

Educator's Overview of Session 5

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 Task and Daily Routines	1 minute
V. Questions about the Task and Daily Routines	26 minutes
VI. Role in Intervention Strategies: Ideas	10 minutes
VII. Suggestions for Use of the Questions in the Future	1 minute
VIII. Good Bye and Thank You	1 minute
IX. Learner Post-Session Form	7 minutes



Total time for Session 5 57 minutes

You will need a flip chart, markers, projector, screen, and device for showing slides when presenting this session.

Slides for Educator Use during Session 5

1. "Task and Daily Routines" (18 slides total)
Begin using with Section IV. Use with:
 - Section IV: "Introduction to Understanding the Task and Daily Routines"
 - Section V: "Questions about the Task and Daily Routines"

Participant Handout

1. "Understanding the Task and Daily Routines: 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 the structure of a task and the daily routines of a person plays 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 the structure of a task and the daily routines support a person and this person's cognitive abilities.
3. Identify six concepts regarding intervention and support strategies that modify the task and daily routines to 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, 3, and 4 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 four 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 being a part of this educational series!

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 their environment and abstract concepts, and to do a task, if the changes 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.

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.

In the fourth session, we looked at our communication strategies and asked questions about ourselves to see how well we were adapting to and supporting a person's cognitive abilities when we interacted with them.

Describe a couple of very brief examples regarding the bathing or showering (or other task) illustration from the first four 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 fourth 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 Task and Daily Routines



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

Today, we will talk about understanding how well the task and routines 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 the way the task is set up might help or hinder a person. We will ask how the task structure is helping a person 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 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 tasks are more likely than others to trigger emotional distress for a person. This is especially true for a person who has in their past or recently experienced a sexual, physical, or emotional encounter that was uncomfortable or traumatic. Tasks or situations that involve, for example, removing clothing or being touched or someone else having control over this person could easily cause distress. Even being in a room similar to where such encounters happened to this person can cause distress. It is important to stop a 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. Moving slowly, gently, and with respect and compassion is important.

Show Slide #3 "Task Questions".

Anyone can ask these questions about any task.

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 ideas of intervention strategies suggest ways you can change the task, the environment, or your communication, in order to adapt to or compensate for the cognitive changes this person is experiencing.

The 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 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 performs a task well, making the task easier for them can conserve their energy for more difficult or more pleasurable tasks, and can help prevent fatigue, confusion, and emotional irritation and distress.

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 the Task and Daily Routines



This section takes approximately 26 minutes. Continue using slides.

Show Slide #4 “Goals of Task: Whose?”.

One of the challenges with bathing and showering might be a difference in goals between you and the person you are assisting.

Therefore, you will need to ask yourself, “What does this person want and need from this task, and what do I want and need from this task?”

Show Slide #5 “Bathing Example”.

Let’s continue to use Ms. Smith to illustrate these concepts as we have the past four sessions. Imagine you are helping Ms. Smith take a bath or shower.

You may think of a bath or shower as simply a way for Ms. Smith to get clean. You may also think a bath or shower is the BEST way for her to get clean.

Ms. Smith may have a different opinion. She may not have taken showers or baths, in the way we do today, throughout most of her adulthood.

Ms. Smith may need the bath to relax, to soothe anxieties, or to feel luxurious, even more than to get clean. Or she may believe that the only way she can avoid anxiety is to not take a bath or shower at all.

It is important to clarify your goals and Ms. Smith's goals for bathing and to see how they can both be met. Even if Ms. Smith is not consciously aware of her own goals, she does have preferences.

Show Slide #6 "Structuring the Task".

How you structure the bathing task will have a major impact on how much you and Ms. Smith enjoy the bath or shower and feel your goals have been met.

Bathing or showering may be the most difficult hygiene task for a person with significant cognitive needs. Rather than meeting Ms. Smith's goals of relaxing, bathing may severely challenge her cognitive abilities and create emotional distress for her. This will largely be a result of her brain changes.

These questions will help make the bathing task easier and more appealing to Ms. Smith by examining ways to change the timing of the task, the task steps, and the objects used.

Show Slide #7 "Structuring the Task (continued)".

