

Chapter 4: Communication

I. INTRODUCTION TO CHAPTER 4

This chapter focuses on **communication** and the *CAIS Communication Questions to Ask* and the *CAIS Communication Intervention Strategies*.

This is the fourth of five chapters in Volume I of the three-volume Cognitive Abilities and Intervention Strategies (CAIS) Manual: *Asking Why with the CAIS: A Guide to Supporting a Person and Their Cognitive Abilities*.

The **five chapters** along with the **CAIS Handouts** in Volume I provide **background information** useful for understanding concepts and issues addressed in the *CAIS Questions to Ask* and *CAIS Intervention Strategies* presented in Volume II, the *CAIS Educational Series* curriculum in Volume III, and the **CAIS Online Course** “*Beyond Behavior: The Cognitive Abilities and Intervention Strategies (CAIS)*”. All of these, including the online course are described at the end of this chapter under the heading “Additional Resources”.

On Website: This chapter and all of the resources noted above, including the **CAIS Questions and Intervention Strategies** (in an interactive format and as pdf documents), the entire **three-volume manual**, and the **online course** are available on the **Improving MI Practices (IMP)** website at <https://www.improvingmipractices.org>

This **Chapter 4** (“Communication”) directly relates to **Module IV** (“Communication”) of the **online course**, and **Session 4** (“Understanding Communication”) of the *CAIS Educational Series*. Chapter 4 goes into **more depth** and provides **additional tips** and **content** that can help you better **understand** and more easily **apply** the information in **Module IV**, in **Session 4**, and in the *CAIS Communication Questions to Ask* and *CAIS Communication Intervention Strategies*.

In this chapter and manual are **anecdotes** (in boxes) and **examples** to illustrate particular intervention or support strategies and specific, often misunderstood aspects of the effects of brain and cognitive changes on a person’s behavior, or their ability to understand and interact with their surroundings, communicate, or perform a task. The anecdotes and examples are drawn from the experience of this author over many years. The term “**assistant**” is used in this manual (and in these anecdotes and examples) to refer generically to anyone who is in a role of advising, supporting, consulting, or directly helping a person in some way.

In this chapter the words “**Questions**” and “**Interventions**” or “**CAIS**” will frequently be used to refer to the “*Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask*” and the “*Cognitive Abilities and Intervention Strategies (CAIS) Intervention Strategies*”.

Topics (and headings) in Chapter 4:

- I. Introduction to Chapter 4
- II. Communication and Cognitive Abilities
- III. Important Reminders
- IV. Tips about Communication and Examples from the CAIS
- V. Illustration of Individualizing the CAIS through Similar Intervention Strategies
- VI. Summary and Looking Ahead
- VII. Additional Resources
- VIII. Description of the Communication CAIS: CAIS REVIEW

Topics in this Chapter

This chapter presents some **concepts**, issues, and **tips** regarding communication with respect to cognitive abilities and some **examples** from the *CAIS Communication Questions to Ask and Intervention Strategies* to illustrate how the Questions and Interventions are **structured** and how they address those concepts or issues.

There are **four parts** to the CAIS Questions and Interventions: Cognitive Abilities, Environment, Communication, the Task and Daily Routines. This chapter addresses the **Communication CAIS**. Each part has a set of **questions** you ask yourself as you observe a person performing a task (with or without assistance). The Communication CAIS questions help you **identify** how well **your communication** with a particular person **supports** their particular **cognitive strengths** and **cognitive needs**, even as they change over time. For **each question** there is a **list of** ideas of concrete, practical, everyday **intervention** or support **strategies** that address that particular question.

You can find the full set of **all four parts** of the **CAIS Questions and Interventions** (including the Communication Questions and Interventions) in **Volume II** of this manual. It can also be found both in an **interactive** format and as **pdf** documents on the **Improving MI Practices (IMP) website** at <https://www.improvingmipractices.org>

An **introduction** and **instructions** for the **CAIS** are also in **Volume II** and on the same **website**. The **first page** of each *Questions to Ask* in all four parts of the CAIS gives brief instructions.

For a **brief description** of the **Communication CAIS** Questions and Interventions that still has details, see the “**CAIS REVIEW**” content at the end of **this chapter** under the heading “**Description of the Communication CAIS: CAIS REVIEW**”. It focuses on communication, but is a brief overview of the full description of all four parts of the CAIS in Volume II. It might be helpful to read the “**CAIS REVIEW**” before reading the rest of Chapter 4 if you are not familiar with the CAIS and how it is structured.

II. COMMUNICATION AND COGNITIVE ABILITIES

This chapter looks at how you can modify various aspects of your **communication** with a person to adapt to and support this person and their **cognitive abilities**. It explores how the CAIS can help you identify **what makes tasks** and **interactions** with other **people** and the **environment easy or difficult** for a particular person, and what helps this person feel relaxed or upset.

By adapting your communication to a particular person, you can help **improve this person's ability to understand and interact** with their **surroundings, perform a task, and feel more comfortable**. You can prevent or alleviate distressing situations (including behavior that creates distress), as well as reduce frustration and stress for both you and this person. Adapting your communication can make it easier for you and this person to feel comfortable, competent, and to enjoy your time together.

Cognitive Abilities

Cognitive Abilities include a person's ability to think and to understand and respond to their surroundings and other people. Changes in the brain can cause changes in cognitive abilities.

Changes in a person's cognitive abilities can have a profound effect on their ability to understand and respond to other people. Some of these specific cognitive changes that result from changes in the brain are described in Chapters 1 and 2.

These affected cognitive abilities include the ability of the brain to **understand words** and to **produce words**, to recognize **where objects** and **people** are in their environment, to **remember** what just happened or what was said, to focus and sustain **attention**, to have a sense of how much **time** is **passing**, to understand **abstract concepts**, to **recognize** their own **mistakes, needs, or desires**, to name just a few.

Many of these cognitive abilities improve when a person is experiencing growth and development as they mature. When a person's brain changes as a result of injury, stroke, an illness, a psychiatric disorder, or a progressive disorder such as dementia (or major neurocognitive disorder), these cognitive abilities can become more **difficult**. It will often **take longer** for this person to **understand, process, and respond** to information. Certainly, this person's ability to communicate is affected.

FOR MORE INFORMATION SEE CAIS HANDOUTS:

#3 that lists some important cognitive abilities

#4 for more about cognitive abilities

#8 that describes the effects of brain changes on cognitive abilities

The CAIS Questions and Interventions identify and address these specific cognitive abilities. They identify which of a particular person's cognitive abilities are **strong** and which **need additional support**. They consider ways specific cognitive abilities might be causing distress or difficulties in communication or task performance, and which might be making communication and a task easier.

The CAIS Communication Questions and Interventions explore which aspects of your communication support this person's specific cognitive abilities. They then suggest how to change aspects of your communication to **use, build, and rely on** this person's cognitive **strengths** and to **support, nurture, adapt to, or compensate** for this person's **cognitive needs**.

These adaptations of your communication can make it easier for you and this person to **understand, respond, and feel comfortable** with each other. They can help you adapt the ways you express your encouragement, thoughts, requests, and suggestions to this person. They explore the **verbal** and **nonverbal** aspects of communication, including **how you appear** to this person, how you **position and use your body**, how you **sound**, and the **words you say**.

Try to Be Observant, Aware, and Immediately Responsive

You are likely the **most important factor** affecting how a person feels and how well they understand, communicate, and perform tasks. How well certain aspects of your communication support this person's cognitive abilities can influence whether this person feels comfortable and competent or confused and overwhelmed. It can reduce or prevent distress and distressing situations or quickly diffuse them when they begin to occur.

When a person is confused or begins to do something that is distressing or unsafe, you can provide the help or information that adapts to or compensates for this person's cognitive need. For example, if they are about to step into a busy street without looking, you can tell them a car is coming. If they are distressed because they cannot find their coat, you can tell them where it is or even get it for them. If a person has difficulty recognizing context or expectations of a situation and therefore, begins to take their clothes off in public, you can suggest they move to a private place where they can take their clothes off, or discern why they are taking their clothes off (for example, because they are hot or their clothes are uncomfortable) and address the cause (for example, turn on a fan). Many other situations and ways of supporting a person are more complex or subtle. Your response will depend upon this particular person and how they can understand and respond to you most easily.

It is helpful to be aware of how you communicate, both **intentionally** and **unintentionally** with a person. The way you talk, stand, and move can be easily misinterpreted by this person. Likewise, the way you talk, stand and move can explain, comfort, reassure, and convey your intentions.

When you **closely observe** and **know** a **person**, you can more easily recognize when this person is uneasy, uncomfortable or anxious. Watch and listen so you can notice how this person is feeling and reacting to you and to the task.

This is especially important because when a person is anxious or feels on the spot and confused, they will likely have more difficulty thinking, understanding, and responding. If you can **help this person relax**, their brain will likely function better. Try to be alert for any evidence of anxiety or distress.

Be aware of **subtle indications** of distress. You might notice this person's **fingers** or **face** beginning to tense, for example, or a small **frown** beginning to form, or their **eyes** dart, avoid your face, or close. Try to **immediately ease** their **distress before it escalates** by establishing eye contact (if this person is comfortable with eye contact), gently repeating a question or request, or holding their hand if they are comfortable with your touch.

If this person's **face** is **rigid** with a flat or no visible expression, you can pause and give them time to relax and focus on the conversation or task.

Then you can adjust the environment, task, or your interaction in response to or in anticipation of their distress. By carefully observing, warmly reassuring, and **immediately adjusting** the way you interact with a person, you can prevent distress or upsetting situations and help this person communicate and perform tasks more easily.

FOR MORE INFORMATION SEE CAIS HANDOUT:

#26 about how to recognize a person's emotional status, including nonverbal indications

SEE ALSO the questions and interventions in the *V. Observation* section of the CAIS Communication Questions and Interventions

Adapt Your Communication to Overcome Challenges in the Environment

Environmental challenges of insufficient information, inappropriate amount and type of stimulation, and a reduced sense of safety are discussed in Chapter 3. It uses examples of shiny floors, objects difficult to see, confusing cues, and frightening shapes.

When there are challenges in the environment you can't change or that take time to change, you will need to **compensate** for the **environment** by modifying your communication with a person in a way that reduces the impact of those challenges. For example, if this person feels anxious or cautious about walking on a shiny floor, you can draw this person's attention away from the floor and to your face with a smile and conversation. Or you can tell this person "The floor is not wet, it just looks wet".

