

HELPING A PERSON WITH A TASK

Suggestions for Adapting the Environment, Communication, and the Task And Why

Shelly Weaverdyck

This is an adaptation of the handout Caring Sheet #14 from the Michigan Dementia Care Series. More information is at the end of this Handout.

The Michigan Dementia Care Series can be found on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

INTRODUCTION

There are many suggestions available of intervention or support strategies to try when helping a person perform tasks such as leisure activities, shopping, signing a form, going to the doctor, or activities of daily living (such as, bathing, dressing, eating, and using the restroom).

This handout considers how to use interventions (including support strategies) to **address** a person's **cognitive abilities** (both their **cognitive strengths** and cognitive **needs**). Cognitive abilities are a person's ability to think and to understand and respond to their surroundings. Only a few of the many cognitive abilities are included here. Cognitive abilities change as a result of brain changes or differences.

This handout outlines some of the basic **intervention concepts** under which various interventions can be organized. With each concept, a **related question** and **examples** of the concept are given as well as a **rationale** based on cognitive changes that result from brain changes. **Other CAIS Handouts** list in more detail various changes in the brain and resulting changes in cognitive abilities.

The intervention concepts presented are themselves organized into three of the **four factors** useful to planning intervention strategies: Interactions, Task, and Environment. The fourth factor, Person is addressed in detail in other CAIS handouts.

The four factors, intervention concepts, questions, and examples are some of the many concepts, questions, and interventions included in the **other CAIS Handouts** (43 total) and in the *Cognitive Abilities and Intervention Strategies (CAIS): Questions to Ask* and the *CAIS Intervention Strategies* by S Weaverdyck. All of these are available at the above website.

INTERVENTION CONCEPTS

Changes in the brain can cause a person to have more difficulty performing a variety of tasks because of the changes in cognitive abilities. They can also cause changes in emotions and behavior that can be distressing to this person and to others.

Many of the **triggers** which seem to determine whether distress or difficulty with a task occurs at a given time, reside in the **environment**, **interactions** with other people, and in the timing and structure of the **task**. Events and this person's level of fatigue, emotional status, and health also play a role.

Interventions that modify the environment, interactions, and task characteristics can contribute to the success of a person's performance of a task and to the reduction of fatigue, frustration, distress, or distressing situations. The success of these interventions often depends upon the extent to which the interventions **support** or **compensate** for this person's **cognitive strengths** and **needs**.

Each person is unique with a unique brain and a unique set of cognitive strengths and needs. Each person also changes over time and from day to day. Therefore, interventions must be **adapted** to each **individual** and to each situation.

FOR MORE INFORMATION AND SPECIFICS

Suggestions, specifics, and an elaboration of the content in this handout, including how to individualize interventions and support strategies to a particular person, are in the **other CAIS Handouts** and in each part of the *Cognitive Abilities and Intervention Strategies (CAIS): Questions to Ask* and the *CAIS Intervention Strategies* by S Weaverdyck. There are four parts to the CAIS: 1) Cognitive Abilities, 2) Environment, 3) Communication, 4) Task and Daily Routines. The **CAIS Educational Series** and **background resources** also have more details. The environment section of this handout is elaborated with rationale in the **CAIS Handout #14** and the *CAIS Environment Questions to Ask: Additional Instructions for Response*. More details of suggestions for adapting tasks are in other CAIS Handouts including **CAIS Handout “#16 Understanding the Task: Questions to Ask”**, **“#31 Task Complexity and Intervention Method”**, **#32 Making Decisions**, and **#33 Simple Activities**.

All of these CAIS Handouts, the CAIS Questions to Ask and CAIS Intervention strategies and other resources are available on the Michigan website noted above called Improving MI Practices at <https://www.improvingmipractices.org>

THIS HANDOUT

This handout assumes **you** are **assisting** this person while communicating with them or helping them with a task. This person may require any level of assistance from very little to very much. Even if this person is not able to communicate in a way you can easily understand, or needs you to do much of the task for them, the information in this handout can be useful.

The term **“assistant”** is used to refer to **you** or to anyone else who is helping or interacting with this person in any context. (You may be, for example, a caregiver, care partner, direct care worker, companion, social worker, nurse, mental health worker, friend, family member, psychologist, psychiatrist, or a server in a restaurant. Or you may be a lawyer helping a person just one time with a specific task.)

Following each **intervention concept** is a **question** for you to **ask yourself**, **examples** to illustrate the concept, and a **rationale** for asking the question and considering the intervention concept and related interventions. These all have a primary focus on addressing this person’s **cognitive abilities** to help them communicate or perform a task more easily. They suggest ways of building on a person’s **cognitive strengths** and supporting or compensating for their **cognitive needs**.

These can be helpful with **any task**. Tasks such as a shower and daily tasks are often used here to illustrate the concepts, since they (especially a shower) can be the most challenging task a person does. They often include many of the elements of a task that can make a task difficult. So, as illustrations, they apply to any task.

To identify a particular person’s specific cognitive strengths and needs (and therefore the interventions that will be especially helpful and individualized to this person), see the *CAIS Cognitive Abilities Questions to Ask* and the *CAIS Cognitive Intervention Strategies* at the above website.

INTERACTIONS WITH THIS PERSON (COMMUNICATION)

1. Respect

Question: Am I showing respect for this person **nonverbally** and **verbally**, and treating this person appropriately for their **age** (for example, as an adult if they are an adult)?

Examples:

- Treat this person with respect and as an equal. Use the name they prefer to be called by. Avoid condescension or demeaning terms of endearment.
- Talk about this person respectfully. Avoid descriptions which infantilize (such as, “They are so cute together.”).
- Make requests of this person rather than demands or commands. Avoid parental or authoritarian behavior toward this person.
- Show compassion, empathy, and patience. Avoid scolding or bossing.
- Use age appropriate objects and activities. Avoid children’s toys or equipment, if this person is an adult.

