

Educator's Overview of Session 4

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 Communication	1 minute
V.	Questions about Communication	26 minutes
VI.	Role in Intervention Strategies: Ideas	10 minutes
VII.	Upcoming Session	1 minute
VIII.	Suggestions to Prepare for Next Session	1 minute
IX.	Learner Post-Session Form	7 minutes



Total time for Session 4 57 minutes

You will need a flip chart, markers, projector, screen, and device for showing

Slides for Educator Use during Session 4

1. "Communication" (18 slides total)
Begin using with Section IV. Use with:
 - Section IV: "Introduction to Understanding Communication"
 - Section V: "Questions about Communication"

Participant Handout

1. "Understanding Communication: 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. Improving MI Practices Website for the Michigan Department of Health and Human Services <https://www.improvingmipractices.org/populations/older-adults>
This website has updates and many additional handouts and resources, including the Cognitive Abilities and Intervention (CAIS): Questions to Ask and CAIS: Intervention Strategies, 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. These were referred to at the end of the handout for Session #1 of this CAIS educational 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.

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

1. Describe how communication and interaction with a person play a major role in this 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 their communication strategies support a person and this person's cognitive abilities.
3. Identify ten concepts regarding communication 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, 2, and 3 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 three 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 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 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, 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 independent this person is, what diagnosis they may have; you can use these strategies with your family or friends), in **any setting** (a private home, an office, a store, gathering space, 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, due to the complex emotional, social, physical, and cognitive aspects of this task. 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 other people and to their environment.

Changes in cognitive abilities that result from brain changes can enhance a person's ability to understand other people, the 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 or performing a task. This person may more easily feel upset or 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.

In the third session, we examined the environment and asked ourselves questions to see how well the environment was supporting a person by addressing their cognitive needs and strengths.

Describe a couple of very brief examples regarding the bathing or showering (or other task) illustration from the first three 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 third 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 Communication



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

Today, we will talk about understanding how well our communication or interactions with a person are adapted to the cognitive strengths and needs of a person.

We'll do this by asking some questions that can help us understand how our interactions help or hinder a person. We will ask how our interactions might be helping a person communicate more easily, feel competent and comfortable, as well as how they might be contributing to a person's distress or inability to do something.

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.

While these sessions focus on cognitive abilities, some interactions 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. Interactions 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 an interaction or task or 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 or responding to your words, movements, and actions. Moving slowly, gently, and with respect and compassion is important.

Show slide #3 "Communication Questions".

Anyone can ask these questions about their own communication with another person.

The questions can generate support strategies (intervention ideas) to help a person understand, respond, and feel comfortable with you. They can also help increase comfort in general, and prevent and reduce distress and situations that are upsetting. The suggested strategies do all of this by supporting a person's cognitive abilities.

These ideas of intervention or support strategies suggest ways you can change your communication, the environment, or the task in order to meet a person's cognitive needs and to rely on or use a person's cognitive strengths.

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

A person usually works much harder to communicate or do a task or parts of a task than you or even they realize, particularly when they have significant cognitive needs. A simple task such as picking up a spoon may take a great amount of energy. Even for a person who communicates or performs a task well, making communication and the task easier for them can conserve their energy for more difficult or more pleasurable tasks and conversations, and can help prevent fatigue, confusion, and emotional distress or irritation.

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.

V. Questions about Communication



This section takes approximately 26 minutes. Continue using slides. If you run out of time, you can eliminate some or all of the content titled “Approach: Explanations and Examples” highlighted in gray at the end of this section V.

Show slide #4 “YOU (All of Us)”.

You are the most important factor affecting how a person feels and how well they understand, communicate, and perform tasks. The way you communicate can determine whether a person feels comfortable and competent or distressed. Your communication can reduce or prevent distressing situations.

By carefully observing, warmly reassuring, and immediately adjusting the way you interact with a person, you can prevent distress or upsetting situations, or quickly diffuse them when they begin to occur. If you notice their fingers or face are beginning to tense or a small frown is beginning to form, you can immediately establish eye contact, gently repeat your question or request, and gently hold their hand, if they are comfortable with your touch.

Give the handout: “Understanding Communication: Questions to Ask”. There are ten concepts with questions listed in the handout. Only four of the concepts with most of their questions are included in the script.

We will use this handout today.

It is called “Understanding Communication: Questions 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): Communication Questions to Ask” and the “CAIS: Communication Intervention Strategies”.

Your handout “Understanding Communication: Questions to Ask” has a series of questions you can ask yourself about yourself to generate ideas of how to communicate with a person in a supportive way.

These questions can apply to anyone interacting with a person in any situation in any place. They are organized under general intervention concepts that address needs a person might frequently experience when interacting with other people.

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. Your communication, the environment, and the task might also change.