If this person is frightened, distracted, or overwhelmed by the environment, you can **give** them **information** and **reassurance** to help them feel safe, focus their attention, and understand what you are saying. You can explain and provide emotional support. For example, when shadows on the floor or wall are misinterpreted as something threatening and you can't increase the lighting to remove the shadows, then you can move with this person to another better lit space. Or you can explain that they are seeing a shadow. Or you can hold this person's hand (if they are comfortable with your touch), or direct their attention to your face and away from the shadows to allay this person's anxiety and fears.

III. IMPORTANT REMINDERS

Distress and Our Unintended OOPS!

It is easy for all of us to get upset as a result of another person's style of communication or behavior. It is also easy for all of us to unintentionally upset another person with various aspects of our own communication or behavior. A person's cognitive changes can more easily make **our behavior** and communication feel distressing.

Often, the more different another person's pattern of cognitive strengths and needs is from our own, the easier it is for our behavior to **unintentionally** cause them distress and fatigue (and for theirs to cause us distress). We see this when there is misunderstanding, conflict, or irritation among our own family members or with coworkers.

Some of our behavior that might unintentionally cause distress could include our **words**, **movements**, or **actions**. For example, talking or moving too quickly; switching topics too frequently during a conversation; shuffling papers or objects around when talking so this person has trouble focusing on what we are saying. This can cause them to be so uncomfortable, irritated, confused, or distressed that they might shout, strike out, or simply withdraw from us.

By understanding this person's cognitive strengths and needs, and considering how to communicate in a way that supports those cognitive abilities, we can feel less surprised or frustrated with this person's behavior and change our own behavior and communication to prevent this person from misunderstanding us or feeling upset.

Fatigue: Save This Person's Energy and Reduce Frustration

An important **goal** of all **communication** is to **reduce fatigue** and to **make interactions** or a **task easier** for this person, regardless of how well they communicate.

Fatigue can cause distress or cause a reduced ability to perform a task or understand what you are saying. We can use communication techniques to reduce a person's fatigue.

A person usually **works much harder** to **communicate** or do a task than we or even they realize or show, particularly when they are required to use cognitive abilities that are difficult or weaker for them. A simple task such as putting their arm into the sleeve of their coat or picking up a spoon may take a surprising amount of energy, as mentioned in Chapters 1 and 2, especially if this person has difficulty seeing or knowing exactly where objects are, has difficulty concentrating, or their brain has difficulty instructing their body on how to move their arm into the sleeve.

Even for a **person** who **communicates** or **performs a task well**, making communication and the task easier for them can conserve their energy for more difficult or more pleasurable tasks and conversations, and can help prevent fatigue, confusion, withdrawal, and emotional distress or irritation.

The CAIS Communication Interventions suggest ways to modify your communication techniques to make communication and a task easier and to reduce fatigue.

Emotional Reactions Due to Experiences

Most of us **remember** (consciously or unconsciously) **emotional** aspects of our experiences more easily than the cognitive aspects. We may not remember that an event or experience even occurred, but emotions can arise unexpectedly in certain situations for us that mirror our emotions from previous experiences. For example, a smell of a certain food baking can suddenly bring emotions and memories of visiting a certain place or of childhood smells from the kitchen. And how we felt at the time.

This is especially true when we have in our remote or recent past experienced an emotional, physical, or sexual encounter that was uncomfortable, painful, or traumatic. This can range from food we dislike, to fear and anxiety during a shower we recently had, to a fall that caused a broken arm, to an assault from our childhood.

Some interactions or situations are more likely than others to trigger emotional distress for a person. Interactions or situations that involve, for example, **removing clothing**, or being **touched**, or **someone else having control** over this person, or even being in a **room** similar to where such encounters happened to this person, could easily cause distress.

It is important to **stop** an **interaction** or task, or help this person leave the room if this is the case. **Watch** and **listen** closely to this person so you can notice how they seem to be feeling or responding to your words, movements, and actions. Their expression of distress can be subtle. They may “freeze” and show no facial expression or reaction if they feel overwhelmed or very anxious.

Gently alerting this person to what you intend to do, and **moving slowly, gently, with respect** and **compassion** are important.

IV. TIPS ABOUT COMMUNICATION AND EXAMPLES FROM THE CAIS

The Communication part of the *Cognitive Abilities and Intervention Strategies (CAIS)* is organized around ten **intervention concepts** that are subheadings in the *CAIS Communication Questions to Ask* and the *CAIS Communication Intervention Strategies*.

If you would like to look at the Communication CAIS as you read this chapter, see the *CAIS Communication Questions to Ask* and the *CAIS Communication Intervention Strategies* in **Volume II** or on the Improving MI Practices (IMP) **website** at <https://www.improvingmipractices.org>

As mentioned earlier, there are **instructions** and a **description** of the CAIS in Volume II and an abbreviated description (called the “CAIS REVIEW”) at the end of this chapter under the heading “**Description of the Communication CAIS: CAIS REVIEW**”. You may want to read the CAIS REVIEW if you are not already familiar with the CAIS.

The CAIS is available in Volume II and is on the IMP website in an **interactive** format and as **pdf** documents that you can download.

There are two formats for the *CAIS Questions to Ask*: The *Yes/No* and *Four Point Response* Formats. They have exactly the same questions.

More tips regarding communication are presented here under five of the **communication intervention concepts (subheadings)** that are in the CAIS Questions and Interventions. **Examples** from the Communication CAIS are used to illustrate how the **CAIS is structured**.

Only a few of the tips, issues, questions, and interventions are mentioned in this chapter. See many **more details** and **questions** and **interventions** in the Communication **CAIS** in Volume II. There are **many more** issues, questions, and interventions that **could have** been **added** to the **CAIS** as well. You may want to add some of your own.

Subheadings in the CAIS Communication: Ten Communication Intervention Concepts

Look at the *CAIS Communication Questions to Ask Yes/No Response Format*.

After the first page with introduction and instructions you see **I. Respect** on the left.

It looks like this:

- I. Respect: Look for ways I can:

As you glance through the *Communication Questions to Ask*, you'll see the questions are organized under **ten subheadings** (numbered by Roman Numerals I-X) that are **communication intervention concepts**. These are concepts that address needs a person might frequently experience in most interactions.

These are **aspects of communication you can change** to accommodate this person's cognitive strengths and needs. This will help you and this person **understand** and **respond** to each other more easily, feel and be more successful, and feel less **stress and anxiety**. It will help **increase enjoyment** for both **you** and **this person** you are relating to.

The ten concepts are:

- I. Respect
- II. Explanation and Reassurance
- III. Body Language
- IV. Approach
- V. Observation
- VI. Distraction
- VII. Consistency
- VIII. Characteristics
- IX. Organization
- X. Prevention

While you read about these below, it may be helpful to imagine offering a person a washcloth so they can wash their arm at a bathroom sink.

I. Respect as a Communication Intervention Concept

When a person has obvious cognitive needs, it is easy at times to think of them as someone quite different from yourself, as odd, cute, irritating, perhaps childlike, and sometimes frightening. It can be difficult to remember that in most ways they are quite **similar** to you.

It can require constant vigilance to **intentionally show respect** in your interactions with this person.

The CAIS questions ask if you feel and show respect in your **actions** and **speech** to a person you are relating to. Sometimes there is a person you don't like or particularly respect. You may feel irritation, impatience, embarrassment, or even disgust if they look or do things that are repulsive to you.

Do you avoid saying or doing anything that could be interpreted as condescending or treating an adult as a child (or not treating a child with respect) or as an inferior in some way, rather than an **equal**? This person may not be able to express in words the embarrassment or humiliation they feel when they are treated as a child or as though they are inferior, but it is likely they have these feelings.

If this person has many cognitive needs, they may be dependent or easily confused. If they are an adult who is treated like a child in the words or tone of voice often used with young children, in the activities they are encouraged to do, or in objects they are given that are childlike such as toys, then other people are more likely to also view and treat this person as a child. It can also cause more confusion in this person, if they are treated like a child or given toys to use. This person needs **simplified, NOT childlike** objects, task steps, and interactions.

Show them warmth and friendliness, but not in a way that is condescending.

Do you avoid scolding or overreacting to this person's actions? Because of changes in their brain (the frontal lobe) described in Chapters 1 and 2, it may be hard for this person to **do more than one thing at a time**. They may not be able to feel embarrassment or shame, and at the same time intentionally change their behavior. For example, when this person takes off their clothes around other people, it is often more effective to help them move to a place where they can appropriately remove their clothes (if they are hot, for example, or if their clothes are uncomfortable) or address the reason they are taking their clothes off (turn on a fan, for example), rather than asking them what they are doing or telling them other people will see them and be disgusted if they do that in public. Scolding or commands can easily be misinterpreted and create anger, anxiety, or distress.

Clear, short, simple requests that get this person's attention will likely be most effective in helping them to change their actions. Those requests need to be **short** and **clear**, but at the same time **gentle, calm, and kind** to show respect and to help them understand.

Some of the questions in the Communication Questions address these comments directly.

Example: Respect in the CAIS Communication Questions to Ask

Look at the questions in the ***I. Respect*** section of the *CAIS Communication Questions to Ask Yes/No Response Format*.

I. RESPECT: Look for ways I:

- Show respect for this person, both verbally and nonverbally
- Treat this person as an adult, both verbally and nonverbally
- Express warmth and gentle friendliness to this person (show that I care about this person), both verbally and nonverbally

| | | |
|---|----|-----|
| A. Do I respect this person? (For example, do I see this person as a valued person? Do I understand this person | NO | YES |
|---|----|-----|

| | | |
|--|----|-----|
| enough to admire them? Am I free of feelings of impatience, irritation, embarrassment, or disgust?) | | |
| B. Do I treat this person as an adult in both my words and facial expressions? (For example, do I avoid calling this person “dear” when I don’t really know them?) | NO | YES |
| C. Do I offer normal adult objects and activities? (For example, do I avoid children's toys or children’s games or objects that look cartoonish or look like they are for children?) | NO | YES |
| D. Do I avoid talking about this person in a condescending way? (For example, do I avoid saying “They are so cute together,” or “She’s the little lady over there”?) | NO | YES |
| E. Do I avoid talking about this person in front of this person? | NO | YES |
| F. Are my voice, gestures, and movements gentle and kind, even when clear and firm? | NO | YES |
| G. Do I help this person save face and avoid embarrassment? (For example, do I avoid calling attention to their mistakes? Do I discreetly correct their mistakes without them noticing?) | NO | YES |
| H. Do I avoid scolding, shaming, or bossing this person? | NO | YES |
| Comments: | | |

Note **Questions A, B, and H** above.

Certainly respect needs to be **tailored to each individual**. What is friendly to one person may feel offensive to another. Individual and cultural differences and preferences must be noted.

