

The Cognitive Intervention Strategies

I. SENSORY FUNCTIONS

Shelly E. Weaverdyck, Ph.D.

Look for ways to help this person receive information from the environment through their five senses, by helping them to more easily:

- See and hear
- Feel or experience touch
- Taste and smell

A. If this person needs glasses, are they using glasses?

STRATEGIES:

1. Find out if this person needs glasses. If they need glasses, give them glasses made with their prescription. (Make sure the glasses belong to this person.)
2. Encourage them to wear their glasses.
3. Help this person get regular eye exams.
4. Make sure their glasses match the prescription from their most recent eye exam.
5. Make sure their glasses feel comfortable on their ears, nose, and sides of head. If they do not, have the glasses adjusted.
6. Compensate for this person's reduced vision by increasing reliance on their other senses (hearing, touch, smell, and taste).

EXAMPLES for #A.6:

- *Tell them what you are doing.*
- *Tell them where things are.*
- *Touch their arm, if they are comfortable with your touch.*
- *Move their hand to an object.*
- *Encourage them to smell or taste food to better understand what it is.*

B. If this person has glasses, are the glasses clean?

STRATEGIES:

1. Clean this person's glasses every morning and as often as necessary throughout the day.
2. Check regularly to make sure their glasses are clean, especially for tasks that require intact vision.

C. Does this person see well enough during this task to focus on an object or to follow an object when it moves?

STRATEGIES:

1. Identify which part of this person's visual field is optimal. That is, 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. Hold an object in the optimal part of this person's visual field.

EXAMPLES for #C.2:

- *Avoid holding the object too far away, too close, too high, too low, too far to the left, or too far to the right.*

3. Ensure there is enough light on an object so it is easy to see.
4. Ensure the area surrounding an object contrasts with the object so it is easy to see.

EXAMPLES for #C.4:

- *The pill is lighter or darker than the spoon that holds it.*
- *The washcloth is lighter or darker than the bathtub or sink behind it.*

5. Ensure the area surrounding an object is not confusing or patterned

EXAMPLES for #C.5:

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- *Make sure the object isn't camouflaged or lost in the background.*
6. Allow enough time for this person to shift attention to an object and to focus on it.
 7. When an object moves, watch this person's eyes to ensure they are following the object.
 8. Move an object slowly enough for their eyes to follow it.

EXAMPLES for #C.8:

- *Make sure this person can continue to watch the object as the object moves.*
9. Avoid moving an object unless it is necessary to move it.
 10. Move an object as short a distance as possible.

EXAMPLES for #C.10:

- *Make it possible for this person to move their eyes without moving their head, as their eyes follow the object.*
11. If this person cannot see well, compensate by increasing reliance on their other senses (hearing, touch, smell, and taste).

EXAMPLES for #C.11:

- *Encourage them to touch the object to more easily recognize and use it.*
 - *Tell them what you are doing.*
 - *Tell them what and where an object is.*
 - *Touch their arm, if they are comfortable with your touch.*
 - *Move their hand to an object.*
12. Watch this person closely to discern how well they see you, an object, or an event at this moment. Adjust your communication, the environment, and the task to help this person see more easily and to compensate for their reduced ability.

EXAMPLES for #C.12:

- *Watch this person's eyes, listen to what they say, and note their responses.*
 - *Note your position, any visual clutter (too many objects, patterns, or distractions) and where a task object is in this person's visual field that might make it more difficult to see an object.*
 - *Other CAIS strategies sections give specific suggestions for modifying your communication, the environment, and the task.*
13. Remind yourself that this reduced vision is most likely due to changes in this person's eyes or their brain's ability to recognize what they see. It is rarely due to this person's desire or intention. The comment "She sees what she wants to see." or "He sees when he wants to see." is usually false and a misinterpretation of this person's abilities or desires. Be alert for subtle or momentary conditions that you may not notice easily, but which could affect this person's ability to see at a given moment. Be compassionate, patient, and tolerant.

D. Does this person see objects as small as letters in the text of a typical magazine article?

STRATEGIES:

1. Make sure letters on paper, signs and labels are as large as necessary for this person to read them easily.
2. Avoid small dark print on a white background. For signs, use light lettering on dark background.
3. Highlight objects and parts of an object they may not be able to see easily, such as the laces on their shoes, by making them lighter or darker than the area surrounding the object or object part.
4. Tell this person the small details that might differentiate one object from another.

EXAMPLES for #D.4:

- *Mention and point to the different shape of the green beans versus peas on their dinner plate.*
5. Bring this person's eye gaze to the object or part of the object by holding your finger in front of their eyes and moving your finger to the object or object part.
 6. If this person cannot see small things or details well, compensate by increasing reliance on their other senses (hearing, touch, smell, and taste).