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

Let's imagine you are helping Ms. Smith take a bath or shower (or do some other task). As you become aware of how you are interacting with Ms. Smith, ask yourself the questions listed in your handout.

These questions assume you are the care partner communicating with and assisting this person. (So you are observing yourself while you communicate and assist.) If someone else is assisting instead, then you will observe whomever is assisting and ask yourself the questions about whomever is assisting and communicating with this person.

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 bathing/showering task (or 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.

Respect: Explanation and Examples:

The first set of questions has to do with respecting a person. We must respect a person and communicate that respect both verbally and nonverbally.

Show slide #5 "Respect".

What you see on the slide is the same as what you see in your handout.

In your handout it says:

A. **RESPECT:** Look for ways I:

- **Show respect** for Ms. Smith, both verbally and nonverbally
- Treat Ms. Smith as an **adult**, both verbally and nonverbally
- **Express warmth and friendliness** to Ms. Smith; show that I care about Ms Smith, both verbally and nonverbally.

Show slide #6 "Examples".

When I honestly examine my own feelings, I may find that I don't like or respect Ms. Smith. I may feel irritation, embarrassment or disgust. If so, I need to consider how to change my feelings or ask someone else to assist her.

Ms. Smith may not be able to express in words the embarrassment or humiliation she feels when she is treated like a child, but it is likely she has these feelings. When Ms. Smith appears childlike, because of the way we are talking to her or because she is holding a toy, other people are more likely to treat her as a child. Ms. Smith needs **simplified**, not childlike objects, task steps, and interactions. She still needs you to show her warmth and friendliness, but not in a way that treats her like a child.

In your handout it says:

1. Do I respect Ms. Smith? (For example, do I understand Ms Smith enough to admire her? Am I free of feelings of impatience, irritation, embarrassment, or disgust?)
2. Do I treat Ms. Smith as an adult in the words and facial expressions I use? (For example, do I avoid calling her "dear" when I really don't know her?)
3. Do I offer normal adult objects and activities? (For example, do I avoid children's toys or children's games? If I offer a doll because that seems to be one of the few things that calm and comfort Ms. Smith, does the doll look like a real baby instead of a cartoonish toy? If I offer her a stuffed animal for the same reason, does it look like a real kitten instead of a cartoonish toy?)
4. Do I avoid talking about Ms. Smith in a condescending way? (Do I avoid saying, for example, "They are so cute together." or "She's the little lady over there?")

5. Do I avoid talking about Ms. Smith in front of her?

Show slide #7 “More Examples”.

Because of changes in her brain, it is hard for Ms. Smith to do more than one thing at a time. She cannot feel embarrassment or shame and at the same time correct her behavior. When Ms. Smith lifts her blouse in the dining room, it is more effective to **discreetly** smooth her blouse down again and distract her with conversation, rather than asking her what she is doing or telling her other people will see her if she does that in public.

Scolding or commands can easily be misinterpreted and create distress. Clear, short, simple requests that get Ms. Smith’s attention are most effective in helping her to change behavior. When you make your requests **clear**, short, simple, and at the same time **gentle** and **kind**, you show respect and also help her to understand, in spite of the distress and cognitive needs she may be experiencing.

In your handout it says:

6. Are my voice, gestures, and movements gentle and kind, even when clear and firm?
7. Do I help Ms. Smith save face and avoid embarrassment? (For example, do I avoid calling attention to her mistakes and instead discreetly correct her mistakes without her noticing?)
8. Do I avoid scolding, shaming, or bossing Ms. Smith?

Explanation and Reassurance: Explanation and Examples:

Show slide #8 “Explanation and Reassurance”.

Ms. Smith will always need explanations and constant reassurance.

What you see on the slide is the same as what you see in your handout.

In your handout it says:

B. EXPLANATION AND REASSURANCE: *Look for ways I:*

- **Show reassurance** to Ms. Smith
- Clearly **explain** events, requests, and the environment to Ms. Smith

Show slide #9 “Examples”.

Ms. Smith’s brain changes and normal age related sensory changes might result in the need to hear an instruction or explanation several times before she can respond because:

1. She may forget it.
2. She may need more time to process the information.
3. She may not be able to hear it over the background noise in the environment.
4. She may have been distracted by something in her environment.
5. She may be emotionally upset.
6. She may be involved in one thought or task and can't shift gears quickly to change her thought or task.

To help her hear me better, I need to speak in a low-pitched voice. Speaking in a lower pitch is often more effective than speaking more loudly, since the higher pitched sounds are lost in normal age-related hearing changes.

