

Cognitive Abilities and Intervention Strategies (CAIS) Educational Series



Understanding and Supporting A Person's Cognitive Abilities

Educational Session 2

UNDERSTANDING COGNITIVE ABILITIES

Educator Script and Accompanying Materials

by
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This curriculum and accompanying materials are available on the Michigan Improving MI Practices (IMP) website at <https://www.improvingmipractices.org>

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We welcome feedback.

Please comment on the *improvingmipractices.org* website where indicated.

Disclaimer:

This CAIS Educational Series is not sufficient for the understanding, assessment, or intervention regarding any individual person or situation. In each individual case, a health professional or physician must be consulted. This educational series simply presents ideas from which to draw and apply as appropriate. The suggestions here will not be appropriate for every person in every situation.

Educator's Overview of Session 2

I.	Learner Pre-Session Form	5 minutes
II.	Session Introduction	1 minute
III.	Review/Discussion of Most Recent Session	5 minutes
IV.	Introduction to Understanding Cognitive Abilities	1 minute
V.	Questions about 5 Phases of Cognitive Processing	26 minutes
VI.	Role in Intervention Strategies: Ideas	10 minutes
VII.	Upcoming Sessions	1 minute
VIII.	Suggestions to Prepare for Next Session	1 minute
IX.	Learner Post-Session Form	7 minutes



Total time for Session 2 57 minutes

In preparation for this session, please review two introductions, “**The CAIS Educational Series: Introduction**” and the “**Introduction to Volume III: Teaching Why with the CAIS Educational Series**”. They each have a different focus but include suggestions and an explanation of the intent of the series and this session. Additional background resources are also provided.

Website: This session, this entire CAIS Educational Series of five sessions, both introductions, and additional resources are available on the Improving MI Practices (IMP) website at <https://www.improvingmipractices.org>

Supplies and equipment suggested: Flip chart, Markers, Projector, Screen, Device for showing slides

Slides for Educator Use during Session 2

1. “Cognitive Abilities” (18 slides total)
Begin using with Section IV. Use with:
 - Section IV: “Introduction to Understanding Cognitive Abilities”
 - Section V: “Questions about 5 Phases of Cognitive Processing”

Participant Handout

1. “Understanding Cognitive Abilities: Questions to Ask”

Evaluation Materials

1. Learner: “Pre-Session Form”
2. Learner: “Post-Session Form”
3. Educator: “Educator’s Evaluation of Education Session”

Additional Resources

1. Two introductions to this CAIS Educational Series: “**The CAIS Educational Series: Introduction**” and the “**Introduction to Volume III: Teaching Why with the CAIS Educational Series**”. Both are on the IMP website in #3 below.
2. **Chapter 2** in Volume I of the CAIS Manual, and **Module 2** of the CAIS online course. Both are about cognitive abilities, and both are on the IMP website in #3 below.

3. Improving MI Practices (IMP) Website <https://www.improvingmipractices.org>
This **website** has **updates** and **in-depth information** in **Chapter #2** (about cognitive abilities) of five explanatory chapters, additional **CAIS Handouts** (43 total), the **CAIS Questions to Ask** and **CAIS Intervention Strategies**, the **CAIS Online Course** (Module 2 of five modules), and other **background resources**, as well as **all five sessions of this CAIS Educational Series curriculum** with the two **introductions** to the series. It also has the **Caring Sheets: Thoughts and Suggestions for Caring** that are part of the Michigan Dementia Care Series, referred to at the end of handout #1 for Session #1.
4. Mace, N., Coons, D., Weaverdyck, SE. (2005) Teaching Dementia Care: Skill and Understanding. Baltimore, Md.: Johns Hopkins University Press.

Original Sources

5. 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.
6. 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.

Objectives: At the completion of this session each participant will be able to:

1. Describe how a person's cognitive abilities play a major role in a person's ability to perform a task, communicate, and feel competent and comfortable.
2. Identify questions that can be asked to better understand a person's specific cognitive abilities, including this person's cognitive needs and strengths.
3. Identify five phases of cognitive processing that are necessary for a person to respond to other people and to their environment, and that can suggest intervention and support strategies that meet the needs and use the strengths of a person and this person's cognitive abilities.

Before the session, you will need to receive updates regarding the person and situation you used in session 1 to illustrate the bathing or showering task (or other task you have chosen). Note any changes.

If you chose to observe and discuss a task other than bathing or showering, then modify the script as necessary when it mentions bathing or showering.

I. Learner Pre-Session Form



Give the "Pre-Session Form" and ask each person to fill it out now, upon entering the room. Allow approximately 5 minutes to complete the form. Then collect it.