Example: Respect in the CAIS Communication Intervention Strategies

Now look at the suggested intervention strategies in the **I. Respect** section of the *CAIS Communication Intervention Strategies*.

A “No” response (or “1” or “2” in the *Four Point Response Format*) in the *Communication Questions to Ask* directs you to the *Communication Intervention Strategies* where ideas of **intervention strategies** are identified for **each question** in the *Communication Questions to Ask*.

Look at the interventions under **Questions A, B, and H** in the **I. Respect** section of the *Communication Intervention Strategies*.

I. RESPECT

Look for ways I can:

- Show respect for this person, both verbally and nonverbally
- Treat this person as an adult, both verbally and nonverbally
- Express warmth and gentle friendliness to this person (show that I care about this person), both verbally and nonverbally

A. Do I respect this person? (For example, do I see this person as a valued person? Do I understand this person enough to admire them? Am I free of feelings of impatience, irritation, embarrassment, or disgust?)

STRATEGIES:

1. Think of this person as an adult worthy of your respect.
2. Remind yourself you are with this person to meet their needs. They have a right to make as many decisions and choices as possible.
3. Imagine this person as someone you admire, care about, or respect, such as your parent or grandparent, or another family member or friend
4. Get to know this person's culture, preferences, habits, history, and accomplishments.
5. Recognize their current physical and medical status and possible pain concerns.
6. Take this person's feelings and behavior seriously and respond with kindness and calm patience, especially when this person seems to be verbally or nonverbally reacting in an exaggerated way to events, touch, certain people, or words they hear. Remind yourself this person has reasons for acting in this way, which might include a current experience or history of emotional, sexual, or physical discomfort, pain, or trauma.
7. Don't take their comments or actions personally, when your feelings are hurt. Their cognitive needs are likely the reason for their comments and actions. Try to be objective and to take a problem-solving approach.
8. Treat this person with dignity, regardless of how they look or act.
9. Address this person's feelings with respect and kindness even when you are acting to stop a behavior.
10. Talk with others about your feelings about this person, if necessary, to help you find ways to address your feelings and to create positive feelings.
11. Arrange for someone else to assist this person until you do respect them.

B. Do I treat this person as an adult in both my words and facial expressions? (For example do I avoid calling this person "dear" when I don't really know them?)

STRATEGIES:

1. Avoid thinking of dependency as childlike. Remind yourself that brain changes do not make this person childlike, rather they present very specific cognitive challenges. This person still retains much of the information and skills they have acquired over a lifetime.
2. Use this person's name frequently and use the name they prefer.

EXAMPLES for #B.2:

- *This person's first name and/or Mr./Mrs./Ms.*

3. Express friendliness and warmth in adult terms appropriate for their culture and preference.

EXAMPLES for #B.3:

- *Ms. Joyce, or Miss Joyce, or Sir Bob, or Ma'am.*

4. Use eye contact as appropriate for their culture and preference.
5. Be aware of your own facial expressions.
6. Keep a pleasant, reassuring and kind facial expression. Avoid frowns, tightened lips, clenched teeth, and facial expressions of irritation, disgust, or scolding.

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H. Do I avoid scolding, shaming, or bossing this person?

STRATEGIES:

1. Avoid the temptation to "make this person behave". This is especially important in challenging situations. Trying to "make this person behave" may make the situation more difficult to resolve.
2. Remind yourself this person's ability to control their behavior and words is reduced. Address their feelings of anxiety, confusion, and anger.
3. Respond with kindness and calm patience to this person's feelings and behavior, especially when this person seems to be verbally or nonverbally reacting in an exaggerated way to events, touch, certain people, or words they hear. Remind yourself this person has reasons for acting in this way, which might include a current experience or history of emotional, sexual, or physical discomfort, pain, or trauma.
4. Keep your voice, facial expressions, and body movements calm, gentle, kind, and reassuring.
5. Address the distress. That is, focus more on this person's feelings of distress than on their behavior or words.

6. Remind yourself you are here to help this person feel better, not simply to protect them and other people in the situation.
7. Avoid taking this person's behavior and words personally. When that is difficult to do, seek appropriate ways to express your own frustration, hurt, and anger away from this person.

See more interventions listed in this respect section of the *CAIS Communication Intervention Strategies*.

II. Explanation and Reassurance as a Communication Intervention Concept

Explanation and **Reassurance** are two of the most important goals of communication.

A person may need to hear or see your verbal and nonverbal explanation and reassurance **frequently because** they may:

1. **Forget** what you said or did.
2. **Sense** it has been a **long time** since you had given the explanation or reassurance.
3. **Need more time** to process the information.
4. **Not hear** it over the background noise in their environment.
5. **Be distracted** by something in their environment or within them.
6. Feel **emotionally upset**.
7. Be involved in one thought or task and **cannot shift gears** quickly to change their thought or task to focus on what you are saying or doing.
8. Be experiencing another of the many possible **challenges**

Respond to Repeated Questions or Thoughts

A person may ask a question repeatedly because they forget the answer. For example, they may ask, "When is it time to go?" and you may answer, "In twenty minutes." One minute later they may ask again because they have forgotten they had already asked.

Or they may ask again, because they inaccurately sensed how much time had passed since they last asked. For example, they may ask, "When is it time to go?" and you may answer, "In twenty minutes." One minute later they may ask again because they may sense it's been longer than twenty minutes.

When they forget what you have said, **answering** their question in the **same way each time** may be easier and less frustrating for both of you.

When they inaccurately sense how much time has passed, gently say that **you will tell them** when it is time to go, so they don't get offended that you gave the same answer as last time.

Choose Your Words and Timing Carefully

Because of the cognitive changes described in Chapters 1 and 2 and the CAIS Cognitive Abilities Questions and Interventions, there are many subtle effects of the specific **words** and the **timing** of the words you use.

In general, it is important to give information or make a request only when a person is emotionally calm and **ready to hear you**; that is, usually not when they are in a distressing situation or when you want to quickly prevent them from doing something that is harmful to themselves or others. This person may have difficulty feeling an emotion and thinking about your words at the same time. So **nonverbally** responding to this person's emotions and using a **few short** reassuring **words** is most helpful until they are calm and less focused on what is distressing them.

Especially if this person has many cognitive needs, keeping explanations, sentences, phrases, and words **short, clear, and simple** will likely be most effective. Using **familiar** and **concrete** words is also helpful. This person may be able to understand or respond more quickly if you use words that they are used to using, such as "going to the toilet" instead of "using the powder room" or "peeing". Asking this person "Do want to wear your coat or your sweater?", rather than "Will this be warm enough?" may allow this person to more easily understand and make a decision.

Speaking with **clear diction** and in a **low-pitched** voice due to sensory loss is discussed in Chapter 2.

Speaking **slowly** (yet with a natural rhythm and cadence) and including **pauses** in your conversation to give this person time to absorb, process, and respond to your comments may be crucial to their ability to understand you and to express themselves.

A person's **culture** and **personal style** of speaking must also be accommodated.

Due to frontal lobe changes as described in Chapters 1 and 2, a person may respond more easily to **questions** that ask for responses of "**Yes**" or "**No**" or **opinions**, rather than facts.

Anecdote #1

An assistant was visiting with an older woman living with memory difficulties. The assistant asked her **how many children** she has. She said she didn't know. When the assistant said, "Nowadays, people say we shouldn't give children candy. What do you think about that?" She replied "Honey, I gave my children candy every night before going to bed to sweeten their dreams. And I had four children and they all turned out well and healthy." She then proceeded to tell him the names of each of her children and what they were doing in their adult life.

About this Anecdote: When a person is put on the spot to come up with a fact, they may have difficulty. But by focusing on an opinion or even on an unrelated fact, they might be able to produce many facts.

A person may also have more difficulty processing negative words such as "No" or "You can't" than **positive** words such as "Perhaps" or "We can do that another time. For now, let's do this".

Anecdote #2

A person living with frontal lobe changes wanted to go **outside** with only his pajamas and slippers on. There was a foot of **snow** outside. An assistant said “No, it’s too cold out. You’ll freeze!” This person became angry and tried to leave the building. Because this person did not have appropriate boots or clothes for the weather, another assistant tried to persuade him from leaving. She said, “Oh wouldn’t it be fun to go walking in the snow! Let’s go to your closet and see if we can find a coat and boots to go outside.” As they continued to talk about it, they walked towards this person’s closet. Gradually the conversation was shifted to other topics and this person forgot about going outside. A few weeks later, the staff was able to acquire outdoor clothing for this person so he could begin taking walks outside in the winter.

About this Anecdote: With frontal lobe changes, this person may have difficulty going through the process of looking objectively at his own desires and hearing that he cannot meet them. Hearing and **responding** to “**No**” may take more abstract processing and a shift from one thought or action to another. Whereas hearing “**Yes**” and a **suggestion** of a short delay or an addition of another step first, allows him to continue in his effort to meet his desire. Responding to “No” requires him to stop what he is doing, consider another focus, and then act on it. That is more difficult than simply continuing what he is doing or thinking, but with a slight detour or change in direction. Simply seeing the snow could also have been a trigger of an impulsive desire rather than a lasting desire, and so was easily forgotten once the snow was no longer visible to him.

FOR MORE INFORMATION SEE CAIS HANDOUTS:

#35 with suggestions of frontal lobe interventions

#30 with vision and hearing interventions

SEE ALSO more detail in the *III. Executive Functions* section of the CAIS **Cognitive Interventions** and the *II. Explanation and Reassurance* section of the CAIS **Communication Interventions** in Volume II

Give Information Thoughtfully

Because this person might **easily misinterpret information** or feel uncertain how to respond to information, it is helpful to avoid giving them unnecessary information that would simply upset them. For example, if this person is looking for their spouse who has been dead for twenty years, and you have ascertained that they want to tell their spouse it’s time for supper, then it may be more helpful if you reassure, and then distract this person rather than say that their spouse is dead. If you say their spouse is dead, they may grieve all over again when they hear the news.

Ask Permission First

If you need to help a person who is in pain or sensitive to touch, then ask permission before touching this person. This person may be inwardly startled and resistant when a part of their body is touched or moved without warning. Asking permission to move this person's leg shows respect for them and their need to be in control. It also alerts them to prepare themselves physically and emotionally to move their leg.

When a verbal request is not enough, you may need to gently and carefully move your hand on their leg up toward their knee joint to orient them to the request and the part of their body to be moved, before they are ready to help or to allow the leg and knee to be moved.

