

Chapter 5: The Task and Daily Routines

I. INTRODUCTION TO CHAPTER 5

This chapter focuses on a **person’s tasks** and **daily routines** and the *CAIS Task and Daily Routines Questions to Ask* and the *CAIS Task and Daily Routines Intervention Strategies*.

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

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

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

This **Chapter 5** (“The Task and Daily Routines”) directly relates to **Module V** (“The Task and Daily Routines”) of the **online course**, and **Session 5** (“Understanding the Task and Daily Routines”) of the *CAIS Educational Series*. Chapter 5 goes into **more depth** and provides **additional tips** and **content** that can help you better **understand** and more easily **apply** the information in **Module V**, in **Session 5**, and in the *CAIS Task and Daily Routines Questions to Ask* and *CAIS Task and Daily Routines Intervention Strategies*.

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

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

Also, the word “**Task**” will apply to daily routines as well, and will frequently be used to refer to the “*CAIS Task and Daily Routines*”.

Topics (and headings) in Chapter 5:

- I. Introduction to Chapter 5
- II. The Task
- III. Task Goals
- IV. Task: Feeling Good and Successful
- V. Tips about the Task and Examples from the CAIS
- VI. Summary
- VII. Additional Resources
- VIII. Description of the Task and Daily Routines CAIS: CAIS REVIEW

Topics in this Chapter

This chapter presents some **concepts**, issues, and **tips** regarding a person’s task and daily routines with respect to their cognitive abilities, and some **examples** from the *CAIS Task and Daily Routines Questions to Ask* and *Intervention Strategies* to illustrate how the Questions and Interventions are **structured** and how they address those concepts or issues.

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

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

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

For a **brief description** of the **Task and Daily Routines CAIS** Questions and Interventions that still has details, see the “**CAIS REVIEW**” content at the end of **this chapter** under the heading “**Description of the Task and Daily Routines CAIS: CAIS REVIEW**”. It focuses on the task and daily routines, but is a brief overview of the full description of all four parts of the CAIS in

Volume II. It might be helpful to read the “CAIS REVIEW” before reading the rest of Chapter 5 if you are not familiar with the CAIS and how it is structured.

II. THE TASK

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

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

The concepts in this chapter and the Task and Daily Routines CAIS can be used with any usual or unusual **task**, for example, a **leisure** activity such as playing a game, doing crafts or hobbies, or conversing; an **abstract** task such as making a decision or learning how to get to a store; or a **concrete** task such as doing a household chore, preparing food, washing hands, dressing, eating, using the toilet, or showering.

Why Modify It

Distress often become most **apparent** during a **task**. Performing a task or assisting a person with a task can often bring out confusion, frustration, impatience, and resistance.

When a **task** is **too challenging** for a person, your efforts to assist a person can become more difficult. If this person is **distracted** or **overwhelmed** by the **task**, or how the task is **structured**, you and they will have to **work harder** to **focus** their **attention** on the task, and to help them **understand** what you are saying and how to do the task. You will need to give them **information** that can help them overcome the challenges of the task, such as explaining what the **next step** of the task is, or what the **goal** of the task is, or **why** it is **important** for them to do the task. You will also have to work harder to keep this person from being confused or fatigued.

By modifying the task, you can help a person more easily and successfully perform the task, communicate, and feel comfortable.

The CAIS ideas for intervention or support strategies not only help a person perform a task more easily and independently, but help this person feel more **competent**. The interventions can increase a person’s **willingness** to **try** the task. They can also help increase a person’s comfort in general and prevent and reduce distress and situations that are upsetting.

They also can reduce **your** own **frustration** and distress by helping you understand **why** a **situation** is **occurring** and giving you **specific strategies** you can try to alleviate it or prevent it. They do this by helping you support, adapt to, or compensate for this person's **cognitive needs** and to build on their cognitive **strengths**.

Make Tasks Easier: Conserve Energy

Considering the brain changes that a person can experience and the resulting changes in **cognitive abilities**, it is easy to see why tasks that seem simple can become challenging.

Chapter 1 notes how, because of **brain changes**, a person usually **works** much **harder to do a task than** is **obvious** or even than **they realize**, particularly when they are **required** to use **cognitive abilities** that are **weaker** for them.

A simple task such as putting their arm into the sleeve of their coat or picking up a spoon may take a surprising amount of energy, especially if this person has difficulty seeing or knowing exactly where objects are, has difficulty concentrating, or their brain has difficulty instructing their body on how to move their arm into the sleeve.

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

FOR MORE INFORMATION SEE CAIS HANDOUTS:

- #31 about what makes a task complex and how to simplify it
- #8 about the brain and cognitive abilities described in Chapter 1
- #29 that describes visuospatial abilities and suggests interventions

Communication During a Task: Recognizing Unintentional Causes of Distress

In addition to the complexities of the task, **how we interact** with this person during a task might **unintentionally** cause distress.

A person's cognitive changes can also make **our actions** and **words** during a task feel distressing to this person. It is very easy for our words, movements, or actions to **unintentionally** cause distress for another person who has a pattern of cognitive strengths and needs that is different from our own. This is discussed in Chapters 2 and 4.

We might forget to accommodate this person's **cognitive needs** as we interact with them during a task. For example, we may **talk** or **move** too **quickly**; give **too many requests** or **instructions**

at once or give them too quickly. We might make hand gestures or other **movements** that are too big, frequent, or **distracting**. We might **move task objects** around when talking so this person has trouble focusing on what we are saying. We might **touch** this person without warning.

We might not observe and notice enough. It is easy to **not recognize** when this task is **requiring** this person to use **cognitive abilities** that are **difficult** for this person to use. We might not notice when this person needs help with a particular task step. We might without thinking, move from one task step to another too quickly or do parts of a task too **quickly**. We might use **task objects** in a way that is confusing or distracting to this person. We might feel **impatient** (especially when we are in a hurry) when we **don't understand** the **reason** this person is not doing a task or part of the task, or why they are doing it so slowly. Sometimes **we do more** of the task for this person **than is necessary** because **we don't know how much** of the **task** they are **able to do** themselves.