EXAMPLES for #D.6:

- *Read the print for them.*
 - *Read the words they can't see.*
 - *Point to the pea on the dinner plate that they are trying to pick up with a fork.*
7. Watch this person closely to discern how well they see an object or parts of an object at this moment.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

Adjust your communication, the environment, and the task to help them see more easily and to compensate for their reduced ability.

EXAMPLES for #D.7:

- *Watch this person's eyes, listen to what they say, and note their responses.*
 - *Note the information you are providing them, the amount of lighting, and what is required for them to see an object.*
 - *Other CAIS strategies sections give specific suggestions for modifying your communication, the environment, and the task.*
8. Remind yourself that this reduced vision is most likely due to changes in this person's eyes or their brain's ability to recognize what they see. It is rarely due to this person's desire or intention. The comment "She sees what she wants to see." or "He sees when he wants to see." is usually false and a misinterpretation of this person's abilities or desires. Be alert for subtle or momentary conditions that you may not notice easily, but which could affect this person's ability to see at a given moment. Be compassionate, patient, and tolerant.

E. If this person needs a hearing aid, are they using it?

STRATEGIES:

1. Find out if this person needs a hearing aid for one or both of their ears. If they need hearing aids, give them hearing aids. (Make sure both hearing aids belong to this person.)
2. Encourage them to wear their hearing aids.
3. Replace a hearing aid when it is lost, broken, or no longer works well.
4. Help this person get regular hearing exams. Note changes in this person's hearing over time and also as it fluctuates.
5. Help this person get evaluated and treated for medical and temporary conditions, including earwax.
6. Compensate for this person's reduced hearing by increasing reliance on their other senses (seeing, touch, smell, and taste).

EXAMPLES for #E.6:

- *Get their attention by moving into the optimal part of their visual field and touching their arm, if they are comfortable with your touch.*
- *Use gestures.*
- *Point to an object.*
- *Show them where an object is.*
- *Show them what you plan to do.*

F. If this person has a hearing aid, is it adjusted properly?

STRATEGIES:

1. Make sure this person is wearing the hearing aids properly in each ear. Make sure each hearing aid is in the appropriate ear.
2. Make sure each hearing aid fits the appropriate ear well and feels comfortable to this person. Make sure there is no redness, discomfort, or irritation in either ear.
3. Make sure each hearing aid is working well for them, each is turned on, and the battery for each is charged.
4. Make sure each hearing aid matches the prescription from their most recent hearing exam.
5. Update this person's prescription as often as necessary.
6. Help this person have their hearing aids professionally evaluated and adjusted regularly.

G. Does this person hear well enough to respond to a sound? (For example, by looking toward the sound, moving, or responding with a sound?)

STRATEGIES:

1. Discern if this person hears more easily, quickly, or accurately out of one ear rather than the other. If so, then present any sound so that it is closer to the "better" ear, though still in a spot where they can see the source of the sound to help them better understand and interpret the sound.
2. Identify which sounds are easier for this person to hear, then adjust sounds as necessary.

EXAMPLES for #G.2:

- *Low versus high pitched sounds, certain consonants, certain familiar voices.*

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- *Remind yourself that normal age related hearing changes can cause this person to have difficulty hearing high pitched consonants such as “f”, “d”, and “s”, including words such as “bath”, “shower”, and “food”.*
 - *Adjust the sound to make it easier to hear, such as lowering the pitch of a sound if that is easier for this person.*
 - *Lower the pitch of your voice when speaking*
 - *Speak more distinctly, especially emphasizing consonants.*
3. Discern how loud a sound must be to be heard easily by this person at this time. Increase the volume of sound as needed.
4. Reduce background noise so they can hear more easily, including subtle and momentary sounds.
- EXAMPLES for #G.4:**
- *Before speaking, turn off the radio, TV, fans, running water, and close the doors and windows.*
 - *Avoid sounds that occur briefly, such as a car driving by.*
5. Adjust for background noise that occurs briefly.
- EXAMPLES for #G.5:**
- *Adjust for sounds from a car driving by, a phone ringing, or a nearby comment or conversation.*
 - *Stop talking until the sound stops.*
 - *Repeat what you said.*
6. If this person cannot hear well, compensate by increasing reliance on their other senses (seeing, touch, smell, and taste).
- EXAMPLES for #G.6:**
- *Get their attention by moving into the optimal part of their visual field and touching their arm, if they are comfortable with your touch.*
 - *Use gestures.*
 - *Point to an object.*
 - *Show them where an object is.*
 - *Show them what you plan to do.*
7. Face this person and position yourself closely enough so they can see your face and mouth when you speak.
8. Get this person’s attention before speaking.
- EXAMPLES for #G.8:**
- *Establish and maintain eye contact.*
 - *Move into the optimal part of their visual field.*
 - *Touch their arm or hand, if they are comfortable with your touch.*
9. Use gestures.
- EXAMPLES for #G.9:**
- *Gesture with your hand and arm when asking this person to come with you.*
10. Use visual cues.
- EXAMPLES for #G.10:**
- *Show or point to an object when referring to it.*
11. Watch this person closely to discern how well they hear sounds, you, or an event that is occurring. Adjust your communication, the environment, and the task to help them hear more easily or to compensate for their reduced ability.
- EXAMPLES for #G.11:**
- *Watch this person’s face, listen to what they say, and note their responses.*
 - *Adjust your position.*
 - *Modify the sound of your voice and clarity of your words.*
 - *Note the amount of noise in the environment (both steady and momentary), and what is required for them to hear well.*
 - *Other CAIS strategies sections give specific suggestions for modifying your communication, the environment, and the task.*
12. Remind yourself that this reduced ability to hear is most likely due to changes in this person’s ears or their brain’s ability to recognize what they hear. It is rarely due to this person’s desire or intention. The comment “She hears what she wants to hear.” or “He hears when he wants to hear.” is usually false and a