Our goal, with these questions as you assist her, is to make bathing or showering for both Ms. Smith and you:

- Pleasant, relaxing, and calming.
- Feel safe, private, and dignified.
- Easier for her to do independently and successfully.
- Effective in helping her be clean.
- Accommodate her brain and cognitive changes by relying on her strengths and addressing her needs.

We will do this by showing how to generate ideas to:

- Help Ms. Smith successfully do parts of the task herself.
- Help Ms. Smith and you enjoy the task.

Show Slide #8 "Key Points".

Important points to remember are:

- Ms. Smith needs to feel good about the task, as well as be clean, for it to be successful. If at the end of the bath or shower, Ms. Smith is clean, but upset during the bath or shower, it was not successful. Ms. Smith feeling good is a very important goal. Remember that Ms. Smith will remember her emotional distress (maybe not consciously) more than she will remember that she had a shower.
- It is also more important for her to feel good than for her to independently accomplish all or part of the task. Ms. Smith will likely feel good if she

participates. However, if participating makes her too anxious, it may be better to distract her and perform the task steps for her.

- If the bath or shower is upsetting, and modifying the task does not help her, then consider another way to help her be clean. For example, consider a bed bath or sponge bath at the sink.

Show Slide #9 “Key Points (continued)”.

- If bathing or showering is not relaxing to Ms. Smith, reduce the frequency of the task. For example, help Ms. Smith with a shower or bath only once every other week, rather than twice a week.
- Try to do the task the same way each time. Use the same care partner, place, time, order of task steps, and objects. It is likely very difficult for Ms. Smith’s brain to adapt to change or new ways of doing things. She most likely can do a task better if it is predictable, because she doesn’t have to think about it. Change requires her to focus on the task and to think about each step or object.
- As much as possible, the task should be done the same way she did it throughout her adult life.
- As her cognitive abilities change, the task will need to be adapted to her changing needs and preferences. But it should be adapted only when needed and in a way that addresses the specific cognitive ability that changed. It should generally stay the same as much as possible.

Give the handout: “Understanding the Task and Daily Routines: Questions to Ask”. There are six 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 the Task and Daily Routines: 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): Task and Daily Routines Questions to Ask” and the “CAIS: Task and Daily Routines Intervention Strategies”.

Your handout “Understanding the Task and Daily Routines: Questions to Ask” has a series of questions you can ask yourself to generate ideas about how to structure a task with a person in a supportive way.

These questions can apply to all tasks including activities of daily living, as well as fun and leisure activities. They are organized under general intervention concepts that address needs a person might frequently experience while performing a task.

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 task, environment, communication, and other conditions 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 continue to imagine you are helping Ms. Smith take a bath or shower (or do some other task). As you examine the task of bathing or showering (or the task you chose) and consider Ms. Smith's strengths and needs, ask yourself the questions listed in your handout.

These questions assume you are assisting this person. If someone else is assisting instead, then the questions should apply to whomever is assisting this person. You are still the observer of this person and task 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 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.

Show Slide #10 "Task Steps".

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

In your handout it says:

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

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

1. Do I break the task down into steps?
2. Do I perform, adapt, or assist with the steps that are most difficult for Ms. Smith?
3. Is the pace of the steps adapted to Ms. Smith?

4. If it's necessary, are task steps spread out over time? (For example, are different parts of her body washed at different times of the day?)

Explanation and Examples:

Show Slide #11 "Examples".

Due to changes in her brain, Ms. Smith may have difficulty understanding a whole task and identifying the steps that make up the task. She may be easily overwhelmed, resulting in withdrawal, resistance, anxiety, or anger.

Breaking the task down into steps and reminding Ms. Smith of the steps and their order (one step at a time if necessary) may be helpful. It also allows you to more easily identify which steps are too difficult for Ms. Smith to do without assistance or encouragement.

Because Ms. Smith takes longer to understand and perform each task step, the timing of the steps is important. Ms. Smith needs the task steps slowed down, but not interrupted.

When they are interrupted, or there is too long a pause between them, Ms. Smith might lose track of the order of the task steps. She might start doing them in reverse, for example, getting dressed instead of undressed, or become distracted away from the task altogether. Adapting the pace on the spot, in response to Ms. Smith's reactions, can be the intervention that allows the task to be completed successfully.