Why? This person will likely have more difficulty understanding and remembering words than recognizing and remembering **emotions**. That is, they may more easily sense, remember, and respond to your emotions (conveyed through your actions and body language) than through your words. This person may need gentle reminders and simple explanations or **kind, clear** requests, but not scolding or commands. Scolding and commands are likely to be misinterpreted and to create emotional distress. If this person is an **adult**, but is treated like a child, they may not be able to express in words the embarrassment and humiliation they feel, but those feelings may be there, nevertheless. When this person appears childlike through interactions or when given toys, others are more likely to also treat this person as a child. This person may have difficulty knowing how old they are. They may not know for sure if they are a child or an adult. They need simplified, not childlike task steps, instructions, and objects. Use your interactions with this person to help this person feel competent and comfortable, and to better **understand** who they are and to feel **proud** of who they are.

2. Explanation and Reassurance

Question: Does this person need more explanations, repetitions of explanations, or reassurance?

Examples:

- Repeat verbal and nonverbal reassurance, requests, explanations, or information as often as needed.
- Keep questions or comments short, simple, and clear.
- Reduce background noise when speaking to this person.
- Keep your voice low pitched and slow, yet natural.
- Answer a question as if it were the first time it was asked.
- Tell this person how much time has passed and the time of day, when that is helpful.
- Indicate to this person when the task is done.

Why? This person may have difficulty with **memory**. They may also need **more time** to absorb, understand, and respond to information. You may need to repeat a request or explanation several times before the request or explanation is understood and remembered. They may not be able to sustain their **focus** or attention long enough to hear a complete sentence, especially if it is long and complicated. Using **short simple words** and phrases with the most **important** words placed at the **beginning** of the sentence may help. It is also possible this person may not have heard you because of background **noise** that you might not notice. Lowering the **pitch** rather than raising the volume of your voice may be more effective, since it is the higher pitched (high frequency) sounds that are difficult to hear in normal age-related hearing loss (from middle age on). Either due to memory loss or difficulty recognizing how much **time** has passed, this person may ask a **question repeatedly** and become anxious or confused if you tell them you have already answered their question. Gently repeating your response verbatim (if they didn’t remember asking the question) or letting them know it has only been a few minutes since they asked the question (if they thought it had been longer) in a way that reassures rather than offends them, can be helpful. A note this person can refer to may help if they can read and understand what they read. This person may have difficulty seeing the “whole picture” and the details at the same time, including when a task is completed and therefore, may need to be told.

3. Body Language

Question: Is my body telling this person what I want it to say?

Examples:

- Position your body where this person can most easily see and recognize it, especially your face and hands.
- Sit beside or in front of this person if they are sitting, or kneel if necessary.
- Stay within this person's visual field of objects and people they can more easily notice.
- Match the expression and meaning conveyed in your face and eyes with your words and tone of voice.
- Model the task for this person.
- Do the task yourself at the same time this person is.

Why? This person may have a part of their **visual field** that the eye sees but the brain does **not notice**. It is as though this person doesn't see objects in that part of the space in front of them. This person may respond more easily to objects on one side of them versus the other side, or in front of them versus off to the side. They may more easily respond to **nonverbal** cues or information than to verbal. If your words sound cheerful, but your smile looks strained and your body is tense, or you are rushed, this person may respond to the tension you communicate rather than to your words. While assisting with a task, try doing the task yourself to show this person how to do it or to encourage them to do it. Doing the task yourself while this person is doing it, can also be helpful as a **model** and **cue**. For example, eat or brush your own teeth at the same time this person is.

4. Approach

Question: Is my approach helping this person feel **positive** about my request or invitation to do the task?

Examples:

- Set an upbeat and relaxed emotional tone.
- Converse and reestablish trust with this person for a while before mentioning the task.
- Use a friendly conspiratorial tone ("just between you and me"), especially if the task is a private task, such as using the toilet, dressing, or taking a bath or shower.
- Suggest refreshment or a fun enticement after the task, so they can anticipate the pleasure.
- Gently joke and cajole.
- Say the first step (for example, a walk) instead of the whole task (for example, a bath) if thinking about the whole task is too overwhelming.
- Rhythmically sing or march to the destination, such as the dining room, bathroom, or bedroom, if that helps them move or distracts them in a helpful way.

Why? This person may become increasingly **dependent** upon you and their environment as their ability to analyze and imagine options becomes increasingly difficult. They may become more dependent upon you to feel good, upbeat, safe, and comfortable. You can help by setting an **upbeat emotional tone** to the situation, being friendly, smiling, conversing in a relaxed comfortable way and being warm and engaging. Talking in a warm conspiratorial tone (between you and me) about slipping into the restroom to freshen up and help each other with potentially embarrassing tasks might work. Talk about the tea and cake you and this person will share when you are done with the task so they can focus on that rather than on the task. Use **humor**, such as a silly joke about a picture on the wall, so you can laugh together as you prepare for and do the task. This person might feel **overwhelmed** at the thought of trying to navigate through **all the steps** of a shower, bath, dressing, or meal. They may not know where to begin. Their ability to know the steps and how to do them may have become too difficult. They may respond more willingly to an invitation to do the **first step**, such as a walk which ends up at the bathroom, if the bath hasn't been mentioned. As cognitive abilities become more difficult, just walking to specific destinations at a request can be too big a challenge. Focusing on a **strong powerful rhythm** from music or singing might help this person move their body more easily. It

can also help distract them so they can walk automatically if thinking about walking makes walking too difficult.