II. Session Introduction



Take 1 minute to introduce the series in the same way you did in the first session.

- Hello again! I'm (say your name)_. I am the presenter of all five sessions in this series.
- Our goal in this series is to help you help a person feel genuinely

- comfortable and happy regardless of what they are doing, and for both of you to enjoy your time together.
- This series explores how to help a person throughout their day, while communicating, or during a task in a way that feels good to a person with cognitive needs and strengths and to you.
 - We will focus on how to help a person in a way that is individualized to this particular person and to their specific cognitive abilities. This series describes how to individualize all your support and intervention strategies to this person and this situation.
 - We do this by learning how to watch a person with cognitive needs and strengths to understand what makes communication or a task easy or difficult for them, and what might increase their comfort or their distress.
 - We look at this person's specific cognitive abilities to identify which cognitive abilities are strong and which need additional support.
 - We also look at the room, the way we interact with this person, and how the task is set up to see how each can be changed to make it easier for this person and for you.
 - The concepts and intervention or support strategies in this series apply to all tasks, including leisure activities, activities of daily living, and decision making. We will use bathing and showering (or other task) to illustrate the concepts and strategies, since bathing and showering involve a variety of challenges that can make any task difficult.
 - All the concepts in this series can be used with any person, and any task, in any setting.
 - You can use these concepts whenever you interact with or assist a person, as a health care provider, a care partner (or caregiver), a friend, or a family member, or if you relate to this person in some other way.
 - Each session is one hour long.
 - We appreciate your coming to every session on time and staying the entire time.

All the concepts and intervention or support strategies we talk about in these sessions apply to **any person**, regardless of their age, how healthy this person is, what diagnosis they may have, how independent they are, or how much they can move or speak. These concepts and strategies can apply to your own family or to a cashier in the grocery store.

They are useful **in any setting**, whether it is a private home, a grocery store, an office, a gathering space, a group residential setting, or long-term care.

And they apply to **any task**, including a leisure activity such as playing a game, an abstract task such as making a decision, or an activity of daily living such as preparing food, dressing, eating, using the toilet, bathing, or showering. Even visiting or daydreaming can be considered a task.

The concepts apply in general and to situations that may or may not involve a

task. We are using the process of performing a task as a way of exploring these concepts to make the underlying cognitive abilities and avenues of support more apparent. But they apply to any situation.

We are using bathing and showering to illustrate the concepts, because of all tasks, bathing or showering is likely the most difficult for someone with significant cognitive needs, due to the complex emotional, social, physical, and cognitive aspects of this task. We will continue to focus on showering and bathing throughout these five sessions since the assumption is, if you can successfully assist a person with compassion and understanding while they are bathing or showering, then you can likely assist well with almost any other task, with anyone at any age, or with a variety of cognitive needs and strengths.

Feel free to ask questions or share thoughts about any concerns, such as other tasks or interactions.

III. Review and Discussion of Most Recent Session



Take approximately 5 minutes for this review and discussion.

In the first session, we talked about the brain and how changes in various parts of the brain can affect a person's cognitive abilities, that is, their ability to understand and respond to their environment and to other people.

Changes in a person's brain may occur as a result of growth and development throughout the person's life from childhood through adulthood, an intellectual or developmental difference/disorder, dementia, strokes, mental illness, injury, or other factors that can affect a person's brain and their cognitive abilities.

Changes in cognitive abilities that result from brain changes can enhance a person's pleasure and their ability to understand their environment and abstract concepts. They can also cause a person to have difficulty communicating, performing a task, to feel upset, or to engage in behavior that might be distressing to themselves or others.

These cognitive changes can also make someone else's behavior (for example, **our behavior**) feel distressing to this person with the cognitive changes. Our behavior that might **unintentionally** cause distress could include our words, movements, or actions. For example, talking or moving too quickly or our continuing to use the word "shower" as we take a person's clothes off when this person doesn't understand what the word "shower" means could be so distressing to this person they might try to push us away.

None of us has a perfect brain. Each of us (that is everyone healthy or not) has our own unique set of cognitive abilities, our own set of cognitive skills we do well, and those we don't do so well; our own set of cognitive strengths and

weaknesses. This means we each have our own set of cognitive needs.

Most of the time we are not conscious of our cognitive abilities or what our cognitive strengths and needs are. In fact, most of our thinking is not conscious at all. So we each know very little about our own cognitive abilities.

This is also true of someone with an unusual brain or a diagnosis of a brain disorder.