All of this can cause this person to be so uncomfortable, irritated, confused or distressed they might shout, strike out, or simply withdraw from us.

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

Emotional Causes of Distress

Some tasks are more likely than others to trigger emotional distress for a person. This is especially true for a person who has in their remote past or recently experienced a sexual, physical, or emotional encounter that was uncomfortable, painful, or traumatic. Tasks or situations that involve, for example, **removing clothing** or **being touched** or **someone else having control** over this person, or even being in a room similar to where such encounters happened to this person, could easily cause distress. It is important to **stop** an **interaction** or task or help this person **leave the room** if this is the case. **Watch** and **listen closely** to this person so you can **notice** how they seem to be feeling or responding to your words, movements, and actions. They may “**freeze**” and show no facial expression or reaction if they feel overwhelmed or very anxious. Gently **alerting this person** to what you intend to do, and **moving slowly, gently**, with **respect** and **compassion** are important.

III. TASK GOALS

Goals of a Task: Yours and Theirs

One of the challenges of a task might be a **difference in goals** between you and a person you are assisting with the task. You will need to ask yourself, “What does this person want and need from this task, and what do I want and need from this task?”

Let’s use the task of a person washing their arm at the sink to illustrate these concepts as we do in Chapters 1-4. Imagine you are offering this person a washcloth.

You may think of this person washing their arm as simply a way for their arm to get clean. You may also think washing the arm at the sink is the BEST way for their arm to get clean.

This person may have a **different view** (whether or not they are aware of their own view). They may not have washed themselves throughout their life as frequently or in the same way as you do. They may wash their arm or hold it under a running faucet to warm it up, relax it, to soothe pain or their anxieties, or to feel the tactile sense on their arm, even more than to get clean. Or they may believe that the only way they can avoid anxiety is to avoid water completely.

Their goals may not occur to you or make sense to you. They may be unusual or unexpected due to cultural differences, emotional needs, or cognitive changes.

It is important to **clarify your goals** and **this person’s goals** for a task and to see how they can both be met. Even if this person is not consciously aware of their own goals, they will most likely have preferences.

For example, washing with **water** may be particularly difficult for a person with cognitive changes. They may be **hypersensitive to touch** as described in Chapters 1 and 2. They may have **pins** and **needles** or feel **pain** or **extreme temperature change** when touched by a person, surface, or object. Water or a washcloth moving on their skin may be painful or uncomfortable. Rather than meeting this person’s goals of relaxing, washing may severely challenge their cognitive abilities and create emotional distress for them. This will largely be a result of their brain changes. Interventions listed in the Sensory section of the *CAIS Cognitive Intervention Strategies* address this hypersensitivity to touch.

FOR MORE INFORMATION SEE CAIS HANDOUT:

#31 about what makes a task complex and how to simplify it

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

How you **structure a task** will have a **major** impact on how much you and this person enjoy the task and feel goals have been met. The *CAIS Task Questions to Ask* help make a task easier and more appealing to this person by examining ways to change the timing of the task, the task steps, and the objects used during the task.

IV. TASK: FEELING GOOD AND SUCCESSFUL

Making a Task Feel Good and Successful

Asking the CAIS questions and interventions can help make any task for both this person and you:

- More pleasant, relaxing, and calming.
- Easier for this person to do independently and successfully.
- Effective (to be clean in our illustration of washing a person's arm).
- Accommodate this person's brain and cognitive changes by relying on their cognitive strengths and addressing their needs.

Seven Premises of the CAIS Task and Daily Routines Questions and Interventions

Here are seven of the premises inherent to the *CAIS Task and Daily Routines Questions to Ask* and the *CAIS Intervention Strategies*. We will continue to keep in mind the arm washing task to illustrate.

1. **This person must feel good.** This is usually **more important than “successful” completion** of the task. This person needs to feel good about the task, as well as be clean, for it to be successful. If at the end of the washing task, this person is clean, but upset during the task, it was not successful. This person feeling good is a very important goal of the task. This person may remember their emotional distress (though perhaps not consciously) more than they will remember that they even did the task.
2. **Feeling good is more important than independence.** The CAIS task questions and intervention suggest ways to help a person be as independent as possible. Usually the more a person can do for themselves the more comfortable this person feels. So many CAIS intervention strategies suggest ways to simplify a task and to break the task down into task steps so this person can do as many of the task steps themselves as possible.

However, it is more important for this person to feel good than for them to independently accomplish all or some of the task steps. If doing a task step without assistance feels too stressful or upsetting to this person, then it is important to assist them and/or modify the task step to prevent distress.

3. There are **alternative ways to meet goals.** If the task is upsetting, and various attempts to modify the task steps does not help them, then it is important to consider another way to meet your and their goals. For example, help them be clean, but in a way that feels relaxing, by wiping their arm with a damp cloth or a napkin. Alternatives to showers (such as bed baths or sponge baths) when showers are upsetting is another example.

4. The **frequency** of a task can be **reduced**. If the task is not comfortable for this person, reducing the frequency of the task may be helpful. For example, you might help this person wash their arm only occasionally rather than twice a day. If the task is still upsetting, then modifying it or considering an alternative would be important.
5. **Consistency** is one of the **most effective** intervention or support strategies. Doing the task the same way each time has a significant impact on comfort and a person's ability to perform the task. Using the same assistant, place, time, order of task steps, and objects is usually effective. It may be very difficult for this person's brain to adapt to change or to new ways of doing things. They most likely can do a task better if it is predictable because then they don't have to think about it. (They can do it automatically, for example.) Change requires them to focus on the task and to think about each step or object.
6. **Familiarity** is similar to consistency in effectiveness. When the task is performed as much as possible in the same way this person did it throughout most of their adult life, they are usually able to perform the task more independently and comfortably.
7. **Tasks** need to be **adapted** when necessary **over time**. As this person's cognitive abilities change, the task will need to be adapted to their changing needs and preferences. But it should be adapted only when needed and in a way that addresses the specific cognitive ability that changed. It should generally stay the same as much as possible.