5. Observation

Questions: Do I focus on this person and pay close attention to **verbal** and **nonverbal** expressions and reactions from this person? Do I listen and watch to notice how they are feeling and whether they are understanding?

Examples:

- Watch this person's **entire body** for responses and expressions of emotions.
- Talk only when you are facing this person (and with eye contact if they are comfortable with eye contact) so you can more easily see evidence of confusion or distress.
- Give this person time to absorb, process, and respond to information.
- Respond to their reactions by modifying their environment, the task, or your own behavior.

Why? Because this person may not put feelings into words or even recognize their own feelings, you must **watch** and **listen** for signs of confusion or distress in nonverbal responses, such as a clenched fist, tightening of the lips, eyes closing, a frown forming, or a moan. Avoid turning away to rinse a washcloth, for example, as you talk. You might miss some sign of distress. By observing and noticing such signs, you can slow down, explain again, reassure, or in some way modify the situation to reduce this person's confusion, distress, or anxiety. By responding to distress when it begins, you will more likely avoid major distress later.

6. Distraction

Questions: To help this person do a task, or to induce this person to stop or change their behavior, do I use distraction or diversion rather than shame, commands, or instructions? Do I minimize distraction that is confusing or stressful?

Examples:

- Try singing during the task, off and on or continuously to help this person focus on music rather than on the task.
- Converse about visits with family members or friends.
- Encourage this person to hold one item while you use another during the task.
- Respond with positive statements to behavior or expression of emotion. Avoid comments like "What would your mother say if she heard you talk like that?"
- Respond with reassurance to this person's feelings.
- Focus on this person's feelings rather than primarily their behavior.
- Ask for opinions rather than information during conversations.
- Remove distractions such as noise, flashing lights, or clutter.

Why? This person may find it **difficult** to **do more than one thing at a time**, and to **ignore** powerful but **irrelevant stimuli**. If explanations and reassurance increase this person's confusion and anxiety about certain parts of the task, try to focus this person's attention on other parts of the task rather than on the parts of the task that you are doing. It might be helpful to hand this person a comb when you are combing their hair with another comb, or a washcloth or toothbrush when you are using a similar item. This can help prevent this person from **repeatedly grabbing** your arm or hand during the task. It may also feel to this person as though they are participating in the task, whether or not they are. If this person has difficulty doing a task when they are thinking about it, distract them mildly with singing or conversation so they **do the task automatically** while they are focused on something else (for example, when tying their shoe). When this person is singing or conversing, they may not notice as much their distaste for the task (if they don't like taking a shower, for example). Singing familiar songs can also be reassuring. Avoid calling attention to this person's behavior if they are **less aware of their own behavior and feelings**. Instead, distract them with positive comments about another topic. Again, because this person may not be able to do more than one thing

at a time, feeling the shame of a mistake and changing behavior may be too difficult to do at the same time. Look for the feelings behind behavior and **address** those **feelings**, so the behavior becomes less necessary to this person. For example, if this person grabs your arm or calls out repeatedly because they are anxious about finding the bathroom, reassure them and help them find the bathroom, rather than asking them to stop their behavior. If the brain changes make it difficult for this person to produce information in response to a question, it might be easier for them and often more engaging for them to **discuss their opinions** instead. **Remove** inappropriate or **unhelpful distractions** from this person's environment, such as noise, confusing stimuli, and excess objects and people. Especially avoid sounds that unintentionally elicit responses from this person, such as phones or doorbells ringing, and irrelevant overheard conversations.

7. Consistency

Questions: Is there only **one assistant** interacting with this person at a time? If the situation truly requires two assistants to help with a task, then is only one assistant interacting with this person and engaging this person's attention, while the other assistant helps silently and out of this person's sight? Is the **same assistant** consistently helping and interacting with this person?

Examples:

- Reduce the number of assistants this person encounters.
- Have the same assistant help this person every time they do a task. When this assistant is not available, have the same alternate assistant help this person.
- Have only one assistant help this person at a time.
- If two assistants are required, have one assistant keep this person's attention by comforting and conversing with them, while the other silently assists from behind this person.
- If there are two assistants, have one assistant silently hand supplies to the other who assists in the front.
- The two assistants can trade roles when this person gets angry at one of them.
- Have the two assistants communicate with each other silently and out of sight of this person.

Why? Because of brain changes, this person may be able to focus on **only one person** or task **at a time**. It is very tiring to shift focus from one assistant to the next and can cause unnecessary **fatigue**. This person also may have difficulty ignoring some stimuli in order to attend to a **relevant stimulus**. This person may be **confused** about which of the two assistants should be given this person's attention and focus. It can be very helpful to this person if the **same assistant** helps every time. The assistant and this person can become familiar with each other and come to understand each other's habits, preferences, and abilities. They can form a **relationship** that helps this person and the assistant feel safe, understood, and comfortable. The more the **tasks steps, movements, words, and objects** are the **same** and **predictable** to this person, the easier it will likely be for this person and the assistant.

8. Characteristics of You as the Assistant

Question: Am I the best one to help with this task?

Examples:

- Match the assistant's gender and other characteristics to this person's preferences.
- Identify characteristics about yourself that you can change and those you can't change.
- Help this person view you as someone they trust and like.
- Find ways to like, admire, and feel compassion for this person.
- Become comfortable helping this person with this task.

