

# UNDERSTANDING THE TASK AND DAILY ROUTINES

## Questions to Ask

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**This is an adaptation of the Handout from Session Five of the Cognitive Abilities and Intervention Strategies (CAIS) Educational Series.**

The CAIS Educational Series of five sessions can be found on the Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>

The questions in this handout are some of the questions that are elaborated and more formally structured in the *Cognitive Abilities and Intervention Strategies (CAIS): Task and Daily Routines Questions to Ask* and the *CAIS: Task and Daily Routines Intervention Strategies* by S Weaverdyck, available on the above website.

In **this handout** are examples of many **questions** you can **informally ask yourself** about a task and the daily schedule and routines of a particular person, to better understand **how well they support this person's cognitive abilities**. These questions are based on **brain** functioning and **specific cognitive skills**. However, **you do not need to know anything** about the brain or cognition to ask them.

The questions are organized under general intervention concepts that address needs a person might frequently experience while performing a task.

A “**Yes**” answer suggests the task structure and routines are currently **effective** in meeting this particular person's cognitive needs and building on their cognitive strengths. The answers to these questions can **suggest changes** you can make in the task or timing of tasks to **help** this person feel comfortable and successfully accomplish the task.

The task and daily routines include **activities of daily living** as well as **fun** and **leisure** activities, or unusual tasks, that is, **any task** this person is performing or receiving assistance with.

These questions should be asked **frequently** since this person and tasks might change over time or even day by day.

**Ask yourself** these questions. Do not ask the person you are observing or assisting (that is, the person whose cognitive abilities you are trying to understand and support).

The questions assume you are assisting this person. If someone else is assisting instead, then the questions that refer to a care partner or caregiver role should apply to whoever is providing the assistance while you observe.

More information about these questions is on the **last few pages** of this handout.

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

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

1. Do I break the task down into steps?
2. Do I perform, adapt, or assist with the steps that are most difficult for this person?
3. Is the pace of the steps adapted to this person?
4. If it is necessary, are task steps spread out over time? (For example, washing different parts of their body at different times of the day?)
5. Are complex task steps simplified? (For example, washing only one arm, rather than both arms?)
6. Are the task steps familiar to this person? (For example, a bath instead of a shower?)
7. Are the task steps concrete enough? (For example, showing clothing rather than simply asking them to get dressed?)

**B. MODIFICATION OF STEPS:** Look for modification of task steps:

- To make them **less difficult** for this person
  - Over time to **adapt to changes** in this person's cognitive abilities, needs, strengths, or preferences
1. Does the order of the task steps meet this person's needs and preferences? (For example, does washing their feet first help this person get used to the water or match the way they used to wash?)
  2. 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 so that no part of their body, or only one part at a time, is exposed while dressing and bathing?)
  3. Are physiological, emotional, and cognitive changes accommodated? (For example, is a towel draped over them so the spray from the shower nozzle doesn't touch their skin directly?)
  4. Is the location of each task step adapted to this person? (For example, is their hair washed in the bedroom with a wet washcloth rather than in the bathroom or shower, if washing it in the bathroom or shower is upsetting to this person?)

**C. MODIFICATION OF OBJECTS:** Look for:

- Adaptation of objects used during the task to **adapt** to this person's **changing needs and preferences**
  - Accommodation of the need for **familiarity**
1. Are objects modified to accommodate changes in this person's needs? (For example, are zippers replaced with Velcro, or foods that are difficult to chew or swallow cooked until soft? Are finger foods offered, when using utensils or sitting at a table is difficult?)
  2. Do the modifications keep the objects as similar as possible to what this person is used to? (For example, are buttons changed to snaps rather than Velcro, or soft food that looks normal rather than pureed food that is unrecognizable?)
  3. Do modifications reduce the need for significant range of motion when necessary? (For example, are overhead shirts replaced with button shirts?)
  4. Are emerging anxieties or preferences accommodated? (For example, are women's pants replaced with skirts when anxiety about removing pants becomes acute, or dry shampoo used to keep their hair from getting wet?)

5. Are changes in sensory or perceptual functions accommodated? (For example, is the shower nozzle covered with a washcloth when touch or skin sensitivity to the water spray makes the spray uncomfortable, painful, or frightening?)
6. Are emotionally pleasing objects used to increase the appeal of the task? (For example, is ice cream eaten during a bath or candy during a shower; or towels used that are particularly soft or colorful?)

**D. TIMING:** Look for:

- How the **whole 24-hour day** of this person is usually spent
  - How similar their daily schedule is to the **schedule they used to have** throughout most of their adult life
  - How appropriate their **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
1. Are the daily order and time of routines as normal and familiar to this person as possible? (For example, are getting out of bed, eating breakfast, washing, and dressing done in the same order and at the same time as they were done throughout most of their adult life)?
  2. Are the daily order and time of routines appropriate for this person now? (For example, do they eat breakfast in bed if they cannot be up for long periods of time, or do they wake up later now?)
  3. Are the daily order and time of routines the same each day?
  4. Is there a familiar and appropriate pace of daily routines, so the logic of the sequence is obvious to this person? (For example, are getting out of bed, eating breakfast, washing, and dressing done without pauses?)
  5. Have the past few hours before each task been typical for this person and not upsetting?
  6. Is there enough time between tasks to allow for rest and recuperation?
  7. Is enough time allowed to complete the task successfully and comfortably for this person?
  8. Is the task performed as often as is appropriate?