In your handout it says:

1. Do I give reassurance as often as necessary, both verbally and nonverbally?
2. Do I avoid giving Ms Smith information that would be distressing or embarrassing to her?
3. Do I give information or make a request only when Ms. Smith is emotionally calm and ready to hear me, so she does not need to feel emotion and think about my words at the same time?
4. Do I give as much explanation as Ms. Smith needs?
5. Do I repeat requests or explanations as often as necessary?
6. [In handout, but not included in this script due to time limits for presenting.]
7. Do I use few words and short phrases and words?
8. Do I use concrete and familiar words?
9. Do I speak clearly and in a low pitch?
10. Do I talk as slowly as necessary, and with pauses to allow time for processing?
11. Do I wait to talk until there is no other noise?
12. Do I give a clear and honest answer to every question Ms. Smith asks?

Show slide #10 "More Examples".

Ms. Smith may ask a question repeatedly because she forgets my answer, or she inaccurately senses how much time has passed since she last asked. For example, she may ask, "When is lunch?" and I may answer, "In twenty minutes." One minute later she may ask again because she's forgotten or she senses it's been longer than twenty minutes. When she forgets what I've said, answering her question in the same way each time may be easier for both of us. When she inaccurately senses how much time has passed, gently say that you will tell her when it's time for lunch.

In your handout it says:

13. Do I answer questions as though this is the first time they were asked?
14. Do I avoid saying "no" and do I suggest alternatives instead?
15. Does the sound or tone of my voice help convey my meaning? (For example, is it obvious from the pitch of my voice at the end of a sentence that I have asked

- a question? Or is it obvious that I am trying to soothe by the gentle sound of my voice?)
16. Do my questions invite opinions or “yes” and “no” responses, rather than facts or information?
 17. Do I let Ms. Smith know how much time has passed and what time of day it is, when necessary?
 18. [In handout, but not included in this script due to time limits for presenting.]

Show slide #11 “More Examples”.

Because Ms. Smith can easily misinterpret information or can feel uncertain how to respond to information, I need to avoid giving her unnecessary information that would simply upset her. For example, sometimes when she is looking for her husband who has been dead for twenty years, I may be more helpful if I reassure and soothe her (For example, “He isn’t here now, but I am here with you and I can help you.”), then distract her rather than say her husband is dead.

Ms. Smith may be startled (even if she doesn’t show it) and resistant when a part of her body is touched or moved without warning. Ms. Smith’s response may be due to a physical, emotional, or sexual discomfort or trauma she experienced in her past or recently. Or she may be in pain or have a hypersensitivity to touch. Asking permission to move Ms. Smith’s leg shows respect for her and her need to be in control. It also alerts her to prepare to move her leg. When a verbal request is not enough, I may need to move my hand on her leg toward her knee joint, if she is comfortable with my touch, before she is ready to help or to allow the leg and knee to be moved.

In your handout it says:

19. Do I verbally prepare Ms. Smith before touching her on any part of her body? (For example, do I ask permission to touch her and do I tell her when I am going to touch?)
20. Do I ask Ms. Smith to move a part of her body rather than moving it for her?
21. Do I verbally prepare Ms. Smith before part of her body moves? (For example, by asking her to move it, or for permission for me to move it before she or I move it?)
22. Do I nonverbally prepare Ms. Smith before part of her body moves? (For example, by touching a body part if she is comfortable with my touch, before she or I move it?)

Body (Nonverbal) Language: Explanation and Examples:

Most of our communication with another person is through our body. We communicate more with our body than we do in our words, so it is important to notice how our body looks and sounds to this person.

Show slide #12 “Body Language”.

What you see on the slide is the same as what you see in your handout.

In your handout it says:

C. BODY (NONVERBAL) LANGUAGE: *Look for ways I:*

- **Use my body** to communicate with Ms. Smith
 - **Unintentionally** communicate with my body
 - Address Ms. Smith's sensory and cognitive abilities by how I **position and move** my body
1. Do I use my body enough to communicate with Ms. Smith? (For example, do I use facial expressions and hand gestures with my words to help Ms. Smith understand?)
 2. Is my body telling Ms. Smith what I want it to say? Do I avoid gestures or facial expressions that could be misinterpreted? (For example, do I raise my eyebrows rather than frown when I want to show concern? Do I raise the pitch of my voice at the end of a sentence only when I am asking a question?)

Show slide #13 "Examples".

It is important that my body's appearance and movements match my words. I need to both look and sound friendly. Ms. Smith will respond more to how I look and move than to the words I say.

She will likely remember her emotions (though maybe not consciously) than she will be able to recognize and remember words. So she may respond more to my frown than to my friendly words. She is more likely to remember her anxiety when I rushed her through a shower, than she will the apology or reassuring words I used, or even the fact that I helped her with a shower.

In your handout it says:

3. Do my body, face, eyes, and words all match? (For example, do I avoid moving quickly or with startling movements while using soothing words and smiling?)