Why? This person's ability to **recognize faces** may be difficult. They may also have difficulty separating their **anxiety** from objective information. So, anxiety about any single characteristic can override

any clarification or logic you try to use. This person may also **think you are someone else**. For example, sometimes this person may think their offspring is their parent because of genetic similarities or because their offspring now looks like this person's parent did some years earlier. This person may have difficulty recognizing passage of time. If you look like someone from **their past** who was involved in their physical, emotional, or sexual experience of discomfort, pain, or trauma, your presence may trigger this person's reliving of the experience or having similar emotional reactions. If this person's behavior such as a sexual proposition, triggers a reliving of or emotional reactions from similar memories for you from **your own past**, then it may be better if someone else assists this person. If you are **disgusted** or **saddened** enough by this person's drooling or some other behavior, that you cannot help this person with the respect and compassion they need, then you may need to have someone else assist this person.

9. Organization

Questions: Am I organizing my time and the task well? Do I do most of the task preparation out of sight of this person, so that when I am with this person, I can focus on this person and not so much on the task?

Examples:

- Break the task down into task steps ahead of time and consider which steps or task objects this person can or will want to do, which they need help with, and which you will need to do. Plan how you can best help this person with this task, given their goals, desires, and cognitive abilities (their cognitive strengths and needs).
- Pause during the task when this person needs time to understand and feel comfortable with the next step of the task. Avoid interrupting the continuity of the task from this person's perspective.
- Collect the task objects, such as towels, clothing, and soap, before this person sees you.
- Arrange the environment to be inviting, supportive, and to facilitate the task. For example, warm the bathroom and run the water before this person arrives and before you begin speaking.
- Move quickly and silently when out of sight, but more slowly when this person can see or hear you.
- Organize the task objects. For example, lay the clothes out in the order they will be put on.
- Prepare food items so each item is warm when this person is ready for it.

Why? Organize the task and the timing to accommodate this person's **cognitive abilities** and to **avoid fatigue** and **distress**. (The *CAIS Cognitive Abilities Questions to Ask* and *CAIS Cognitive Intervention Strategies* can help you understand this particular person's unique set of cognitive strengths and needs.) This person may process information **slowly** and may frequently get **confused** when there are **competing stimuli**. A task can easily **fatigue** a person. Try to focus this person's attention on the task to enable them to complete the task without getting fatigued and frustrated. Imagine ahead of time the steps of the task this person needs to be aware of in order to complete the task. Discreetly do the steps of the task yourself, that this person doesn't need to notice. Move and speak minimally, except to reassure, explain, distract, and support this person. Avoid conversations with others. Watch and listen to this person closely to notice when they need a brief pause to "catch up" so they understand what comes next in the task or can prepare themselves for the next step. Be aware of **noise** and **reduce** it or **time** it to occur when this person is not there. Avoid speaking when there is noise, since this person likely will not be able to hear you and might become fatigued trying to understand you. Good organization of a task can help this person feel relaxed, comfortable, and competent, and can allow you to appear calm, relaxed, and reassuring to this person, while getting the task done in a timely fashion. The **emotional tenor** of the situation depends heavily upon you.

10. Prevention

Questions: Am I addressing this person’s distress or confusion immediately as it begins, rather than letting it escalate to more challenging levels? Do I adapt the environment, my interactions, and the task to support this person’s preferences and their cognitive strengths and needs?

Examples:

- Plan strategies to adapt the environment, your interactions with this person, and the task to support or compensate for this person’s cognitive strengths and needs.
- Watch and listen to this person to recognize distress or confusion when it begins.
- Respond immediately by changing your behavior, the environment, or the task when you see it begin.
- Apologize or reassure this person immediately.
- Adapt to, gently coax, and encourage this person when they hesitate or seem uncertain.

Why? The best way to **prevent confusion** and **distress**, is to understand this person’s **unique** set of **cognitive strengths** and **needs**, as well as their desires and preferences, and then to **adapt** their environment, your interactions with them, and the task to address this person’s preferences and cognitive abilities. Try to accommodate this person’s preferences, build on this person’s cognitive strengths, and compensate for or support this person’s cognitive needs. (The *CAIS Questions to Ask* and *CAIS Intervention Strategies* as well as the **other CAIS Handouts** can help you do this.) It is easier to **prevent** (ahead of time) and to address this person’s confusion and distress **immediately** when it **begins** and before it escalates, than it is to respond to the confusion and distress after it has become overwhelming to them. By that time, others are often affected as well. The rationale (“Why?” section) is similar to the rationale under the **#5 Observation** concept in this handout. An ounce of prevention is truly worth a pound of cure. Often the distress is due to **confusion, anxiety, discomfort, or pain**. By immediately modifying the **environment** (for example, increase the lighting or remove the object that is misinterpreted as confusing or frightening), your **interaction** with this person (for example, gentle your hold on the painful spot of this person’s arm, give pain medication, or explain again what the task is), or the **task** (for example, hand this person their own wash cloth to hold, or wash only part of this person’s body now and wash the rest later), you may be able to **reassure** and **comfort** this person easily. Prevention allows you to focus on enhancing this person’s pleasure in the task rather than simply trying to turn anger into calm participation.

TASK

1. Task Steps

Question: Are the task steps too many, too complex, too abstract, or too unfamiliar?

Examples:

- Break the task down into task steps.
- Identify the steps this person can do easily, those they might need help with, and those that are too difficult for this person to do.
- For task steps that are too difficult for this person, try to modify the steps or the conditions to help this person do them more easily. If they are still too difficult, then do them yourself.
- Adapt the pace of the task to this person’s needs and preferences.
- Do the task in stages. For example, wash different parts of this person’s body at different times.
- Find an alternative way to meet the goal of the task. For example, if a shower is too distressing, then use sponge baths at the sink or in the bed.
- Do similar task steps together, then do the other steps. For example, at a meal eat the food first and then drink the beverage.