FOR MORE INFORMATION SEE CAIS HANDOUTS:

#28 about helping a person move a part of their body

#27 about touch and how to touch in a way that reduces discomfort

#25 about how to recognize and respond to pain, needs, and distress

Give Enough, But Only Enough Information to Be Helpful During a Task

When helping a person with a task, tell this person what the **next step** of the task is (when necessary) only before each step, rather than all at once. Tell this person when the task is **done**. On some occasions, it is more helpful to **slightly distract** a person rather than tell them one step at a time during a task (for example by talking about the weather or how nice they look in this shirt).

Anecdote #3

An assistant was helping a person get **dressed**. It was a very slow process, and the assistant was trying to encourage her to do as much of the task as she could. She sometimes became confused about whether the **goal** was to get dressed or undressed. So, the assistant reminded her of the goal as needed. The assistant also prompted her for nearly each step of the task. Suddenly there was a loud noise outside her bedroom door. She startled and looked toward the door. The assistant said, "I wonder what that could be!" She looked in the mirror as she quickly finished zipping up the front of her dress and buttoned her cuffs. As she fluffed her hair, she said "Well, let's go find out!".

About this anecdote: This person was working very hard to get dressed. Even with the assistant's prompts it was a very slow process. But once she was **distracted** and focused on **another goal** (to go see what the noise was), she could get dressed quickly because she was dressing **automatically** without thinking about it. For her, the distraction or thinking about the goal of finding the noise rather than the goal of getting dressed, allowed her to do the dressing task more easily. The ability to do a task automatically more easily than consciously doing it step by step is discussed in Chapter 2 (in Anecdote #5). (See Interventions 5, 6, and 7 under Question A in the *VI. Distraction* section of the *CAIS Communication Intervention Strategies*.)

It is important to give both **verbal** and **nonverbal information** in **small amounts** at a time, especially if a person has difficulty processing or doing more than one thing at a time.

Anecdote #4

A son walked up to his **father**, patted him on the shoulder as he asked his father “How are you doing, Dad?”. His father gruffly pushed his son away. The **next time**, the son entered his father’s visual field, watched his eyes to make sure his father saw him, said “Hello, Dad. It’s me John.”, then continuing to watch his father’s eyes and body for evidence of confusion or anxiety, walked slowly to his father’s chair from the front, sat down, and put his hand on his father’s hand. His father smiled.

About this Anecdote: The second time John walked up to his father, John did only **one thing at a time** (entered his visual field, then spoke, then moved) to avoid confusing his father or requiring his father to process more than one stimulus at a time. Instead of immediately asking a question (even a rhetorical question) John gave his father time to get used to being with him first.

Avoid giving confusing information, especially **mixed cues**.

Anecdote #5

A daughter was clearing the table of **breakfast** dishes when she told her mother she would help her with a shower next. When the daughter came to take her mother to the shower, her mother said “I need to eat. I can’t go now.”

About this Anecdote: Her mother remembered the visual cue of clearing breakfast rather than the auditory cue of taking a shower. Talking about one task when you are doing another task can be confusing to a person.

Sometimes a **visual cue** can be remembered more easily than an **auditory cue**. But what might be especially confusing is talking about another task or task step while you are performing the current task or task step.

Example: Explanation and Reassurance in the CAIS Communication Intervention Strategies

Look at the interventions listed under **Questions C, N, and Z** in the *II. Explanation and Reassurance* section of the *CAIS Communication Intervention Strategies*.

These interventions directly address **giving information, words, style of speech, and asking permission** to move a part of this person’s body.

II. EXPLANATION AND REASSURANCE

Look for ways I can:

- Show reassurance to this person
- Clearly explain events, requests, and the environment to this person

.....

C. Do I avoid giving this person information that would be distressing or embarrassing to them?

STRATEGIES:

1. Remind yourself that your goal at all times is to help this person feel good.
2. Avoid situations or comments that might embarrass or distress this person.
.....
3. When this person must be told upsetting news, tell them only as much information as they need.
4. Deliver any upsetting information compassionately,
5. Avoid pointing out this person's mistakes. Instead, discreetly ... "fix" the mistake
6. Avoid shaming this person into proper behavior .

EXAMPLES for #C.6:

- *Avoid saying "What would your mother say if she heard you talk that way?"*
7. Focus on this person's feelings rather than their behavior. Avoid bringing the behavior to this person's attention. Reassure them that "It's OK." rather than "Stop doing that."
 8. Give this person only truthful information.
 9. Give this person only as much information as they need to feel comfortable and satisfied
 10. Adapt the amount and nature of information you give to this person's needs and desires, cognitive abilities, and the circumstances.

EXAMPLES for #C.10:

- *When this person asks, "Where is my husband?" avoid saying their deceased husband is dead unless you are sure they won't be surprised and grieve. You might say, "Your family knows you are here." or "Your husband is not here right now." or "Tell me about your husband." or "Your husband is a good man."*

.....

N. Do I use pauses when I talk to allow time for processing and responding?

STRATEGIES:

1. Conserve this person's energy by making it easy for them to understand you.
2. Give this person enough time to absorb and process what you say and do.
3. Give this person enough time to respond to what you say and do.
4. Pause between sentences, phrases, concepts, and tasks.
5. Pause only in natural places in a conversation or sentence.

EXAMPLES for #N.5:

- *Pause between options in a question, such as "Would you like to go for a walk [pause] or look at a photo album here?"*
 - *"It's hot in here. [pause] Should I turn on the fan?"*
6. Keep your pauses only as long as necessary, so you don't disrupt the natural flow or rhythm of the task or conversation.
 7. Adapt your timing and placement of pauses to this person's needs at this moment. Avoid pausing so long this person forgets what you are saying or thinks your sentence has ended.
 8. Give this person any additional time they need to produce speech or to respond with their body.

See many more interventions listed under Question Z. Only 4 of the 16 interventions are listed here.

Z. Do I verbally and nonverbally prepare this person before a part of their body moves? (For example, before they or I move a part of their body, do I touch that part of their body, if they are comfortable with touch? Do I ask them to move it? Do I ask permission to move it? Do I inform them it will be moving?)

STRATEGIES:

1. Prepare this person both physically and emotionally, since moving a body part can be difficult, painful or uncomfortable due to age, brain changes, weakness, rigidity (particularly in the joints), injury, or current or past experience with physical, emotional, or sexual discomfort, pain, or trauma.
2. Remind yourself that discomfort with touch and movement may be unpredictable.
3. Watch this person's face and body and listen to what they say and the sounds they make
-
12. Remind yourself that this person may be particularly sensitive to touch. Your touch might send sensations such as "pins and needles", "bugs crawling", or "tickling" up and down their skin, or be extraordinarily painful or uncomfortable. A soft touch might feel like a hit, or like intense heat or cold. Alert this person and ask their permission before you touch them. Anticipation can help them prepare emotionally and help their body to reduce the undesired sensation.

See more interventions listed in this explanation and reassurance section of the *CAIS Communication Intervention Strategies*.

III. Body Language (Nonverbal Language) as a Communication Intervention Concept

It is important to notice how your **body appears** and **sounds** to a person.

Touch is also important. Touch is addressed in detail in Chapter 2.

In general, **you likely communicate more through the sound of your voice than through your words.** And you communicate **more through your body** in how it **looks** and **moves, than through the sound of your voice.**

You may not be aware of how your body appears to a person you are interacting with. There may be times you, without noticing, roll your eyes or look away or laugh or lean away in an unintentionally dismissive manner, all of which this person might see and interpret as you not caring about them or not being willing to help them.

It is also important that your body's **appearance** and **movements match your words.** You need to both **look** and **sound friendly.** A person will likely respond more to how you look and move than to the words you say. A person may have more difficulty recognizing and remembering words than recognizing and remembering emotions or body language. So, if you are frowning as your mind drifts to other tasks you still need to do, at the same time you are trying to be cheerful as you talk to this person, they might remember and **respond more to your frown than to your friendly words.**

They are more likely to remember (though maybe not consciously) their anxiety when you rushed them through a task like decision making or washing their arm, than they will the apology or reassuring words you used, or even the fact that you and they did the task.

Position Yourself

Chapters 1 and 2 describe the parietal lobe and how it tells a person to notice what this person sees in all parts of their visual field. If there are brain changes or differences, this person may not be able to notice you or other objects in their environment if the objects or you are in a part of their visual field that is unnoticed by them.

So, **where** you position yourself is important.

You need to find the **part** of their **visual field** where this person sees and **notices** you and other objects most **easily** and **accurately at this time**. Then you position yourself and important objects in that part of their visual field. For example, they may respond more easily when you are in front of them than when you are off to their side.

See more specific interventions about this and **how to do** it listed in the Communication Interventions. This is also described in chapters 1 and 2.

FOR MORE INFORMATION SEE CAIS HANDOUTS:

#29 that describes visuospatial abilities and suggests interventions

#30 that suggests vision interventions

SEE ALSO more detail in the CAIS **Communication Interventions** in Volume II.

Move Slowly, Minimally, and Intentionally

Again, if they have changes in their parietal lobes, then **move slowly** and as **little as possible**, so they will not have to work as hard to follow you visually. Stay in the same spot or position. Use **gestures** when necessary and in a way this person can easily see, but keep them **small**. This will likely help this person have more energy to understand what you are saying, interact more easily, and do the task more easily and independently.

If a person has changes in their frontal lobe, body language (yours and theirs) can become particularly important. Chapter 1 describes how a person's face and movement of their arms and hands can become more rigid and less expressive. This can make this person appear more stubborn or angry than they actually feel (because in the western culture, a rigid face or stiff body can look stony or angry). They may reach out to place a friendly hand on your shoulder and because of its rigidity and their reduced control of its speed and force, the gesture can feel to you like a hit. So, it is easy to misinterpret a person's emotions or intentions.

Similarly, for a person who has difficulty understanding speech or who has difficulty switching from one intention to another (such as from leaving a building to reentering the building), your body language can be helpful.

Anecdote #6

A tall man living with frontal lobe changes was trying to **leave** the **building** when it was unsafe for this person to leave. He had a rigid facial expression and rigid body movements as he walked to the door. So, he appeared to be determined, stubborn, and angry. An assistant was nervous and cautious when approaching this person to persuade him to stay in the building. This assistant reminded herself, he may not be angry, and instead may be simply planning to take a walk outside. Instead of using words, this assistant walked beside this person, matching her stride to his, even as they left the building. After a while, when she sensed this person's stride was now mirroring her own (and that his focus and intention were losing momentum and intensity) she calmly made a small gesture to indicate a suggestion to turn left, and gradually guided this person's path back into the building.

