

## DIAMOND - Level 5 - Minimal Loss – 'Needs Routines'

### Person Behaviors:

#### *Approach - Social Behaviors*

- Can initiate social greetings and interactions
- Responds to social greetings
- Will look to see who is at door and respond to a 'knock'
- Carries on conversations - takes turns, asks questions, answers questions (\*may be wrong\*)
- Seeks out familiar when stressed, unfamiliar when bored
- Uses verbal cues and visual information (\*may misinterpret\*)
- Can choose and select from among options
- Speed may be slowed

#### *Task Behaviors*

- Often lacks initiation for task start-up
- Uses routines and habits to get through the day
- Can physically perform routine self-care and 'work-related' tasks
- Speed may be slowed
- Prefers to have options and to be in-charge of activities
- Follows daily routines and schedules with minimal prompts or reminders
- Blames self or others for errors
- Stops doing tasks that are too challenging or asks someone else to do them

### Caregiver Behaviors:

#### *Approach Behaviors*

- Use preferred name
- Ask permission to enter space - acknowledge response
- Engage in conversation
- Offer information about the day, activities, self
- Provide options for time use

#### *Task Behaviors*

- Prompt and support start of tasks
- Offer options for tasks
- Follow routines
- Hi-light changes in routines
- Use social interaction to engage the person in tasks
- Engage in social exchange during tasks

### Environmental Considerations:

#### *Approach Environments*

- Treat the 'room' as personal space
- Make sure personal space is respected
- Ask permission - Turn on the lights
- Ask permission - Turn off the TV/Radio if interacting
- Get to resident's eye level - sit down to interact or walk along side

#### *Task Environments*

- label locations and storage spaces clearly
- keep things in familiar spaces
- honor location preferences
- use hi-lighted colors or contrasts to emphasize areas
- provide task lighting to focus attention to next task
- limit distractions BUT honor visual and auditory preferences (TVs, radios....)
- make sure all necessary items are present for tasks

## EMERALD - Level 4 - Task Oriented - 'Getting Things Done'

### **Person Behaviors:**

#### *Approach - Social Behaviors*

- Can initiate social greetings and interactions - often with a request for information or help
- Responds to social greetings - hand shakes & eye contact
- Has very short conversational interchanges - can't come up with much content
- Picks up on selected words or ideas and goes off-target in conversations
- Can make simple choices with two options - may need items presented physically or gestured to
- May carry on conversation with another resident with some assist from staff or the environment

#### *Task Behaviors*

- Often starts or repeats tasks if given a visual cue (objects, pictures, people, furniture) to do so
- Uses visual information - objects & pictures, gestures, environmental aids
- Uses verbal cues that are short, concrete, or step-by-step
- Has difficulty interpreting written information - looks at it, but loses its meaning
- Forgets and leaves out steps in familiar tasks
- Repeats familiar activities several times a day - not remembering they have been done already - especially if the visual cues or environmental cues are still there
- Will not do tasks, even if they are very familiar **if** the cues are missing (eating, shaving, washing)
- Has a poor quality of performance, since it is more important to do it
- Asks repeatedly what they are supposed to do, where to be

### **Caregiver Behaviors:**

#### *Approach Behaviors*

- Use preferred name
- Offer your hand - may maintain hand contact to help stay connected
- Keep information short and concrete
- Answer questions with a concrete suggestion and gesture or object presentation
- Offer concrete choices with objects or gestures for 'what to do'
- Use aids during conversation - pictures, objects, environmental information

#### *Task Behaviors*

- Pre-set up objects and space for tasks
- Set out items in sequence for task completion, put them away as the step is finished
- Monitor and guide verbally and visually through each step
- Assist with touch or guidance only for the step causing difficulty, then verbal or visual cues
- Stay down and to the side for activities
- Expect slowing and difficulty with step to step transitions
- Provide stability and support, don't push or pull to get action... **GUIDE** only
- Eliminate extraneous chatter or social conversation during task completion