Why? The ability to understand a whole task and to recognize the steps that make up the task may be difficult for this person. They may be easily overwhelmed resulting in withdrawal, resistance, anxiety, or

anger. The bathing or **showering task** may be the most emotionally **challenging** and most **complex** task for a person, since it involves removing all one's clothes (and feeling the embarrassment and vulnerability that can come with nudity), and washing and dressing, that use all of the parts of this person's body for both moving (motor) and feeling (sensory). A variety of cognitive abilities are used, including perception, and abstract and concrete decision making. Breaking the task into simpler steps can be very effective. Using sponge and bed baths is a good substitute with fewer task steps and less vulnerability. Because a person's speed of processing is likely slowed, you must be prepared to vary the pace according to this person's responses.

2. Modification of Steps

Questions: Are the task steps modified to fit this person's needs and preferences? Are the timing and location of task steps familiar and similar to this person's experiences in the past, even as they are adapted to this person's current needs and preferences?

Examples:

- Adapt task steps to this person's preferences and unique set of cognitive strengths and needs.
- Modify the task steps as this person changes over time or day to day.
- Match the task schedule with this person's past habits (for example a bath before bed rather than in the morning).
- Drape a towel over this person, or attach a washcloth to the faucet or shower nozzle to prevent the water spray from hitting this person's skin directly.
- Keep a towel draped over this person throughout the shower.
- Cover this person and expose only one part of this person's body at a time when dressing or showering.
- Wash this person's feet first and the hair last, depending on this person's preferences.
- Put towels on the floor to prevent slipping and cold feet.
- Have food easily accessible to this person throughout the day rather than only at mealtimes or snacks.

Why? This person may develop confusion or unpredictable fears and misinterpretations of the environment and other people as their brain changes. Adapting the task to this person's changes allows them to continue the task. As the task steps are modified, try to keep them as **familiar** and similar to this person's **past experiences** as possible. This person may not want to take their clothes off because they are frightened to be naked, or may not want to go through the challenging steps of taking them off. In extreme cases, and if this person doesn't get upset or embarrassed about their clothes being wet, stepping into the shower fully clothed alerts this person it's time to take their clothes off. Sometimes the brain changes cause a person to feel a **soft spray of water** as **pellets digging** into their **skin**, which is painful or uncomfortable and frightening. A towel over the faucet or nozzle or draped over their body can reduce the force of the spray against their skin. To prevent this person from feeling cold and to respect modesty, it may help to uncover only one part of their body at a time and to keep a towel draped over this person throughout the shower. Washing their feet first may feel less threatening to this person. This person may not be able to recognize as part of their own body, the parts of their body that are farthest away from their torso or from their head. Washing their feet first might allow this person to gradually recognize that their body is being washed. This person's ability to regulate their hunger and temperature may be reduced. Metabolic changes as well as **cognitive changes** can cause a person to feel constantly hungry, yet unable to eat large quantities at a time. Keep food available at all times, and keep this person **warm** even if they alternate frequently between feeling cold and hot.

3. Modification of Objects

Questions: Are the task objects modified to fit this person's needs and preferences? Are they familiar and similar to the objects this person used in the past, even as they are adapted to this person's current needs and preferences?

Examples:

- Adapt the task objects to this person's preferences and unique set of cognitive strengths and needs.
- Modify the task objects (such as clothing) as this person changes over time or day to day.
- Make the objects easier to recognize, manipulate, or use.
- Replace pants with a skirt, or buttons with snaps or velcro or with shirts that go on over the head.
- Adjust the water temperature and pressure in response to this person's changing needs.
- Attach a washcloth to the faucet or shower nozzle to prevent the water spray from hitting this person's skin directly.
- Use a rolling chair to sit on in the shower.
- Reduce the number of food items at a time during meals as this person's ability to cope with multiple items becomes more difficult.
- Offer more finger foods or soft foods.

Why? As this person's brain changes and this person's ability to think and perform tasks becomes increasingly difficult, modifying the task objects can keep this person as **independent** as possible over time. As the task objects are modified, try to keep them as **familiar** and similar as possible to the objects this person used in their **past**. Unless the unfamiliarity and change in task objects are too challenging, a person can continue to enjoy a task, such as a card game or hobby, even as the task itself becomes increasingly difficult. For example, it may be easier to wear a skirt than pants, particularly if there is incontinence. As this person's brain and body become less able to adjust to changing temperatures and to experience water pressure on the skin consistently and comfortably, this person's tolerance for washing and showers may also change. You can help keep the bathing experience and other tasks pleasurable or at least tolerable by adapting to this person's changing sensations. As this person becomes less able to walk or move, equipment such as a walker can make a difference to both this person and you. This person may be able to eat **soft** foods or **finger foods** when they cannot use utensils or cannot chew and swallow easily. It might be helpful to make the soft foods (for example, pureed green beans) look as similar as possible to how that food normally looks so it is more recognizable to this person.

4. Timing

Questions: Are this person's daily schedule and duration of tasks and routines similar to the schedule and duration of tasks this person experienced and preferred in the past? Are the schedule and duration of tasks modified to address this person's current needs and preferences?

Examples:

- Keep the schedule and order of tasks familiar and comfortable for this person.
- Modify the schedule and order of tasks as little as possible, but enough to make the task and schedule as easy as possible for this person.
- Keep the timing of the routine tasks the same every day or every time the task is done.
- Adjust the timing of a task when unexpected events that upset this person occur. Wait for a "good day".
- Pause during a task when this person needs to rest or needs time to feel comfortable with the next step of the task.
- Maintain the continuity of the task, even if there are pauses.