There may come a time when Ms. Smith cannot easily tolerate all of the task steps at one time. She may need to do some of the task steps and then do the others at another time. For example, she may wash the upper half of her body in the morning and the lower half at night. Doing the more difficult task steps when Ms. Smith is more energetic might also be helpful.

In your handout it says:

5. Are complex task steps simplified? (For example, washing one arm, rather than both arms?)
6. Are the task steps familiar to Ms. Smith? (For example, a bath instead of a shower?)
7. Are the task steps concrete enough? (For example, showing Ms. Smith her clothing rather than simply asking her to get dressed?)

Show Slide #12 "Modification of Steps".

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

In your handout it says:

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

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

Explanation and Examples:

Bathing and showering may be the most emotionally challenging and complex task Ms. Smith performs. It involves removing all of her clothes, making her feel vulnerable, and putting other clothes back on. These task steps use all parts of her body, both for moving and feeling. They also require many other challenging cognitive abilities. By reassuring her, performing or assisting her with some of the task steps, and modifying task steps, you can reduce her embarrassment, anxiety, physical discomfort, confusion, and fatigue.

Show Slide #13 "Examples".

Removing clothing can be particularly difficult for Ms. Smith. She may resist because it can be painful or physically difficult to do so, or because she is embarrassed, fearful, or doesn't understand why she needs to take her clothes off. Encouraging her to undress in the same place each time (for example, on one side of the room) and then to dress in another place that is the same each time (for example, on the other side of the room) might help. The location may become a cue for her.

Exposing and washing only part of her body at a time while the rest of her body stays covered may also help her.

When other interventions have failed, and only when necessary, sometimes stepping into the shower with her clothes on (for example her pajamas) and letting

them get wet helps her see the need to remove them. If getting her clothes wet upsets her, however, this intervention is inappropriate.

Show Slide #14 “Examples (continued)”.

Keeping Ms. Smith’s body covered with towels and washing through or under the towels while she is in the shower can keep her warmer, as well as less embarrassed or anxious.

The towels will also help protect her skin when she is particularly sensitive to temperature and to the pressure of the water from the nozzle, or is very sensitive to water moving across her skin. Ms. Smith may experience rapid shifts in her sensitivity to temperature so that one moment the water feels cold and the next moment hot.

The soft spray from the shower nozzle may also at times feel like sharp pellets or pin pricks to her. Covering the nozzle with a washcloth can help protect her as well.

Show Slide #15 “Modification of Objects”.

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

In your handout it says:

C. MODIFICATION OF OBJECTS: Look for:

- Adaptation of objects used during the task to adapt to Ms. Smith’s **changing needs and preferences**
 - Accommodation of Ms. Smith’s need for **familiarity**
1. Are objects modified to accommodate changes in Ms. Smith’s needs? (For example, are zippers replaced with Velcro, or foods that are difficult to chew or swallow cooked until soft? Are finger foods offered, when using utensils or sitting at a table is difficult?)
 2. Do the modifications keep the objects as similar as possible to what Ms. Smith is used to? (For example, are buttons changed to snaps rather than Velcro, or is soft food that looks normal used rather than pureed food that is unrecognizable?)
 3. Do modifications reduce the need for significant range of motion when necessary? (For example, are overhead shirts replaced with button shirts?)
 4. Are emerging anxieties or preferences accommodated? (For example, are Ms. Smith’s pants replaced with skirts when her anxiety about removing pants becomes acute, or dry shampoo used to keep her hair from getting wet?)
 5. Are changes in sensory or perceptual functions accommodated? (For example, is the shower nozzle covered with a washcloth when touch or her skin sensitivity to the water spray makes the spray uncomfortable, painful, or frightening?)
 6. Are emotionally pleasing objects used to increase the appeal of the task? (For example, is ice cream eaten during a bath or candy during a shower; or are towels used that are particularly soft or colorful?)

Explanation and Examples:

Show Slide #16 “Examples”.