The *CAIS Task and Daily Routines Intervention Strategies* suggest a variety of ways to modify a task when a person feels overwhelmed, has difficulty performing the task, or is distressed.

FOR MORE INFORMATION SEE CAIS HANDOUT:

- #31 about what makes a task complex and how to simplify it
- #12 about helping a person with a task: how and why

Cognitive Abilities and Tasks

The CAIS also assumes one of the most important ways to help a person feel good is to **use, build, and rely on** this person's cognitive **strengths**, and **support, nurture, adapt to, or compensate** for this person's cognitive **needs**. This helps them perform tasks more easily and comfortably (and helps you feel good too as you assist them).

Cognitive abilities and the brain are discussed in Chapter 1 and the *CAIS Cognitive Abilities Questions and Interventions* are described and illustrated in Chapter 2. Asking these Questions helps you better **understand** the **cognitive strengths** and **needs a particular person** has so you can modify the task to make it easier for this person.

You can get **ideas** of **how** to **modify** the task by reviewing the *CAIS Cognitive Intervention Strategies* for this person, so you know which interventions will likely work well for them.

Then you ask the *CAIS Task Questions to Ask* to see **how well** the **task** you are assisting this person with **is supporting** this person's **cognitive strengths** and **needs**. The *CAIS Task Intervention Strategies* will give you ideas of **how** to **modify** the **task** to make it easier for this person. The interventions that address **both** the task and this person's cognitive abilities are likely to be the **most effective**.

Some of the **cognitive abilities** that are likely to affect task performance might include the ability to accurately **see** and **hear** objects and sounds and to know **where they are** relative to this person and to other objects and sounds (for example, knowing where the washcloth is as they reach for it). This person's **sensitivity to touch, water, and temperature**, the ability to **read**, and know what a **spoken word** or an **object** is play a significant role in performing many tasks. Cognitive abilities that are more complex include this person's ability to focus **attention** on objects and parts of the task that are important to performing the task, to **shift** their **attention** when necessary, as well as to **remember** what you say and which parts of the task they have already done. Particularly crucial is the **brain's** ability to **tell** this person's **body** how to move to accomplish parts of the task.

Difficulty with knowing how much time has passed increases reliance on a **predictable schedule** to **demarcate time**, much as environmental landmarks demarcate how far away a destination is.

Abstract tasks such as **decision making** can be adapted in ways similar to the ways concrete tasks are adapted to a person's cognitive abilities. Many of the cognitive processes are the same. The ability to see at the same time both the **whole picture** and the **details** that make up the whole picture can be important to decision making (for example, knowing the goal of the task or the whole task as well as the parts of the task that must be accomplished to complete the whole task). In many decisions a person must imagine what the options such as eggs and oatmeal might taste like in order to know which to decide to request. There is a CAIS handout (**CAIS Handout #32**) devoted to this topic. It is included in this Volume I. (See the box below.)

Another CAIS handout (**CAIS Handout #12**) in this Volume I suggests interventions for helping a person perform a task and includes reasons the interventions might be effective with respect to cognitive abilities. (See the box below.)

To address cognitive needs the interventions suggest how to help this person do a task when the task **requires** them to use a **cognitive ability** that is **weaker** for them or harder to use. They suggest ways to support the weaker cognitive ability or to perhaps compensate for it. They may suggest **modifying** (supporting it) or **performing** for this person (compensating for it) the **parts** of a **task** that **rely** too heavily on this person's **weaker cognitive ability**.

This addresses the **mismatch** between a particular person's cognitive abilities (their strengths and needs) and the requirements of the task and reduces the chances of this person becoming confused, fatigued, irritated, or overwhelmed.

FOR MORE INFORMATION SEE CAIS HANDOUTS:

#12 about helping a person with a task: how and why

#3 about cognitive abilities

#32 about helping a person make decisions

#31 about what makes a task complex and how to simplify it

#8 about the brain and cognitive abilities described in chapter 1

#29 that describes visuospatial abilities and suggests interventions

V. TIPS ABOUT THE TASK AND EXAMPLES FROM THE CAIS

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

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

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

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

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

The CAIS is **individualized** to a person, time, and setting. Ways to increase the precision of this individualization are described in the “Complete Instructions and Introduction for the CAIS Questions to Ask and CAIS Intervention Strategies” in Volume II, and explained and illustrated in detail in Chapters 3 and 4.

You might sometimes use only one or some of the four parts of the CAIS Questions and Interventions. You can be more thorough and can even more directly address a person’s

individual cognitive abilities with task modifications by **first** asking the questions and reviewing the resulting suggested instructions in the *Cognitive Abilities Questions to Ask* and the *Cognitive Intervention Strategies*. This will help you better understand this person’s specific needs and strengths and how to address them. Then when you review the suggested interventions from the *Task and Daily Routines Intervention Strategies*, you will have a better idea of which intervention suggestions will likely be the **MOST effective** with this person.

More tips regarding the task are presented here under the first four **task intervention concepts** (subheadings) that are in the CAIS Questions and Interventions. **Examples** from the Task CAIS are used to illustrate how the **CAIS is structured**.

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

Subheadings in the CAIS Task and Daily Routines: Six Task Intervention Concepts

Look at the *CAIS Task and Daily Routines Questions to Ask Yes/No Response Format*.