Why? This person may need a **familiar schedule** that is consistent with their **past experience** to understand and remember what the task is. For example, they may "know" that they take a walk after lunch every day, even if they don't consciously remember that. If you suggest a walk at a different time, they may resist or feel confused about what that means. Or they may resist taking a nap after lunch because they sense that is not the time for it. The more familiar a schedule or **order of tasks** and task steps are, the more likely

this person will be able to agree to and perform the tasks. This person will likely be able to do a task if they do it automatically without having to focus on it. So, **consistency** is important. Following the same schedule every day may be helpful. **Pausing** during a task to allow this person to “catch up” and prepare is important, but the **continuity** of the task is also important. If the task is too broken up, this person may not be able to keep in mind the task and how to do it. Accommodating unusual events can be helpful. For example, if this person is up at night, then a **bath at midnight** may help this person relax and enjoy the task since there is less distraction. It might help them sleep better.

5. Consistency

Question: Is the task done the same way, at the same time, and with the same assistant each time it is performed?

Examples:

- Have the same assistant help with the task as much as possible.
- Do the task on the same day and at the time as much as possible.
- Do the task in the same place, with the same order of task steps, the same task objects, movements, words, and expectations as much as possible.
- Do this task in the same order with other tasks as much as possible.
- Make the routines become predictable habits with few surprises.
- Adapt the frequency of the task to this person’s preferences and needs.

Why? This person’s ability to adapt to change or new ways of doing things may be very difficult. They may be able to do a task more easily if they **don’t think about it** (that is, do it automatically). Change requires a person to focus on the task and think about each step. The more this person can do the task automatically, the more easily they can likely do it. Predictability is important. The frequency and schedule of a task is usually most effective when it conforms to this person’s **habitual time** in the **past**. This too must be flexible, however, to accommodate this person’s fluctuating needs and unexpected events. **Consistency** is one of the most effective interventions.

6. Task Goals

Questions: What does this person want and need from this task? What do I, as their assistant, want and need from this task?

Examples:

- Identify this person’s goal for this task.
- Identify your goal for this task.
- This person’s goal may be to feel relaxed and comfortable.
- Your goal may be to get the task done quickly.
- Try to structure the task to meet the goals of both you and this person.
- Skip the task.
- Reduce the frequency of the task.
- Find an alternative task. For example, do a sponge bath rather than a shower.
- Do only part of the task. For example, wash only some parts of this person’s body.
- Modify the task steps, timing, or task objects. For example, this person might eat finger foods as they walk, if sitting at the table is too difficult.
- Discern what is necessary versus what is simply preferable (for example, addressing health concerns versus cultural norms).

Why? It is easy to think of a meal as a time to get nourishment or a bath as a method to get clean. You may assume a bath is the only way to get clean, and that a person needs to be cleaned at least twice a week. This person may have a different opinion and may have done things differently in the past. They may have bathed only once a week, or may have eaten meals while working, rather than sitting down at a table to

only eat. This person may need the bath to relax or to soothe anxieties. Making the bath more appealing may encourage this person to like the bath. For example, if eating pie and ice cream as they sit in the bathtub becomes part of the bathing task while you wash, **both goals** might be met. If this person's skin is dry, they may need to reduce contact with harsh soaps.

ENVIRONMENT

1. Contrast

Question: Are there contrasting color intensities (**dark against light**) to draw attention to areas or items this person wants or needs to notice and use, and **no contrasting** color intensities to divert attention from areas or items this person needs to avoid?

Examples:

- Make a light dark contrast between the: light switch against the wall; wall against the floor; food against the dinner plate; dinner plate against the table; table against the floor against the chair; shower hose against the tub or shower; towel against the wall or towel rod; grab bars against the wall; toilet against the floor.
- Make the same color or light dark intensity between the electrical outlets and the wall.
- Make the same pattern and color or light dark intensity between the wall and doors to dangerous areas.

Why? **Sensory** changes and changes in the ability of this person's **brain** to recognize (perceive) **distinctions** in the environment may make items blur together for this person. A glossy white toilet against a white floor, and a white grab bar against a white shower wall can be difficult to distinguish. Also, for the same reasons, items may be difficult to **locate** in space. Because brain changes might cause this person to respond immediately to all stimuli, even irrelevant stimuli, it is best to **highlight only** the **stimuli important** to this person. An environment that makes this person work hard to interpret, can create fatigue and stress.

2. Patterns

Question: Are the floor and other surfaces plain and clear with no geometric or decorative patterns?

Examples:

- Make the floor feel safe to reduce hesitations or misinterpretations by this person. Avoid alternating block patterns or repetitive geometric patterns.
- Examine the floors and surfaces to note features that could be misinterpreted. Avoid light colored or dark colored specks that might be interpreted as bugs or bits of paper to pick up.
- Avoid patterns and figures on the floor and other surfaces such as walls, tablecloths, furniture, and clothing (for example, plaids on this person's or your clothes).

Why? **Geometric** or intricate **repetitive patterns** can make the floor look like it is **moving** or undulating which can alter the sense of **balance** in a person with vision and brain changes. It can also make this person nauseous. This person may think they need to step up over a dark spot, or that the dark spot is a hole. They may be tempted to pick up specks on the floor, thereby increasing the chance of falling. The floor should feel **safe** with no distracting stimuli or cues. Other surfaces that have patterns or figures could also confuse, distract, and fatigue this person, or make the surface or object more difficult to recognize.

3. Clutter

Questions: Is unnecessary clutter removed? Does the number of items and sounds in the environment accommodate this person's needs and abilities?

Examples:

- Examine the environment to ensure it accommodates this person's cognitive strengths and needs. Reduce the number of decorations, food items seen at a time during meals, or items at the sink in the bathroom.
- During a task, bring out items (task objects) only when they are needed.
- Cover or remove mirrors if they are confusing, reflect distracting light or movement, or increase this person's sense of being watched and followed.
- Remove from sight items that are intended for people other than this person. For example, put medical equipment and medical notes in a little used drawer or cupboard.
- Avoid sounds that unintentionally elicit responses from this person, such as phones or doorbells ringing, the radio, and irrelevant overheard conversations.

