



## Understanding the Task and Daily Routines: Questions to Ask

Here are some questions to ask yourself about the task and daily schedule and routines to better understand how well they support a particular person's cognitive abilities. These questions are based on brain functioning and specific cognitive skills. However, you do not need to know anything about the brain or cognition to ask them. The questions are organized under general intervention concepts that address needs a person might frequently experience while performing a task.

A "Yes" answer suggests the task structure and routines are currently effective in meeting this particular person's cognitive needs and building on their cognitive strengths. The answers to these questions can suggest changes you can make in the task or timing of tasks to help this person feel comfortable and successfully accomplish the task.

The task and daily routines include activities of daily living as well as fun and leisure activities, that is, any task this person is performing.

These questions should be asked frequently since this person might change over time or even day by day.

The questions assume you are assisting this person. If someone else is assisting instead, then the questions that refer to a care partner (caregiver) role should apply to whomever is providing the assistance while you observe.

More information is on the last page of this handout.

**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 this person?
3. Is the pace of the steps adapted to this person?

4. If it is necessary, are task steps spread out over time? (For example, washing different parts of their body at different times of the day?)
5. Are complex task steps simplified? (For example, washing only one arm, rather than both arms?)
6. Are the task steps familiar to this person? (For example, a bath instead of a shower?)
7. Are the task steps concrete enough? (For example, showing clothing rather than simply asking them to get dressed?)

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

- To make them less difficult for this person
  - Over time to adapt to changes in this person's cognitive abilities, needs, strengths, or preferences
1. Does the order of the task steps meet this person's needs and preferences? (For example, does washing their feet first help this person get used to the water or match the way they 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 this person so that no part of their 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 them so the spray from the shower nozzle doesn't touch their skin directly?)
  4. Is the location of each task step adapted to this person? (For example, is their 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 this person?)

**C. MODIFICATION OF OBJECTS:** Look for:

- Adaptation of objects used during the task to adapt to this person's changing needs and preferences
  - Accommodation of the need for familiarity
1. Are objects modified to accommodate changes in this person'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 this person is used to? (For example, are buttons changed to snaps rather than Velcro, or soft food that looks normal 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 women's pants replaced with skirts when anxiety about removing pants becomes acute, or dry shampoo used to keep their 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 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 towels used that are particularly soft or colorful?)

**D. TIMING:** Look for:

- How the whole 24-hour day of this person is usually spent
  - How similar their daily schedule is to the schedule they used to have throughout most of their adult life
  - How appropriate their daily schedule is for this person now
  - How the past 48 hours or longer have been going for this person
  - What events or tasks usually precede this task
1. Are the daily order and time of routines as normal and familiar to this person 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 their adult life?)
  2. Are the daily order and time of routines appropriate for this person now? (For example, do they eat breakfast in bed if they cannot be up for long periods of time, or do they 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 this person? (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 this person 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 this person?
  8. Is the task performed as often as is appropriate?

**E. CONSISTENCY:** Look for evidence that each time the task is performed it is:

- With the same care partner
- Done the same way
- At the same time of day
- In the same place

1. Is the same care partner (as much as possible) assisting this person each time the task is done?
2. Am I helping with the task the same way each time?
3. Have the task steps become routine and predictable?
4. Are the same task objects used each time?
5. Is the task done in the same order with other tasks each time?
6. Is the task done at the same time each day?
7. Is the task done at the same place each time? (For example, getting dressed in the morning on one side of the room and undressed at night on the other side)?

**F. TASK GOALS:** Look for:

- What this person wants and needs from this task
  - What you want and need from this task
1. Are this person's goals clearly identified? (For example, to feel safe, warm, relaxed, and comfortable?)
  2. Are my goals clearly identified? (For example, for this person to be clean?)
  3. Do I recognize clearly what is necessary for this person vs. what is desired for this person? (For example, the need for a wound to be clean for health reasons vs. the whole body washed to meet cultural expectations?)
  4. Will modifying my expectations adequately meet the goals of both me and this person? (For example, bathing once a week instead of twice a week?)
  5. Will not doing the task or doing an alternative to the task adequately meet the goals of both me and this person? (For example, a bed bath rather than a shower?)
  6. Will doing only part of the task adequately meet the goals of both me and this person? (For example, washing only the lower half of the body?)
  7. Will modifying the task meet enough of the goals of both me and this person? (For example, washing their hair with a damp washcloth rather than getting their hair dripping wet?)
  8. Is an adequate amount of time allowed for the task to meet the goals of both me and this person?

## More about these Questions

This handout lists questions you can ask yourself to discover how well a task is set up to meet a particular person's cognitive needs and how well the task relies on or uses this person's cognitive strengths. The questions are based on specific brain functions and cognitive abilities. They focus on ways the timing and structure of the task can make it easier or harder for this person to feel competent and comfortable and to perform all tasks, including activities of daily living.

Task structure has a major impact on behavior, on the amount of distress and fatigue a person experiences, and on how easily and successfully you can assist a person. These questions help explore why a person performs a task more easily some times than other times, is distressed, or is acting in a way that is distressing to others, as well as why the task or **our own**

behavior might be **unintentionally** distressing to this person. They also suggest support strategies (interventions).

While this handout focuses on the 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, or even being in a room similar to where such encounters happened to this person could easily cause distress. It is important to stop a task or leave the room if this is the case. Watch and listen closely to notice how this person seems to be feeling. Moving slowly, gently, and with respect and compassion is important.

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. 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.

The questions in this handout are for you to ask yourself, NOT to ask the person you are observing or assisting. Anyone can ask these questions in any setting in any situation. They can be asked during any task. They should be asked frequently enough to address changes in the person's needs, strengths and desires.

The **“Cognitive Abilities and Intervention Strategies (CAIS): Task and Daily Routines Questions to Ask”** presents these questions in more detail and in a more formal structure in two formats: a Yes/No response format and a Four Point response format. It also includes additional questions.

The **“Cognitive Abilities and Intervention Strategies (CAIS): Task and Daily Routines Intervention Strategies”** presents a variety of intervention strategies for each question in the “CAIS Task and Daily Routines Questions to Ask”.

The CAIS consists of four parts, each with a list of questions and ideas of intervention strategies. The four parts are: 1) Cognitive Abilities, 2) Environment, 3) Communication, and 4) Task and Daily Routines. The questions in this handout are similar to the questions in the “CAIS Task and Daily Routines Questions to Ask” and “CAIS Task and Daily Routines Intervention Strategies”.

The questions are meant to be asked through general observation or while you are helping a person with a task. The answers to these questions can help you modify the task, your communication strategies, or the environment to accommodate this person's cognitive abilities and challenges. When you answer the questions during a task, you can intervene immediately and respond to subtle changes that occur minute by minute in this person's cognitive abilities.

These questions apply to any task (for example, housekeeping chores, hygiene, leisure activities, decision making, a visit with a friend) and the schedule of activities in any setting.

Answers to all these questions can help determine which intervention or support strategies might be most effective in helping a person be happier and function more independently.

### **For more information**

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 Strategies (CAIS): **Questions to Ask** and Cognitive Abilities and Intervention Strategies (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.
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.
- 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