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

It looks like this:

- I. Task Steps: Look for evidence to ensure the task steps are not:

As you glance through the *Task and Daily Routines Questions to Ask*, you’ll see the questions are organized under **six subheadings** (numbered by Roman Numerals I-VI) that are **task intervention concepts**. These are concepts that address needs a person might frequently experience while performing a task.

These are **aspects** of a **task you can change** to accommodate this person’s cognitive strengths and needs. This will help this person feel and be more successful, as well as **reduce stress** and **anxiety** and **increase enjoyment** for both **you** and **this person** you are helping.

The six concepts are:

- I. Task Steps
- II. Modification of Steps
- III. Modification of Objects
- IV. Timing
- V. Consistency
- VI. Task Goals

A Word about CAIS Examples

You might notice that some of the examples in the CAIS Questions and Interventions refer to washing, bathing, and showering. This is because of all tasks, **bathing** or **showering** can be the **most difficult** for a person with many cognitive needs, due to the complex emotional, social, physical, and cognitive aspects of this task. Some of these aspects include abstract and concrete decision making, perception, body movement, and modesty issues.

Tips and concepts that apply to bathing and showering generally **apply to most** other tasks. So even if you don't assist a person with washing, bathing, or showering, you can use the concepts, techniques, questions, and interventions with nearly any task, interaction, or situation you do encounter.

The assumption is if you can assist a person with understanding and compassion while they are taking a bath or shower, you can most likely assist them well with nearly all other tasks.

I. Task Steps as a Task Intervention Concept

Task Steps is the first subheading (intervention concept).

Due to changes in their brain, this person may have difficulty understanding a whole task and identifying the steps that make up the task. They may feel too tired to complete the entire task. They may be easily overwhelmed, and may withdraw, resist, or become anxious or angry.

Example: Task Steps in the CAIS Task and Daily Routines Questions to Ask

Look at the questions in the **I. Task Steps** section of the *CAIS Task and Daily Routines Questions to Ask Yes/No Response Format*.

I. TASK STEPS: Look for evidence to ensure the task steps are not:

- Too many
- Too complex
- Too unfamiliar
- Too abstract

A. Do I break the task down into steps?	NO	YES
B. Do I perform, adapt, or assist with steps that are difficult for this person, so this person feels competent and comfortable, and can perform as many task steps as possible?	NO	YES
C. Is the pace of the steps adapted to this person?	NO	YES
D. If necessary, are task steps spread out over time? (For example, washing their upper body in the morning and their lower body later in the day?)	NO	YES
E. Are complex task steps simplified? (For example, this person washes one arm and I wash the other arm?)	NO	YES
F. Are the task steps familiar to this person? (For example, taking a bath rather than a shower?)	NO	YES
G. Are the task steps concrete enough? (For example, showing this person their clothing rather than simply asking them to get dressed?)	NO	YES
Comments:		

Note **Questions A, C, and D** above.

Breaking the task down into **steps** and reminding this person of the task steps and their order (one step at a time if necessary) may be helpful. It also allows you to more easily **identify** which **steps are too difficult** for this person to do without assistance or encouragement.

If this person takes longer to understand and perform each task step, the **timing** of the **steps** is important. This person needs the task steps slowed down, but **not interrupted**. When the task steps are interrupted, or there is too long a pause between them, this person might lose track of the order of the task steps. They might start doing them in reverse (for example, getting dressed instead of undressed) or become distracted away from the task altogether.

Adapting the pace on the spot, in response to this person's reactions, can be the intervention that allows the task to be completed successfully.

This person may not be able to easily understand and do all the task steps at one time. They may need to do some of the task steps and then do the **others at another time**. For example, they may do part of the task in the morning and the rest of the task at night.

Example: Task Steps in the CAIS Task and Daily Routines Intervention Strategies

Now look at the suggested intervention strategies in the *I. Task Steps* section of the *CAIS Task and Daily Routines Intervention Strategies*.

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

Look at the interventions under **Questions A, C, and D** in the *I. Task Steps* section of the *Task and Daily Routines Intervention Strategies*.

I. TASK STEPS

Look for ways to ensure the task steps are not:

- Too many
- Too complex
- Too unfamiliar
- Too abstract

A. Do I break the task down into steps?

STRATEGIES:

1. Think of each task as a series of task steps.

EXAMPLES for #A.1:

- *To put on a shirt, one must see the shirt, reach for the shirt, pick up the shirt, find the entrance to a sleeve, put the correct arm into the sleeve, pull the sleeve to the shoulder, find the other sleeve, put the free arm into the sleeve, pull the shirt over the shoulders, and fasten each button.*

2. Make each task step small enough for this person to successfully perform at this moment.
3. Write each task step down to help you remember.
4. Make sure each task step is completed before initiating the next task step.
5. Change the task steps as this person changes over time.

.....
C. Is the pace of the steps adapted to this person?

STRATEGIES:

1. Help this person perform each task step without interruption between steps. Avoid unnecessary pauses.
2. Watch this person to discern the proper pace at this time.
3. Slow the pace when this person shows evidence of anxiety, confusion, or distress.
4. Avoid a pace that is so slow that this person becomes uncertain which task step they are trying to perform.

D. If necessary, are task steps spread out over time? (For example, doing part of the task and then the other part later?)

STRATEGIES:

1. Pay attention to the amount of time, focus, and energy this person is comfortable devoting to this task at this moment.
2. Spread the task steps out over time if this helps this person feel more comfortable.

EXAMPLES for #D.2:

- *Help this person put their shirt on, then later button the shirt after they have rested or done some other task.*
- *Eat some of the breakfast in bed and the remainder later in the morning.*

See more interventions listed in this task steps section of the *CAIS Task and Daily Routines Intervention Strategies*.