The objects Ms. Smith uses are crucial to her ability to perform a task comfortably. Because of brain changes, she may have difficulty recognizing objects. It is important to keep the objects used as familiar as possible. For example, bottled liquid soap when she is used to bar soap may confuse her.

Adapting objects and equipment to Ms. Smith’s changing cognitive and physical needs is particularly important. A rolling shower chair or bath chair may be helpful.

Show Slide #17 “Timing”.

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

In your handout it says:

D. TIMING: Look for:

- How the whole **24-hour day** of Ms. Smith is usually spent
 - How **similar** Ms. Smith’s daily schedule is to the schedule she used to have throughout most of her adult life
 - How **appropriate** the daily schedule is for Ms. Smith now
 - How the **past 48 hours** or longer have been going for Ms. Smith
 - What events/tasks usually **precede** this task
1. Are the daily order and time of routines as normal and familiar to Ms. Smith as possible? (For example, are getting out of bed, eating breakfast, washing, and dressing done in the same order and at the same time as they were done throughout most of Ms. Smith’s adult life?)
 2. Are the daily order and time of routines appropriate for Ms. Smith now? (For example, does she eat breakfast in bed if she cannot be up for long periods of time, or does she wake up later now?)
 3. Are the daily order and time of routines the same each day?
 4. Is there a familiar and appropriate pace of daily routines, so the logic of the sequence is obvious to Ms. Smith? (For example, are getting out of bed, eating breakfast, washing, and dressing done without pauses?)
 5. Have the past few hours before each task been typical for her and not upsetting?
 6. Is there enough time between tasks to allow for rest and recuperation?
 7. Is enough time allowed to complete the task successfully and comfortably for Ms. Smith?
 8. Is the task performed as often as is appropriate?

Explanation and Examples:

Show Slide #18 “Examples”.

A daily schedule that feels familiar to Ms. Smith becomes a cue that helps her structure her time (and helps her understand the task and what is expected of her). This is especially important because she may not easily sense how much time has passed due to her brain changes.

A daily schedule is also reassuring to her by helping her feel that there is some predictability to her day and to the order of tasks.

Sometimes the schedule of daily routines that Ms. Smith has become used to is changed to accommodate someone else's needs. There may be a long period of time between the time she gets dressed for bed, for example, and when she actually goes to bed. This can be confusing to Ms. Smith and may result in her feeling unwilling to go to bed, because she needs the evening routine to help her understand that it is now time to go to bed.

Ms. Smith may be taking more showers than is necessary. If she is incontinent, maybe only a sponge bath of the lower half of her body is necessary. If she finds the shower frightening and confusing, maybe a bed bath would be more appropriate for her. The cultural and generational expectations for how often bathing is appropriate must be respected as well. Ms. Smith likely did not bathe daily or even twice a week when she was younger.

There are two more concepts or sections of questions in this handout. We don't have time today to talk about them, but they are important for you to read later on.

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 task, the environment, or how we communicate with a person to make communication and all tasks (including bathing and showering) easier for a person.

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

The changes in the task 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 way the task is set up is helping this person and supporting their cognitive abilities.

A “No” answer suggests you might be able to help this person by adapting the task or routines. When you can’t adapt the task or timing of tasks, then change the environment or what you say and how you communicate.

Try to be creative as you search for ways to use these interventions suggested by the questions to help this person feel comfortable and more easily perform a task.

What might be some possible strategies we could try?

Write the possible strategies on the flip chart.

VII. Suggestions for Use of the Questions in the Future



Take approximately 1 minute to ask learners to try asking all of these questions (including those from the previous sessions) on their own in the future.

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.

The handouts from all five sessions in this series are for you to keep and use. They can be a reminder of what we talked about in these five sessions and provide more information.

We hope these sessions have given you ideas about how to better understand the person you are assisting and how to help adapt the environment, your interactions with this person, and the task to make communication and all tasks easier for you and for the person you are with.

If you have time, ask if anyone has any final questions or comments. Ask for more ideas of support strategies for the person with whom you are illustrating this series.

VIII. Good Bye and Thank You



Take approximately 1 minute for this section.

Thank you again for being a part of this series. I have enjoyed meeting with you, learning, and problem solving together!

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!