

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER

Department of Psychiatry

Cognitive Adaptation Training

Cognitive Adaptation Training

THE USE OF COMPENSATORY STRATEGIES IN THE PSYCHOSOCIAL REHABILITATION
OF INDIVIDUALS WITH SCHIZOPHRENIA

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Foreword

This manual is designed to guide health care workers in supporting individuals in recovery using Cognitive Adaptation Training (CAT) strategies. CAT is an organized approach that uses what we call “environmental supports.” These are supports that are integrated into the routines and living spaces of persons with schizophrenia and include a range of tools. Examples include signs reminding someone what to do, checklists for helping someone complete daily activities, schedules to help people organize their day, pill containers to assist people in taking their medication regularly, and the organization of belongings (making sure everything has a place).

Environmental supports in CAT help to bypass problems with thinking and motivation that often get in the way of recovery. Creating environmental supports to circumvent thinking and motivational problems has been found to be an effective way of assisting people with schizophrenia in the recovery process. CAT can lead to individuals being more organized in their home environment and living in cleaner and healthier living spaces. CAT can lead to improvements in hygiene, including being dressed more appropriately, being cleaner, and feeling better about one’s appearance. CAT can lead to taking medications independently and having fewer symptoms of mental illness. It can also help meet goals for having friends, being involved in leisure activities that bring enjoyment, and becoming involved in volunteerism or paid employment. Altogether, CAT can lead to people being more independent and having fuller lives.

The goal of this manual is to give you tools that you will use in collaboration with an individual working on his recovery. The manual gives you a set of strategies, based on personal goals, strengths, and areas of difficulty. These are tested approaches that we hope you find helpful as you bring them into the homes of persons in recovery to overcome some of the challenges they may face.

The manual is divided into 7 sections. [Section 1](#) provides a brief overview of the recovery process and its challenges and how CAT may be helpful. [Section 2](#) describes specific difficulties in one group of thinking abilities known as “executive functions.” [Section 3](#) identifies problems with behavior that may result from problems in executive functioning – problems that are often readily apparent to both treatment staff and the person themselves as he goes about his daily tasks. [Section 4](#) describes the assessments used for CAT treatment planning. In [Section 5](#), we discuss generic and specific CAT strategies that can be used as you help the individual develop independent living skills. In [Section 6](#), we discuss how to fine tune CAT interventions for strengths and weaknesses in attention and memory. Finally, in [Section 7](#), we discuss the session structure and list frequently asked questions.

Table of Contents

Section 1: The Recovery Process and Its Challenges	4
Section 2: Executive Function and Schizophrenia	7
Section 3: Behaviors Resulting from Executive Function and How to Intervene	10
Section 4: Assessments for CAT Treatment Planning	14
Section 5: Generic and Specific CAT Interventions	22
Section 6: Fine-Tuning Treatments for Strengths and Weaknesses in Attention and Memory ...	32
Section 7: CAT – Session Structure and FAQs	36
Appendices	41
Appendix I: Environmental and Functional Assessment	42
Appendix II: CAT Treatment Planning Form	54
Appendix III: CAT t-score Conversions	57
Appendix IV: Comprehensive list of interventions	59
Bathing	59
Dressing	62
Dental Hygiene	65
Toileting	68
Housekeeping, Care of Living Quarters	70
Eating, Nutrition, Cooking and Table Skills	73
Laundry	76
Grocery Shopping	79
Transportation	81
Management of Money and Consumables	85
Medication Management	88
Social Skills, Communication and Telephone Use	92
Leisure Skills	95
Work Skills	97
Orientation	100
Appendix V: Pictures of Common Interventions	101

The Recovery Process and its Challenges

After completing this section, you will be able to:

- *Describe three basic symptom groups important to understanding schizophrenia.*
- *Describe the relationship between cognitive impairments, negative symptoms, and problems in everyday functioning.*

Schizophrenia can be very challenging. However, research has revealed a more optimistic picture than we have held in the past. People with schizophrenia are capable of developing rewarding lives and making contributions to their communities.