II. Modification of Steps as a Task Intervention Concept

Let's imagine you are helping a person with a task, such as washing their arm at the sink, a task we have been using to illustrate concepts. You offer this person a washcloth to wash their arm.

This person may feel uncomfortable if washing their arm requires taking their shirt off or even just pulling their sleeve higher on their arm. **Removing** or **shifting clothing** might be particularly difficult. They may resist because they feel **cold**, or it can be **physically** or **emotionally painful** or physically **difficult** to do so, or because they are **embarrassed**, **fearful**, or **don't understand** why they need to take off their shirt. If there is physical, emotional, or sexual trauma, pain, or discomfort from the remote or recent past, that may also make them distressed.

Keeping this person's **arm covered** with a warm towel (for example, warmed by a towel warmer) and washing through or under the towel while they are washing can keep this person warmer, as well as less embarrassed, anxious, or confused.

A soft towel will also help **protect** their skin if they are hypersensitive to temperature and to the pressure of the water from the faucet, or are very sensitive to water moving on their skin. This person may experience rapid shifts in their sensitivity to temperature so that one moment the water feels cold and the next moment hot. This is discussed in Chapters 1 and 2.

The soft spray from the faucet or nozzle may at times feel to this person like **sharp pellets** or **pin pricks** on their skin because of the **brain's misinterpretation** of the sensation on their skin. They may feel extreme pain, cold or heat, or pins and needles. **Covering** the **faucet** or nozzle with a washcloth can help protect them as well.

Evidence of this discomfort, emotional distress, or hypersensitivity can be **subtle**. It is possible this person has lived with this for much of their lives and may **not** always **know** or be conscious of why they want to avoid water or touch. This person may also **not realize** that **most people don't feel this** discomfort when they feel a spray of water on their skin and they are embarrassed that they can't seem to tolerate the water spray like others can. A discomfort with seams in socks on toes, tags in shirts on the neck, and being touched unexpectedly are fairly **common**, but not often recognized.

See more description and interventions regarding this sensitivity to **touch** and water spray in the *I. Sensory* section of the *CAIS Cognitive Abilities Intervention Strategies*.

Sometimes it helps to make a task more **appealing** to a person. One of the suggestions included below in the CAIS interventions is to offer pie and ice cream in the bathtub or chocolates in the shower.

Anecdote #1

One man refused to take a bath or shower and would strike out when encouraged to take one. After talking with him about what food he particularly enjoys, his assistant asked if he would enjoy eating **pie** and **ice cream** in the **bathtub** while taking a bath. While at first uncertain and reluctant, after a few weeks it became a habit. When it was time for a bath, the assistant would drape a towel over the assistant's left arm and say to this person, "Would you like some pie and ice cream?". He would usually immediately go to the bathtub. He would stay in the tub for as long as it took him to eat his pie and ice cream. Then he was ready to get out. The assistant needed to be efficient to finish the washing task during that time! On other occasions when asked if he would like pie and ice cream, he would usually go to the dining room table, unless the assistant had a bath towel draped over the assistant's left arm.

About this anecdote: Because of the patient persistence of this person’s assistant, this person eventually developed the habit of looking forward to pie and ice cream during the bathing task. The pie and ice cream became a cue to bathe (as did the towel draped over the assistant’s left arm) and were a pleasant treat to enjoy while chatting with the assistant. It helped distract this person from the bath itself. It also required the assistant to be organized and prepared so he could be efficient during the bath.

Sometimes relaxing music can help make the bathing experience feel more like a spa, or singing can help the task go more easily.

Anecdote #2

One assistant sang with a woman who would become anxious during a shower. The singing helped soothe and distract this woman. They would sing “My Bonnie Lies Over the Ocean” many times before the shower was done.

About this anecdote: It took much encouragement and patience to help this person take a shower. Singing helped relax her. This particular song (which was used every time since it was a favorite of this person, and helped establish a routine that became habit) also became a cue that a pleasant interaction was occurring. The rhythm of the song helped this person feel an underlying beat and motion to the shower that seemed to help this person move and participate more easily in the shower, as well as relax her.

Example: Modification of Steps in the CAIS Task and Daily Routines Intervention Strategies

Look at the interventions listed under **Questions B** and **C** in the *II. Modification of Steps* section of the *CAIS Task and Daily Routines Intervention Strategies*.

II. MODIFICATION OF STEPS

Look for ways to modify task steps:

- To make them less difficult for this person
- To accommodate changes over time in this person’s cognitive abilities resulting in changes in needs, strengths, or preferences

.....

B. Are particular needs or preferences met by modifying the way a task is done? (For example, is modesty or temperature sensitivity addressed by covering this person with a large towel so that no part of their body, or only one part at a time, is exposed during dressing and bathing?)

STRATEGIES:

1. Be alert to this person’s needs or preferences at this moment. Note needs and preferences that are:

- Physical (such as feeling cold or pain).
 - Emotional (such as modesty or vulnerability when all clothes are removed).
 - Sensory (such as difficulty hearing your voice over the running water).
 - Cognitive (such as not being able to understand why they are removing their clothes when you aren't removing your clothes).
2. Watch this person's face and body and listen to their words and vocalizations to discern whether the current way of doing the task feels comfortable.
 3. Respond immediately to evidence of discomfort by pausing to reassure or explain or by modifying the way the task is done.

EXAMPLES for #B.3:

- *If this person is distressed when their face is washed, apologize and reassure, then start washing their hands or arms instead.*

C. Are physiological, emotional, and cognitive needs accommodated? (For example, draping a towel over this person, so the spray of water from the faucet or the shower nozzle doesn't touch their skin directly?)

STRATEGIES:

1. Remind yourself to assess changes in all aspects of this person, including their physiological, emotional, and cognitive status.
2. Assess regularly so that any changes are noted and accommodated immediately.