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

misinterpretation of this person's abilities or desires. Be alert for subtle and momentary conditions, such as a car driving by or other background sounds that you may not notice easily, but which could affect this person's ability to hear at a given moment. Be compassionate, patient, and tolerant.

H. Does this person hear quiet sounds? (For example, does this person hear a child beside this person in a quiet space saying "Hello" without raising their voice and in a calm voice most people could hear?)

STRATEGIES:

1. Discern how loud a sound must be to be heard easily by this person at this time. Note differences between this person's two ears to see which ear hears more easily and accurately.
2. Increase the volume of sound as needed.
3. Discern the types of sounds this person hears more easily, then adjust sounds as necessary. .

EXAMPLES for #H.3:

- *Low versus high pitched sounds, certain consonants, certain familiar voices.*
 - *Adjust the sound to make it easier to hear, such as lowering the pitch of a sound if that is easier for this person.*
 - *Remind yourself that normal age related hearing changes can cause this person to have difficulty hearing high pitched consonants such as "f", "d", and "s", including words such as "bath", "shower", and "food".*
 - *Be alert for evidence this person hears and understands each key word they hear to minimize the chance of misinterpretation.*
4. Reduce background noise, including other quieter noises to reduce possible interference with the louder clearer sounds.

EXAMPLES for #H.4:

- *Speak to this person when alone in a quiet place.*
 - *Before speaking, turn off the radio, TV, fans, and close the doors and windows.*
 - *Avoid doing noisy tasks, such as running water while you are talking.*
 - *Avoid sounds that occur briefly, such as a car driving by.*
 - *Stop talking until the sound stops.*
5. Adjust for background noise that occurs briefly.

EXAMPLES for #H.5:

- *Adjust for sounds from a car driving by, a phone ringing, or a nearby comment or conversation.*
 - *Stop talking until the sound stops.*
 - *Repeat what you said.*
6. Modify your voice to be heard more easily.

EXAMPLES for #H.6:

- *Lower the pitch of your voice.*
 - *Enunciate your words more distinctly, especially consonants.*
 - *Use the same words every time you ask a particular question, such as "Do you want to eat?".*
7. Modify your or this person's body position so this person can see you, including your face and mouth, or the source of the sound more easily.

EXAMPLES for #H.7:

- *Place your face or the source of the sound close to this person, by the ear that hears most easily and accurately, and at the same time in the optimal part of their visual field.*
 - *Ensure this person can see your face and mouth when speaking or the object making the sound.*
 - *Watch their face and listen to what they say to ensure they see clearly and hear accurately the object making the sound and you as you are speaking.*
8. Avoid obstacles to a person seeing a source of a sound or hearing a sound.

EXAMPLES for #H.8:

- *Keep your hand away from your mouth to avoid blocking their view of your mouth as you talk.*

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- *Speak only when facing a person, avoid talking when your face is behind a cupboard door or is turned away from them.*
9. If this person cannot hear a sound, compensate by increasing reliance on their other senses (seeing, touch, smell, and taste).

EXAMPLES for #H.9:

- *Use gestures.*
 - *Point to an object.*
 - *Show them an object and where it is.*
 - *Encourage this person to hold or touch an object before talking about it.*
 - *Direct their attention to the sound or to you when you want to speak.*
 - *Maintain eye contact or keep your hand on their arm with occasional gentle squeezes to maintain their attention, if they are comfortable with your touch.*
10. Remind yourself that this person may be able to hear some times better than other times. Avoid underestimating their ability to hear what you are saying. Watch this person and listen to what they say to discern how much they hear at a given moment.