Individuals with schizophrenia can have some significant challenges in the recovery process including, but not limited to (1) positive symptoms (2) negative symptoms, and (3) cognitive problems.

Positive symptoms refer to hallucinations and delusions. Hallucinations are sensory experiences in the absence of external stimuli. For example, someone may hear voices commenting on his or her behavior. Delusions are false beliefs. For example, someone may believe that she is queen of Scotland or that his behavior is controlled by radio waves. When hallucinations and delusions are severe, they may interfere with someone's ability to perform activities necessary in daily life including things like cooking or talking with others.

ICON KEY

 Valuable information

 Cognitive Testing

 Section review

Negative symptoms refer to observable behaviors such as flattening of affect, decreased motivation and motor behavior, and social withdrawal. Clients with flat affect do not use many gestures when speaking, tend to maintain the same facial expression no matter what they are talking about, and tend to speak in a monotone. Those with decreased motor behavior may move and speak very slowly, or spend much of their time sitting or lying down. Problems in motivation are seen in a person's not having goals or plans, even for performing everyday functions (e.g., showering, socializing, answering the telephone, or taking out the trash).

Individuals exhibiting social withdrawal tend to keep to themselves even when others are in the same room.

Clearly these problems in negative symptoms also interfere with a person's ability to function on a daily basis. Many tasks may be left undone or only partially done and the person may remain inactive. These negative signs of schizophrenia are often misunderstood as laziness or uncooperativeness by health care workers, family members, and by the individuals themselves. However, negative symptoms are not laziness. They are a group of behaviors resulting from problems in brain functioning. These problems in motivation, movement, speech, and socialization are often the signs of schizophrenia that family members are most concerned about and notice most often.

Cognitive impairments are also present in schizophrenia. Individuals with this illness often have trouble focusing their attention on an activity when distracting things are going on around them. For example, they may have trouble filling out a form while people are talking nearby. Another common problem is in the ability to keep attention focused for a long period of time. Attention may wander after a few minutes. Memory difficulties are also common. Remembering everything from verbal and written instructions to completing routine day-to-day tasks can present a tremendous challenge for people with schizophrenia.

Finally, those with schizophrenia may have problems in what we call executive functions. Similar to the executive of a company, our executive functioning in many ways directs our lives. Executive functions refer to the ability to make plans, to start an activity, to carry out steps of a complicated task, and to complete a task even when distracting things are going on around you. As you will see in coming sections, overcoming these cognitive challenges forms the most important part of CAT. In this way CAT can be a very helpful addition to medications.

While medication treatments help with some symptoms such as hearing voices, they are less helpful with others, such as the impacts of mental illness on attention, memory and motivation. These lingering symptoms can lead to difficulty in adaptive functioning. Adaptive functioning refers to the ability to perform regular activities of daily living like shopping, cleaning, cooking, socializing with others, keeping appointments, and taking care of oneself. These impairments in adaptive functioning make it very difficult for individuals with schizophrenia to lead productive lives and are responsible for a large part of the annual cost of schizophrenia. This is where CAT and you come in. We know that with your support, large improvements can be made in the lives of people with schizophrenia. We have developed a set of strategies that can help people in their recovery from serious mental illness. These strategies focus on **empowering** individuals to lead more **independent and productive** lives.

Cognitive Adaptation Training

The treatment described in this manual is Cognitive Adaptation Training or CAT. CAT is based upon the idea that we can rearrange the environment and teach skills to individuals to get around the cognitive impairments and lingering negative symptoms experienced by many with schizophrenia. By bypassing cognitive impairments and motivating functional

behaviors, it may be possible for people with schizophrenia to function better. CAT is like giving glasses to a person who is near-sighted. Near-sightedness may cause difficulties in many functional areas. Glasses do not fix what is wrong with a person's eye, but they allow the person to function like someone who does not have a vision problem.