About this anecdote: This assistant tried to **avoid misinterpreting** this person's appearance. She wanted to avoid making this person anxious, confused, or upset, so she avoided telling him he shouldn't go outside or using a lot of words to quickly persuade him to stop. Even though she was nervous, she tried to be attentive to her own body language and what it was communicating to this person. She avoided touching this person or using her body to try to stop him from moving through the door. Instead, she used **few words**, tried to **relax** her own body, and used **small but clear gestures**. She matched her pace to his until gradually his pace began to match hers. Then she could discreetly, subtly, and nonverbally direct him back into the building. She allowed his focus to diminish naturally, as it often does as a result of frontal lobe changes, even after a period of intense focus.

Example: Body Language in the CAIS Communication Intervention Strategies

Look at the interventions listed under **Questions B, C, and D** in the *III. Body Language* section of the *CAIS Communication Intervention Strategies*.

Only a few of the interventions are included below.

III. BODY LANGUAGE

Look for ways I can:

- Use my body to communicate with this person
- Avoid unintentionally communicating confusing or distressing messages with my body
- Address this person's sensory and cognitive abilities by how I position and move my body

.....

B. Is my body telling this person what I want it to say? Do I avoid gestures or facial expressions that could be misinterpreted? (For example, do I raise my eyebrows rather than frown when I want to show concern?)

STRATEGIES:

1. Be aware of what your body is communicating.
2. Watch this person to see if you are unintentionally communicating a message, or communicating in a way that distresses or confuses them.

EXAMPLES for #B.2:

- *Your frown could be interpreted as anger or anxiety, rather than concern.*
 - *Your moving quickly could be confusing, or interpreted as impatience or irritation.*
3. Avoid making your gestures so big they confuse or distract this person.

C. Do my body, face, eyes, and words all match? (For example, do I avoid moving too quickly or with startling movements while using soothing words and smiling?)

STRATEGIES:

1. Be consistent with your body, words, and voice, so they all communicate the same message and level of calmness and intensity.
2. Avoid confusing this person with mixed messages: be aware of your body, especially when you feel rushed, tense, irritated, or impatient.
3. Remind yourself that this person will likely respond more to body language than to words. If you speak soothing words and smile while your body is tense and moving quickly, this person will likely respond to the tension in your body rather than to your words or smile.

D. Do I place myself so this person sees and notices me easily?

STRATEGIES:

1. Identify which part of this person's visual field is optimal (that is, most effective) for them.

EXAMPLES for #D.1:

- *Identify the spot in the environment where, if this person stares straight ahead without moving their head, they see objects and people most easily, quickly, and accurately.*
2. Approach and position yourself in the part of this person's visual field that is optimal for them at this moment, since there may be visual problems, or this person's brain may not be able to tell this person to notice everything in their visual field.

.....

9. Remind yourself that this person's ability to see and the optimal part of this person's visual field may fluctuate or be unpredictable at any given moment. Watch closely and adjust your position or the position of an object as their ability to see changes.

See more interventions listed in this body language section of the *CAIS Communication Intervention Strategies*

IV. Approach as a Communication Intervention Concept

Approach here means the emotional tone you set with this person and the style with which you introduce or initiate interactions and tasks. For example, the *CAIS IV. Approach* refers to how you:

- **Introduce** a topic, activity, or request in a way that helps this person feel **positive** about it
- Set an upbeat, cheerful, relaxed, and comfortable **emotional tone**
- Prevent anxiety, uncertainty, or frustration in this person

Given this meaning of “approach”, how you approach a person will often determine how successful your interaction with them will be. Of course, your approach needs to **adapt** to this particular situation.

In general, when there are increasing cognitive changes due to progressive brain changes, this person may become increasingly **dependent upon** their **environment** and the **people** around them to help them feel content and successful.

This means you need to provide a relaxed, cheerful, upbeat **emotional tone** because their feelings and behavior will increasingly **reflect YOUR feelings** and interactions with them.

If you are friendly, smile, and converse warmly and cheerfully, their response will more likely be relaxed and cheerful.

Respond to Lethargy, Reduced Initiation, Feeling Overwhelmed by Whole Task

You may feel some frustration because a person seems to lie on the couch much of the time. Even when they say they would like to do a task or to go somewhere, they stay lying on the couch or perhaps in bed.

There could be various explanations for this. These are addressed in the **Cognitive** Interventions and the **Communication** Interventions.

This person may have **difficulty** with **initiation**. This “getting started” is an executive function that is associated with the frontal lobe as described in Chapters 1 and 2. Sometimes **distraction** is helpful or a **steady routine** of daily tasks that builds momentum. There is more about this also in the **Cognitive** Interventions and the **Communication** Interventions.

This person may feel **overwhelmed** at the thought of accomplishing **all** the **steps** of a task such as washing their arm at the bathroom sink. Even hearing the word “bathroom” may make them anxious. If you invite them to do the **first task step**, and then each step **one at a time**, they may be more willing. For example, they may respond more easily to an invitation to wash their arm, if you suggest the first step, such as a walk down the hall. As you come to the bathroom, you can invite them into the bathroom. Once in the bathroom you can offer them a washcloth, and then to help them wash their arm.

Offer Options

Asking this person for their **preference** among simple options, such as a yellow or blue washcloth for washing their arm, may help **distract** them from the challenge of the whole task and help them feel a **sense of control** and **pleasure** during the task.

If this person has **difficulty making decisions**, then **offer them options** they can understand.

If they have difficulty holding options that are abstract in their mind, then make them **concrete**. Instead of asking them if they would prefer a yellow or blue washcloth, show them both

washcloths and ask them which they prefer. When asking if they prefer washing their arm or their hands first, point to their arm or hand when asking them.

The Communication Interventions suggest a variety of ways to help a person make decisions or to indicate their preferences even when they are overwhelmed when presented with various options, or when they cannot speak or seem to understand.

For more information about these executive and other frontal lobe abilities see the resources listed in the box below.

FOR MORE INFORMATION SEE CAIS HANDOUTS:
 #8 about the brain and cognitive abilities
 #32 with suggestions about decision making
 #35 with suggestions of frontal lobe interventions

SEE ALSO more detail in the CAIS **Cognitive Interventions** and the CAIS **Communication Interventions** in Volume II

Example: Approach in the CAIS Communication Questions to Ask

Look at the questions in the *IV. Approach* section of the *CAIS Communication Questions to Ask Yes/No Response Format*.

IV. APPROACH: Look for ways I can:

- Introduce a topic, activity, or request in a way that helps this person feel positive about it
- Set an upbeat, cheerful, relaxed, and comfortable emotional tone
- Prevent anxiety, uncertainty, or frustration in this person

| | | |
|--|----|-----|
| A. Do I build trust with this person? (For example, by conversing before mentioning a task such as bathing or getting dressed?) | NO | YES |
| B. Do I avoid embarrassment about private activities? (For example, by inviting this person to use the toilet only when we are alone, so that other people don't hear me ask?) | NO | YES |
| C. Do I avoid telling this person about the whole task, and instead suggest only one step at a time, when appropriate? (For example, instead of saying "Let's take a shower.", do I say "Let's walk to the bathroom.?"?) | NO | YES |
| D. Do I offer options this person can understand, so they can make choices? | NO | YES |
| E. Do I suggest a refreshment or fun enticement to help this person participate? | NO | YES |
| F. Do I rhythmically sing or march to a place when appropriate, to help this person walk and participate? (For example, do I use rhythm when I walk with them to the dining room or bathroom?) | NO | YES |
| G. Do I laugh, joke, and use humor in a concrete and emotionally supportive way? | NO | YES |
| H. Do I stay calm, whatever else is happening? (For example, even when we are being silly together, or when this person is angry or frightened?) | NO | YES |

Comments:

Caution: Adapt to a Particular Person when Discerning what is “Appropriate”

As was noted above, it is important to consider the individual person and apply the CAIS questions and interventions in a way that addresses their particular cognitive strengths and needs. What is appropriate for one person may not be appropriate for another person, who may not need the interventions implied or suggested in these questions. A person might be offended if you assume they need an intervention, such as marching rhythmically while walking, if they don't need that intervention. Review your responses to the **Cognitive Abilities Questions** to discern what is appropriate for this person. The CAIS instructions in Volume II also help you recognize how the CAIS is **individualized** as you identify what is appropriate for a particular person.

Some of the **interventions** in the *IV. Approach* section of the *CAIS Communication Intervention Strategies* are listed in the section below on **Individualizing** the CAIS.

V. ILLUSTRATION OF INDIVIDUALIZING THE CAIS THROUGH SIMILAR INTERVENTION STRATEGIES

Example: Individualized by Similar Specific Interventions Suggested

All the CAIS Questions and Interventions are **individualized** to a person, time, and setting, so that you can adapt your communication to support this particular person's **specific cognitive strengths and needs**.

You might sometimes use only one or some of the four parts of the CAIS Questions and Interventions. You can be more thorough and can even more directly address a person's individual cognitive abilities with modifications of various aspects of your communication by first using the Cognitive Abilities CAIS.

Once you have completed the *Cognitive Abilities Questions to Ask* and reviewed the resulting cognitive intervention suggestions from the *Cognitive Intervention Strategies*, you will understand better this particular person's specific cognitive strengths and needs.

Then you can use the suggested interventions from the *Communication Intervention Strategies* to even more closely **tailor adaptations** of aspects of your communication with **this person**. One of the ways to increase the precision of the individualization is described in this section.

In this section we illustrate an **expanded use** of interventions that can increase your ability to individualize your approach to a particular person. This can **increase** the **precision** and effectiveness of the interventions and reduce the time and effort needed to create a less stressful and more comfortable situation for both you and this person.

Five Ways the CAIS is Individualized:

1. The **questions** are structured to consider this person in this setting at this time as the reference for response.
2. **Answers** to the **questions** in the *CAIS Questions to Ask* are specific to a particular person in a particular setting at this time.
3. Identification of specific **intervention** strategies in the *CAIS Intervention Strategies* are **determined by the answers** to the questions in the *CAIS Questions to Ask*.
4. **Similarities between concepts** referred to or identified in the suggested interventions as relevant to this person in the *CAIS Cognitive Abilities Questions to Ask* and concepts (that is, subheadings) identified as relevant to this person in the *CAIS Questions to Ask* in the **other three parts** of the CAIS (that is, in the *Environment, Communication, or Task CAIS*). These similarities identify the interventions likely to be the **most** effective among the interventions likely to be **effective** for this particular person.
5. **Similarities between specific intervention** strategies suggested in the *CAIS Cognitive Intervention Strategies* and specific intervention strategies suggested in the *CAIS Intervention Strategies* in the **other three parts** of the CAIS (that is, in the *Environment, Communication, or Task CAIS*) identify the interventions likely to be the **most** effective among the interventions likely to be **effective** for this particular person.