EXAMPLES for #H.10:

- *Avoid speaking in front of this person as though they aren't there. Assume they can hear you.*
 - *Avoid speaking in a softer voice with the assumption this person can't hear you. Assume they can hear you.*
 - *Avoid leaving the room and speaking behind the closed door of the room with the assumption this person can't hear you. Assume they can hear you.*
11. Watch this person closely to discern how well they hear sounds, you, or an event that is occurring. Adjust your communication, the environment, and the task to help them hear more easily or to compensate for their reduced ability.

EXAMPLES for #H.11:

- *Watch this person's face, listen to what they say, and note their responses.*
 - *Adjust your or this person's position.*
 - *Modify the sound of your voice and clarity of your words.*
 - *Note the amount of noise in the environment (both steady and momentary), and what is required for them to hear well.*
 - *Other CAIS strategies sections give specific suggestions for modifying your communication, the environment, and the task.*
12. Assess this person's hearing regularly and adapt sounds as their hearing changes. Address fluctuations in this person's hearing and medical and treatable conditions such as earwax.
13. Remind yourself that this reduced ability to hear is most likely due to changes in this person's ears or their brain's ability to recognize what they hear. It is rarely due to this person's desire or intention. The comment "She hears what she wants to hear." or "He hears when he wants to hear." is usually false and a misinterpretation of this person's abilities or desires. Be alert for subtle and momentary conditions, such as your hand blocking their view of your mouth that you may not notice easily, but which could affect this person's ability to hear or understand at a given moment. Be compassionate, patient, and tolerant.

I. Does this person appear to feel touch to their skin, regardless of the body part touched? (For example, do they appear to know I am touching their arm?) For evidence, note a verbal or nonverbal response. (For example, a glance toward the touched body part, a wince, or movement of the body part when it is touched.) Select X if there is no response unless I gently apply additional pressure or move my hand across their skin. X

STRATEGIES:

1. Make sure this person truly does not recognize or feel your touch. Ensure this person isn't simply "freezing" and not responding to your touch because they are feeling emotionally or physically overwhelmed due to emotional, physical, or sexual trauma or discomfort in their past or due to current pain or discomfort.
2. If this person doesn't feel your touch, then discern how much pressure needs to be exerted on this person's skin for them to feel a touch at this moment.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- Use a very light pressure first, then slowly increase the pressure to discern how much pressure is necessary and optimal.
 - Continue to use sufficient yet gentle pressure to allow this person to feel your touch.
 - Avoid applying too much pressure, since this person may feel pain easily or may injure easily.
3. Move your hand back and forth on this person's skin to increase the chance they will notice your touch. Be very careful to move your hand gently, since this person's skin may tear easily or may be so dry that the movement on their skin feels uncomfortable or painful.
 4. Remind yourself that this person's sensitivity to touch may fluctuate or be unpredictable at any given moment. If you touch the same spot a short time later, there might be a different response.
 5. Remind yourself that this reduced sensitivity to touch may be due to changes in the skin's ability to sense the touch, or in their brain's ability to recognize the touch. It could also be due to their "freezing" due to emotional or physical pain when touched that is current or from their past. Be alert to other factors that may make perception of a specific touch difficult, such as other parts of their body being touched by clothes, water, a surface, or moving air. It is rarely due to this person's desire or intention to ignore the touch. The comment "She notices a touch when she wants to." is usually false and a misinterpretation of this person's abilities or desires. Be compassionate, patient, and tolerant.
 6. See additional strategies and more detail about touch and pain in the CAIS Cognitive Strategies Sensory J and K sections and Motor G and H sections, and the CAIS Communication Strategies Body Language I section.

J. Do all parts of this person's body appear to experience touch equally (that is, there are no body parts that are more or less painful or more or less sensitive than other body parts when touched)? If No, select each body part that appears to be MORE PAINFUL: Left arm, Left leg, Left side of face, Left side of torso, Right arm, Right leg, Right side of face, Right side of torso; or LESS SENSITIVE: Left arm, Left leg, Left side of face, Left side of torso, Right arm, Right leg, Right side of face, Right side of torso.

STRATEGIES:

1. Identify parts of this person's body, places on a body part, a side of their body, where this person has difficulty sensing touch compared to other spots on their body at this moment. Avoid touching those spots, or tell them when you are touching those spots.
2. Make sure this person truly does not recognize or feel your touch on those spots on their body. Ensure this person isn't simply "freezing" and not responding to your touch because they are feeling emotionally or physically overwhelmed due to emotional, physical, or sexual trauma or discomfort in their past or due to current pain or discomfort.
3. If this person doesn't feel your touch, discern how much pressure needs to be exerted on each spot for this person to be able to feel the touch at this moment.
 - Use a very light pressure first, then slowly increase the pressure to discern how much pressure is necessary and optimal on this particular spot.
 - Continue to use sufficient yet gentle pressure to allow this person to feel your touch.
 - Avoid applying too much pressure, since this person may feel pain easily or may injure easily.
4. When this person has difficulty feeling your touch, move your hand back and forth on the spot or body part to increase the chance they will feel your touch. Be very careful to move your hand gently, since this person's skin may tear easily or may be so dry that the movement on their skin feels uncomfortable or painful.
5. Identify parts of this person's body, places on a body part, a side of their body, where this person experiences pain or discomfort when touched compared to other body spots at this moment.
 - Listen to the words or sounds this person makes.
 - Watch and listen for changes in their breathing.
 - Notice visible evidence of pain or discomfort in their face and body such as stiffening, jerking, withdrawal, going very still, a frown, wince, shifting their eye gaze, or a startled response.
 - Notice their eyes darting, blinking, widening, or closing.
 - Notice if your soft touch feels to them like a hit.
 - Notice if they try to remove clothing or anything that touches certain parts of their body.
 - Notice if they pull away or try to prevent you from touching particular spots on their body.
 - Listen for frequent references to parts of the body when they talk.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- Watch for “freezing” or an apparent lack of response to your touch, such as going very still or staring at you, or avoiding eye contact. Make sure this person truly does not show or feel pain where you touch. Ensure this person isn’t simply “freezing” and not responding to your touch because they are feeling emotionally or physically overwhelmed due to emotional, physical, or sexual trauma or discomfort in their past or due to current pain or discomfort.
 - Notice when this person seems to be verbally or nonverbally reacting in an exaggerated way to touch (or events, certain people, or words they hear). They may raise their voice or try to push you away by striking out. Take this person’s feelings and behavior seriously and respond with kindness and calm patience. 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.
6. Help this person see a medical professional to identify the source of pain or discomfort and appropriate treatment.
 7. Address pain or discomfort related to emotional distress or to a history of emotional, sexual or physical trauma or discomfort.
 8. Address pain or discomfort related to a physical injury or medical condition affecting the skin, bone, muscle, or nerves that is current or a part of this person’s history.
 9. Identify the type of pain or discomfort resulting from touch, such as itching, chronic or acute pain, or discomfort due to the brain’s misinterpretation of the touch. (Discomfort from the brain’s misinterpretation could include hypersensitivity, a sense of pins and needles, tickling, bugs crawling on or under the skin, extreme hot or cold temperature, intense pain or discomfort, increased pain or discomfort in a part of the body that wasn’t even touched, or a heightened sense of pressure, so that a soft touch feels like a hit or a soft spray of water from a faucet or shower nozzle feels like sharp pricks or pellets hitting their skin).
 10. Discern how much pressure needs to be exerted on the spot or body part for this person to begin feeling pain or discomfort at this moment. Reduce the amount of pressure to avoid causing pain or discomfort.
 11. If the discomfort this person experiences when a particular body part is touched includes a sense that that body part has “fallen asleep” (that is they feel pins and needles due to lack of blood circulation), then gently increase pressure on that part of the body. Watch carefully for evidence you are decreasing the discomfort rather than increasing it.
 12. Remind yourself that this person’s sensitivity to touch or experience of pain or discomfort on any spot or body part may fluctuate or be unpredictable at any given moment. If you touch a short time later, there might be a different response. Watch this person to notice how they react to touch on any spot or part of their body at any moment.
 13. When there are spots on this person’s body where touch results in pain, discomfort, or a startled response:
 - Avoid touching those spots.
 - Avoid running water on those spots if discomfort occurs when a spray of water touches their skin (for example, from a faucet or shower nozzle). Use a damp cloth instead, or put a cloth on the faucet or shower nozzle or on their skin to prevent the spray from hitting their skin.
 - Ask permission from this person before touching those spots.
 - Gently tell this person before touching those spots so they can prepare for your touch. Avoid surprising them.
 - Give this person time to prepare mentally, physically, and emotionally for your touch.
 - Reassure this person that you will be careful and that you are trying to help them.
 - Just before you touch, alert this person that you will now touch a particular body part.
 - Touch them carefully and slowly.
 - Touch as small an area of the sensitive skin as possible.
 - As you touch, watch and listen closely for evidence of pain or discomfort and immediately respond by stopping or adjusting your touch.
 - Reduce the amount and frequency of touch on that spot.
 - Modify your touch to respond to this person’s preferences and needs at this moment.
 - Touch with your palm rather than fingers to reduce the number of points of contact. To grasp a part of this person’s body, place your palm on their skin, then keep your fingers together and gently roll your fingers outward from your palm onto more of their skin to reduce the discomfort of initiating touch to new parts of their skin.
 - Use a gentle but firm pressure when touching, when touch seems to be particularly uncomfortable because it is too light. Avoid applying so much pressure that your touch hurts this person.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- Use sustained pressure, that is, avoid changing the amount of pressure once the optimal amount of pressure is reached.
 - Reduce the number of times your hand leaves and returns to this person's body, since they may have difficulty adjusting to the initiation of touch.
 - Move your hand on their skin only when necessary or to avoid removal of your hand and reinitiation of contact.
 - Touch less sensitive or painful parts of this person's body first, before your hand moves toward the body part that hurts or is uncomfortable when touched.
 - Touch the peripheral parts of the body first before touching the torso.
 - Maintain eye contact and talk about something to divert their attention
14. Avoid moving cloth, water, or a surface on this person's skin if that is uncomfortable.