**E. CONSISTENCY:** Look for evidence that each time the task is performed it is:

- With the **same care partner** or **caregiver**
  - **Done** the same way
  - At the same **time of day**
  - In the same **place**
1. Is the same care partner (as much as possible) assisting this person each time the task is done?
  2. Am I helping with the task the same way each time?
  3. Have the task steps become routine and predictable?
  4. Are the same task objects used each time?
  5. Is the task done in the same order with other tasks each time?
  6. Is the task done at the same time each day?
  7. Is the task done at the same place each time? (For example, getting dressed in the morning on one side of the room and undressed at night on the other side)?

**F. TASK GOALS:** Look for:

- What **this person wants** and **needs** from this task

- What **you want** and **need** from this task

1. Are this person's goals clearly identified? (For example, to feel safe, warm, relaxed, and comfortable?)
2. Are my goals clearly identified? (For example, for this person to be clean?)
3. Do I recognize clearly what is necessary for this person vs. what is desired for this person? (For example, the need for a wound to be clean for health reasons vs. the whole body washed to meet cultural expectations?)
4. Will modifying my expectations adequately meet the goals of both me and this person? (For example, bathing once a week instead of twice a week?)
5. Will not doing the task or doing an alternative to the task adequately meet the goals of both me and this person? (For example, a bed bath rather than a shower?)
6. Will doing only part of the task adequately meet the goals of both me and this person? (For example, washing only the lower half of the body?)
7. Will modifying the task meet enough of the goals of both me and this person? (For example, washing their hair with a damp washcloth rather than getting their hair dripping wet?)
8. Is an adequate amount of time allowed for the task to meet the goals of both me and this person?

## More about these Questions

This handout lists examples of many **questions** you can **ASK YOURSELF** to discover how well a **task** is set up to **meet** a particular person's **cognitive needs** and how well the task relies on or **uses** this **person's cognitive strengths**. The questions are based on specific brain functions and cognitive abilities. They focus on ways the timing and structure of the **task** can make it **easier** or **harder** for this person to feel competent and comfortable and to perform all tasks, including activities of daily living.

Task structure has a major impact on behavior, on the amount of **distress** and **fatigue** a person experiences, and on how easily and successfully you can assist a person. These questions help explore why a person performs a task more easily some times than other times, is distressed, or is acting in a way that is distressing to others, as well as why the task or **our own** behavior might be **unintentionally** distressing to this person. They also **suggest support strategies** (interventions).

While this handout focuses on the cognitive abilities, 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 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 a task or help this person leave the room if this is the case. Watch and listen closely to notice how this person seems to be feeling. Moving slowly, gently, and with respect and compassion is important.

A person with many cognitive needs usually **works** much **harder** to do a task or parts of a task than you or even they realize. 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**, and **emotional irritation** and **distress**.

The questions in this handout are for you to **ask yourself**, NOT to ask the person you are observing or assisting. **Anyone can ask** these questions in **any setting** in **any situation**. They can be asked during **any task**.

They should be asked **frequently** enough to address changes in this person’s needs, strengths, and desires, as well as changes in the task.

The “**Cognitive Abilities and Intervention Strategies (CAIS): Task and Daily Routines Questions to Ask**” presents these questions in more detail and in a more formal structure in two formats: a Yes/No response format and a Four Point response format. It also includes additional questions.

The “**Cognitive Abilities and Intervention Strategies (CAIS): Task and Daily Routines Intervention Strategies**” presents a variety of intervention strategies for each question in the “CAIS Task and Daily Routines Questions to Ask”.

The CAIS consists of **four parts**, each with a list of questions and ideas of intervention strategies. The four parts are: 1) Cognitive Abilities, 2) Environment, 3) Communication, and 4) Task and Daily Routines.

The questions are meant to be asked through **observation** in general or while you are **helping** a person with a **task**. The answers to these questions can help you adapt the **task**, your communication strategies, or the environment to accommodate this person’s cognitive abilities and challenges. When you answer the questions during a task, you can **intervene immediately** and respond to subtle changes that occur minute by minute in this person’s cognitive abilities.

These questions apply to **any task** (for example, housekeeping chores, hygiene, leisure activities, decision making, a visit with a friend) and the schedule of activities in **any setting**.

The interventions generated are **individualized** to a particular person.

Answers to all these questions can help determine which intervention or support strategies might be most effective in helping this person be happier and function more independently.

### **For more information**

1. The Michigan website called Improving MI Practices at <https://www.improvingmipractices.org>  
This website has updates and many additional handouts and resources, including **all of these CAIS Handouts** (43 total), the entire **CAIS Educational Series**, the Cognitive Abilities and Intervention Strategies (CAIS): **Questions to Ask** and the **CAIS: Intervention Strategies, CAIS Background Resources**, and the **CAIS Online Course**, as well as 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. (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.
4. 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.