.”
- “It might be easier for someone else to see your point of view if we can phrase it in a way that will be easier to tackle.”
- “Is it possible what you heard was what was not intended? Perhaps the information you receive was effectively communicated?”
- “Perhaps we can consider another way to look at this.”

If confabulations (without the conscious intent to deceive — the fabricated, distorted, or misinterpreted or fabricated recall of events about oneself or the world, without the conscious intention to deceive) occur, some communication responses would be:

- “I hear that (rephrase the emotional experience in a way that is a little milder, but accurate). I am guessing that event would result in feelings of (communicate an associated emotion). I am interested in helping you in this. Let’s see about (offer a new direction in how to address the issue, such as:
 - “Can I ask you if it is possible that there is a misunderstanding?”
 - “Could we ask about the facts involved to see if there is another way to look at it?”
 - “There may be another way to approach your experience?”
 - “Is it possible that this is just a little bump in the road that that this can be weathered?”
 - “Could there be a way to resolve this?”
 - “It is easy to get offended when we hear words that have specific meanings to us. Perhaps we could view it in a way that will work best for us.”
 - “Let’s think about what we really want out of this situation, and find a way to get it.”
 - “We can definitely debate this, rather than it increasing in intensity. As I remember, you are very good at communicating your stance. What you are experience it is important to me and I want to assist you in getting this taken care of.”
 - In the past, I know this has not been your typical experience (list details on previous positive events linked to the confabulation) Perhaps there was a hiccup in communication that has added some distraction to what you should have experienced”
 - “Could we ask what was intended in what you heard to make sure we understood right?”
 - “I am so sorry to hear that you are feeling this way. I am hearing that you (rephrase the complaint/confabulation). That must not feel good to be processing that.”

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If impulse control difficulties arise, the following could be relayed directly (safe situation):

State: "I know you don't intend to hurt anyone"; and then:

Communicate one of the above phrases for redirection:

- "Let's think things through before doing anything we could regret later."
- "Let's take a break and come back when we all feel a little better."
- "I know what it is like to get upset. Let's count to 10, nice and slow."
- "I am guessing you are pretty upset. Can you do me a favor and do an exercise with me?"
- "Will you do some imagining with me (then perform mental imagery)?"
- "Let's drink some water or get a snack"
- "I would like for you to participate in a task that will help to calm you."
- Or:
 - Perform some sort of self-soothing behavior with the patient, one that the patient is known to enjoy (involve the senses as much as possible)
 - Turn on some music
 - View a repetitive act that is enjoyable to the patient (e.g., look at a snow globe, people-watch, see a new show with a person that has an unusual accent)

If impulse control difficulties arise, the following could be relayed directly (unsafe situation):

- If there is a history of problem behavior that is unsafe or has a risk of occurring in public, which would create a different type of situation involving others — it will be best to prepare in advance.
- Ask the patient in advance of the situation what would work best if that were to occur prior to the impulsive behavior were to be imminent or occur
- Asking family members or other caregivers for input into how best to respond, depending on the characteristics and individual nature of the person with cognitive issues
- Having a distraction container available with items that would divert attention to objects would be beneficial (magazines of the person's interest, drawing pads, photographs, small games such as a deck of cards or a miniature Connect Four, headphones with music pre-selected, etc.)
- In advance of the conversation, having an exit route available and a reason to leave the scene would be beneficial to establish).
- Direct commands that are firm but respectful may be utilized
- A beneficial and desirable action if behaviors extinguish could reduce the interaction pattern
- Asking questions that would require the person with cognitive issues to realize or determine their own answers to the situation may be helpful.