EXAMPLES for #J.14:

- *Avoid fans or wind that might blow this person's sleeve against the skin on their arm.*
 - *To dry this person's wet arm, pat it with the towel rather than rubbing it.*
 - *Avoid running water on their skin from a faucet or shower nozzle. Use a damp cloth instead. Put a cloth on the faucet or shower nozzle or on their skin to prevent the spray from hitting their skin.*
 - *Use commercial wipes or sanitizers for cleaning skin.*
 - *Encourage this person to take a bath rather than a shower.*
 - *Use dry shampoo or damp washcloths to wash hair.*
15. Remove or loosen clothing (including seams, and tight fitting or scratchy material) or surfaces that are rough or uncomfortable against their skin.

EXAMPLES for #J.15:

- *Wear socks inside out.*
 - *Put a soft sheet between a blanket and this person's skin.*
 - *Use soft clothing, towels and washcloths.*
 - *If this person has a set of clothes that feels comfortable and they are reluctant to wear anything else, have several duplicates of these clothing items available for this person to wear.*
16. Use as much pain medication as necessary to help this person feel comfortable. Seek the advice of a healthcare professional.
17. Avoid underestimating or overestimating the amount of pain this person feels. Assess frequently for pain, and watch and listen to this person constantly for evidence of pain. Use both nonverbal and verbal methods of pain assessment.

EXAMPLES for #J.17:

- *Use touch or gentle movement of their body part.*
 - *Use words this person will understand to assess for pain, such as "hurt" rather than "pain".*
 - *Remind yourself this person may have difficulty understanding you and expressing how they feel.*
 - *They may respond with words that don't actually match their level of pain. They may say "no" when they mean "yes", or not understand your question, or not recognize their own pain as pain.*
 - *They may perceive and label skin pain as different from muscle pain, bone pain, joint pain, or a headache.*
 - *Chronic pain may not be noticed by this person unless it changes in intensity.*
18. Remind yourself that this increase in pain or discomfort may be due to changes in their body's or skin's response to touch, or in their brain's perception of a touch. It could also be due to emotional, physical, or sexual discomfort or pain that is current or from their past, including trauma. Be alert to other factors that may increase pain or discomfort when touched, such as other parts of their body being touched by clothes, water, a surface, or moving air. It is rarely due to this person's desire or intention to manipulate you or to get attention or sympathy. Be compassionate, patient, and tolerant.
19. See additional strategies and more detail about touch and pain in the CAIS Cognitive Strategies Sensory I and K sections, and Motor G and H sections, and the CAIS Communication Strategies Body Language I section.

K. Does the touch appear to feel as soft or as hard as the amount of pressure used, so that this person seems to feel it as most people would? For evidence, note that there is no negative or exaggerated verbal or nonverbal response to touch. (For example, no accusation of being hit when they were simply touched, or no distress when a soft spray of water from a faucet or shower nozzle touches their skin.) Select X if there is no response even when additional pressure is gently applied. X

STRATEGIES:

1. Identify parts of this person's body, places on a body part, a side of their body, where this person has a heightened sensitivity to touch compared to other spots on their body at this moment. That is, they feel a touch as harder than it would have been experienced by most people. Avoid touching those spots, or prepare this person before you touch those spots.
2. Be sure to first address their pain or discomfort at those spots related to a physical injury or medical condition affecting the skin, bone, muscle, or nerves that is current or a part of this person's history.
3. Also address their pain or discomfort at those spots related to emotional distress or to a current experience or history of emotional, sexual or physical discomfort or trauma.
4. Remind yourself that this person's sensitivity to touch or their experience of pain or discomfort on any particular spot or part of their body may fluctuate or be unpredictable at any given moment. If you touch a short time later, there might be a different response.
5. Discern the optimal amount of pressure to be exerted on this person's skin for them to feel comfortable when touched. Discern when the touch is hard enough to be felt, but not so hard that it hurts.
 - Use a very light pressure first, then slowly increase the pressure to discern how much pressure is optimal and most comfortable on this particular spot.
 - Continue to use sufficient yet gentle pressure to allow this person to feel your touch without pain or discomfort.
 - Avoid applying too much pressure, since this person may feel pain easily or may injure easily.
6. Watch this person carefully for evidence of an unexpected reaction to touch. Remind yourself that a soft spray of water from a faucet or shower nozzle may feel to this person like pins and needles, or like sharp pricks or pellets hitting their skin. Adjust how you touch this person, your communication, the environment, and the task to help them feel more comfortable.