Since a person with any brain disorder, including dementia, has their own unique set of cognitive strengths and needs at any given time, we need to look closely at a particular person to discover what their strengths and needs might be, and how they might change in ways unique to this person over time and day to day.

Our goal in this series is to help you help a person feel genuinely comfortable and happy regardless of what they are doing, and for both of you to enjoy your time together.

To do this we will explore which cognitive abilities are changed as a result of a person's brain changes, and how those changes in cognitive abilities are creating frustration, anxiety, or confusion in this person, and how we can help.

Describe a couple of very brief examples regarding the bathing or showering (or other task) illustration from the first session. Tell participants that you checked recently to find out how the person is doing and to note any changes. Identify the changes before proceeding. Comment in one or two sentences on your understanding of how the person is doing with bathing or showering (or the task you chose). Ask the participants:

Does everyone agree with what I just said? Are there any additional comments?
How did the first session help you with this person?

Write comments on the flip chart.

Are there any new strategies that seem to be working?

Add the new strategies to the flip chart.

IV. Introduction to Understanding Cognitive Abilities



Take 1 minute to introduce today's topic.
Begin using slides "Cognitive Abilities".
Show slide #1 the title slide "Cognitive Abilities".
Then show slide #2 "Today's Topic".

Today, we will talk about understanding a person's cognitive abilities, or the ability

to think.

We'll do this by asking some questions that can help us understand why a person performs a task more easily some times than other times, acts a certain way, is upset, or is having difficulty communicating with someone. These questions can also suggest ways to help a person feel more comfortable or competent, that is to improve their quality of life, regardless of how strong or weak their particular cognitive abilities are.

There are many emotional reasons a person may get upset or have difficulty doing a task. Today we will focus on the cognitive aspects of a person ability to perform tasks and to feel comfortable. But it is important to note that some interactions, tasks, or environments are more likely than others to trigger emotional distress for a person. This is especially true for a person who has in their past or recently experienced a physical, sexual, or emotional encounter that was uncomfortable or traumatic. Tasks, interactions, and situations that involve, for example, removing clothing or being touched or someone else having control over this person can easily cause distress. Being in a room similar to where such encounters happened to this person can also 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. Moving slowly, gently, and with respect and compassion is important.

A person usually works much harder to understand their environment, communicate, or do a task than you or even they realize, particularly when they have significant cognitive needs. A simple task such as putting their arm into the sleeve of their shirt or picking up a spoon may take a great amount of energy. Even for a person who does all of these well, making communication, the environment, and the task easier for them can conserve their energy for more difficult or more pleasurable experiences, and can help prevent fatigue, confusion, and emotional distress or irritation.

The questions in these sessions are based on brain functioning and specific cognitive abilities. However, you do not need to know anything about the brain or cognition to ask them.

Show slide #3 "Cognitive Abilities Questions".

These questions can help you recognize a person's cognitive strengths and needs:

1. While you are helping a person with any task, communicating with them, or simply observing them.
2. When you are looking for ways in general to improve communication, comfort, or the experience of a task such as decision making, bathing, or showering.

Anyone can ask these questions.

Responses to these questions can generate strategies (intervention ideas) that support a person's cognitive abilities while this person is trying to understand, to do a task, or to communicate with you. The intervention strategies can also help increase comfort and prevent and reduce distress and situations that are upsetting.

They will be individualized to this particular person and situation since they are based on your answers to the questions. These intervention strategies will meet the needs and build on the strengths of this particular person's cognitive abilities.

Show slide #4 "Ideas of Intervention Strategies".

These ideas of intervention strategies suggest ways you can change the environment, your communication, or the task in order to adapt to or compensate for the cognitive changes that are occurring.

These intervention strategies will be helpful at all times with all tasks, including leisure activities such as playing a game, abstract tasks such as making decisions, and activities of daily living such as preparing food, dressing, eating, using the toilet, and bathing or showering.

V. Questions about Cognitive Abilities: Five Phases of Cognitive Processing



This section takes approximately 26 minutes. Continue using slides. If you run out of time, you can eliminate some or all of the content titled "Assessing the Whole Person: Physical, Emotional, and Cognitive" highlighted in gray at the end of this section V.

Give the handout: "Understanding Cognitive Abilities: Questions to Ask". There are five phases of cognitive processing with questions listed in the handout. Much of the handout is included in the script.

We will use this handout today.

It is called "Understanding Cognitive Abilities: Questions to Ask".

You can follow along now and read it more carefully later. Note at the end of the handout there is more information that we may not talk about today, including information about a more formalized list of these questions, additional questions, and suggested intervention strategies called the "Cognitive Abilities and Intervention Strategies (CAIS): Cognitive Abilities Questions to Ask" and the "CAIS: Cognitive Intervention Strategies".

