

Cognitive Abilities and Intervention Strategies (CAIS) Educational Series



Understanding and Supporting A Person's Cognitive Abilities

Educational Session 3

UNDERSTANDING THE ENVIRONMENT

Educator Script and Accompanying Materials

by

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

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We welcome feedback.

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

Disclaimer:

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

Educator's Overview of Session 3

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



Total time for Session 3 57 minutes

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

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

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

Slides for Educator Use during Session 3

1. “Environment” (22 slides total)
Begin using with Section IV. Use with:
 - Section IV: “Introduction to Understanding the Environment”
 - Section V: “Questions about the Environment”

Participant Handout

1. “Understanding The Environment: Questions to Ask”

Evaluation Materials

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

Additional Resources

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

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

Original Sources

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

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

1. Describe how the environment plays a major role in a person's ability to perform a task, communicate, and feel competent and comfortable.
2. Identify questions that can be asked to better understand how well the environment supports a person and this person's cognitive abilities.
3. Identify nine concepts regarding environmental intervention and support strategies that meet the needs and use the strengths of a person and this person's cognitive abilities.

Before the session, you will need to receive updates regarding the person and situation you used in sessions 1 and 2 to illustrate the bathing or showering task (or other task you have chosen). Note any changes.

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

I. Learner Pre-Session Form



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

II. Session Introduction



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

- Hello again! I'm (say your name)_. I am the presenter of all five sessions in this series.
- Our goal in this series is to help you help a person feel genuinely comfortable and happy regardless of what they are doing, and for both of you to enjoy your time together.

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

All the concepts and intervention or support strategies we talk about in these sessions apply to **any person** (regardless of their age, how healthy this person is, what diagnosis they may have), in **any setting** (a private home, an office, a store, a gathering space, a group residential setting, or long-term care), and to **any task** (including a leisure activity, decision making, activity of daily living such as preparing food, dressing, eating, using the toilet, bathing or showering).

The concepts apply in general and to situations that may or may not involve a task. We are using the process of performing a task as a way of exploring these concepts to make the underlying cognitive abilities and avenues of support more apparent. But they apply to any situation.

We are using bathing and showering to illustrate the concepts, because of all tasks, bathing or showering can be the most difficult for someone with significant cognitive needs. We will continue to focus on showering and bathing since the assumption is, if you can successfully assist a person with compassion and understanding while they are bathing or showering, then you can likely assist well

with almost any other task, with anyone at any age, or with a variety of cognitive needs and strengths.

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

III. Review and Discussion of Most Recent Session



Take approximately 5 minutes for this review and discussion.

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

Changes in cognitive abilities that result from brain changes can enhance a person's ability to understand their environment and abstract concepts if they are changes that result from a person's growth throughout childhood and adulthood.

Other changes in the brain and cognitive abilities can cause a person to have difficulty communicating, performing a task, or to feel upset, or to engage in behavior that might be distressing to themselves or others.

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

In the second session, we talked about how to recognize a person's specific cognitive strengths and needs by asking ourselves a series of questions.

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

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

Write comments on the flip chart.

Are there any new strategies that seem to be working?

Add the new strategies to the flip chart.

IV. Introduction to Understanding the Environment



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

Today, we will talk about understanding how well the environment is adapted to the cognitive strengths and needs of a person.

We'll do this by asking some questions that can help us understand how the environment helps or hinders a person. We will ask how it might be helping a person communicate and do a task more easily, feel competent and comfortable, as well as how it might be contributing to a person's distress or inability to do something. The questions help explain why a person communicates or does a task more easily some times than other times.

While these sessions focus on cognitive abilities, some rooms or environments are more likely than others to trigger emotional distress for a person. This is especially true for a person who has in their past or recently experienced a sexual, physical, or emotional encounter that was uncomfortable or traumatic. Rooms, tasks, or situations that involve, for example, removing clothing or being touched or someone else having control over this person could easily cause distress. Rooms similar to where such encounters happened to this person can be especially upsetting, such as bedrooms, bathrooms, shower rooms, or other spaces where this person might feel vulnerable. It is important to stop a 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. Moving slowly, gently, and with respect and compassion is important.