Listed in the box are **five ways** all the *CAIS Questions to Ask* and *CAIS Intervention Strategies* in each of the four parts of the CAIS are **individualized** to a particular person, time, setting, and situation. These are explained in the section called “BB. Individualized: The CAIS Questions and Intervention Strategies” under the heading “II. Instructions” in the “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies” in Volume II and on the IMP website at <https://www.improvingmipractices.org>

#4 above is described and illustrated in Chapter 3 as a way to further individualize the CAIS. This chapter 4 describes and illustrates #5.

#5 in the box above is another way to further individualize (to increase the precision) of the CAIS. It suggests **comparing the intervention strategies** suggested for a particular person from the *Environmental, Communication, or Task Intervention Strategies*, with the intervention strategies suggested for this person from the *Cognitive Intervention Strategies*. **Similarities** in these suggested interventions identify those interventions that will likely be especially **important for this particular person**.

Examples of the *IV. Approach* section of the *CAIS Communication Intervention Strategies* are used below to demonstrate the #5 way that the *CAIS Intervention Strategies* are individualized.

This #5 way of individualizing **applies to all four parts** of the **CAIS** (Cognitive Abilities, Environment, Communication, Task and Daily Routines), but this illustration below will **compare** suggested interventions from the *Communication Intervention Strategies* with the suggested interventions from the *Cognitive Intervention Strategies*. The interventions that are compared are those that are specifically suggested for this particular person. This illustration is described below.

To illustrate, we will use examples from the **Communication** Interventions listed under **Question D** in the *IV. Approach* section, and from the **Cognitive** Interventions listed under **Question G** in the *III. Executive Functions* section. In these two sections and questions, you will see similarities in the interventions suggested for this person.

Example: Approach in the CAIS Communication Intervention Strategies

First, look at the interventions listed under **Question D** in the *IV. Approach* section of the *CAIS Communication Intervention Strategies*.

IV. APPROACH

Look for ways I can:

- Introduce a topic, activity, or request in a way that helps this person feel positive about it
- Set an upbeat, cheerful, relaxed, and comfortable emotional tone
- Prevent anxiety, uncertainty, or frustration in this person

.....

D. “Do I offer options this person can understand, so they can make choices?”

Ideally you hope you can answer “Yes” to this question, because everyone needs options they can understand in order to make choices or decisions. And we try to help everyone to be able to make their own decisions or make their own choices.

But, let’s say for various reasons you find you need to answer “No” to this question.

So, the following intervention strategies are suggested.

D. Do I offer options this person can understand, so they can make choices?

STRATEGIES:

1. Frequently assess this person’s ability to recognize and choose among options.
2. Adapt your approach and presentation of options to this person’s ability to choose among options.
3. Simplify your presentation of this person’s options when they are making a choice, especially as they become increasingly confused and less able to understand multiple or abstract options or to remember them while they are making their decision.
4. Remind yourself this person can make choices and express preferences even when they have very severe cognitive needs.
5. Try to be creative when discerning what they might want or need.
6. If this person is nonverbal, encourage them to point to what they want.

7. List specific options available.

EXAMPLES for #D.7:

- Say, “Would you like eggs, cereal, or a muffin for breakfast?” rather than “What would you like for breakfast?”

8. List fewer options at a time.

EXAMPLES for #D.8:

- Say, “Would you like eggs or cereal for breakfast?” rather than “Would you like eggs, cereal, or a muffin for breakfast?”

9. Present each option as a “yes/no” choice, when necessary.

EXAMPLES for #D.9:

- Say, “Would you like eggs for breakfast?” and then, regardless of their response say, “Would you like oatmeal for breakfast?” in order to confirm what their desires might be.

10. Show this person the options rather than simply naming them.

EXAMPLES for #D.10:

- Show them eggs and cereal to make the options more concrete and visible.

11. Help this person feel or taste the options, if they are unable to see or recognize objects.

EXAMPLES for #D.11:

- Put a small taste of each option in their mouth and watch for their response to each option.

Example: Executive Functions in the CAIS Cognitive Intervention Strategies

The *CAIS Cognitive Abilities Questions to Ask* identify cognitive abilities a particular person does easily and those they have difficulty with.

In the *III. Executive Phase* section of the *Cognitive Abilities Questions* there is a question that relates to the question we just looked at in the *IV. Approach* section of the *Communication Questions* (about offering options so this person can make choices).

Question “G” in the *III. Executive Phase* section of the *Cognitive Questions* asks “Does this person easily make simple decisions? (For example, choosing among options, such as eggs rather than oatmeal for breakfast?)”.

Let’s say for this same person you answered “No” to this question G.

Now look at the interventions listed under **Question G** in the *III. Executive Functions* section of the *CAIS Cognitive Intervention Strategies*.

G. Does this person easily make simple decisions? (For example, choosing among options, such as eggs rather than oatmeal for breakfast?)

STRATEGIES:

1. If this person has difficulty making decisions, present options to them.
2. Frequently assess this person’s ability to recognize and choose among options. Assess over time to accommodate changes in this person’s cognitive abilities and at this moment to accommodate specific conditions, such as fatigue or a transition from just waking up.
3. Adapt your approach and presentation of options to this person’s ability to choose among options. Remind yourself this person can make choices and express preferences regardless of their level of confusion or ability to process information, even when they cannot understand, speak, or move, or have very many cognitive needs.

4. Simplify your presentation of options when this person is making a choice, especially as they become increasingly confused and less able to understand multiple, unfamiliar, or abstract options.

There are **more interventions** listed in this executive section of the *Cognitive Intervention Strategies* that tell you **how** to **simplify** the **options**.

Example: Individualized by Comparing the Communication Interventions with the Cognitive Interventions

So you now know, since this person has difficulty making decisions. you need the environment, your communication, and the task structure to **help** this person make decisions.

But in the Communication Questions you needed to answer “No” to Question D that asked if you offered options to this person (as a way to make it easier for this person to make choices).

So, this indicates it is especially important to change aspects of your communication so you can help this person make decisions. And you see some intervention ideas listed in the communication interventions that suggest **how to do that**.

In fact, you can **compare** these **communication interventions** listed under Question D in the *IV. Approach* section with the **cognitive interventions** listed under Question G in the *III. Executive Functions* section.

The interventions listed under Question G in the **Cognitive Interventions** are similar though **slightly more detailed** than those listed under Question D in the Communication Interventions. We did not include in this chapter examples of those more detailed cognitive interventions. Those are available in **Volume II** and on the IMP website at **<https://www.improvingmipractices.org>**

So, because these similar interventions in communication and cognitive abilities were both triggered by your responses to the communication questions and the cognitive abilities questions, you know **interventions like these** will probably be the **most effective** for **this particular person** and how you communicate with them with regard to decision making.

With respect to our ongoing illustration used throughout this chapter of this person washing their arm, these interventions can help this person make decisions or choices regarding whether or not to wash their arm, or when and how to do it, including what type of washcloth they prefer.

**FOR MORE INFORMATION SEE CAIS HANDOUT:
#32 with suggestions about decision making**

VI. SUMMARY AND LOOKING AHEAD

Chapter 4: Summary

Chapter 4 described how to look at various aspects of your communication with a person to see how to adapt them to rely on a person's cognitive strengths and address their cognitive needs.

Tips about communication to make it easier for a person and you to understand and respond to each other were discussed with examples from the *CAIS Communication Questions to Ask* and the *CAIS Communication Intervention Strategies* to illustrate how the CAIS is structured.

It also explained and gave examples from the *CAIS IV Approach Communication Interventions* of one of the five ways the CAIS is **individualized** that compared the **interventions specifically suggested** for a particular person across the four parts of the CAIS.

You are likely the most influential factor affecting a person's emotions, behavior, and abilities. How you communicate can improve quality of life for both you and this person you relate to.

Chapter 5: Looking Ahead

Chapter 5 looks in more detail at how the **task** is set up to see how you can change it to make a task easier and more pleasant for a particular person. It gives tips regarding various aspects of a task and daily routines, and examples from the *CAIS Task and Daily Routines Questions to Ask* and the *CAIS Task and Daily Routines Intervention Strategies* to illustrate how the CAIS is structured.

VII. ADDITIONAL RESOURCES

Original Sources

1. Weaverdyck, S.E. (1990) "Neuropsychological Assessment as a Basis for Intervention in Dementia". Chapter 3 in N. Mace (Ed.) *Dementia Care: Patient, Family, and Community*. Baltimore, Md.: Johns Hopkins University Press.
2. Weaverdyck, S.E. (1991) "Assessment as a Basis for Intervention" and "Intervention to Address Dementia as a Cognitive Disorder". Chapters 12 & 13 in D. Coons (Ed.) *Specialized Dementia Care Units*. Baltimore, Md.: Johns Hopkins University Press.

Additional Resources About Communication and the CAIS

For more information about communication and cognitive abilities and the CAIS that is easily accessible and easy to read see:

1. The Michigan **Improving MI Practices (IMP) website** at this link: <https://www.improvingmipractices.org> Many resources regarding the brain, mental health, and cognition are on this IMP website. This website also has this entire three-volume manual including this Chapter 4, the entire CAIS Questions and Intervention Strategies, and the CAIS online course that is described below.
2. The "**Description of the Communication CAIS: CAIS REVIEW**" (including the "**CAIS REVIEW**") at the end of this chapter. Except for the added content and emphasis on **Part 3** of the CAIS Questions and Interventions that focuses on

Communication, most of the content is a brief overview of the descriptions of the entire CAIS in Volume II.