Your handout "Understanding Cognitive Abilities: Questions to Ask" has a series

of questions you can ask yourself to better understand a person's cognitive abilities and needs.

We will not talk about all the questions listed in your handout today, because of time. So you will need to read those later on your own.

These questions address the five phases of cognitive processing that EVERYONE (healthy or not) must go through in order to understand and respond to their environment and to other people.

They can be asked at any time, in any situation, and about any person, healthy or not.

These questions assume you are assisting or interacting with the person you are observing and asking the questions about. If someone else is assisting the person instead, then you will still observe the person and ask yourself questions about this person with cognitive needs and strengths.

Ask yourself these questions. Do not ask the person you are observing (that is, don't ask the person whose cognitive abilities you are trying to understand.)

You also need to ask these questions frequently since this person might change over time, day by day, or even within a day.

Asking yourself these questions can help you explore a particular person's ability to understand and respond.

These are just **a few** of the **many** questions you can ask yourself to better understand a person's cognitive abilities.

In this section, you will read through the parts of the handout included in the script and provide explanations and examples. You may want to use the name of the person with whom you are illustrating this series, rather than using "Ms. Smith". Try to add examples from the bathing/showering task (or the task you chose) relevant to the person you are using to illustrate this educational series.

Let's look at the handout together.

Show slide #5 "5 Phases of Cognitive Processing".
Point to each subheading in the handout where each of the five phases is identified.

What you see on the slide is the same as what you see in your handout.

Your handout outlines five phases of cognitive processing:

1. First, the Sensory Phase: Can this person receive information from the environment through their five senses?
2. Second, the Comprehension/ Perception Phase: Can this person's brain recognize and understand the information received from the senses?

Show slide #6 "5 Phases (continued)".

3. Third, the Executive Phase: Can this person organize and use the information to decide how they want to respond to the information?
4. Fourth, the Expressive Phase: Can this person's brain tell their body what to do in order to respond?
5. Fifth, the Motor Phase: Can this person's body physically respond to the instructions from the brain?

Each of us, whether or not we have a healthy brain, goes through these five phases in this order when we see, hear, feel, taste, or smell something around us and respond.

A Brief Illustration of the Five Phases:

Let's go through some of these questions in more detail by looking at the handout together.

Show slide #7 "5 Phases Illustration".

Let's imagine you are helping Ms. Smith take a bath or shower (or do some other task). As you watch Ms. Smith closely to notice her cognitive strengths and needs, ask yourself the questions in your handout.

Let's imagine you offer her a washcloth to wash her arm.

1. First, in the **sensory** phase, Ms. Smith needs to see the washcloth and to hear the words "wash your arm".
2. Second, in the **comprehension/ perception** phase:
 - Her brain needs to recognize the words she heard and know what the words mean.
 - She needs to be able to recognize the washcloth and know what the washcloth is for.
 - Her brain also needs to be able to recognize where the washcloth is relative to other objects and to herself.
3. Third, in the **executive** phase, her brain needs to decide what it wants to do with the information and what response it wants to produce. The brain uses cognitive skills such as:
 - Memory: For example, she remembers that a washcloth is used to

clean or wash the arm.

- Logic: For example, it makes sense to wash since her arm needs it.
- Other cognitive skills to decide whether to take the washcloth.

Show slide #8 “5 Phases Illustration (continued)”.

4. Fourth, in the **expressive** phase, if she has decided she wants to take the washcloth, her brain needs to tell her body how to take the washcloth; how to coordinate all those little movements in her arm and wrist and hand to reach out and to remove the washcloth from someone’s hand.
5. Fifth, in the **motor** phase, the body must be able to respond to the brain’s instructions. If she has arthritis, or her hand or arm is weak, she may be in too much pain, or her muscles may not be able to follow the brain’s instruction.

Optional: It may be of interest to note here, that a person’s inability to understand words is called “receptive aphasia”. The inability to recognize an object is called “object agnosia” or “visual agnosia”. The inability of the brain to tell the body how to coordinate movements to perform a task is called “apraxia”.

A Detailed Description of Each Phase:

Ms. Smith must go through each of these phases (or steps) in order to take the washcloth.

If she doesn’t take the washcloth, we can ask ourselves “**Which of these five phases or steps, is she having difficulty with?**”

We can **first ask the basic question in each phase** to see if she can get through each phase:

1. Can she **receive the information** through her senses?
2. Does she **recognize the information** she receives?
3. Can she **make a decision** about the information?
4. Can her **brain tell her body** how to respond?
5. Can her **body respond**?