Why? A person's ability to tolerate clutter (**excess items** or stimuli) varies with preferences and with the type and amount of information this person's brain is able to process. This person may not be able to easily see a variety of objects, or hear a variety of sounds, or use or make decisions about each one. It is important to recognize this person's ability at this time, and to **remove clutter** as needed. Presenting items one at a time or only when this person is ready may help. There can be a fine balance between clutter and stimulation. Background music, even when soft, can distract this person during a task if they have trouble concentrating, or it can prevent this person from hearing another important sound, such as your voice. A mirror can reflect too much light or movement that is blinding or confusing. This person may not be able to recognize themselves in the **mirror** or think someone else is in the room. Bathrooms frequently have too many hygiene items. Identifying which objects are dangerous will depend upon this particular person's abilities at this particular time. Objects may be more dangerous when they are in abnormal or **unexpected places** (such as a knife in a craft cupboard) than when they are in normal places and used for normal purposes (such as a knife in a kitchen drawer that is used to peel potatoes).

4. Cueing

Question: Is there sufficient information or cueing available to this person in a way that is understandable to this person?

Examples:

- Put cues in the environment that tell this person, for example, where they are, options of what to do in this space, when various events will happen, how to get to other spaces or objects, and the order of task steps.
- Use cues to stimulate this person to engage in interesting conversation or activities.
- Place cues frequently and at heights and places this person will notice.
- Use cues that inform and stimulate all the senses: vision, hearing, smell, taste, and tactile.
- Adapt the cues as this person's physical health, preferences, or cognitive abilities change.
- Use photos or drawings instead of words on signs if this person has difficulty reading or understanding what they read. Use objects that draw this person emotionally and not simply cognitively. For example, use an overstuffed chair with a lamp to convey this is a place for quiet relaxation.
- Make equipment and objects look normal and familiar to this person, even as they are adapted to this person's needs.
- Avoid cues that unintentionally give inappropriate information, such as a broken clock or artificial fruit.
- Post notes or signs on walls, doors, cupboards, drawers, and appliances.
- Put this person's name or photo by their bedroom door.
- Post a note or sign by the clock saying when it is time for lunch.
- Put marks on the tub or sink to indicate how deep the water is.

Why? A cue is a signal or piece of information that can **inform** or **prompt** a person. Cues (such as objects, signs, notes, color, room décor) give information to this person about, for example, what to do,

where something is, what an object is, or how to get help. The **number** and **types** of cues that are appropriate will depend on the needs and desires of this person at this time, so the appropriate number and types will **change** over time. This person may depend on the environment increasingly as their cognitive needs increase, so cues in the environment become increasingly important. The cues must be **accurate** and **understandable** to this person, and will need to be **adapted** as this person changes. They need to rely on this person's **cognitive strengths** and compensate for this person's cognitive **needs**. The brain may have difficulty figuring out what to do in the absence of cues or when the cues are confusing or unfamiliar. This person may depend upon the environment to literally tell them what to do, where to go, and sometimes even how to feel. If a dinner plate, a toothbrush, a bathtub, or a shower doesn't look normal, it can be confusing, and this person may not know what to do in this room. It can also be frightening, even when you try to explain what an object is and try to help this person understand it. The water in the tub may look much deeper than it is. Word signs may help if this person can read and if this person understands what they read. If this person has memory loss, cues must be repeated **frequently** to reassure and inform this person.

5. Normal

Question: Does a room and do the objects in it look normal to this person?

Examples:

- Make the room and objects familiar and recognizable to this person.
- Consider this person's history, preferences, expectations, and culture.
- Put objects in places that this person would recognize as normal and expected.
- Do a task in the room and spot that would feel normal and expected to this person.
- If an object or space is dangerous for this person, remove it or camouflage it by making it look like something it isn't.

Why? This person's brain may have difficulty figuring out something it doesn't understand, or adapting to change and unfamiliar objects, people, or circumstances. If something doesn't look normal and familiar to this person, they may be unable to use the object or respond appropriately. They may also become **frightened** or anxious. Even minor changes or adaptations in an object or setting might cause this person to be distressed or unable to function. Even if this person seems to be used to an object, space, or place where an object is kept that is not normal, but has become routine, the abnormality could tax and **fatigue** this person unnecessarily. Perform a task in a room where it would normally be done by this person in their past. For example, comb this person's hair in their bedroom rather than in the living room. If an object such as an electrical socket is **dangerous**, then making it look like a decorative piece of art or making it the same color as the rest of the wall so it blends in, can reduce the chances of this person trying to use the object.

6. Homey

Question: Does the room feel homey, warm, cozy, safe, and comfortable?

Examples:

- Make the space feel homey and safe to this person.
- Use décor, objects, and sounds that accommodate this person's cognitive strengths and needs, as well as their emotional needs for security, warmth, and comfort.
- Use décor and objects with warm bright colors.
- Avoid décor, objects, and sounds in the room that are unrecognizable to this person or are frightening or confusing.
- If this person lives in this place, have only décor, objects, and sounds that would normally be in this person's home.
- Create comfort and relaxation with sounds such as soft music playing, if they don't make hearing and understanding more difficult for this person.
- Keep the temperature warm enough for this person.

