METHODS & OCCASIONS
FOR
ASSESSMENT

Suggestions of
Types and Times of Assessment for Someone with Cognitive Impairment

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METHODS OF ASSESSMENT

1. Evaluation

- Observation of performance on standardized tasks
- Scores derived from testing (e.g., Neuropsychological or IQ type tests)
- Interviews
- Examples: Mental Status Exams, Cognitive tests, Psychiatrist visits
- Considerations:
  - Testing is rarely used in caregiving settings.
  - Testing procedures are usually unfamiliar and confusing to the person.
  - Tests available are also usually too difficult or anxiety producing.
  - Psychologists, neurologists, and physicians use tests more than do other disciplines.

2. Documentation

- Observation of spontaneous performance on tasks in person's own setting
- Caregivers' observation while providing care or assistance
- Examples: walking, setting the table, getting dressed
- Considerations:
  - Tasks are normal daily tasks familiar and natural to the person,
    observed during the person's regular schedule and routine.
  - Observation of the quality (i.e., the nature, type, and level) of performance
    and help required is a focus.
  - Documentation is used to establish "baseline" or "tracking" data regarding:
    - Behaviors
    - Evidence of emotions (anxiety, anger, pleasure)
    - Participation in activities and events
    - Social interactions

3. Information Gathering and Organizing

- Interviews with family, the person, and caregivers
- Review of past records
- Compilation of information onto a data sheet
- Examples: Resident history forms, Rating scales, Application forms
- Considerations:
  - This is the most common form of assessment and description in cognitive impairment.

Source:

Weaverdyck, S. Assessment and Care/Service Plans. In National Alzheimer's Association (Ed.) *Key Elements of Dementia Care Manual*. Alzheimer's Association; Chicago, Illinois, 1997.

OCCASIONS FOR ASSESSMENT

1. Preadmission/Admission

- How long might this person stay at this level of need and skill?
- What is this person's history and current status?
- What are this person's preferences, habits, and daily routines?
- How will this person fit in socially with other participants?
- Is this person and our program a good fit?

2. Care/Service/Intervention Plan Development

- What does this person need from us to meet her/his own life goals?
- Who needs to help this person meet those goals?
- How can we operationalize goals into concrete, measurable objectives?
- How can we adapt our care and services to this person's schedules and needs, rather than expecting this person to adapt to ours?
- How flexibly can we adapt our care/services to the changes this person will go through?
- How can we compensate for deficits and build on the abilities this person has retained?

3. Ongoing Documentation

- What is the "baseline" level of ability, functioning, and behavior for this person?
- How can we measure the overt and subtle changes occurring daily?
- As this person's abilities and needs change, how should our care/service plan change?
- What is the impact of the initiation of an intervention?
- What is working and what isn't?
- What differentiates good from bad days?

4. Problem Analysis & Resolution

- Why is this behavior occurring with this person at this time?
- Is this behavior consistent with the past?
- What needs or desires are evident in this behavior?
- What is occurring in the environment, in interactions with this person, and within this person at the time of the behavior?
- Does the behavior reflect changes in this person's physical/medical status or the effects of medications?

5. Situational Decision Making (When immediate decisions and action are required)

- Is everyone safe?
- How is everyone feeling?
- What is most urgent at this time?
- Why is this person doing this?
- What is triggering this in the environment, the interactions with this person, within this person at this time?
- How is this person experiencing this event right now?
- What are the response options?

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