We can **ask the questions in each phase from phase 1 to phase 5** to see where she more specifically is having difficulty.

Once we figure out where the difficulty is, **we can help her with the phase she is unable to do well or as easily as she might like.**

Often a person with significant cognitive needs has difficulty in more than one phase, so **we may have to help with several phases.**

It **doesn't take more time** to help Ms. Smith when we do this. It just takes being alert and watching Ms. Smith while we help her.

Let's go through each phase more slowly by looking at some key questions from the handout.

Point to the Phase 1 questions in the handout (included here in the script), and then provide the explanation and examples.

When we offer Ms. Smith the washcloth, we must ask ourselves:

1. **Can Ms. Smith receive information from the environment through her five senses (see, hear, feel, taste, smell)? (Sensory Phase)**
 - A. How well does Ms. Smith see and hear me?
 - 1) If she needs glasses, is she using them?
 - 2) Are the glasses clean?
 - 3) If she needs a hearing aid, is she using it?
 - 4) Does the hearing aid need adjusting?

Explanation & Examples:

Show slide #9 "Sensory Phase Explanations".

Some people with significant cognitive needs are older and have sensory loss due to normal aging. It may be difficult for Ms. Smith to see a white washcloth when it is near a white towel or your white shirt. The glare of the shiny white shower room may make it difficult for her to see.

Most older people have difficulty hearing high-pitched sounds like consonants such as f, s, and d. Words like wash, bath, or shower, may be hard to hear due to changes in the ear that occur with normal aging. The loud noise of water running may drown out your voice.

Healthy older people who do not have a brain disorder can often figure out what they are seeing and hearing. That is, they can more easily compensate for their hearing and vision loss since the loss begins in earlier adulthood and progresses very slowly.

For a person with significant cognitive needs, **when the part of the brain that compensates for sensory loss is injured or not able to function well, the person depends more heavily on their senses alone.** So it is even more important to use interventions that address sensory loss, especially hearing and vision.

Ms. Smith may not hear or see well. If her brain is unable to compensate for this loss, she can become confused and upset.

Show slide #10 “Sensory Examples”.

Ms. Smith may not know how deep the water in the bathtub is or if a shiny floor is wet. She may wonder if a dark spot on the floor is a hole or something to step over.

She may not hear many words, such as shower, food, meal, bathroom, dressed.

Show slide #11 of photo of bathtub.

It is difficult to see how deep this bathtub is or even to know for sure what this is. The same would be true for a sink. Ms. Smith may have difficulty seeing how wide or high a chair, table, or bed is, especially if the bed has only a white sheet on it or the table a white tablecloth.

Show slide #12 of photo of a floor with shiny light spots or reflections.

This floor could be quite scary for Ms. Smith if she doesn't see well or if her brain doesn't figure out a way to compensate for her reduced vision.

Or even if her eyes work well, her brain may easily misinterpret what she sees.

Point to the Phase 1 questions in the handout (included here in the script), and then provide the explanation and examples.

In your handout it says:

- B. How does Ms. Smith feel or experience my touch?
 - 1) Does she know I am touching a particular body part?
 - 2) Does she feel comfortable with my touch, so that she feels no physical or emotional pain or discomfort when I touch her?
 - 3) Does the touch feel as soft or as hard as I think most people would feel it?
 - 4) Does the cloth, water, or surface feel comfortable to her?
 - 5) Does the temperature feel the same to her as I think it would feel to most people?
 - 6) Does she feel like the temperature is stable and not changing from one minute to the next?

Explanations & Examples:

Show slide #13 “Sensory/ Perceptual Examples”.

Ms. Smith's ability to feel through her skin and register in her brain what she feels may be affected. She may not know she is being touched. Or to her, a soft touch may feel like being hit, or a soft shower spray may feel like sharp pellets hitting her body. A cloth may feel particularly rough. A touch to her arm might also feel like pins and needles shooting up her arm, or creepy crawlers on her skin, or

extreme cold or heat, or discomfort somewhere else in her body.

Ms Smith may feel physical or emotional pain when she is touched. She could have an injury or medical condition, such as arthritis that causes pain. Her medications could cause pain or a change in how she feels touch. She may have in her past or recently experienced a sexual, physical, or emotional encounter that was uncomfortable or traumatic. A touch could trigger distress or a reliving of these experiences. She may “freeze” or not respond to touch (and so look like she doesn’t feel the touch) because she is overwhelmed emotionally or physically as a result of her past or current sexual, physical, or emotional experiences. She may feel uncomfortable with the touch because of her cultural background.

