

Cognitive Impairment Intervention Protocol (CIIP) for the Environment of a Person with Cognitive Impairment:

IV. CUEING

Look for ways to present information this person:

- Can understand
- Can see easily without searching
- Can see without moving too much
- Recognizes through various senses of hearing, seeing, touching, smelling, and tasting
- Can use and trust
- Is stimulated by

A. Does the environment tell this person what she/he needs to know, such as a note that says lunch is at 12:00, a clock (to say when the time is 12:00), a name or photo by the bedroom door, a sign identifying an object, room, or directions to another room?

1. Use cues, such as objects, signs, notes, color, and room décor to give this person enough information to function as comfortably and independently as possible.
2. Adjust the number and types of cues to meet this person's needs and desires as they change over time.
3. Avoid using so many cues that this person becomes confused or overwhelmed.
4. Use cues to give instructions or to tell this person what to do. For example, use a list to show the order of clothes to put on; a sign on the door that says "stop" or "private"; or an area of the bedroom used for putting on pajamas at night versus a different area of the bedroom for getting dressed in the morning.
5. Use cues to tell this person when to do something. For example, use a note that says when lunch is and a clock with the correct time; a dress draped over a caregiver's arm when it's time to get dressed; a recliner for daytime naps versus a bed for nighttime sleep.
6. Use cues to say where something is. For example, use a strip of bright color on the edge of steps; content labels on dresser drawers; a sign that points to the living room; an awning over a bathroom door; a clear cupboard front to show the cups inside; lines on the side of a bathtub to indicate how deep the water is or a mat to show where the bottom of the tub is; a placemat to show where this person's food is versus someone else's food; pictures of fruit decorating the dining room walls.
7. Use cues to say what an object is. For example, use a nameplate or photograph on this person's bedroom door, a caption that says who is in a photograph, pills of different colors.
8. Use cues to show how to get help. For example, have caregivers stay in areas visible to this person, a note by her/his night-light, a phone with large numbers and letters for dialing.
9. Adjust the number of the various types of cues to build on this person's strengths and compensate for her/his impairments. For example, present more cues that say where things are for someone with spatial problems than cues that say what to do.
10. Make the cues as honest and accurate as possible. Avoid cues that mislead or confuse. For example, use interesting, eye-catching objects to lure this person away from dangerous exit doors rather than dark paint on the floor that looks like a hole in front of the door.

B. Does the environment say what is expected of this person, and what options are available, for example, a basket of clean laundry ready to fold, a jigsaw puzzle to put together, stained glass and candlesticks to suggest it's time to worship, a warm homey atmosphere to invite this person to relax and feel at home here, or highly visible options for food choices?

1. Make all rooms visible to this person so she/he can be drawn to the room that matches her/his mood or needs at this particular time.
2. If rooms are not visible, present cues that indicate the existence and location of other rooms. For example, use signs with words, or use cues that draw this person emotionally onto a path toward a room with a different mood, such as a series of luxurious plants and soft lamps that might attract and draw this person to a quiet den from an active, noisy living room.
3. Make the function or purpose of each room very obvious by using cues such as descriptive décor; by making rooms small enough this person can see the entire room easily and understand what occurs in it; and by avoiding using one room for multiple purposes. For example, put pictures of fruit on the walls of the dining room, and perform tasks only in rooms normally used for those tasks, such as brushing teeth only in the bathroom.
4. When a room must be used for more than one purpose, use cues to indicate a change in purpose. For example, when a dining room becomes a worship space, remove or cover the dining room cues and replace them with religious pictures and candles, a robe on the minister, hymnbooks rather than large folders of music, religious choral music playing, and engage in normal (for this person) religious rituals.
5. Use cues of unfinished jobs to suggest an activity. For example, put a basket of clean unfolded laundry on a table, a broom or dust cloth easily visible, or a bowl of beans to be stemmed on the kitchen counter.
6. Use cues to tell this person when to do something. For example, use a note that says when lunch is, and a clock with the correct time, a dress draped over a caregiver's arm when it's time to get dressed, a recliner for daytime naps versus a bed for nighttime sleep.
7. To indicate this person is expected to make her/his own decisions, be competent and function as independently as possible, create the living space to feel and be like a home rather than a hospital or hotel. Help this person to feel as though she/he owns the space and that she/he is in control.

C. Are all cues recognizable? For example, do signs use written words only if this person can read and understand the words, or three dimensional objects when two dimensional drawings are no longer recognized? Do cues attract emotionally and not just inform cognitively? Are multiple senses addressed to increase recognition?

1. Use written notes and signs only when it is clear this person can read and understands what she/he reads.
2. For cues, use photos rather than drawings, and objects that look normal, such as a bathtub that looks like a normal bathtub.
3. Avoid using only cues that inform with words or that require this person to recognize her/his own moods or desires and to consciously choose alternatives. Use cues that invite rather than simply inform. If a room is not visible for example, present cues that draw this person emotionally and

not simply inform her/him cognitively (such as a directional sign of words). For example, use cues that attract this person onto a path toward a room with a different mood, such as a series of luxurious plants and soft lamps that lead toward a quiet den and away from an active, noisy living room.