3. The *CAIS Questions to Ask* and *CAIS Intervention Strategies* and instructions for all four parts: Cognitive Abilities, Environment, **Communication**, Task and Daily Routines in Volume II. The CAIS Questions and Intervention Strategies are questions you ask yourself to understand a person’s cognitive abilities and how well their environment, task and daily routines, and your communication with them support this person’s cognitive strengths and needs. It provides suggestions of intervention strategies that address this particular person’s specific cognitive strengths and needs. The entire **CAIS Questions** and **Intervention Strategies** are available in an **interactive format** and as pdf documents on the IMP website at <https://www.improvingmipractices.org>
4. **CAIS Handouts of Information and Suggestions** (43 total) in Volume I. These can be distributed as handouts. They are additional resources on a variety of topics with more in-depth information about the brain, cognitive abilities, and intervention and support strategies. There is a list of the CAIS handouts that are especially relevant to **communication** (and this **Chapter 4**) below. All 43 handouts are available at the end of this Volume I and on the IMP website at <https://www.improvingmipractices.org>
5. The five-session **CAIS curriculum**, called the “**CAIS Educational Series: Understanding and Supporting a Person’s Cognitive Abilities: Session 4 Understanding Communication**” in Volume III, for you to use informally or to present more systematically as an instructor. The sessions and content can be used **informally** for **your own learning**, or for **sharing** or **advising** in a one-on-one conversation, with a family, or a small group setting. They can also be used more systematically as a presentation to a class, meeting, or an audience in any other venue. Sessions 1-5 address the brain, cognitive abilities, the environment, communication, and the task, respectively. These sessions encourage asking “Why?”. They include **informal questions** to ask that are similar to those more formally structured in the *CAIS Questions to Ask*. Each one-hour session has a script, objectives, PowerPoint slides, handouts, and evaluation forms. The entire curriculum of five one-hour sessions is available on the IMP website at <https://www.improvingmipractices.org>
6. **CAIS Handout #15 “Understanding Communication: Questions to Ask”**. This is an adaptation of the handout from Session 4 of the CAIS Educational Series curriculum described above. Both of these handouts are on the IMP website at <https://www.improvingmipractices.org>
7. The **Online Course** of five one-hour modules called “Beyond Behavior: Cognitive Abilities and Intervention Strategies (CAIS)”, including **Module 4: Communication**”. The online course explores concepts and gives examples and tips from the *CAIS Questions to Ask* and *CAIS Intervention Strategies*. It also **shows how to use** each of the four parts of **the CAIS**. Each of the five modules address the brain and cognition, cognitive abilities, the environment, communication, and the task and daily routines, respectively. The **title** and **content** of each **module** in the online course **correspond** to the title and content of each **chapter** in Volume I, each part of the **CAIS** in Volume II, and each **session** of the curriculum in Volume III. The content and context in each of the three volumes and online course, while similar, **treat the topics differently**, because they

each have a different focus and **purpose**. Each of the three volumes of the manual provide **additional content** and **tips** that can help you better **understand** and more easily **apply** the information in the modules of the online course. **Chapter 4** goes into **more depth** than the online course and provides additional tips and content related to **communication**. The online course is for anyone who interacts with a person (particularly a person living with cognitive challenges or distressing behavior), assists with a task, or advises someone who does. You do not need specialized expertise or training to use the CAIS or to take the online course. The entire online course is available for you to view or take on the **IMP website** at <https://www.improvingmipractices.org>

Handouts of Information and Suggestions Especially Relevant to Communication

The CAIS Handouts of Information and Suggestions are available at the end of this Volume 1. They might be particularly helpful and informative. They can be read and distributed as handouts. There is a complete list of all the CAIS handouts available (**43 handouts** total), called “**CAIS Handouts: Information and Suggestions for Improving Everyday Life and Reducing Distress by Supporting Cognitive Abilities**”.

The CAIS Handouts that are especially relevant to topics covered in this chapter, including communication are listed below. The number before each handout below refers to the number of the handout in the CAIS Handouts list. These are all available on the Improving MI Practices website at <https://www.improvingmipractices.org>

A Partial List of CAIS Handouts Especially Relevant to this Chapter 4:

- #3. Cognitive Abilities Listed: Five Phases of Cognitive Processing: 2 pages (CAIS.Handout.3.Cognitive.Abilities.List.4.22.20.pdf)
- #4. Understanding **Cognitive** Abilities: **Questions** to Ask: Handout from Session Two of the CAIS Educational Series: 5 pages (CAIS.Handout.4.Questions.Cognitive.Abilities.4.22.20.pdf)
- #5. **Recognizing Cognitive Abilities**: Suggestions for Recognizing Evidence of a Person’s Cognitive Strengths and Needs: 6 pages (CAIS.Handout.5.Recognizing.Cognitive.Abilities.4.22.20.pdf)
- #8. The **Brain** and **Cognitive Abilities**: Handout One from Session One of the CAIS Educational Series: 8 pages (CAIS.Handout.8.Brain.Cognitive.Abilities.4.22.20.pdf)
- #12. Helping a Person with a **Task**: Suggestions for **Adapting** the Environment, Communication, and the Task and **Why**: 16 pages (CAIS.Handout.12.Helping.Task.4.22.20.pdf)
- #15. Understanding **Communication**: **Questions** to Ask: Handout from Session Four of the CAIS Educational Series: 7 pages (CAIS.Handout.15.Questions.Communication.4.22.20.pdf)
- #22. **Four Factors** and Basic Concepts for **Intervention**: Suggestions for Assisting a Person by Addressing their Cognitive Abilities: 2 pages (CAIS.Handout.22.Tips.Four.Factors.4.22.20.pdf)
- #24. **Do’s to Remember**: Suggestions for Preventing and Responding to **Distress** and Distressing Situations: 2 pages (CAIS.Handout.24.Distress.Tips.4.22.20.pdf)
- #25. Responding to **Distress, Pain, and Needs** of a Person: Suggestions of Verbal and **Nonverbal**

Strategies: 3 pages (CAIS.Handout.25.Nonverbal.Pain.Distress.4.22.20.pdf)

#26. **Emotions:** Suggestions of How to Recognize **Nonverbal Evidence:** 2 pages
(CAIS.Handout.26.Emotions.Nonverbal.4.22.20.pdf)

#27. **Touch:** Suggestions for Touching a Person with Changes in Cognitive Abilities: 4 pages
(CAIS.Handout.27.Touch.4.22.20.pdf)

#28. **Movement with Less Distress:** Suggestions for Moving a Part of the Body of a Person who Needs Help: 1 page (CAIS.Handout.28.Moving.Pain.Distress.4.22.20.pdf)

#29. **Visual-Spatial Interventions:** Suggestions for Helping a Person by Addressing their Visuospatial Abilities: 4 pages (CAIS.Handout.29.Visuospatial.4.22.20.pdf)

#30. **Vision and Hearing Interventions:** Suggestions for Helping a Person by Addressing their Cognitive Abilities: 2 pages (CAIS.Handout.30.Vision.Hearing.4.22.20.pdf)

#32. **Making Decisions:** Suggestions for Helping a Person Make their Own Decisions by Addressing their Cognitive Abilities: 2 pages (CAIS.Handout.32.Making.Decisions.4.22.20.pdf)

#34. **Sleep Interventions:** Suggestions for Helping a Person by Addressing their Cognitive Abilities: 6 pages (CAIS.Handout.34.Sleep.Tips.4.22.20.pdf)

#35. Interventions for a Person with Brain Changes in the **Frontal Lobe:** Suggestions for Helping a Person by Addressing their Cognitive Changes: 9 pages
(CAIS.Handout.35.Frontal.Lobe.Tips.4.22.20.pdf)

#36. Interventions for a Person with **Right Hemispheric** Brain Changes: Suggestions for Helping a Person by Addressing their Cognitive Changes: 2 pages
(CAIS.Handout.36.Right.Hemisphere.Tips.4.22.20.pdf)

#37. **Dementia with Lewy Bodies Interventions:** Suggestions for Helping a Person Living with DLB: 4 pages (CAIS.Handout.37.Tips.Dementia.LewyBodies.4.22.20.pdf)

#38. **Frontotemporal Dementia Interventions:** Suggestions for Helping a Person Living with FTD: 5 pages (CAIS.Handout.38.Tips.Frontotemporal.Dementia.4.22.20.pdf)

#39. **Sharing Ideas with Others:** Suggestions for Sharing Information, Support, and Intervention Ideas: 6 pages (CAIS.Handout.39.Sharing.Ideas.Tips.4.22.20.pdf)

VIII. DESCRIPTION OF THE COMMUNICATION CAIS: CAIS REVIEW

This is a **brief review** or reminder of the CAIS descriptions presented in Volume II.

The description below is adapted to the **Communication CAIS**.

Except for the added information and emphasis on **Part 3** of the CAIS Questions and Interventions that focuses on **Communication**, most of the content below between the tags “**CAIS REVIEW BEGINS HERE**” and “**CAIS REVIEW ENDS HERE**” is **similar** to the “CAIS REVIEW” content at the end of Chapters 2, 3, and 5.

If you have already read this “CAIS REVIEW” content in other chapters or read the complete description and instructions in Volume II (in the section under the title of “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies”), then you can feel free to **read** this “CAIS REVIEW” below with **communication** specifically **in mind**, review it to **refresh** your **memory**, or use it for **later reference**.

In this “CAIS REVIEW” content, information that is **NOT in the other chapters** will say “**PLEASE NOTE**” in front of it.

CAIS REVIEW BEGINS HERE

Below (in the box) is a list of the topics and subheadings in this CAIS REVIEW.

Topics (and subheadings) in this CAIS REVIEW:

- A. The Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask and Intervention Strategies
- B. Goal and Structure of the CAIS
- C. Cognitive Abilities
- D. Address the Causes
- E. The CAIS Questions
- F. The CAIS Interventions
- G. Based on Brain and Cognition: But Anyone Can Use
- H. Individualized to Any Person in Any Setting
- I. Similar Process in all Four Parts of CAIS

A. The Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask and Intervention Strategies

This is a brief description of the CAIS. The complete **description** in **Volume II** is more detailed and generic, and applies to **all four parts** of the CAIS.

The words “**Questions**” and “**Interventions**” or “**CAIS**” will frequently be used here to refer to the “*Cognitive Abilities and Intervention Strategies (CAIS) Questions to Ask*” and the “*Cognitive Abilities and Intervention Strategies (CAIS) Intervention Strategies*”.

The **CAIS Questions to Ask** and **CAIS Intervention Strategies** for all four parts of the CAIS are in **Volume II**.

The CAIS can also be found both in an **interactive** format and as pdf documents on the **Improving MI Practices (IMP) website** at **<https://www.improvingmipractices.org>**

For a **description** and **instructions** regarding the CAIS see in Volume II:

1. The “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies”. These are **detailed** and **in-depth** to provide more **complete** information regarding all four parts of the CAIS
2. A **list** and **outline of steps** to take for using the CAIS included in the “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies”.
3. The “Brief Instructions and Introduction” **before each part** of the CAIS. These are **brief** instructions that pertain to each part of the CAIS.
4. **Page 1** of the Questions to Ask Response Formats in each part of the CAIS. These instructions are brief but more **specific**.

Chapters 2-5 in Volume I illustrate how each of the four parts of the CAIS is structured. **This Chapter 4** discusses concepts and **issues** about **communication** with respect to cognitive abilities and uses **examples** to **illustrate** how the *CAIS Communication Questions to Ask and Intervention Strategies* are structured.

