

Cognitive Awareness

An Emerging Workplace Issue

Editor's note: *Whether out of necessity for financial reasons or any other reason, many Americans are working later into their lives. As a result, our country's workforce has increased in age. This isn't without benefits. Older people have a wealth of work/life experiences that their younger colleagues lack. In a day and age in which knowledge is plentiful, but wisdom is sorely lacking, older workers should be embraced, not cast aside. But the aging process is also often accompanied by cognitive decline and the anxiety of adapting to a changing workplace.*

Even among younger people, illness, injury, effects of medications or surgery, effects of medication or surgery, and/or genetic predisposition can adversely affect productivity and job sustainability. The EAP offers an invaluable service to both employees and employers in screening, treating, and devising an effective treatment plan with appropriate accommodations to reintegrate the employee into the workplace.

For an employee experiencing cognitive and emotional decline due to a medical condition, injury, or compromised cognition, the EAP provides a source of hope both to that individual and to their employer. With some employees, the transformation is rapid and dramatic as a result of injury or disease; in others it may be gradual and subtle as part of cognitive changes occurring as part of the normal aging process.

Signs and Symptoms of Cognitive Decline

As a result, age-related changes have become more common, along with a higher incidence of neurological conditions in older employed adults. They include:

- Increased difficulty with learning and retaining new information;
- Periods of confusion and decreased alertness;
- Increased reliance on instruction, repetition, and reiterated reminders;

- Taking longer to complete a given task;
- Inability to sustain multi-tasking;
- Lower frustration threshold, more easily angered;
- Decrease in motivation;
- Apparent lack of engagement, loss of work ethic, and energy;
- Avoidant, apathetic, less socially interactive;
- Depression and withdrawal;
- Difficulties with coordination and balance;
- An observable tremor;
- Speech/articulation difficulty; and/or
- Worsening of mood or intensification of an affective disorder.

EXERCISE: *Have you noticed any of these signs and symptoms in yourself? In a co-worker or supervisor?*

Case Study #1: Cognitive Impairment Caused by Concussion

Brian is a 58-year-old senior computer engineer at a major information technology company. Three months ago, while cleaning the gutters on his house, Brian fell from a ladder and landed on his head. He was seen at a local ER and diagnosed with a concussion. After seven days of convalescence, Brian was cleared by his family physician to return to work.

However, what followed was an unexpected series of challenges that neither Brian, his internist, nor his supervisor could ever have anticipated. Brian first discovered something was wrong after a few days back on the job. While doing a routine computer task, he couldn't remember where he left off and was forced to retrace his steps in order to proceed.

As a result of what is technically referred to as a "working memory difficulty," it now takes Brian significantly longer than usual to complete a given task, much to the disappointment of both himself and his supervisor.

As a member of a highly technical and evolving industry, Brian must keep up by assimilating new information and learning how to use new systems and devices. After 10 years with the company, Brian prided himself in his uncanny ability to grasp a new program or algorithm with one reading of a technical manual.

However, since his injury, Brian found that he now had to read and reread the material two to three times before he could retain and apply the information. He struggled with sequencing and he forgot people's names. An eight-to-10-hour workday grew more taxing, as Brian increasingly succumbed to the stress of intense concentration and mental challenge. This is a phenomenon that neuropsychologists refer to as "cognitive fatigue."

For the first time in his career, Brian experienced an unprecedented degree of self-doubt, frustration, and fear for his job. Jeff found himself angry, depressed, and less socially engaged. This shouldn't be surprising, since troubling feelings and a loss of interest in interpersonal contact are frequently observed complications of cognitive decline.

Individuals who have sustained concussions may continue to suffer from the impact of their original injury over an extended period of time. In a competitive work environment with high expectations, job-related pressure can result in vulnerabilities and stress.

Diagnosis and Treatment

Because Brian's company had an EAP, his situation was handled with care, sensitivity, and a genuine commitment to helping a valuable employee get back on track. A supportive supervisor and on-site EAP consultant contacted his internist, who ultimately referred Brian for a neuropsychological evaluation that wound up confirming the persistent presence of Brian's post-concussion symptoms.

Upon being informed that his perceived cognitive challenges were in fact real, *Brian was relieved to find out that not only did his company's health plan offer a number of cog-*

nitive rehabilitation options, he learned the EA professional would also assist in obtaining reasonable accommodations during his extended recovery.

EXERCISE: *What did YOU learn from reading this section? How do you think YOUR organization would have addressed this situation?*

Case Study #2: Cognitive Impairment Caused by Disease

Ann is a 42-year-old physician's assistant at a busy outpatient orthopedic clinic located in a major hospital. Over the past year, she noticed intermittent periods of confusion and memory loss.

More recently, Ann found herself misplacing charts and forgetting the names of patients she knew for years. She described herself as "having good days and bad days." On good days she felt fully functional; on bad days she dreaded making an error and possibly harming a patient.

Diagnosis and Treatment

Ann scheduled a visit with her primary care physician, who offered several diagnostic evaluations. Diagnostic imaging led to a diagnosis of Mild Cerebral Microvascular disease, and a condition known as Transient Ischemic attacks or TIAs. The fluctuations in the efficiency of blood supply to the brain were the likely explanation for Mary's fluctuations in cognitive performance.