EXAMPLES for #C.2:

- *Be alert to whether at this moment this person feels a touch to the arm like a hit, or experiences a soft water spray like pellets or needles in the arm. Immediately cover the faucet or shower nozzle with a washcloth to diffuse the spray, or cover their arm with a towel and spray through the draped towel.*
3. When assessing physiological status, consider this person's physical abilities, sensory and motor functions, medical status, and physical stamina. Consider physiological status in general and at this particular time. Remind yourself that physical abilities and needs may fluctuate from moment to moment.
 4. Modify task steps to accommodate changes in physical abilities and needs.

EXAMPLES for #C.4:

- *Encourage sitting in the shower when balance is uncertain*
 - *When pain is present, move a joint more slowly and gently.*
 - *Start the shower before this person enters the room, so the room is warm from the beginning.*
5. When assessing emotional status, consider this person's emotions in general, at this particular time, and about this particular task. Remind yourself that their emotions may change rapidly from moment to moment.
 6. Eliminate a task that is emotionally distressing.

EXAMPLES for #C.6:

- *If a shower is distressing or frightening to this person, especially after modifications to address the distress have been attempted, try a bath, bed bath, or sponge bath at the sink instead.*

.....

8. Modify task steps to accommodate changes in emotions.

EXAMPLES for #C.8:

- *If this person is distressed about taking a shower or bath, make the shower or bath more appealing, even luxurious. Create a relaxing spa-like atmosphere with a warm, colorful, and beautiful décor. Offer food or sweets to eat during the shower, such as pie and ice cream in the tub or chocolates in the shower.*
- *If this person is distressed about the shower or bath even after attempts to modify the*

task, try a bed bath or a sponge bath at the sink.

See more interventions listed in this modification of steps section of the *CAIS Task and Daily Routines Intervention Strategies*.

III. Modification of Objects as a Task Intervention Concept

The objects this person uses are crucial to their ability to perform a task comfortably. Because of brain changes, they may have **difficulty recognizing objects**. It is important to keep the objects used as **familiar** as possible. For example, bottled liquid soap when they are used to bar soap may confuse them.

Adapting objects and equipment to this person's changing cognitive and physical needs is particularly important.

Discern this person's needs or preferences at this moment. Note needs and preferences that are:

- **Physical** (such as trying to lift an object that is too heavy or too awkward to grasp).
- **Emotional** (such as using an object that is unfamiliar or frightening).
- **Sensory** (such as not being able to see the object).
- **Cognitive** (such as not being able to recognize the object or locate it in space).

Modify the objects this person uses to accommodate their needs and preferences at this moment.

Example: Modification of Objects in the CAIS Task and Daily Routines Intervention Strategies

Look at the interventions listed under **Questions B** and **D** in the *III. Modification of Objects* section of the *CAIS Task and Daily Routines Intervention Strategies*.

III. Modification of Objects

Look for ways to:

- Adapt objects used during the task to fit this person's changing needs and preferences
- Accommodate this person's need for familiarity

.....

B. Do the modifications keep the objects as similar as possible to what this person is used to?

STRATEGIES:

1. Use task objects this person has used throughout their adult life. Change the objects only when the benefits of simplifying the objects outweigh the challenges of reduced familiarity.

.....

2. When changing a task object becomes necessary, make the changes as minimal as possible. Address only the feature that makes the object difficult for this person to use.

EXAMPLES for #B.2:

- *If a white towel is hard for this person to see because it blends into the surfaces around*

it, change only the color of the towel so that it contrasts with the surfaces around it. Leave the size, shape, and texture of the towel the same as it was.

3. When changing a task object becomes necessary, keep the object appearing and feeling as similar as possible to what this person is used to.

.....

D. Are emerging anxieties or preferences accommodated? (For example, replacing pants or slacks with a skirt when removing pants or slacks becomes upsetting; or using dry shampoo to keep their hair from getting wet?)

STRATEGIES:

1. Modify the task objects to accommodate changes in emotions and preferences.

EXAMPLES for #D.1:

- *When this person's preferences regarding color, texture or taste in food changes, modify the color, texture, or taste of food offered.*

2. Use task objects that don't require this person to do task steps they have difficulty with or would rather not do.

EXAMPLES for #D.2:

- *Use clothes that require no ironing when this person can no longer iron safely and independently.*
- *Use ready made tomato sauces, rather than creating a sauce with raw tomatoes, when making spaghetti.*
- *Use clothing that is easier to adjust or remove when using the toilet as incontinence becomes an issue.*

See more interventions listed in this modification of objects section of the *CAIS Task and Daily Routines Intervention Strategies*.

IV. Timing as a Task Intervention Concept

This person may have difficulty with the timing of tasks, for example, the **time of day** the task is scheduled, **what precedes** or **follows** the task, the **speed** at which the task is done, and the **day** of the week it is done. It is important to try to determine what aspect of the task is particularly difficult for this person.

A **daily schedule** that **feels familiar** to this person could become a **cue** that helps them structure their time and helps them understand the task and what is expected of them. This is especially important because they may not easily sense **how much time** has **passed** due to their brain changes. They may not have in a mind a **context** for the task, so may not understand the task or see the need for it, without external cues such as timing.

A daily schedule can also be reassuring to this person by helping them feel that there is some **predictability** to their day and to the order of tasks.

Sometimes the schedule of tasks needs to **change** to accommodate changes in this person's cognitive needs.

Anecdote #3

A person began to resist taking a bath in the morning which had been a part of her routine. She became upset and angry. She was also awake more at night and wandered around waking other people up. Her assistant was having difficulty helping her go back to bed. After searching for reasons this person was refusing to take a bath and was awake at night, the assistant began helping this person take a **bath** when she was awake **at midnight**. She made the bath a calm leisurely spa-like experience. This person stopped resisting the bath and could go back to sleep more easily after the bath at midnight.