### **Environmental Considerations:**

#### *Approach Environments*

- Treat the 'seating surface' as personal space
- Make sure personal space is respected
- Tell & then turn on the lights
- Tell & then turn off the TV/Radio if interacting
- Get to resident's eye level - sit down to interact or walk along side

#### *Task Environments*

- Keep surfaces clear and present only what is to be used - pre-set areas with task cues and objects
- Use 'locked' areas to store items that should be used with staff help
- Have objects and areas visible throughout the day to encourage activities
- provide task lighting to focus attention to the task
- eliminate or limit non-task distractions, visual and verbal

## **AMBER - Level 3 – Using Hands to Handle - 'Touch, Feel, and Taste'**

### **Person Behaviors:**

#### *Approach - Social Behaviors*

- Misses some approach information
- May look at your hand or what you are holding, rather than you as a person
- Initiates contact with touching, single word, or eye contact
- Often responds with facial expression imitation
- Leaves interactions without closure
- Has minimal ability to take turns or converse
- Seeks out pleasurable stimulation from objects, people, and the environment
- Avoids, escapes, or resists unpleasant stimulation

#### *Task Behaviors*

- Focuses on objects, visible cues, textures, & colors
- Touches and holds onto items and props
- Skill at tool use will vary greatly, but there is an interest in them
- Attention may be very intense on one item/action OR may be very scattered moving from one item to another randomly
- May put non-food objects in the mouth to eat or explore them
- May engage in familiar actions/activities repeatedly regardless of need or results
- May continue an activity once assisted to initiate and stimulation old habits
- May actively resist movement to the next step of a task, helped with clear and strong cues
- May exhibit negative affect and attempts to leave tasks if they are 'unpleasant'
- Can attend only to one thing at a time, is distracted by activity, movement, talking, visual info

### **Caregiver Behaviors:**

#### *Approach Behaviors*

- Use preferred name
- Offer your hand – use preferred client hand and use thumb control position from outset
- Use hand-under-hand palm to palm contact to provide clear connection & encourage attention
- Use familiar greeting and smile to start interactions
- Maintain hand contact for next interaction

#### *Task Behaviors*

- Place visual cues in work space as they are to be used in the activity
- Guide using hand-under-hand technique or demonstration to help initiate the tasks
- Break all tasks down into short, simple action steps
- Use hand under hand technique for table top and personal care tasks to get started & change steps
- Give simple 2-3 word directions, using inflection and gestures while helping with the movement
- Limit talking during a task, as it may halt action
- Expect to help to start and transition between steps
- Don't try to go back and 'fix' missed steps – wait to the next rendition

### **Environmental Considerations:**

#### *Approach Environments*

- Treat the immediate area and surfaces around the person as personal space
- Put chairs at right angles to each other for communicating and working
- Provide light for area that highlights the work space
- Limit visual information not related to tasks, offer visual cues to help initiate actions

#### *Task Environments*

- Keep work surfaces clear and have tools or props available only as they are to be used
- Use firm, supportive sitting surfaces (upright chairs with foot resting support and armrests)
- Use task lighting to help focus attention on the task area
- Eliminate extra noise, movement, and activities during a task

## RUBY - Level 2 – Gross Movement – ‘Stop and Go Slow’

### **Person Behaviors:**

#### *Approach - Social Behaviors*

- May disregard you as a person
- Will look and investigate parts of you (hand, arm, hair, shirt)
- May not extend hand or respond to approach
- Typically will respond with look, glance, word, or attention to preferred name and touch
- Grasp is reflexive and release is inconsistent
- Tends to ignore others
- Speed will be slowed

#### *Task Behaviors*

- If moving, tends to keep moving
- If still, tends to stay still
- Minimal ability to use hands and tools
- Able to mimic only grossly for movement and action
- Speed will be slowed
- May halt and not be able to move to the next step of a task without physical assist
- May refuse or become distressed about tasks that don't feel good
- May have rocking, humming, or clapping during a task