A person usually works much harder to understand and move around in their environment than you or even they realize, particularly when they have significant cognitive needs. A simple task such as picking up a spoon or putting their cup down after drinking water may take a great amount of energy. Even for a person who moves around a room or performs a task well, making the environment easier for them can conserve their energy for more difficult or more pleasurable experiences, and can help prevent fatigue, confusion, and emotional distress or irritation.

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

Show slide #3 “Environment Questions”.

Anyone can ask these questions about any environment.

These questions can help you think of support strategies (interventions) to use in two ways:

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

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

These environmental intervention or support strategies build on the strengths and meet the needs of a person’s cognitive abilities.

Show slide #4 “Ideas of Intervention Strategies”.

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

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

V. Questions about the Environment



This section takes approximately 26 minutes. Continue using slides. If you run out of time, you can eliminate some or all of the four concepts (Homey, Lighting, Texture, Privacy) highlighted in gray at the end of this section V.

Show slide #5 “Importance of the Environment”.

The environment plays a very important role in helping a person perform a task, understand, or communicate. It can make communication or a task much easier or harder to do. It also affects how the person is feeling. It can reduce or increase fatigue and confusion. When an environment is not meeting a person’s cognitive needs, a person can feel tired and overwhelmed. Even when a person appears to be sitting and doing nothing, an environment that has lots of sound

and clutter can wear a person out.

An environment that does not meet a person's needs can make your attempts to help much more difficult.

Show slide #6 "Challenging Environments".

You can make a task easier for this person and for yourself by changing the environment, or explaining and reassuring this person in a way that reduces the impact of the challenging environment.

For example, a shiny floor often looks wet or slippery. You can either change the environment by dulling or carpeting the floor, or you can explain and reassure this person that the floor isn't wet.

Show slide #7 of photo of a floor with shiny light spots or reflections.

This shiny floor could confuse this person, or look wet, or slippery, or seem unsafe.

Even if this person's eyes work well, the reflected light on the floor may be distracting. Or this person's brain may misinterpret what this person sees.

You can change the floor by dulling or carpeting it, or you can try to explain to this person that the floor isn't wet, that it is safe, and that you will support them as they walk. It wouldn't be surprising if this person, even with your reassurance, doesn't want to walk on this floor.

Show slide #8 "Supportive Environments".

A supportive environment helps a person in three main ways:

1. It tells them what to do and where things are
2. It stimulates energy and the desire to do something
3. It helps a person feel safe and comfortable (and be safe and comfortable)

Show slide #9 "Examples".

To help a person eat,

1. The environment can tell a person information. A clock can tell a person that it's now time to eat. A sign can point the way to the dining room.
2. The environment can affect how a person feels. Pictures of food and savory smells can stimulate the appetite in the dining room. Music and centerpieces can contribute to feeling good and add to the pleasure of the meal.
3. The environment can help a person feel and be safe. Non-glare floors will

look and be safer. Contrast between floor and chair (for example, a light versus a dark color) will help a person know exactly where to sit without fear of falling.

Contrast: Explanation and Examples:

Show slide #10 "CONTRAST Explanation & Examples".

The changes in vision that occur with normal aging and brain changes can often make objects blur together. A shiny white toilet, bathtub, or shower beside a shiny light - colored wall or floor can be hard to recognize. It can be difficult to see where a white grab bar is when it is in front of a white shower wall, or a white washcloth in front of a white shirt.

Show slide #11 of photo of a white toilet.

This white toilet is hard to see against the white wall and light-colored floor. It can be hard to see what the toilet is, where to sit, or where to stand to use it. The shadow in the back can be misinterpreted, or be confusing, or distracting.

Show slide #12 "CONTRAST (continued) Explanation & Examples".

Objects that contrast with backgrounds or other things behind the objects are much easier for a person to see and locate. Use colored towels, toilet seats, shower nozzles, and grab bars that contrast with the walls, floor, and shower.

Objects that are not intended for a person (such as electrical outlets and closets with out-of-season clothes) can be blended into backgrounds by painting them the same color as the wall to discourage use.

Show slide #13 "CONTRAST (continued) Explanation & Examples".

Avoid using too much contrast. Use contrast only with objects that a person needs to see. Let all other objects fade into the background.

Show slide #14 of photo of a white dog on a white chair.