EXAMPLES for #K.6:

- *Other CAIS strategies sections give specific suggestions for modifying your communication, the environment, and the task.*
 - *Avoid running water on those spots if discomfort occurs when a spray of water touches their skin. Use a damp cloth instead, or commercial wipes or sanitizers, or dry shampoo. Encourage this person to take a bath rather than a shower.*
7. When a touch feels unexpectedly hard, place a barrier or buffer between this person's skin and the object applying pressure.

EXAMPLES for #K.7:

- *Place a washcloth over the faucet spray or shower nozzle.*
 - *Place a washcloth, towel, or clothing on their skin when using a faucet or shower nozzle.*
 - *Place a soft towel between your hand and this person's arm as you lift their arm.*
8. When touch causes pain, discomfort, or a startled response, reduce the amount of touching, touch slowly, ask for permission or gently tell this person before touching so they can prepare for the touch, and distract this person while touching.
 9. Modify your touch. Maintain the optimal amount of pressure in your touch.
 10. Reduce the number of times your hand leaves and returns to this person's body.
 11. Remind yourself that each spot or part of this person's body may experience touch and pressure in a different way. Watch this person to see how they are experiencing touch and pressure at this moment on this particular spot on the skin, and immediately respond by stopping or adjusting your touch.
 12. Take this person seriously when they appear to be upset or overreacting to a touch on their skin, especially during tasks such as dressing, washing their hands or hair, or taking a bath or shower. Remind yourself that this increase in pain or discomfort may be due to changes in their body's or skin's response to touch, or in their brain's perception of a touch. It could also be due to emotional or physical pain that is current or from their past, such as physical, emotional, or sexual trauma or discomfort. Be alert to other factors that may

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

increase pain or discomfort when touched, such as other parts of their body being touched by clothes, water, a surface, or moving air. It is rarely due to this person's desire or intention to manipulate you or to get attention or sympathy. Be compassionate, patient, and tolerant.

13. See additional strategies and more detail about touch and pain in the CAIS Cognitive Strategies Sensory J and I sections, the Motor G and H sections, and the CAIS Communication Strategies Body Language I section.

L. Does the cloth, water, or surface appear to feel comfortable? For evidence, note that there is no negative verbal or nonverbal response. (For example, this person isn't trying to remove clothing or a washcloth, or isn't reacting by wincing, withdrawing, or resisting when they come in contact with a surface, cloth, or water.)

STRATEGIES:

1. Discern which types of cloth, water or surface appear to be most comfortable for this person, and use only those as much as possible.

EXAMPLES for #L.1:

- *Use a washcloth that is made from a smooth material rather than terry cloth.*
- *Offer a soft rather than an itchy wool sweater.*
- *Encourage this person to take a bath rather than a shower.*

2. Movement of the cloth, water, or surface on this person's skin may increase discomfort. When contact with uncomfortable items is necessary, reduce the amount of movement.

EXAMPLES for #L.2:

- *Use a bath rather than a shower.*
- *Use a damp cloth, commercial wipes or sanitizers, or dry shampoo.*
- *Pat their arm dry with the towel rather than rubbing it dry.*
- *Reduce fans or wind that might blow the sleeve of a shirt against this person's arm.*

3. Remind yourself that the sensitivity of any part of this person's body to contact with a cloth, water, or surface may fluctuate or be unpredictable at any given moment. There might be a different response to contact a short time later. When contact is uncomfortable at one time, try again another time.
4. Remind yourself that each spot or part of this person's body may experience contact with a cloth, water, or surface in a different way. Observe this person to see how they are experiencing touch and pressure at this moment on this particular spot on their skin.
5. See additional strategies and more detail about touch and pain in the CAIS Cognitive Strategies Sensory J, K and I sections, the Motor G and H sections, and the CAIS Communication Strategies Body Language I section.

M. Does the temperature of air or water appear to feel the same to this person as it would to most people?

STRATEGIES:

1. Remind yourself that the sensitivity of this person's body to temperature may fluctuate or be unpredictable at any given moment. There might be a different response a short time later.
2. Remind yourself that each spot or part of this person's body may experience temperature in a different way. Watch this person to see how they are experiencing temperature at this moment on this particular part of the body. Address the discomfort for each part of the body individually.

EXAMPLES for #M.2:

- *Keep the left side of this person's body, or just the arm, covered if that is the only part of the body that is cold.*

3. Adjust the temperature of the air or water to make this person comfortable, even if it makes you uncomfortable. Assume this person is accurately perceiving how hot or cold the air or water feels to them. If adjusting water or air to this person's preference is dangerous, such as water that is so hot it scalds or burns their skin, or it becomes too uncomfortable for most other people in this space, then change their experience of the temperature in other ways. If they begin to perspire and still say they are cold, then evaluate for a medical disorder.

