



DEMENTIA CARE SERIES

Michigan Department of Community Health

THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #23: Questions about Caregiving:

An Assessment Checklist

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Introduction

This caring sheet lists questions a caregiver can ask to discover how well the caregiver's interactions with a person with cognitive impairment, are accommodating the strengths and needs of the person. The questions are based on very specific changes to the cognitively impaired person's brain, and on ways a caregiver's communication strategies make it easier or harder for the person to feel comfortable and to perform tasks of daily living.

The caregiver is probably the most significant factor affecting behaviors, the amount of distress and fatigue a person experiences, and how easily and successfully the caregiver can assist the person with cognitive impairment. These questions help explore why a person is in distress, having trouble performing a task, or engaging in a particular behavior. They also suggest intervention strategies.

The caregiver is expected to ask these questions to her/himself or to other caregivers, but NOT to the person with cognitive impairment. The questions can be asked informally by family and other caregivers or more systematically with formal recording by professionals. (These questions form the basis for a more formal assessment instrument under development.)

The questions are meant to be asked either as a general assessment or while a caregiver is helping with a task. The answers to these questions can help the caregiver modify communication strategies in order to accommodate the person's feelings, abilities and cognitive difficulties. When they are asked during a task, the caregiver can intervene immediately and respond to subtle changes that occur minute by minute in the person's cognitive abilities. The questions facilitate self observation by the caregiver.



CAREGIVING AND COGNITIVE IMPAIRMENT

Questions to Ask:

These are some questions to ask ourselves about our communication methods to assess how our interactions affect a person with cognitive impairment. Are our interactions helping the person to feel comfortable and to understand and respond to us?

The questions are based on specific changes in the brain and are organized under general intervention concepts. “Yes” answers indicate the interactions are likely helping the person.

The answers to these questions may suggest interventions to try with a particular individual on a particular occasion.

A. CHARACTERISTICS: Am I the best person to be doing this task or activity?

1. Does this person recognize me (or does s/he think I am someone else)?
2. How does this person feel about me or about the person s/he thinks I am?
3. Does this person like me?
4. Am I the right gender for this person?
5. Does this person trust me?
6. How do I feel about this person right now and in general?
7. How do I feel about doing this task with this person?
8. Am I uncomfortable seeing this person without clothes on?
9. How do I feel about this person's dependency?
10. Can I avoid letting my anger or sadness about this person's behavior affect my ability to help?
11. What about myself can I change (and what cannot be changed)?

B. CONSISTENCY:

1. Does the same caregiver help this person every day as much as possible?
2. Does this person know what to expect from me?
3. Do I use nearly the same words every time we do this task?
4. Do I position myself in the same spot every time we do this task?
5. Do I move my body in a similar way every time we do the task?



C. ONE AT A TIME:

1. Is there only one caregiver helping this person at a time?
2. If there are two or more caregivers, is there only one caregiver at a time that this person is noticing and paying attention to?

D. PREVENTION:

1. Am I nipping this person's distress or confusion in the bud, rather than letting it escalate to more challenging levels?
2. Do I apologize or reassure immediately when I see this person beginning to get angry or anxious?
3. Do I notice subtle hesitations and try to gently coax or encourage?

E. ORGANIZATION:

1. Am I organizing my time well?
2. Do I do most of the task preparation out of sight of this person?
3. Do I focus on this person and not so much on the task or product?
4. Do I move quickly and quietly when I am out of sight of this person, but more slowly when this person sees me?

F. RESPECT:

1. Am I showing respect for this person, both verbally and nonverbally?
2. Am I treating this person as an adult, in the words and facial expressions I use (e.g., am I avoiding calling this person "dear" when I really don't know them)?
3. Do I avoid talking about this person in a condescending way (e.g., "they are so cute together" or "she's the little lady over there")?
4. Do I avoid talking about this person in front of her/him?
5. Do I avoid scolding or bossing this person?
6. Are my voice, gestures, and movements gentle and kind, even when clear and firm?
7. Do I use normal adult objects (rather than children's toys) with this person?

G. OBSERVATION:

1. Do I watch this person carefully for nonverbal and verbal feedback, so I can anticipate or recognize frustration or anxiety?
2. Do I maintain eye contact with this person when we talk?
3. Do I notice this person's entire body for responses and emotional status?
4. Do I give this person enough time to absorb what I say and to then respond?
5. Do I change my own behavior or the environment in response to this person's reactions?
6. Does this person seem comfortable and relaxed?
7. Does this person seem to understand me?
8. Is this person responding positively to what I am saying or doing?