The bold black windows contrasting with the white around them, might draw a person's attention away from the white dog in the white chair.

It might be easy for this person to accidentally sit on the dog, or be knocked over by the dog when they try to sit in the chair.

The chair itself might be difficult to see. The white blanket on the chair is difficult to see and can appear to change the shape of the chair. So the chair might not be recognized as a chair.

The dark windows could be frightening. Note the reflection in the windows that can also be confusing to a person whose eyes or brain have difficulty understanding the environment.

Give the handout: “Understanding The Environment: Questions to Ask”. There are nine concepts with questions listed in the handout. All of the concepts and most of the questions in the handout are included in the script.

We will use this handout today.

It is called “Understanding The Environment: Question to Ask”.

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

Your handout “Understanding The Environment: Questions to Ask” has a series of questions you can ask yourself to better understand the role of the environment in helping you meet a person’s cognitive needs and build on this person’s cognitive strengths.

The questions generate ideas about how to provide a supportive environment.

These questions can apply to any room in any setting. They are organized under general intervention concepts that address needs a person might frequently experience in various environments.

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

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

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

The questions in your handout are just **a few** of the **many** questions you can ask yourself to better understand and adapt a person’s environment.

Let’s imagine you are helping Ms. Smith take a bath or shower (or do some other task). As you look at the shower room or bathroom (or the room of the task) and consider Ms. Smith’s strengths and needs, ask yourself the questions listed in

your handout.

The questions and implied support or intervention strategies regarding modifications to the environment or what you might say to compensate for environmental weaknesses assume you are assisting this person. If someone else is assisting instead, then the questions and implied strategies should apply to whoever is assisting this person. You are still the observer and you are still asking yourself these questions.

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

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

A. CONTRAST: *Look for contrasts in:*

- **Color intensities:** dark against light
 - **Amount of lighting:** dim vs. bright
 - **Busyness:** patterns vs. solids or commotion vs. quiet
1. Are there contrasts that draw attention to areas of a room that Ms. Smith might need or want to use? (For example, is the light brighter in a safe area of the room, compared to the area near an unused and/or dangerous exit door?)
 2. Are there contrasts that highlight objects that Ms. Smith might need or want to use? (For example, is the toilet seat a different color from the floor?)
 3. Are edges of surfaces or changes in floor height highlighted with contrasts? (For example, are edges of stair steps a bright color compared to the rest of the stair step?)
 4. If Ms. Smith needs to avoid an object, such as an electrical outlet or a dangerous exit door, does that object look similar to the area around it? (For example, is the electrical outlet or dangerous exit door the same color as the wall around it?)
 5. [In handout, but not included in this script due to time limits for presenting.]

Patterns: Explanation and Examples:

Show slide #15 "PATTERNS Explanation & Examples".

Decorations can make a room look homier, but they should not be distracting or look like bugs or objects to Ms. Smith.

Patterns that are geometric or repetitive can make a surface look like it's moving and make Ms. Smith dizzy or nauseous.

Borders or patterns on floors can look like steps, holes, or different floor heights

and can cause Ms. Smith to hesitate or fall.

Show slide #16 of photo of a patterned floor in a white bathroom.

This pattern on the floor can be confusing to Ms. Smith if she has altered vision or brain changes. It might draw her attention and distract her, especially because so much of the bathroom is white. It might make her feel physically uncomfortable or make it difficult to stand when she is sitting on the toilet.

The white bathtub, toilet, and grab bar on the wall are hard to see.

In your handout it says:

B. PATTERNS: Look to ensure there are no visual patterns that could:

- Be **distracting**
 - Be **misinterpreted**
 - Cause **nausea or dizziness**
 - **Camouflage** an object
1. Are the floor and other surfaces free of patterns that seem to “move” when this person looks at them or when this person moves? (For example, free of alternating squares or blocks on floors, and free of plaids and repetitive patterns on floors, chairs, and shirts?) (Note your shirt and the clothes other people are wearing.)
 2. Are all surfaces free of patterns, stripes, borders, or figures that look like changes in height or depth, bugs, specks, or pieces of paper to pick up? (Note for example, floors, walls, curtains, counter tops, and clothing.)
 3. Are all objects easy to see because they are not in front of or beside a patterned surface or object? (For example, a pill or comb is not held in front of a patterned shirt?)