About this anecdote: This woman could more easily have her own **goals** of relaxing met with a bath at midnight. The assistant's goals of helping this woman be clean were also more easily met. At midnight, there was **less distraction** and less commotion or **stress** than during the day. This person could **understand** and respond **more easily**. The assistant could give this person more **time** and could **focus** on her needs more easily. Changing the **timing** of the task seemed to be a win-win situation.

Sometimes the schedule of daily routines that this person has become used to is changed to accommodate **someone else's needs**. A change for this reason needs to be carefully evaluated for its necessity, for possible consequences, and for the best way to make the change. For example, if someone is helping a group of people prepare for a walk outside and so helps a person put their coat on before helping the others, there may be a long period of time between the time this person puts on their coat and when this person actually goes outside. This can be confusing to this person and may result in their feeling unwilling to go outside, because they need the **uninterrupted routine** for leaving to help them understand that it is now time to go outside.

Example: Timing in the CAIS Task and Daily Routines Intervention Strategies

Look at the interventions listed under **Questions A, C, and F** in the *IV. Timing* section of the *CAIS Task and Daily Routines Intervention Strategies*.

IV. TIMING

Look for ways to accommodate this person's needs and preferences in:

- How the whole 24-hour day of this person is usually spent
- How similar this person's daily schedule is to the schedule they used to have throughout most of their adult life
- How appropriate the daily schedule is for this person now
- How the past 48 hours or longer have been going for this person
- What events or tasks usually precede this task

A. Is the daily time of routines as normal and familiar to this person as possible, so that the

tasks are done at the time of day this person has done them throughout most of their adult life?

STRATEGIES:

1. Find out the times of day this person performed all routine tasks. Ask people who knew this person well.
2. Help this person schedule their day to perform the tasks at the same time as they did throughout most of their adult life.

.....

C. Is the time of each task the same every day?

STRATEGIES:

1. Help this person choose the best time of day to perform each routine task.
2. Help this person perform each routine task at the same time every day, so the routine feels familiar and they expect it, even if they don't consciously know the time of the task.

.....

F. Is the order of routines the same each day?

STRATEGIES:

1. Help this person choose the best order of daily routine tasks.
2. Help this person perform each routine task in the same order every day, so the routine feels familiar and they expect the next task, even if they don't consciously know the order of the tasks and what task comes next.

See more interventions listed in this timing section of the *CAIS Task and Daily Routines Intervention Strategies*.

VI. SUMMARY

Chapter 5: Summary

Chapter 5 described how to look at various aspects of the task and daily routines of a person to see how to adapt them to build on this person's cognitive strengths and accommodate their cognitive needs.

Tips for setting up a task to make it easier for a person to perform were discussed with examples from the *CAIS Task and Daily Routines Questions to Ask* and the *CAIS Task and Daily Routines Intervention Strategies* to illustrate how the CAIS is structured.

VII. ADDITIONAL RESOURCES

Original Sources

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

Resources About the Task and Daily Routines and the CAIS

Chapter 5: The Task and Daily Routines in Volume I: Understanding Why with Concepts, Tips, and CAIS Examples. From Cognitive Abilities and Intervention Strategies (CAIS) Manual: *Asking Why with the CAIS: A Guide to Supporting a Person and Their Cognitive Abilities*. By Shelly E. Weaverdyck, PhD; Edited by Marcia Cameron, MA, Gail Brusseau, LMSW, Jacqueline Dobson, BA. 2010. Revised 6/30/20. On Improving MI Practices website at <https://www.improvingmipractices.org>

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

1. The Michigan **Improving MI Practices (IMP) website** at this link: <https://www.improvingmipractices.org> Many resources regarding the brain, mental health, and cognition are on this IMP website. This website also has this entire three-volume manual including this Chapter 5, the entire CAIS Questions and Intervention Strategies, and the CAIS online course that is described below.
2. The “**Description of the Task and Daily Routines CAIS: CAIS REVIEW**” (including the “**CAIS REVIEW**”) at the end of this chapter. Except for the added content and emphasis on **Part 4** of the CAIS Questions and Interventions that focuses on the **Task and Daily Routines**, most of the content is a brief overview of the descriptions of the entire CAIS in Volume II.
3. The *CAIS Questions to Ask* and *CAIS Intervention Strategies* and instructions for all four parts: Cognitive Abilities, Environment, Communication, **Task and Daily Routines** in Volume II. The CAIS Questions and Intervention Strategies are questions you ask yourself to understand a person’s cognitive abilities and how well their environment, task and daily routines, and your communication with them support this person’s cognitive strengths and needs. It provides suggestions of intervention strategies that address this particular person’s specific cognitive strengths and needs. The entire **CAIS Questions and Intervention Strategies** are available in an **interactive format** and as pdf documents on the IMP website at <https://www.improvingmipractices.org>
4. **CAIS Handouts of Information and Suggestions** (43 total) in Volume I. These can be distributed as handouts. They are additional resources on a variety of topics with more in-depth information about the brain, cognitive abilities, and intervention and support strategies. There is a list of the CAIS handouts that are especially relevant to the **task and daily routines** (and this **Chapter 5**) below. All 43 handouts are available at the end of this Volume I and on the IMP website at <https://www.improvingmipractices.org>
5. The five-session **CAIS curriculum**, called the “**CAIS Educational Series: Understanding and Supporting a Person’s Cognitive Abilities: Session 5 Understanding the Task and Daily Routines**” in Volume III, for you to use informally or to present more systematically as an instructor. The sessions and content can be used **informally for your own learning**, or for **sharing** or **advising** in a one-on-one conversation, with a family, or a small group setting. They can also be used more systematically as a presentation to a class, meeting, or an audience in any other venue. Sessions 1-5 address the brain, cognitive abilities, the environment, communication, and the task, respectively. These sessions encourage asking “Why?”. They include **informal questions** to ask that are similar to those more formally structured in the *CAIS Questions to Ask*. Each one-hour session has a script, objectives, PowerPoint slides, handouts, and evaluation forms. The entire curriculum of five one-hour sessions is available on the IMP website at <https://www.improvingmipractices.org>
6. **CAIS Handout #16 “Understanding the Task and Daily Routines: Questions to Ask**”. This is an adaptation of the handout from Session 5 of the CAIS Educational Series

curriculum described above. Both of these handouts are on the IMP website at <https://www.improvingmipractices.org>