H. APPROACH:

1. Is my approach helping this person to feel positive about my request or invitation to do a task?
2. Am I setting an upbeat, cheerful, relaxed emotional tone?
3. Do I laugh, joke and use humor in a concrete and emotionally supportive way?
4. Do I converse with this person before mentioning a bath or getting dressed?
5. Do I avoid telling this person about the whole task (e.g., a shower) and instead mention one step at a time (e.g., let's walk to the bathroom) when appropriate?
6. Does the suggestion of a refreshment or fun enticement help this person participate?
7. Do I rhythmically sing or march to a place (e.g., bathroom or dining room), when appropriate, to help this person walk and participate?

I. DISTRACTION:

1. Do I know when distraction or diversion is helpful with this person?
2. When there is a distressing behavior, do I use humor and diversion instead of demands, argument, shame, or instructions to stop the behavior?
3. Do I examine this person's words and behaviors to discern the feelings behind the behaviors, then respond to the feelings, rather than the words or behaviors?
4. Do I avoid calling this person's attention to her/his behavior (e.g., do I avoid comments such as "What would your mother say if she heard you talk like that?")?
5. Do I encourage this person to hold an item while I use a similar item (e.g., a comb while I comb her/his hair, a wash cloth while I wash during a bath)?
6. Do I get this person's attention before speaking, and keep it throughout our interaction?

J. BODY LANGUAGE:

1. Is my body telling this person what I want it to say?
2. Does my body match my face, eyes, and words (e.g., do I sometimes say soothing words but unintentionally move quickly and with startling movements)?
3. Does this person see or notice me where I am?
4. Am I modeling the task and positive behaviors?
5. Am I at eye-level with this person (e.g. sitting when I interact with this person)?
6. Do I avoid gestures or facial expressions that could be misinterpreted (e.g., do I use raised eyebrows rather than a frown of concern)?
7. Am I changing positions and moving my body slowly, and as little as possible?

K. EXPLANATION AND REASSURANCE:

1. Do I give as much explanation as this person needs?
2. Do I repeat requests or explanations as often as necessary?
3. Do I give reassurance as often as necessary?
4. Do I help this person save face and avoid embarrassment (e.g., by not calling attention to her/his mistakes or by discreetly correcting the mistakes without her/his knowledge)?
5. Are explanations short, simple and clear?



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6. Do I use few words, and short phrases and words?
7. Do I use concrete and familiar words?
8. Do I avoid saying “no” and suggest alternatives instead?
9. Do I ask for opinions or yes and no responses, rather than for facts or information?
10. Do I wait to talk until there is no other noise?
11. Do I speak clearly?
12. Is my voice low pitched and slow?
13. Do I answer questions as though this is the first time they were asked?
14. Do I let this person know how much time has passed and what time of day it is, when necessary?
15. Do I prepare this person before touching?
16. Do I touch and stroke the body part before moving it?
17. Do I tell this person when a task is done?

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Sources:

- Weaverdyck, S. (1999) #23 -- Questions about Caregiving: An Assessment Checklist. *Dementia Care Series Caring Sheets: Thoughts & Suggestions for Caring*. Michigan Department of Community Health; Lansing, Michigan.
- Weaverdyck, S. (1991) Assessment for Intervention Planning, and Intervention Based on Assessment of Dementia as a Cognitive Disorder. In D. Coons (Ed.) *Intervention in Dementia: Designing and Implementing Special Care Units*. Johns Hopkins University Press, Baltimore.
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Caring Sheets #1 and #2 list cognitive functions which are impaired from the brain damage in dementia. The questions in this caring sheet require no knowledge of the brain, but are based on brain functions as described in Caring Sheets #1 and #2. Caring Sheet #21 lists questions for assessment of a person’s cognitive functions that reflect brain changes.

Caring Sheets #24 and #22 respectively list questions a caregiver can ask about the task or daily routines, and about the environment. Answers to all of these questions can help determine which interventions might be most effective.



Other caring sheets, particularly #14 and #19 give specific intervention strategies that accommodate brain impairment and cognitive changes. All of these assessment tools and intervention strategies can assist the caregiver in helping the person to be happier and function more independently.

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