Be sure to examine your own clothes to see if you are wearing patterns or figures that could be confusing to Ms. Smith.

Clutter: Explanation and Examples:

Show slide #17 “CLUTTER Explanation & Examples”.

Remove all unnecessary clutter.

Cover a mirror when it adds to the clutter by reflecting light and movement or making it appear there are additional people and objects in the room.

Keep objects removed from sight until they are needed.

Remove objects that are so big or so eye catching, such as a big piece of art, that they distract Ms. Smith and make it difficult for her to see other objects or spaces

that she may need to use.

Show slide #18 of photo of a cluttered bathroom sink counter.

What do you see in this photo that could cause confusion for a person with altered vision or with brain changes?

Which items are unnecessary and should be removed?

Which items are easy to see and which items are hard to see?

Encourage participants to share aloud their impressions and thoughts. Say any of the content below that isn't said by the participants.

There are too many items; too many toothbrushes, cups, and bottles. There is a bottle of liquid soap and also bar soap. There is a contact lens case. The fork would not normally be in a bathroom, so could be confusing.

There should be visible only the items Ms. Smith needs to use at this time.

The light switch blends into the wall, but there is one middle light switch that is dark. This is actually a broken switch, so should not be visible. It could be dangerous for Ms. Smith if she tries to use it, especially when her hand is wet.

Three of the dark cups are difficult to see.

In your handout it says:

C. CLUTTER: Look to ensure there are not:

- Too many **objects** in the environment
 - Objects and information that are **recognized or useful only to other people and not to Ms. Smith**
 - Objects that are too **distracting** or **confusing**
 - Objects, people, sounds, or unusual lighting that are **inappropriate** for this person, causing them to feel overwhelmed, confused, or tired; but instead, are appropriately limited and selected to be **useful, interesting, inspiring**, and to **offer choices** to this person.
1. Is there an appropriate amount of clothing in the closets and drawers?
 2. [In handout, but not included in this script due to time limits for presenting.]
 3. Is there an appropriate limit to the variety, frequency, and volume of sounds?
 4. Are all sounds recognizable?
 5. Is there an appropriate limit to the number of people in the room?
 6. Are all people familiar to Ms. Smith?
 7. Are all notes, instructions, and equipment for other people out of sight? (For example, are notes and equipment for care partners (caregivers) and medical professionals inside drawers or behind cupboard doors?)

8. Is the environment free of sounds not intended for Ms. Smith, but that might elicit a response from her? (For example, doorbells, phones, conversations between other people, public address systems, televisions, or radios)
9. Is the room free of objects that attract unnecessary attention and prevent other objects or spaces from being noticed?
10. [In handout, but not included in this script due to time limits for presenting.]

Cueing: Explanation and Examples

Show slide #19 “CUEING Explanation & Examples”.

A cue is something in the environment that gives Ms. Smith information. It might tell her what to do, what something is, or where something is.

A cue can be:

- A sign or picture on a wall or door.
- A recognizable object, such as a towel over your arm suggesting it's time for a bath or shower.
- Your verbal invitation or request to take a bath or shower.

Show slide #20 of photo of a sign on a door.

This sign on a bathroom door is a cue. It tells Ms. Smith this is a bathroom with a toilet.

This cue has a number of features that help make it understandable to Ms. Smith. The sign draws attention using contrast. It is also realistic, so that if Ms. Smith has trouble recognizing two dimensional drawings she might be able to recognize this drawing of a toilet. The contrast between the seat and the base of the toilet in the sign also might help her recognize the toilet.

Show slide #21 “CUEING (continued) Explanation & Examples”.

Ms. Smith depends on the environment to tell her what to do, when her brain can't figure it out on its own.

Are there enough cues in the room, and can Ms. Smith understand or recognize them?

For example, is the tub or shower recognizable to her so she knows what to do?

Are there lines on the side of the tub to help her see how deep the water is?

Show slide #22 “CUEING (continued) Explanation & Examples”.

Make sure Ms. Smith understands written cues that are signs or notes. Even if she can read aloud, she may not understand what she reads or that the note or

sign applies to her.