Fortunately for Ann, as in the case with Brian, it was possible to objectively identify and treat disease-affected cognition. Much to Ann's relief, the EAP was able to assist her care providers in implementing a treatment plan that included appropriate work accommodations and lifestyle changes. *The EAP remained an ongoing resource for Ann, which boosted her functionality and confidence until such assistance was no longer necessary.*

EXERCISE: *What did YOU learn from reading this section? How do you think YOUR organization would have addressed this situation?*

Support is Crucial

An employee experiencing cognitive challenges tends to minimize the impact of increased difficulties on his or her functioning. When problems become more apparent, the employee may suffer from embarrassment, fear, frustration, and a decrease in self-esteem.

Supervisory support, flexibility, and knowledge of accommodation options are key to maximizing employee productivity following an injury or illness. According to the Job Accommodation Network (JAN), there is great variability in employers' willingness to implement accommodations for qualified employees.

*I had the great pleasure of interviewing Alan King, COO of Workplace Options, a Fortune 500 company that works with domestic and international employers. King believes that *the level of comfort an employee has in communicating difficulties, and a corresponding supportive work environment, are the two most important factors in addressing cognitive challenges.* King believes that openly working with an employee and their family can be invaluable in maintaining the health of the individual and their ability to remain on the job.

Many of the patients I have treated over the years who experience subtle changes in their cognition and memory wait until their jobs are in peril before seeking help. Fear of jeopardizing their position and losing the respect of their peers are common reasons given for not reaching out sooner. In addition, the fear of developing a condition such as Alzheimer's is ubiquitous.

However, after evaluating these patients, I often find that they *are NOT struggling with a neurodegenerative disease; rather, there are specific cognitive changes due to different causes.* Working in partnership with the struggling worker, their employer, and their family is integral to maximizing work-related adjustments and supporting the individual and their needs.

Promote Cognitive Health Awareness in the Workplace

Cognitive health at work will continue to grow in importance over the next decade and beyond. The following are some suggestions in promoting awareness that will support cognitive health:

- ❖ Key professionals in the organization, including EAP, Human Resources, and occupational health, can help managers and supervisors understand the importance of cognitive health and work with employees who are experiencing cognitive challenges.

- ❖ Create an environment that promotes awareness and support of cognitive health while encouraging working with employees who manifest cognitive challenges.

- ❖ Make cognitive health awareness part of an overall workplace wellness initiative. Promote educational services, exercise, and nutrition programs, as well as professional development and socialization opportunities to maintain employees' physical, mental, and emotional health.

Summary

Unlike a physical injury to developmental disability, the symptoms of cognitive decline are not always apparent and are often misconstrued as the effects of emotional or family-related problems. There is a great deal of relief that is experienced by affected individuals when they realize that someone understands and accepts their condition.

The good news is that as front-line health care professionals, EAP practitioners can offer much-needed relief, support, resources, and targeted referrals, which in turn can make an invaluable difference to a cognitively challenged employee. ■

**Dr. Joel Becker specializes in the maintenance of cognitive health in the workplace. A clinical neuropsychologist and CEAP, Dr. Becker created the Cognitive Functional Assessment Screening Tool (CFAST) to initially screen and help refer employees experiencing cognitive decline due to age or injury. Additional source: Employee Assistance Report.*

Older Employees are Valuable, too!



A recent study by the Center for Retirement Research at Boston College focused on the relationship between age-related cognitive decline and work ability. For 10% of respondents, there was a steep decline in cognitive ability over 10 years. Shifting to a less demanding job or retiring early was much more likely for this subgroup.

However, the vast majority of individuals who participated in the study (90%) were able to remain in their current occupational role through variables such as utilizing cognitive reserve (recognizing their cognitive capacity), maintaining a healthy lifestyle, and understanding the specific cognitive requirements of their jobs.

Normal Aging

It's important to understand what normal aging involves. Typically, there is a decrease in "fluid" cognitive ability (the ability to learn and apply new information) while "crystallized" cognitive abilities (learned skills and acquired knowledge) will remain intact.

The implications of these differences are substantial. When a position is heavily based on acquired knowledge, such as an educator, that individual can likely continue to work well into their later years. In contrast, for a career such as a surgeon, proficiency and speed often declines,

which can directly affect the outcome (i.e. successful surgery).

Don't Underestimate Value

The value of an aging employee should not be underestimated. Older workers offer assets based on experience and knowledge of their particular occupation. These individuals are highly reliable, consistent in their attendance, and often will go the extra mile. Older employees can serve as peer mentors, teach aspects of job functions, and add to the knowledge base of their teams.

Recent studies have found key variables in retaining and maintaining work satisfaction of older employees are based on two factors: supervisory support and job flexibility. Examples of job flexibility include allowing brief rest breaks during the workday and flexibility in the hours that the employee is required to work, accounting for personal needs such as medical appointments.

The ability of the EAP to recognize the possibility of age-related cognitive changes as a factor affecting employee performance can substantially help in understanding what is needed for job retention and employee satisfaction for older employees. ■

- Joel Becker, PhD