### **Caregiver Behaviors:**

#### *Approach Behaviors*

- Use preferred name
- Offer your hand on the person's lap - slide it into the person's palm if there is no response
- Use hand-under-hand palm to palm contact to reduce risk of grasping that can be painful
- Determine hand choice to offer or use prior to acting
- Use single word greeting and smile
- Maintain hand contact for next interaction

#### *Task Behaviors*

- Eliminate all but basic, required materials, props for the activity
- Allow gross movement while doing tasks or offering hand-under-hand technique
- Use hand under hand technique for table top and personal care tasks
- Demonstrate the motor task you want the person to do
- Give single word directions, using inflection and gestures while helping with the movement
- Limit talking during a task, as it may halt action
- Use imitation of gross action to help get action started
- Expect to do a majority of all tasks

### **Environmental Considerations:**

#### *Approach Environments*

- Treat the 'person' as personal space
- Put chairs at right angles to each other for communicating
- Provide light for area
- Provide auditory and tactile information simultaneously

#### *Task Environments*

- Keep work surfaces clear and have tools or props available only for your use
- Use firm, supportive sitting surfaces (upright chairs with foot resting support and armrests)
- Use task lighting
- Eliminate extra noise, movement, and activities during a task
- Keep space warm
- Have all items at hand for your use

## PEARL - Level 1 – Reflexive – ‘Minimal Contact with the Outside World’

### **Person Behaviors:**

#### *Approach - Social Behaviors*

- May attend to, respond to, OR *startle* to voice, touch, temperature, sounds
- Eye contact is poor and may be absent
- Ability to reach out is minimal
- Grasp and flexion patterns are strong and reflexive to movement and touch
- Release is not voluntary
- Moaning or sound production is common with contact

#### *Task Behaviors*

- Moves into flexion patterns with activities and stretching
- Has a strong grasp reflex if palm is touched or stimulated
- Can't actively 'let go' of objects without help most of the time
- Has poor protective reactions to oral intake, oral care, movement, positioning
- No awareness of 'risky' responses to care
- Reflexive speech and swearing may be elicited with startle, movement, or action
- Quick movements or actions will produce fearful, angry, or anxious motor behaviors

### **Caregiver Behaviors:**

#### *Approach Behaviors*

- Move slowly and keep voice calm and soothing and slow
- Make sure hands are all 'warm' prior to contact
- Use flats of fingers and palms of hands when giving care
- Use hand-under-hand palm to palm contact to manage grasping that will occur
- Maintain a point of contact for the entire interaction
- Say 'Hi, (name), this is (your name), I am going to help you...'

#### *Task Behaviors*

- Move slowly and talk slowly focusing on comfort and soothing content and tone
- Keep one hand on the person at all times
- Tell the person in simple terms what you are doing, step-by-step as you are doing it
- Give person time to relax between tasks
- Make sure materials and supplies are warm and pleasant to touch
- Hold the person's hand in thumb control position at all times when trying to move arms or place a hand roll or object in the hands to control grasp reflex
- Use 'safest' positioning and techniques for task performance when reflexes are impaired
- Expect to do a majority of all tasks
- Consider humming or singing, *if* this is soothing to the person

### **Environmental Considerations:**

#### *Approach Environments*

- Treat the 'person' as personal space
- Turn off other stimulation when giving care
- Provide light for area – ensure light is NOT in the person's eyes
- Provide auditory and tactile information simultaneously
- Close off interaction prior to leaving

#### *Task Environments*

- Be aware of and control all sensory components in activities – smell, touch, taste, sound, and sight
- Use comfortable but supportive sitting (special upright seating for oral care and intake)
- Use task lighting that is focused on the task not the person
- Eliminate loud noise, fast movements, or bright lights during a task
- Keep space warm and control air flow into the space (close doors)
- Arrange props and supplies within arms reach prior to starting task