The feel of the temperature of a room or of water may also change minute by minute from hot to cold or cold to hot. It may be warmer or colder than you feel it.

These changes in experience of touch and temperature may be due to changes in the skin and/or to changes in the brain. They may be sensory and/or perceptual. This possibility of changes in both the senses and the ability of the brain to recognize or understand the information from the senses occurs for many of the sensory and perceptual functions. The pain and discomfort might also be emotional or physical due to experiences a person has had. It’s important to watch closely for evidence of discomfort whether or not a person verbalizes it or shows it in an obvious way.

Point to the Phase 2 questions in the handout (included here in the script), and then provide the explanation and examples.

In your handout it says:

2. Can Ms. Smith recognize and understand the information received through her senses? (Comprehension/ Perception Phase)

- A. How well does Ms. Smith understand what she sees and hears?
 - 1) Does she know what an object is when she sees it?
 - 2) Does she recognize various colors?
 - 3) Does she read and understand what she reads?
 - 4) Does she recognize pictures?
 - 5) Does she recognize gestures?
 - 6) Does she recognize what a word means when she hears it?

- B. How well does Ms. Smith recognize where an object, sound, or touch is?
 - 1) Does she notice objects in all parts of her visual field?
 - 2) Does she notice objects equally well in all parts of her visual field (that is, she doesn’t have more difficulty noticing objects in some parts of her visual field than in others)? If she does, which parts does she have more difficulty with?
 - 3) Does she see how far away an object is from her?
 - 4) Does she see where objects are relative to other objects?
 - 5) Does she notice where in the room a sound is coming from?

6) Does she notice touch on all parts of her body?

Explanations & Examples:

Show slide #14 “Comprehension/ Perception Examples”.

Sometimes a person reads notes and signs well, but doesn’t understand what they are reading.

Ms. Smith may respond more easily or quickly when approached from the front or perhaps from one side versus the other. This may be because her brain doesn’t tell her to notice information in certain parts of her visual field (that is, the parts of the environment her eyes see), or on certain parts of her body. Remember this from our first session, regarding the parietal lobes?

When she does see an object, such as your face, it may be closer or farther away than she realizes.

A person with significant cognitive needs rarely “sees” or experiences the environment the same way you do. They may notice or “see” only half of their plate and therefore eat only off that part of the plate. Or they may put their glass down on the edge of their plate instead of beyond it.

This is why it is helpful to highlight important parts of the environment with contrasting color intensities, such as a light plate on a dark place mat, and place objects where they are more easily located. For example, turn their plate, or hand a washcloth in front of them rather than to their side.

Some of these visual and hearing changes may be in the eyes or ears and some in the brain.

Point to the Phase 3 questions in the handout (included here in the script), and then provide the explanation and examples.

In your handout it says:

3. Can Ms. Smith categorize, organize, and use the information she received? (Executive Phase)

- A. How well does Ms. Smith recognize the importance of the information and use it to make decisions, solve problems, and organize plans?
 - 1) Does she pay attention to a task, to an object, or to what I am saying?
 - 2) Does she figure out what I mean even if she can’t hear or understand me very well?
 - 3) Does she remember what she sees, hears, or figures out?
 - 4) Does she compare new information with other information she has learned before?
 - 5) Does she easily shift from one activity to another?

- 6) Does she easily get started on a task or a response?
- 7) Does she know how much time has passed?
- 8) Does she recognize her own abilities, needs, desires, and mistakes?
- 9) Does she easily control her impulsive responses by censoring or delaying what she says or does?
- 10) Does she easily control her emotions and her expression of emotion?

Explanations & Examples:

Show slide #15 “Executive Phase Explanations”.

The executive functions are the most varied and complex cognitive functions a person must perform. They include the ability to think abstractly and to make decisions, that is, to hold multiple thoughts or options in mind while considering how desirable each might be. They include seeing the big picture as well as the details, and seeing from another’s point of view. The ability to know what to pay attention to and what to ignore, or how important a piece of information or an object is relative to others is also included in the executive functions.

The executive functions are usually the most difficult of all the cognitive phases for a person with significant cognitive needs.

There are many executive functions. Only a few examples are identified here.

It is sometimes difficult for a person with significant cognitive needs to shift from one activity to another, to “shift gears”, even when during the first activity they appeared to be staring off in space. You may need to give them time to shift their focus to you or to the next activity.

It is also often difficult to get started on a task that they want to do. Giving them time to respond to your request or to get started is helpful.

Memory loss is often obvious. With memory loss, you will likely need to frequently and patiently repeat requests, information, and explanations.

It is also important to get a person’s attention and maintain it with eye contact, this person is comfortable with eye contact.