7. The **Online Course** of five one-hour modules called “Beyond Behavior: Cognitive Abilities and Intervention Strategies (CAIS)”, including **Module 5: The Task and Daily Routines**”. The online course explores concepts and gives examples and tips from the *CAIS Questions to Ask* and *CAIS Intervention Strategies*. It also **shows how to use** each of the four parts of **the CAIS**. Each of the five modules address the brain and cognition, cognitive abilities, the environment, communication, and the task and daily routines, respectively. The **title** and **content** of each **module** in the online course **correspond** to the title and content of each **chapter** in Volume I, each part of the **CAIS** in Volume II, and each **session** of the curriculum in Volume III. The content and context in each of the three volumes and online course, while similar, **treat the topics differently**, because they each have a different focus and **purpose**. Each of the three volumes of the manual provide **additional content** and **tips** that can help you better **understand** and more easily **apply** the information in the modules of the online course. **Chapter 5** goes into **more depth** than the online course and provides additional tips and content related to the **task and daily routines**. The online course is for anyone who interacts with a person (particularly a person living with cognitive challenges or distressing behavior), assists with a task, or advises someone who does. You do not need specialized expertise or training to use the CAIS or to take the online course. The entire online course is available for you to view or take on the **IMP website** at <https://www.improvingmipractices.org>

Handouts of Information and Suggestions Especially Relevant to the Task and Daily Routines

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

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

A Partial List of CAIS Handouts Especially Relevant to this Chapter 5:

- #3. Cognitive Abilities Listed: Five Phases of Cognitive Processing: 2 pages (CAIS.Handout.3.Cognitive.Abilities.List.4.22.20.pdf)
- #5. **Recognizing Cognitive Abilities:** Suggestions for Recognizing Evidence of a Person’s Cognitive Strengths and Needs: 6 pages (CAIS.Handout.5.Recognizing.Cognitive.Abilities.4.22.20.pdf)
- #8. The **Brain and Cognitive Abilities:** Handout One from Session One of the CAIS Educational Series:

8 pages (CAIS.Handout.8.Brain.Cognitive.Abilities.4.22.20.pdf)

#9. **Hand Dominance** Criteria: Suggestions of Evidence a Person is Left or Right Handed: 1 page (CAIS.Handout.9.Hand.Dominance.4.22.20.pdf)

#11. Domains to Explore: Suggestions of **Information to Gather** as you Consider How to Help: 2 pages (CAIS.Handout.11.Domains.to.Consider.4.22.20.pdf)

#12. Helping a Person with a **Task**: Suggestions for **Adapting** the Environment, Communication, and the Task and **Why**: 16 pages (CAIS.Handout.12.Helping.Task.4.22.20.pdf)

#16. Understanding the **Task** and Daily Routines: **Questions** to Ask: Handout from Session Five of the CAIS Educational Series: 5 pages (CAIS.Handout.16.Questions.Task.4.22.20.pdf)

#22. **Four Factors** and Basic Concepts for **Intervention**: Suggestions for Assisting a Person by Addressing their Cognitive Abilities: 2 pages (CAIS.Handout.22.Tips.Four.Factors.4.22.20.pdf)

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

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

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

#31. **Task Complexity** and Intervention Method: Suggestions for Modifying a Task to Address Cognitive Abilities: 1 page (CAIS.Handout.31.Task.Complexity.Method.4.22.20.pdf)

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

#33. **Simple Activities**: Suggestions of Adult Activities that Support Cognitive Abilities: 2 pages (CAIS.Handout.33.Simple.Activities.4.22.20.pdf)

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

VII. DESCRIPTION OF THE TASK AND DAILY ROUTINES CAIS: CAIS REVIEW

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

The description below is adapted to the **Task and Daily Routines CAIS**.

Except for the added information and emphasis on **Part 5** of the CAIS Questions and Interventions that focuses on the **Task and Daily Routines**, most of the content below between the tags “**CAIS REVIEW BEGINS HERE**” and “**CAIS REVIEW ENDS HERE**” is **similar** to the “CAIS REVIEW” content at the end of Chapters 2, 3, and 4.

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

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

CAIS REVIEW BEGINS HERE

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

Topics (and subheadings) in this CAIS REVIEW:

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

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

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

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

PLEASE NOTE: The word “**Task**” will frequently apply to daily routines as well, and will frequently be used to refer to the “*CAIS Task and Daily Routines*”.

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

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

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

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

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

B. Goal and Structure of the CAIS

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

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

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

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

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

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

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

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

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

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

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

C. Cognitive Abilities

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

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

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

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

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

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

D. Address the Causes

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

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

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

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

E. The CAIS Questions

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

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

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

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

cognitive strengths and needs.

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

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

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

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

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

PLEASE NOTE: The questions assume you are the one assisting, communicating, and interacting with this person during the task. If someone else is assisting instead, then the questions should apply to whoever is helping. You are still the observer, however and are asking the questions to yourself.

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

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

F. The CAIS Interventions

These intervention or support strategies suggest how to **modify aspects** of the **task** and **daily routines** in order to support this person's cognitive strengths and needs.

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

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

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

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

H. Individualized to Any Person in Any Setting

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

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

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

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

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

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

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

I. Similar Process in all Four Parts of CAIS

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

CAIS REVIEW ENDS HERE