EXAMPLES for #M.3:

- *Place a warm washcloth between the skin and the shower spray*

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

- *Keep them covered with warm towels throughout the shower.*
 - *Layer clothing and thermal underwear, even if it is summer.*
4. Help this person get evaluated for a medical disorder if this person's perception of temperature is extreme or dangerous.

N. Does this person appear to feel that the air or water temperature is stable and not changing from one minute to the next?

STRATEGIES:

1. Accommodate this person's experience of temperature, regardless of how often they change what they say about their comfort level.

EXAMPLES for #N.1:

- *If they say the water is too cold and then a short time later say it is too hot, adjust the temperature accordingly as long as it is safe to do so. Continue to adjust as they request.*
2. Remind yourself that each spot or part of this person's body may experience temperature in a different way. Watch this person to see how they are experiencing temperature at this moment on this particular part of the body.
3. Address the discomfort of each part of this person's body individually.

EXAMPLES for #N.3:

- *Use a different water temperature when washing this person's left arm versus their right arm, when each arm experiences temperature differently.*
4. Remind yourself that this difference, change, or fluctuation in experience of temperature may be due to changes in this person's skin or in their brain's perception of temperature. It is rarely due to this person's desire or intention to manipulate you.

O. Does this person appear to taste? For evidence, note that they appear to notice differences in foods or respond verbally or nonverbally to flavors they don't like. (For example, by turning away or wincing.)

STRATEGIES:

1. Monitor changes and fluctuations in this person's sense of taste and change the foods offered to accommodate the changes. Observe especially closely for changes in tastes when this person seems to be undergoing other changes physically, emotionally, or medically. Note changes due to normal aging, various medical disorders, medications, and environmental conditions, such as smells from paint.
2. Examine medications this person is taking or applying to their skin to discern the effects of the medications on their ability to taste, the flavors they are most sensitive to, and which flavors become more or less pleasurable.
3. Accommodate this person's cognitive changes that might change their appetite or sense of taste.

EXAMPLES for #O.3:

- *They may not recognize food when they see it.*
4. Make ground or pureed food as similar to the way it looks unpureed as possible.

EXAMPLES for #O.4:

- *Shape pureed chicken to look like a drumstick on the plate.*
5. If this person's sense of taste is generally decreased, increase the intensity of flavors in the food.

EXAMPLES for #O.5:

- *Add flavorings and spices that this person likes.*
6. Discern changes in types of flavors for this person and avoid or modify the flavors accordingly.

EXAMPLES for #O.6:

- *Some foods may need to be sweetened or avoided if they seem more bitter to this person than they used to.*
 - *Some spices or foods may start tasting moldy or like mildew, so need to be avoided.*
7. Accommodate this person's changes in the flavors they find pleasurable.

EXAMPLES for #O.7:

- *Offer more sour foods, such as lemon, if that is what they seem to like more now.*
8. Avoid foods that this person doesn't like.
9. Increase the aroma of the food.

Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Intervention Strategies

10. Remind yourself that this person's sense of taste may fluctuate or be unpredictable across time.

EXAMPLES for #O.10:

- *It may change over time or from one moment to the next, or from one part of the day to another.*
11. Remind yourself that these changes in taste may be due to changes in this person's tongue's response to flavors, or in their brain's perception of the flavors. It is less likely due to this person's desire or intention to manipulate you. Be compassionate, patient, and tolerant.

P. Does this person appear to smell? For evidence, note that they respond to differences in scents. (For example, food baking, or by turning away or wrinkling their nose at scents they don't like.)

STRATEGIES:

1. Monitor changes and fluctuations in this person's sense of smell. Observe especially closely for changes in smelling when this person seems to be undergoing other changes physically, emotionally, or medically. Note changes due to normal aging, various medical disorders, medications, and environmental conditions, such as overpowering smells of paint.
2. Examine medications this person is taking or applying to their skin to discern the effects of the medications on their ability to smell, the scents they are most sensitive to, and which scents become more or less pleasurable.
3. Change scents in the environment to accommodate the changes this person is experiencing, by reducing, adding, or modifying the scents.
4. Accommodate this person's cognitive changes that might change their sense of smell.

EXAMPLES for #P.4:

- *They may not recognize a scent when they smell it.*
5. If this person's sense of smell is generally decreased, increase the intensity of scents in the environment and in their food.
 6. Accommodate this person's changes in the scents they find pleasurable.

EXAMPLES for #P.6:

- *Increase those scents in the environment generally and in the kitchen or bathroom.*
7. Avoid scents that this person doesn't like.
 8. Help this person smell objects more easily by drawing their attention to the objects and by holding the objects close to their nose and in a position where they can see what the objects are.

EXAMPLES for #P.8:

- *When putting cream on their skin, hold the cream close to their nose and comment on its fragrance.*