Show slide #16 “Executive Phase Explanations (continued)”.

A person may misjudge how much time has passed. Ms. Smith may not know whether she has been in the shower for two minutes or two hours. She may think she’s been in the shower long enough and wants to leave even though she isn’t finished.

She may also ask a question, such as “when is dinner?” many times in the space of a few minutes because she may have forgotten, or she may think it has been

twenty minutes or so since she last asked.

Sometimes a person with significant cognitive needs does not know when they make a mistake. It is more helpful to discreetly and respectfully assist them rather than call attention to their mistake.

Point to the Phase 4 questions in the handout (included here in the script), and then provide the explanation and examples.

In your handout it says:

4. Can Ms. Smith's brain tell her body what to do? (Expressive Phase)

- A. How well does Ms. Smith's brain coordinate her body parts to perform a task or to express a thought?
- 1) Does she easily produce words when speaking?
 - 2) Does she easily produce words when writing?
 - 3) Does she speak words as easily as she sings the words?
 - 4) Does she talk upon request as easily as she talks spontaneously (on her own)?
 - 5) Does she do tasks as easily upon request as she does spontaneously, or automatically, when she doesn't think about the task or how to do it?
 - 6) Does she easily move a body part spontaneously (on her own)?
 - 7) Does she easily move a body part upon request?

The remaining questions (#8-13) in this expressive section assess which tasks Ms. Smith does spontaneously versus upon request. As you can see, these tasks include building or constructing something, drawing, and manipulating or moving an object while doing a task, such as eating or dressing.

Explanations & Examples:

Show slide #17 "Expressive Phase Examples".

The use of wrong words or few words may be obvious in some people with significant cognitive needs. The struggle to find a word they want to use is sometimes called "word finding difficulty."

Sometimes a person, like Ms. Smith, can sing more easily than talk, or move a part of her body more easily when she doesn't think about it than when she is asked to move it. Using song and rhythm when talking, walking, or performing a task might sometimes help her speak or do a task more easily.

Sometimes a person can do tasks more easily if they don't think about it. This is like tying your shoe. If you don't think about it, you can do it easily. But when you try to explain to someone else how to tie a shoe, you may find yourself stumbling through the task.

That is why we try not to change a task any more than is absolutely necessary. It is also why we sometimes try to slightly distract a person, so they can still do the task as independently as possible for as many years as possible.

When you ask Ms Smith to put on a sweater and she doesn't do it, but then two minutes later when she decides it's time to go home, she puts on the sweater, buttons it up and says, "Let's go", you may be tempted to say, "She can do it when she wants to." In fact, it's when she wants to that she sometimes can't do it. She can put on the sweater only if she thinks of a longer-range goal, (such as going home) and doesn't think about putting on the sweater, which she does automatically.

That's why we often say, "Let's go get lunch," when we want a person to stand, rather than saying simply "Stand up." They may be able to stand up when they think about going to lunch. They may not be able to stand up when they think about standing up.

Point to the Phase 5 questions in the handout (included here in the script), and then provide the explanation and examples.

In your handout it says:

5. Can Ms. Smith's body physically respond to the instructions from her brain? (Motor Phase)

- A. How healthy and strong is Ms. Smith's body?
- 1) Is there full strength in every part of her body, that is, no weakness in any part, such as her legs, arms, hands, feet, tongue?
 - 2) Is any body part weaker on her left side than on her right side?
 - 3) Is any body part weaker on her right side than on her left side?
 - 4) Does each body part move immediately and easily?
 - 5) Does each body part have enough or necessary range of motion?
 - 6) Can she easily coordinate the movements of various parts of her body?
 - 7) Does she walk across the room easily?
 - 8) Is each body part free of pain when it moves?
 - 9) Is each body part free of pain when it is not moving?

Explanations & Examples:

Show slide #18 "Motor Phase Explanations".

Pain is often under treated in persons with significant cognitive needs. A person with cognitive needs often doesn't recognize pain or can't express they have pain, even when asked. Pain is a very common cause of distress and behavior that is distressing to themselves or to others.

Exercise is important. Exercise can help body parts move more easily and with less pain or discomfort.

Often distances are too far for people to easily navigate, so they are tired and more confused by the time they arrive at a spot and are expected to perform a task. Shortening the distance between the task area (the bathroom or shower room or other task room) and Ms. Smith can be helpful.

[If you have time, include some or all of the following content.]

Assessing the Whole Person: Physical, Emotional, and Cognitive:

[Show slide #19 “Assessing the Whole Person: Physical, Emotional, & Cognitive”.]