FIGURE 1 Glasses compensate for eye problems. Using glasses does not change eye function but makes it so that vision problems do not lead to functional problems.



Section 1 Recap

In Section 1, The Recovery Process and its Challenges, we discussed schizophrenia and the corresponding positive symptoms, negative symptoms, and cognitive dysfunction.

In addition, we briefly discussed Cognitive Adaptation Training, which can be used to rearrange the environment and teach skills to an individual to compensate for cognitive problems and negative symptoms.

Executive Function and Schizophrenia

After completing this section, you will be able to:

- *Describe two broad categories of executive functions used to plan CAT interventions*
- *Identify differences in designing interventions for individuals with greater and lesser degrees of challenges in executive functions.*

As we learned in the last section, many individuals with schizophrenia experience cognitive (thinking) challenges as a part of their illness – difficulties with attention, memory, and the range of functions that fall under the term “executive.” There are many different executive functions, including: the ability to plan and complete a specific goal, the ability to be flexible in how we think, and the ability to monitor our own progress or our own mistakes. Executive functioning has an important effect on how well people perform in the community. Executive function has been found to predict community outcomes for persons with schizophrenia.

When applying compensatory strategies for a particular individual, it is important to have a general idea about her level of executive functioning. For treatments that involve remediation of cognitive impairments (systematized training in cognitive tasks), very specific information about the types and levels of executive impairments is necessary. In applying compensatory strategies, more general information is useful. This is because compensatory strategies themselves are more general. The same strategies can be used to compensate for more than one problem or more than one level of impairment.

Someone with poorer executive functioning will need environmental cues to be more obvious (larger, brighter), more numerous, and more proximally placed. In general, someone with better executive functioning is able to perform daily activities adequately with less structure, and more subtle environmental cues. Based upon a series of tests of executive function, we are able to classify interventions for individuals into broad groups that represent those for individuals with better executive functioning and those for individuals with poorer executive functioning.

Domain	Better Executive Functioning	Poorer Executive Functioning
Structure/ Specificity	Compensatory strategies can address issues in a more global manner (e.g. a sign saying “How do I look?” placed on the bathroom door.)	Compensatory strategies may need to identify all the steps in a task (e.g. sign saying, “Is my hair combed? Is my shirt tucked in? Are my hands dry?” placed on the mirror on the bathroom door.
Skill Level	Compensatory strategies can usually begin with higher level functions (work or socialization) or begin with any basic functions interfering with performance of higher level activities for that specific individual. (e.g. Poor grooming interfering with work.)	Initial compensatory strategies focus on basic activities of daily living (ADL’s) (grooming, dressing) and only move to higher level functions when interventions for basic ADL’s are working.
Noticeability	Smaller signs (half sheet of paper), smaller lettering (<= 1/2 inch). Watches with smaller faces or more subtle alarms, smaller calendars.	Large signs (whole sheet of paper or larger), large lettering (> 1/2 inch), may need more verbal/voice prompts. Greater use of electronic devices to prompt (e.g. talking alarms). Large calendars (desk size for wall).
Scope	Intervention in selected areas of adaptive function (e.g. one step not performed correctly in laundering clothing).	Intervention in many areas of adaptive function. (laundry, grooming, dressing, etc.)
Proximity	Signs/equipment placed near where activity takes place. (Sign on bathroom door regarding checking appearance.)	Signs/equipment placed exactly where activity takes place. (Sign on mirror regarding checking appearance.)
Participation	Are generally more able to participate in designing strategies that are likely to work for them.	May need therapist/trainer to suggest the best approach to try.

TABLE 1CAT intervention guidelines for level of executive impairment

Interventions in these two groups vary on several different domains. These group classifications are used as a general guideline for the preparation of compensatory strategies. Individual differences and preferences must always be considered. Individual behavioral styles and strengths and weaknesses in other cognitive domains in particular must be considered for each person. The next section of this manual discusses specific behavioral tendencies or styles that can result from challenges in executive functions and

how to customize compensatory strategies for individuals with particular kinds of overt behaviors.