Modeling a task can provide helpful cues to tell Ms. Smith what to do. If she is the only person in the room taking a shower, it can be difficult for her to know that she is expected to do something different from the other people in the room.

Cues need to be repeated frequently to inform and reassure Ms. Smith.

In your handout it says:

D. CUEING: *Look for information that Ms. Smith:*

- Can **understand**
 - Can **see easily without searching**
 - Can **see without moving too much**
 - Recognizes through various **senses** of hearing, seeing, feeling, touching, and tasting
 - Can use and trust
 - Is stimulated by
1. Does the environment tell Ms. Smith what she needs to know? (For example, that lunch is at 12:00 noon, and the time is now 12:00 noon?)
 2. Does the environment say what is expected of Ms. Smith and give her ideas of what to do? (For example, we want you to feel at home here, or now it is time to sing or take a bath or shower, or would you like to fold the clean laundry in this basket?)
 3. Are all signs recognizable? (For example, do signs use written words only if Ms. Smith can read and understand what she reads? Do they use pictures if Ms. Smith cannot read and understand?)
 4. Are all cues low enough or high enough for her to see?
 5. Are the cues frequent enough that Ms. Smith doesn't have to remember? (For example, are there multiple signs directing her to the bathroom?)
 6. Are the other people in the room performing the same task as Ms. Smith? (For example, is everyone eating the meal or singing the song?)

Normal: Explanation and Examples:

Show slide #23 "NORMAL Explanation & Examples".

Try to use words, objects, and routines that are familiar or normal to Ms. Smith, since it may be hard for her brain to recognize what is unfamiliar. The harder she needs to work to recognize or use an object, the more tired and irritable she may become.

It is very helpful to make the bathroom look as much like a normal bathroom as possible. Showers and tubs that don't look familiar and mirrors in odd places can be confusing or frightening. Ms. Smith is much more likely to recognize herself and be able to use a mirror that is in an expected place.

In your handout it says:

E. NORMAL: Look for objects and spaces that:

- Are familiar and recognizable to Ms. Smith
 - Match her **history, preferences, expectations, culture**
 - Are in the **normal, expected place for her**
1. Does the room look like a room Ms. Smith would recognize or expect? (For example, does the bathroom or shower room look normal or like Ms. Smith's bathroom in the past?)
 2. Do objects look normal? (For example, does the bathtub look like a recognizable tub?)
 3. Are tasks performed in the room where that task is normally done? (For example, is her hair combed in the bedroom rather than the living room?)
 4. Are objects in normal, expected places? (For example, mirrors over sinks or dressers, rather than in hallways or on doors?)
 5. When an object doesn't look normal, is it because it's dangerous or distressing to Ms. Smith and has been made to look like something else? (For example, does a door lock or an elevator button look like a picture of a flower?)

If you have time, include some or all of the following four concepts.

Homey: Explanation and Examples:

[Show slide #24 "HOMEY Explanation & Examples".]

Even if Ms. Smith can't understand or remember your warm, reassuring words, she will still get reassurance from a homey, comforting environment.

Ways to make a bath or shower more comforting include:

- Be sensitive to air temperature because Ms. Smith's body temperature may be colder than yours or may change minute by minute. The room may need to feel very hot to you in order to be warm enough for her.
- Playing soft music can also be helpful, if it doesn't get in the way of communication or add to the confusion of sounds already in the room. Music may make it harder for Ms. Smith to hear you.

In your handout it says:

F. HOMEY: Look for spaces and decor that:

- Feel **cozy**
 - Help Ms. Smith feel **comfortable and relaxed**
 - Look and feel like **home**
1. Is the room cozy and emotionally comforting?

2. Are the colors warm and bright?
3. Are all the objects in the room recognizable and comforting? (For example, there is no hospital or medical equipment in sight?)
4. Would everything that is visible in the room normally be in a home? (For example, there is no blood pressure cuff or scale in the living room?)
5. Would all sounds normally be in Ms. Smith's home? (For example, there is no public address system, and all bed or chair alarms sound like music or are audible only to you?)
6. Is the temperature warm or cool enough?

Lighting: Explanation and Examples:

[Show slide #25 "LIGHTING Explanation & Examples".]