Why? Changes or differences in this person's brain and cognitive abilities may prevent this person

from remembering or understanding your reassuring words. This person may rely on **nonverbal environmental** indications of **safety** and supportive **comfort** for reassurance. Confusing, unexpected, or unfamiliar objects in the room can drain this person's energy as they try to make sense of an object. Spaces or objects that remind this person of **past** or current **physical, emotional, or sexual** discomfort, pain, or trauma may cause this person distress. The ability of this person's brain and body to regulate this person's body temperature may be difficult or erratic, making this person dependent on the temperature of the environment to stay warm. For a room (particularly the bathroom during a bath or shower) to be warm enough for this person, you may have to feel quite hot.

7. Lighting

Question: Is there bright, diffuse, and non-glaring light with no shadows or darker areas in the room?

Examples:

- Avoid shadows, glare, or dark patches on the floor, since they might be confusing, fatiguing, or frightening.
- Avoid areas where this person's eyes are required to adjust because this person moves from light to dark areas or dark to light areas.
- Make the interiors of closets as bright as the rest of the room.
- Use side lighting by the mirror rather than only overhead lighting.

Why? This person may have vision challenges due to changes or differences in the eye or the brain. Adaptions to lighting can **reduce fatigue** by preventing this person from having to work so hard to see and interpret the space around them. If they are middle aged or older, they may need **three times more light** to read than a teenager. This person's eyes may need more time and have more **difficulty adjusting** when they move from dark to bright areas and vice versa. They may need to wait awhile before they can begin to see again. Changes in a person's ability to **recognize** and/or **locate objects** may also occur with changes in brain functioning. Therefore, increased lighting is especially important. Lighting should be bright, diffuse, even, and non-glaring, with **no shadows** or dim areas. Shadows and glare on the floor can be confusing. They can easily be misinterpreted as wet spots, indentations, or changes in floor heights, especially if this person has difficulty with **depth perception**. Dark shapes in front of light sources or windows can be misinterpreted. Moving shadows can be frightening. Use side lighting to remove the shadows on this person's face in the mirror. Removing uneven lighting from open doors down hallways can increase safety.

8. Texture

Question: Is there sufficient texture to the walls and floor?

Examples:

- Use texture to reduce noise and glare, and to help identify objects.
- Provide a variety of textures that are stimulating to touch.
- Use carpet, rubberized, or similarly textured nonslip floors.
- Hang cloth on the walls and a seat cover on the toilet.
- Use textured ceilings.
- Serve foods with a variety of textures.

Why? Smooth shiny surfaces and floors cause **light** and **sound** to **bounce** and **echo**. The room can become glaring and bright with light colored shiny surfaces. An older person can be especially sensitive to **glare**. In a large noisy dining room or in the bathroom when water runs, the noise with echoes can be deafening to a person with a hearing aid or who has difficulty hearing. Background noise can prevent this person from hearing. It can be difficult for this person to compensate for sensory loss by figuring out what someone is saying, if they have **cognitive changes**. Hence this person can become frightened or annoyed and unable to function well, even with verbal reassurance or direction. This person may become increasingly dependent on **touch** as vision and hearing or the ability to recognize and perceive becomes more difficult. Texture can reduce glare and echoes by **absorbing light** and **sound**, and provide information and interest. If

this person becomes hypersensitive to touch, then adapting the **material of clothing** may be helpful. Texture can also provide **safety** on floors, chairs, and other surfaces.

9. Privacy

Question: Is privacy assured for this person?

Examples:

- Provide a space or room where this person can be alone when they want, and still be able to get company or help when they want it.
- Make sure doors can be closed and locked, and the windows covered, depending upon this person's needs and abilities.
- Have in the room only people who are necessary.
- Provide a way for this person's possessions to be away from others, yet easily accessible for this person when they want or need them.

Why? Even when a person has many cognitive needs, they may still retain a sense of **modesty** in a bedroom or bathroom, or during a meal if they sense they have a reduced ability to eat without being messy. Privacy also reduces **distracting** stimuli, such as background noise and excessive movement. It retains a sense of **dignity** and **respect** for this person.

CONCLUSION

There are many intervention strategies that can be used to help a person perform a task with more ease and satisfaction. Interventions with sensitivity to this person's individual preferences, strengths, and needs at any given time, can help this person live a more meaningful and comfortable life.

For more information

1. The Michigan website called Improving MI Practices at <https://www.improvingmipractices.org> has updates and many additional handouts and resources, including **all of these CAIS Handouts** (43 total), the Cognitive Abilities and Intervention Strategies (CAIS) **Questions to Ask** and the **CAIS Intervention Strategies**, CAIS information and background **resources**, and the **Caring Sheets: Thoughts and Suggestions for Caring** that are a part of the Michigan Dementia Care Series.
2. Mace, N., Coons, D., Weaverdyck, SE. (2005) Teaching Dementia Care: Skill and Understanding. Baltimore, Md.: Johns Hopkins University Press.

Original Sources

3. 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.
4. 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.

Dementia Care Series

The Michigan Dementia Care Series was edited and produced by Eastern Michigan University (EMU) Alzheimer's Education and Research Program for the Michigan Department of Health and Human Services (MDHHS), with gratitude to the Huron Woods Residential Dementia Unit at St. Joseph Mercy Hospital, Ann Arbor, Michigan.

All Caring Sheets are available online at the following websites: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at <http://www.lcc.edu/mhap> (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at <https://www.improvingmipractices.org> (Michigan Improving MI Practices website)

The Caring Sheets in the Michigan Dementia Care Series were originally produced as part of the in-kind funding for the Michigan Alzheimer's Demonstration Project. Funded by the Public Health Service, Health Resources and Services Administration (1992-1998) and the Administration on Aging (1998-2001) 55% federal funding and 45% in-kind match. Federal Community Mental Health Block Grant funding supported revisions to the Caring Sheets (2002-2018).