B. Goal and Structure of the CAIS

The goal of the **CAIS** is to help you interact more easily with a person and to help this person and you feel comfortable and competent, by understanding and addressing this person’s **cognitive abilities** (that is, this person’s **cognitive strengths** and **cognitive needs**). The primary objective is to generate ideas of specific **intervention** or support strategies that might be especially effective with a **particular person** by supporting this person’s specific **cognitive strengths** and **needs**, even as these cognitive strengths and needs **change** over time.

The CAIS suggests ways you can support a person’s cognitive abilities, which in turn can nurture this person’s quality of life, and increase their ability to **think, communicate, perform tasks,** and **interact** with their **surroundings**. The goal is to **reduce** frustration, **distress,** and **distressing situations** for this person and for you, and help you and this person enjoy your time together.

There are **four parts to the CAIS Questions to Ask** and the *CAIS Intervention Strategies*. Each part is the topic of one of four chapters in this Volume I:

1. Cognitive Abilities in Chapter 2
2. The Environment in Chapter 3
3. Communication in Chapter 4
4. The Task and Daily Routines in Chapter 5

Each of the four parts of the CAIS has a set of **questions** and **intervention strategies**.

It **doesn't take more time** to use most of these questions and interventions during a task or interaction, in fact they can decrease the time, once you learn them. It does take **being alert** and **watching** this person while you are observing or assisting them.

While there is a systematic format and structure to the CAIS, there is no strictly formal way to use the CAIS Questions and Interventions. **You can adapt** them to the needs and preferences of you and the person you are relating to.

These **CAIS Intervention Strategies** can be **added to interventions you already use**. They can expand your pool of intervention options.

The CAIS questions and interventions are specific, **practical, concrete**, and **easy** to use for **anyone** who relates to a person with cognitive strengths and needs in **any setting**. They can be helpful in any unusual or usual situation, including everyday living and routines.

There are **many more cognitive abilities, questions, and interventions** that could have been included in all the CAIS Questions and Interventions. You can add more questions and interventions that are helpful.

Even **if you don't assist** with some of the **tasks** described or referred to in the CAIS and in these chapters, the concepts and techniques (and all the questions and interventions) illustrated by the tasks will **apply** to nearly **any task, interaction, or situation** you do encounter. The tasks used as examples are often particularly **difficult** and illustrate complex emotional, social, physical, and cognitive aspects of a task or interaction that can make them challenging, and also relevant to most other tasks.

C. Cognitive Abilities

Each of us has a unique pattern of **cognitive strengths** and **needs**. This is because each of us is unique with respect to which parts of our brain work well and which parts don't work as well.

The *CAIS Cognitive Abilities Questions to Ask* identify which of a particular person's **cognitive abilities** are strong and which need additional support.

The CAIS **Intervention Strategies** address this person's specific cognitive needs and strengths identified by the questions. The interventions **use, build, and rely on** this person's specific cognitive **strengths**, and **support, nurture, adapt to, or compensate** for this person's specific cognitive **needs**.

For example, in a situation where a task **requires** this person to use a **cognitive ability** that is **weaker** for them or harder to use, this person may not be able to do the task. Or they may become confused, fatigued, irritated, or overwhelmed. The interventions suggest ways to support the weaker cognitive ability or to perhaps compensate for it. They may suggest that you

modify (support it) or **perform** for this person (compensate for it) the **parts** of the task that rely too heavily on this person's weaker cognitive ability. The same example would apply to their environment and to your communication with this person.

By addressing cognitive abilities, these intervention strategies improve this person's ability to do tasks, to interact with other people and their environment, and to feel comfortable. This in turn reduces distress, distressing situations, and behavior that creates distress.

D. Address the Causes

These questions and interventions can help **avoid a trial and error** method of intervention by suggesting specific interventions that **address** the **causes** of **distress** and **reasons** a person may have **difficulty** doing a **task** or **interacting** with their environment and other people.

They suggest ways to address the mismatch between a particular person's cognitive abilities (their strengths and needs) and the requirements of the task, environment, or interactions this person encounters.

Because they address **the causes**, (including this particular person's difficulty using a cognitive ability that a task requires) the CAIS interventions are likely to be **more effective** than many other interventions **with this person and situation**.

A person's quality of life can be improved greatly when their cognitive abilities are supported and encouraged, and their difficulties and distress are addressed.

E. The CAIS Questions

Each of the four parts of the CAIS (that is, Cognitive Abilities, Environment, Communication, and Task and Daily Routines) has a set of *CAIS Questions to Ask*.

You might choose to ask the questions in only **one part** of the CAIS. Or you might choose to ask the questions in **more** than one of the **parts**. The questions in each part of the CAIS are individualized to the person you are observing and trying to understand and help.

To be more **thorough** and as **individualized** as possible to a particular person, you would ask the questions in the **Cognitive Abilities** part **first**, and then in each of the other **three parts**. This allows you to have a better understanding of this particular person's cognitive abilities (their cognitive strengths and needs) first, so you can better understand **how well** this person's environment, your communication, and their tasks are **supporting** the cognitive abilities of this particular person.

Once a person's cognitive strengths and needs are identified by using the *CAIS Cognitive Abilities Questions to Ask*, you can use the CAIS Questions to look at the environment, communication, and the task to see how they can each be adapted to this person's particular cognitive strengths and needs.

The **Communication** CAIS helps you recognize how well your communication with this person supports this person and their cognitive abilities by **asking yourself** a series of **questions** using the CAIS Communication Questions. They explore how changes in the brain and cognitive abilities might be causing this person to perform a task, interact with their environment, and communicate with other people **more easily some times than other times**. They help clarify how certain aspects of your communication might **help or hinder** this person, and how they may **decrease or increase stress** and **distress** for both **you** and **this person**.

The questions in all four parts of the CAIS are questions to **ask yourself**, NOT to ask the person you are observing and whose cognitive abilities you are trying to understand and support. **You ask yourself** the questions and **you answer** them.

PLEASE NOTE: The CAIS Communication Questions assume **you are asking and answering the questions** as the observer and also that you are the one interacting with this person whose cognitive abilities you are trying to understand. This means **you are observing yourself** and aspects of your own communication. So the intervention strategies apply to yourself and your own communication and interactions with this person.

These questions are designed to be asked regarding a **particular person**, since each person has unique needs, strengths, and desires, and therefore, unique preferences and requirements of communication.

It is helpful, but not necessary to ask the questions while this person is **engaged in a task**. It can be any task, but sometimes a task that is typical for them is easier to observe and interpret. It is best to observe (and ask these questions) during the **entire time** of the task.

They should also be asked **frequently** enough to accommodate changes in this person's needs, strengths, and desires.

Each time you ask the questions, you can use one of **two response formats** to record your responses: A **Yes/No** and a **Four Point Response Format**. These allow you to respond with a "Yes", "No", or any number from 1 to 4. Brief **instructions** are on the first page of each response format.

Your response of "No" or "1" or "2" to each question directs you to a list of intervention ideas regarding that question in the *CAIS Communication Intervention Strategies*. **For every question** in the *CAIS Questions to Ask* there is a **list of intervention ideas** in the *CAIS Intervention Strategies*.

F. The CAIS Interventions

These intervention or support strategies suggest how to **modify aspects of your communication** with this person in order to support this person's cognitive strengths and needs.

The interventions for each question are **not listed in order** of priority or likely success rate. When you read through all of them, **select those that make sense** to you regarding this person at this time and in this setting or situation. **Try using** them, then **evaluate** their effectiveness by noting the results.

These interventions are suggested to help this person feel more comfortable and competent, and communicate and perform a task more easily. They can help prevent and reduce distress and distressing situations, including **your own stress** and **distress**.

G. Based on Brain and Cognition: But Anyone Can Use

The questions and intervention strategies are based on **brain functioning** and **specific cognitive abilities**. However, you do not need to know anything about the brain or cognition to use them. There is a minimum of technical language. You can ask these questions and use these interventions whether you are a friend, family member, healthcare provider, direct care partner (caregiver) or assistant, lawyer, bank teller, or an employee in a restaurant. You may have **just met** this person and have a specific task to do with this person, or you may be with this person **24 hours a day**.

H. Individualized to Any Person in Any Setting

The CAIS and all the concepts and intervention or support strategies described in these three volumes can be used by **anyone**, with **any person**, in **any setting**, and at **any time** regardless of what this person is doing. They can be helpful during **any** observation, communication, or task.

The questions and interventions can be used with any person regardless of their age, health, cognitive abilities, or level of independence. They can be used with a person with **any brain disorder** or **no brain disorder**. If this person is living with a brain disorder, it can be at any level of severity. Since we all have cognitive strengths and needs and none of us has a perfect brain, **we can all benefit** from the CAIS even in casual everyday life, to increase our ability to communicate, perform tasks, and interact with our surroundings.

This is **because** the **CAIS questions** and **interventions** are **individualized** to a particular **person** and **their cognitive abilities**, regardless of this person's **situation**, even as a setting or circumstances and these cognitive abilities **change over time**.

This means the questions and intervention strategies can be used in any **setting** in any **room** in any **building**, for example, a private home, an office, residential setting, long-term care, gathering space, or a store.

They can be used with any **unusual** or **usual situation, interaction, or task**. The task could be for example, a **leisure** activity such as playing a game, doing crafts or hobbies, or conversing; an **abstract** task such as making a decision or learning how to get to a store; or a **concrete** task such as doing a household chore, preparing food, washing hands, dressing, eating, using the toilet, or showering.

Remember to ask yourself these CAIS questions and update your interventions **frequently** enough to accommodate not only changes in a person’s cognitive abilities (their needs and strengths) and desires, but changes in your communication, their environment, task, and situation as well.

The CAIS instructions in Volume II list **five ways** the CAIS questions and interventions are individualized. An explanation and elaboration are available in the “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies” in Volume II and on the IMP website at <https://www.improvingmipractices.org>

PLEASE NOTE: Only this chapter explains **#5** of the **five ways** the **CAIS** is **individualized**, though the explanation also applies to the CAIS Environment and CAIS Task and Daily Routines. This explanation is under the heading “V. Illustration of Individualizing the CAIS through Similar Intervention **Strategies**” in the part of this chapter that shows **examples from the IV. Approach** section of the Communication Questions and Interventions.

I. Similar Process in all Four Parts of CAIS

The process of using the Communication Questions and Interventions is **similar** to the process used with the Questions and Interventions in the other parts of the CAIS (regarding cognitive abilities, the environment, and the task).

CAIS REVIEW ENDS HERE