4. Adjust cues as this person's needs, abilities, and desires change. For example, when this person no longer interprets a particular color on her/his bedroom door as a cue to the bedroom, then add her/his name to the door. When the name on the bedroom door becomes unrecognizable as a cue (this person may be able to read it, but doesn't realize that means this is her/his bedroom), then replace it with a photo of this person. When she/he no longer recognizes her/himself, then use a picture of a bed. When she/he can no longer relate the two-dimensional picture to a three-dimensional object, keep the bedroom door open.
5. Avoid relying solely on visual cues. Use cues this person can hear, smell, taste, and feel. For example, use songs (such as marching songs while walking to the dining room), kitchen aromas (to indicate lunch is ready), sequences of tastes (to encourage eating), and fabrics or various textured wallpaper to reflect different rooms. Vary objects in multiple ways to remind this person of their function, for example, use a hand towel that is different in texture, size, thickness, and color from a washcloth, bath towel, dish cloth, and dish towel.

D. Are all cues accessible through at least one of the five senses: are they visible, audible, textured?

1. Modify any cue that is not accessible to this person; that she/he cannot see, hear, feel, taste, or smell. For example, make every visual cue visible, low enough or high enough for this person to see. Make every audible cue loud enough to be heard by this person. Make every textured cue exaggerated enough for this person to be able to feel it.
2. Adjust cues to accommodate changes in this person's needs and desires, even if the change is temporary. For example, if she/he is in a wheelchair for a few weeks, modify cues so they are low enough for her/him to see.
3. Replace cues when they become in need of repair, for example a frequently read note becomes torn or a sign too faded to read easily.

E. Are the cues frequent enough so this person doesn't have to remember, such as multiple signs to direct her/him to the bathroom?

1. Repeat cues as often as necessary for this person to be able to accomplish a task or to make use of the information. For example, present multiple cues to show her/him where the bathroom is, so that she/he doesn't get lost on the way there.
2. Make sure there are enough clocks and calendars in the area to meet this person's needs and desires.

F. Are other people in the room performing the same task as this person?

1. Perform a task in a room where other people are also performing the same task. For example, avoid combing this person's hair in a living room where other people are doing something else.
2. Have everyone in the room perform the task in the same way. For example, in a dining room have everyone, including the caregiver sit at a table to eat with this person, so that the cue to sit and

eat is clear. Food should be brought to the table before this person has entered the dining room, so that there is minimal need to leave the table to get something.

3. If it is not possible for others to perform the same task, then move to a private area and perform the task alone with this person.
4. Model the task, (that is, do the task before or at the same time this person is performing the task) when she/he needs help understanding or performing the task, needs encouragement to perform the task, or is too easily distracted while performing the task. For example, sit closely at her/his side and sing so she/he can sing along with you.
5. Monitor the number of people performing a task with this person. Avoid overwhelming her/him by being in the presence of too many people or too much movement.

G. Is the environment free of unintentional cues that give this person inaccurate or inappropriate information, such as inaccurate clocks or artificial fruit?

1. Avoid providing cues that give information that is inaccurate, unintentional, distressing, dangerous, or likely to be misinterpreted, such as inaccurate clocks; body ointment tubes that look like toothpaste tubes; flower patterns on carpet; artificial fruit; or an environment that looks like a hospital rather than a home.
2. Make cues as honest and accurate as possible. Even when the cue is intended to divert this person from danger, avoid cues that intentionally mislead or confuse this person. For example, use interesting, eye-catching objects to lure this person away from dangerous exit doors rather than dark paint on the floor that looks like a hole in front of the door. Avoid using mirrors on exit doors to make this person think someone else is coming toward her/him.

H. Are there cues that stimulate this person to have the ability, energy, or desire to do something, such as notes about activity options, smells of bread baking, or a child's laughter?

1. Provide information or cues that stimulate this person to have the ability, energy, or desire to do something, such as realistic wall pictures to trigger conversations, interesting objects or smells to stimulate thoughts, ideas, or memories.
2. Present cues that give this person ideas of what to do, such as foot stools to sand, objects to sort, chores to do, laundry to fold.
3. Provide cues that comfort this person, or energize and help her/him to move with rhythm, such as music on a stereo or through headphones.
4. Increase comfortable and engaging sounds that entice this person to try something or to interact with someone, such as jokes or sweet singing rather than loud raucous singing.
5. Use cues to introduce activities or invite participation, such as a calendar listing events or the smells of bread baking.
6. Watch this person for evidence of confusion or fatigue to avoid over stimulation.
7. Maintain a balance of cues that stimulate this person to participate versus to simply watch.