Show slide #14 "More Examples".

Ms. Smith may not notice or pay attention to objects in all parts of her visual field. So, where I position myself is important. She may respond more easily when I am in front of her than when I am off to her side.

If I move slowly and as little as possible, she will have more energy to understand what I am saying and to do more parts of the task independently.

In your handout it says:

4. Do I place myself so Ms. Smith sees and notices me easily?

5. Do I change position only when necessary and move slowly, and only for short distances?
6. Am I at eye-level with Ms. Smith when I interact with her? (For example, do I sit near her or if her eyes are looking down, do I kneel?)
7. Do I make and keep eye contact with Ms. Smith?
8. Do I touch Ms. Smith while talking, but only if she is comfortable with my touch?
9. Do I model the task and cheerfulness? (For example, do I do the task myself so she can see me while she is also doing the task? Or do I do part of the task to show her how to do it? Am I upbeat and positive?)

Approach: Explanation and Examples

[If you have time, include some or all of concept “D. Approach”.]

How you approach a person will often determine how successful your interaction with them will be.

[Show slide #15 “Approach”.]

What you see on the slide is the same as what you see in your handout.

In your handout it says:

D. APPROACH: Look for ways I:

- **Introduce** a topic, activity, or request in a way that helps Ms. Smith **feel positive** about it
- Set an upbeat, cheerful, relaxed, and comfortable **emotional tone**
- **Prevent** anxiety, uncertainty, or frustration in Ms. Smith

[Show slide #16 “Examples”.]

Because of cognitive changes due to brain changes, Ms. Smith may become increasingly dependent upon the environment and the people around her to help her feel content and successful. This means I have to be careful to provide a relaxed, cheerful, upbeat emotional tone because her feelings and behavior will increasingly reflect my feelings and interactions with her. Therefore, I need to smile, be friendly, and converse warmly, calmly, and cheerfully.

In your handout it says:

1. Do I converse with Ms. Smith and build trust before mentioning a task such as bathing or getting dressed?
2. Do I avoid embarrassment about private activities? (For example, do I invite Ms. Smith to use the toilet only when we are alone or when other people don't hear me?)

[Show slide #17 “More Examples”.]

Ms. Smith may feel overwhelmed at the thought of accomplishing all the steps of a shower or bath. She may respond more willingly to an invitation to do the first step, such as a walk which ends up at the bathroom, if she hasn't heard the words shower or bath.

Asking Ms. Smith for her preference among simple options, such as a yellow or blue washcloth for her shower, may help distract her from the challenge of the whole task and help her feel a sense of control and pleasure during the task.

In your handout it says:

3. Do I avoid telling Ms. Smith about the whole task and instead mention only one step at a time if she gets overwhelmed when the whole task is mentioned? (For example, instead of saying "Let's take a shower", do I say "Let's walk to the bathroom"?)
4. Do I offer options Ms. Smith can understand, so she can make choices?
5. Do I suggest a refreshment or fun enticement to help Ms. Smith participate?

Show slide #18 "More Examples".

Just walking to a destination can sometimes be challenging. A strong, powerful rhythm can help Ms. Smith move various parts of her body more easily. Singing rhythmically or marching with her may help her walk more quickly and for a longer duration.

In your handout it says:

6. Do I rhythmically sing or march to a place, when appropriate to help Ms. Smith walk and participate? (For example, do I use rhythm when I walk with her to the dining room or bathroom?)
7. Do I laugh, joke and use humor in a concrete and emotionally supportive way?
8. Do I stay calm, no matter what is happening? (For example, even when we are being silly together or when Ms. Smith is angry or frightened?)

Notice there are six more concepts and sets of questions in your handout that we won't have time to talk about today. These are very important and helpful, so you will want to read them later.

If you eliminated the "Approach" concept highlighted 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 how we communicate with a person, change the environment, and change the task itself to make communication and all tasks easier for a person and more pleasant.

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

The changes in your communication can be modified as this person's cognitive abilities change over time and as the environment 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 our interactions are helping this person and supporting their cognitive abilities.

A "No" answer suggests you might be able to help this person by adapting what you say and how you communicate. When you can't adapt some aspect of your communication, then change the environment or how the task is set up.

The answers can suggest ways to help this person understand, respond, and feel comfortable with us. They can also help this person more effectively communicate and relate to other people, as well as successfully perform a task.

What might be some possible strategies we could try?

Write the possible strategies on the flip chart.

VII. Upcoming Session



Take 1 minute to mention the upcoming session.

In the next (and last) session, we'll look in more detail at questions about how the task is set up to see how we can change it to make a task 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 the next time we meet.

See if they help you come up with ideas about how to make various tasks easier for you and for the 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 5!

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!