It is important to have bright, evenly spaced lighting in the entire room, so there are no shadows. Shadows can be misinterpreted and frightening and can look like wet spots or a step.

In your handout it says:

G. LIGHTING: Look to ensure there are no areas where:

- Ms. Smith has to **work hard to see** well
- Her eyes are required to change because she moves from **light to dark spaces** or vice versa
- She can easily **misinterpret shapes and movement**

1. Is the lighting bright enough to read and see well?
2. Are floors, walls, and surfaces free of all shadows?
3. Do all areas of the room have the same amount of light, that is, no darker areas, even by windows, in corners, down hallways, and in closets?
4. Are stairwells as bright as or brighter than other areas?
5. Are all objects easy to see and recognize? (For example, there are no objects in front of windows or down long hallways, that look like frightening or confusing shadows or shapes?)

Texture: Explanation and Examples:

[Show slide #26 "TEXTURE Explanation & Examples".]

Sounds seem louder when they bounce off shiny, tiled walls and floors, so that background noises like running water, music, and fans, might sound especially loud to Ms. Smith and make it hard for her to hear your reassuring voice.

If light is reflected off a surface (for example, there is glare), then noise is also likely reflected.

Watch Ms. Smith to see if she can hear you well enough.

[Show slide #27 “TEXTURE (continued) Explanation & Examples”.]

Glare can make the floor look wet and slippery and the shower or tub hard to see.

Textured walls, rubberized floors, and towels on racks can help absorb both sound and light.

In your handout it says:

H. TEXTURE: Look for varied textures that:

- Reduce noise
- Reduce glare
- Identify objects
- Are stimulating to touch

1. Do the floors, walls, and ceilings absorb sound?
2. Are objects, the floor, pictures on the wall, and other surfaces free of glare (that is, they do not reflect light)? Glare can make objects and surfaces look wet or difficult to see.
3. [In handout, but not included in this script due to time limits for presenting.]
4. Are floors non-slippery, even when wet?
5. Are hard surfaces covered to be more interesting, easy to identify, and sound absorbent? (For example, are there cloth wall hangings on the wall?)

Privacy: Explanation and Examples:

[Show slide #28 “PRIVACY Explanation & Examples”.]

Ms. Smith’s modesty and dignity are very important. Difficulty with cognitive abilities can be embarrassing and upsetting, and she may need space and time to be alone.

Keeping doors closed, discussing her needs in a private room, respecting her need for her own space and possessions will help Ms. Smith feel more normal and respected.

In your handout it says:

I. PRIVACY: Look for ways that Ms. Smith can:

- Be **alone**, but able to see and get company or help when desired
- Keep **personal items** away from others, yet readily accessible when she needs or wants them

1. Is there space that belongs only to Ms. Smith? (For example, a bedroom when dressing or bathroom when bathing?)

2. Are there doors in rooms that prevent other people from entering without knocking?
3. Are there drawers or objects that belong only to Ms. Smith?
4. Does Ms. Smith always have access to her own private space and possessions?

If you eliminated the four concepts (F-I) marked in gray above, then proceed from here as indicated below.

Stop the slides.

VI. Role in Intervention Strategies: Ideas



Take approximately 10 minutes for this discussion.

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

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

The changes in the environment can be modified as this person's cognitive abilities change over time and as the environment, communication, and the task change unexpectedly as well.

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

A "Yes" answer suggests the environment is helping this person and supporting their cognitive abilities.

A "No" answer suggests you might be able to help this person by changing the environment. When you can't change the environment, then change what you say and how you communicate or the way you set up a task.

These interventions can help this person feel more competent and comfortable, to more successfully perform tasks, and to more effectively relate to other people.

What might be some possible strategies we could try?

Write the possible strategies on the flip chart.

VII. Upcoming Sessions



Take 1 minute to mention upcoming sessions.

In the next two sessions, we'll look in more detail at questions about

communication strategies and how the task is set up, to see how we can change these to make a task such as bathing and showering easier and more pleasant.

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

VIII. Suggestions to Prepare for Next Session



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

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

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

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

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

Thank you for coming and for participating! I look forward to seeing you for session 4!

IX. Learner Post-Session Form



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

Remember to fill out the “Educator’s Evaluation of Education Session” for this session as soon as possible.

Thank you!