C_{aring} S_{heet} #22: Questions about the Environment: An Assessment Checklist

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Introduction

This caring sheet lists questions a caregiver can ask to discover how well the physical environment is accommodating the strengths and needs of a person with cognitive impairment. The questions are based on very specific changes to the brain and ways in which the environment can make it easier or harder for the person to perform tasks of daily living. (See Caring Sheet #2.)

The environment has a major impact on behaviors, on the amount of distress and fatigue a person experiences, and on how successfully and easily a caregiver can assist the person with cognitive impairment. These questions help explore why a person is in distress, having trouble performing a task, or engaging in a particular behavior. They also suggest interventions.

The caregiver is expected to ask these questions to her/himself or to other caregivers, but NOT to the person with cognitive impairment. The questions can be asked informally by family and other caregivers or more systematically with formal recording by professionals. (These questions are included in a more formal assessment instrument called the Cognitive Impairment Assessment Protocol or CIAP.)

The questions are meant to be asked either as a general assessment or while the caregiver is helping with a task. The answers to these questions can help a caregiver modify the environment, the task, or communication strategies in order to be more helpful by accommodating the person's feelings, abilities and cognitive difficulties. When they are asked during a task, the caregiver can intervene immediately and respond to subtle changes that occur minute by minute in the person's cognitive abilities. These questions apply to any environment (e.g., any room) in any setting.

ENVIRONMENT
AND
COGNITIVE IMPAIRMENT

Questions to Ask:

These are some questions to ask ourselves about the environment to assess how well the environment meets the needs of a person with cognitive impairment. The questions are based on changes in the brain and are organized under general intervention concepts that address common needs among persons with cognitive impairment. Yes answers indicate a good environment.

The answers to these questions may suggest interventions to try with a particular individual on a particular occasion.

A. CONTRAST: Look for contrasts in**:**

- **color intensities** (dark against light)
- **amount of lighting** (dim versus bright)
- **busyness** (patterns versus plain solids, or commotion versus quiet)

1. Are there contrasts that draw attention to areas of the room you want the person to notice and occupy (e.g., change in carpet or lighting away from a door)?
2. Do contrasts highlight objects you want the person to use (e.g., closet door contrast with wall, plate contrast with table, chair contrast with floor)?
3. Are edges of surfaces and changes in floor height highlighted with contrasts (e.g., edges of stairs)?
4. Are there fewer or no contrasts used to draw the person's attention away from the areas or items you want the person to avoid (e.g., camouflaged doors)?
5. Is there a variety of moods created by various spaces, so the person can be drawn to an area that matches the particular mood the person is in at the moment (e.g., busy high energy living room versus cozy quiet den)?

B. TEXTURE: Look for varied textures for:

- **noise reduction**
- **glare reduction**
- **object identification**
- **tactile stimulation**

1. Do the walls and ceilings absorb sound?
2. Are there interesting surfaces or objects to feel?

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3. Is there no glare when you look at a picture on the wall or at the floor (the floor does not look wet or like it has a puddle)?
4. Are floors non-slippery, particularly when wet?
5. Are surfaces appropriately covered for interest, identification, or sound absorption (e.g., seat cover on a toilet)?

C. LIGHTING: Look to ensure there are no areas where:

- the person has to **work hard to see** well
- the person's eyes are required to **change from light to dark** or vice versa
- the person can easily **misinterpret shapes and movement**

1. Is the lighting bright enough to see well and to read?
2. Are there no shadows on floors or surfaces?
3. Do all areas of the room have the same amount of light (no darker areas)?
4. Are the insides of closets as bright as the rest of the room?
5. Are stair wells as bright as or brighter than other spaces?
6. Is the lighting even all over the room, even by windows, in corners, and down hallways?
7. Are objects placed in front of windows or down long hallways that look like frightening or confusing shadows and shapes?

D. PATTERNS: Look to ensure there are no visual patterns that may:

- be **distracting**
- be **misinterpreted**
- cause **nausea or dizziness**
- **camouflage** an object

1. Are there no patterns on the floor that "move" when the person looks at them or when the person moves (e.g., alternating linoleum blocks on floors, patterns on couches or blouses)?
2. Are there no patterns on the floors, walls, curtains that look like bugs, specks, or pieces of paper to pick up?
3. Is it easy to see objects because they are not in front of or beside a patterned surface or object (e.g., a pill held in a hand in front of a patterned blouse)?