The questions in your handout are designed to help you understand a person’s current cognitive abilities. But, the whole person, including the physical and emotional parts, are extremely important.

- Ms Smith may be in pain or taking a medication that is causing discomfort or even sleepiness right now.
- She may be emotionally distressed due to a poor night’s sleep, a frightening experience, or perhaps a family member has just died.

Understanding a person’s medical and emotional status will give you ideas of what to say and how to touch them in a way that is comfortable for them. It allows you to have appropriate expectations of their ability to focus and to perform tasks.

- If the left arm hurts, for example, try not to move it or to move it very slowly and gently.
- If a person is upset, try to do the task another time or be particularly slow, gentle, and reassuring. Stop immediately if this person’s response seems to suggest past or current emotional, sexual, or physical discomfort or trauma.

[Show slide #20 “Understanding this Person’s History”]

It is also important to understand how Ms. Smith was throughout her life, not just in this immediate situation. For example, it is helpful to know how she has coped with stress, trauma, or tragedy in the past and what is new in this current situation or since her cognitive abilities began to change.

- One person’s method of coping with upsetting events may be to clean closets or to keep busy.
- Another person’s method may be to shout at people, to pace, or to go for a walk.

Some people continue to use the coping methods they have used in the past, even as their cognitive needs get more severe. Some behavior is simply their

lifelong method of coping with upsetting events. Now with their cognitive abilities changing, however, this same behavior may be called rummaging, verbal aggression, pacing, or wandering.

It is always important to know what a person's lifelong goals or self-image have been.

- A person who always took pride in being independent may benefit from feeling like they are doing most of the task themselves.
- A person who has always been modest and private may need to be covered most of the time.
- A person who liked being productive may feel good doing a task such as folding laundry, cooking, raking leaves, or making something. They may benefit from being shown, then complimented on the outcome of their task (for example, folded laundry, a good tasting cake, or a pile of raked leaves).

VI. Role in Intervention Strategies: Ideas



Take approximately 10 minutes for this discussion.

By answering these questions, we can come up with ideas of ways to change the environment, how we interact with a person, or the task itself to make communication and all tasks easier for this person.

These changes can **adapt** to or **compensate** for a person's cognitive challenges or needs and **use** or **build** on their cognitive strengths.

As you think about [name the person from the bathing or showering (or other task) illustration], how do you think you would answer some of these questions?

A "Yes" answer suggests this person is able to perform, with mild or no difficulty, the particular cognitive ability addressed by the question, and may be able to compensate for other cognitive abilities that are more difficult for this person.

A "No" answer suggests you might be able to help this person by changing the environment, your communication with them, or the way you set up a task.

What might be some possible strategies we could try?

Write the possible strategies on the flip chart.

Stop the slides.

VII. Upcoming Sessions



Understanding Cognitive Abilities. Script for Session 2 of the Cognitive Abilities and Intervention Strategies (CAIS) Educational Series. By Shelly E. Weaverdyck, PhD. Edited by Julie Wheaton, LMSW, Sara Holmes, MPH, Gail Brusseau, LMSW, Marcia Cameron, MA. 2002. Revised 9/7/07 and 4/30/20. On website at <https://www.improvingmipractices.org>

Take 1 minute to mention upcoming sessions.

In the next three sessions, we'll look in more detail at questions about the environment, our communication strategies, and how the task is set up to see how we can change these to make communication and a task such as bathing and showering easier and more pleasant.

We will also see how interventions need to change as a person's cognitive abilities change.

Remember, all the concepts and intervention or support strategies we talk about in these sessions apply to **any task**. We will continue to focus on showering and bathing. As mentioned earlier, the assumption is if you can successfully assist a person with compassion and understanding while they are bathing or showering, then you can likely assist well with almost any other task with anyone at any age or with a variety of cognitive needs and strengths.

VIII. Suggestions to Prepare for Next Session



Take approximately 1 minute to ask learners to try asking these questions before the next session.

For next session, pick two or three of the questions in your handout and ask yourself these questions the next time you help someone do a task or take a bath or shower.

Please record your answers and be ready to talk about them at our next session.

See if they help you come up with ideas about how to make communication and tasks such as bathing or showering easier for you and for the person you are with.

You can use this handout as a reminder of what we talked about today and for more information.

Thank you for coming and for participating! I look forward to seeing you for session 3!

IX. Learner Post-Session Form



Give the "Post-Session Form" and ask each person to fill it out now. Allow approximately 7 minutes to complete the form. Then collect it.

Remember to fill out the "Educator's Evaluation of Education Session" for this session as soon as possible.

Thank you!