E. CLUTTER: Look to ensure there are not:

- too many **objects** in the environment
- objects or information that is **recognized or useful only to the caregiver, and not to the person**
- spaces or objects that would be too **distracting** or too **overwhelming**

1. Is there an appropriate amount of clothing hung in the closet and in drawers?
2. Is there an appropriate number of items served at a meal or sitting on the table?

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3. Is there an appropriate limit to the variety, frequency, and volume of sounds?
4. Are all sounds recognizable?
5. Is there a limited number of people?
6. Are all people familiar to the person?
7. Are all notes, equipment, "reminders" or instructions for caregivers out of sight?
8. Are there no sounds that are unintended for the person, yet which might elicit a response (e.g., doorbells, phones, conversations with other people, public address systems, intercoms, televisions, pagers)?

F. CUEING: Look for information the person:

- can **understand**
- can **see easily without searching**
- can **see without moving too much**
- recognizes though **various senses** of hearing, seeing, feeling, touching, and tasting

1. Does the environment tell the person what the person needs to know (e.g., that lunch is at 12:00 and the time is now 12:00)?
2. Does the environment say what is expected of the person (e.g., we want you to feel at home here, or now it is time to sing)?
3. Are signs recognizable (e.g., signs are written words only if the person can read and understand)?
4. Are cues low enough or high enough for the person to see?
5. Are the cues frequent enough so the person doesn't have to remember (e.g., multiple signs directing the person to the bathroom)?
6. Are other people in the room performing the same task as the person is (e.g., everyone is eating the meal, or singing the song)?

G. NORMAL: Look for spaces and objects that for the person:

- are **familiar and recognizable**
- match the person's **history, preferences, expectations, culture**
- are in the **normal, expected place**

1. Does the room look like a room the person would expect or recognize (e.g., does the bedroom look like the person's bedroom in the past)?
2. Do objects look normal (e.g., the bathtub look like a recognizable bathtub, dishes like normal dishes)?
3. Are tasks performed in the room where that task is normally done (e.g., comb hair in bedroom rather than living room)?
4. Are objects in normal places (e.g., mirrors over sinks or dressers rather than in hallways or on doors)?

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H. HOMEY: Look for spaces and decor that:
- feel **cozy**
- help the person feel **comfortable & relaxed**
- look like **home**

1. Is the room cozy and emotionally comforting?
2. Are all objects in the room recognizable (e.g., no hospital equipment in sight)?
3. Are the colors warm and bright?
4. Would everything that is visible in the room normally be in a home (e.g., no blood pressure cuff; no scale in the living room)?
5. Would all sounds normally be in a person's home (e.g., no intercom or public address system, no alarms)?
6. Is the temperature warm enough?

I. PRIVACY: Look for ways the person can:
- be **alone**, but able to see and get company or help when desired
- keep **personal items** away from others and accessible when needed or wanted

1. Is there space that belongs only to the person (e.g., a bedroom when dressing or bathroom when bathing)?
2. Are there doors in rooms that prevent other people from entering without knocking?
3. Are there drawers or objects that belong only to the person?

Sources:
Weaverdyck, S. (1991). Assessment for Intervention Planning, and Intervention Based on Assessment of Dementia as a Cognitive Disorder. In D. Coons (Ed.) *Intervention in Dementia: Designing and Implementing Special Care Units*. Baltimore: Johns Hopkins University Press.
Weaverdyck, S. (1990). Neuropsychological Assessment as a Basis for Intervention in Dementia. In N. Mace (Ed.) *Dementia Care: Patient, Family and Community*. Baltimore: Johns Hopkins University Press.

Caring sheets #1 and #2 list cognitive functions which are impaired from the brain damage in dementia. The questions in this caring sheet require no knowledge of the brain, but are based on brain functions as described in caring sheets #1 and #2. Caring sheet #21 lists questions for assessment of a person's cognitive functions.

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Caring sheet #24 lists questions a caregiver can ask about the task or daily routines, and caring sheet #23 lists questions about the interactions between the caregiver and the person with dementia.

Answers to all of these questions can help determine which interventions might be most effective in helping the person to be happier and to function more independently.