While there are many tests that can be used to assess different aspects of executive functioning, CAT uses two tests to identify broad groups. Because compensatory strategies can be applied to a wide range of cognitive problems, it has been our experience that a broad or general idea of executive impairment is sufficient to plan interventions. Individuals with enough experience in neuropsychological and functional assessment of individuals with schizophrenia may be able to obtain similar information using different assessments. The neuropsychological tests and scores used for the CAT Treatment Planning Form are discussed in detail in Section 4 of this manual.



Section 2 Recap

In Section 2, Executive Function and Schizophrenia, the differences between better executive functioning, and poorer executive functioning were discussed, as well as the general intervention guidelines to accommodate better and poorer executive functioning.

Since these are generalized guidelines, in the next section of the manual, we will describe different behaviors that may occur in someone who has problems in executive functioning. We also discuss how to customize compensatory strategies for these different behaviors.

Behaviors Resulting From Executive Function and How to Intervene

After completing this section, you will be able to:

- *Describe three behavioral styles that may result from challenges in executive function.*
- *Describe how these three types of behaviors are expressed in multiple domains of adaptive functioning.*
- *Identify the types of compensatory strategies that are likely to be most effective for each type of overt behavior.*

Challenges in executive function affect a person's ability to perform goal-directed behavior. The results of problems in this area can be seen in the way individuals approach everyday tasks. Problems with executive functions can be classified into three basic behavioral types: apathetic, disinhibited, or mixed.

Apathetic behavior is present when a person does not start necessary activities without being told or does not complete all the steps in a task because they require effort. While we all have times when our “get up and go seems to have got up and left”, for many people with Severe Mental Illness, or SMI, this problem can be severe and impact all aspects of their lives. People who exhibit apathy may stay in their pajamas all day, not shower without being told, or stand in the water without using soap.

Disinhibited behavior is quite a bit different than apathy. Disinhibition is present when the person acts in a way that is not appropriate to a situation, gets easily distracted, or behaves very impulsively. Persons with disinhibited behavior may dress in shorts in very cold weather because the shorts were on top of their dresser, or may follow people off the elevators at the wrong floor because they are not actively directing their attention.

Individuals with a mixed profile show both apathy and disinhibition in performance of activities of daily living. They may have trouble initiating a task and become distracted during task performance.

Each of these behavioral types can be identified by observing individuals. Similar problems in adaptive functioning can occur for different reasons. For example, someone may not use soap in the shower because they do not initiate behavior unless prompted (apathetic) or because they become distracted by objects in the shower and the steps are missed (disinhibited). Family members or residential care staff can often provide important information about behavior.

Before someone participates in the CAT program, the health care worker or a family member must be able to observe her behavior. Observations are then quantified using the Frontal Systems Behavioral Scale (FrSBE). The scale identifies the type of overt behavior that best characterizes the individual. The FrSBE scores used for the CAT Treatment Planning Form are discussed in detail in Section 4 of this manual.

The table below demonstrates behaviors characteristic to persons with apathetic or disinhibited behavior in multiple areas of functioning.

	Apathy	Disinhibition
Dressing Examples	Sleeps in clothes or stays in pajamas all day. Does not complete steps in dressing due to inability to start and follow through on tasks with several steps.	Wears three shirts just because that's what they see when she opens the closet door. May skip steps in dressing due to being distracted by unrelated environmental stimuli.
Bathing Examples	Has an odor due to not showering. May stand in the water and not use soap or shampoo.	Distracted by other objects in the shower stall (razors, toys). Uses too much shampoo.
Transportation Examples	Does not ride bus because it requires looking up schedule in advance. Misses the bus because he couldn't get going.	Late for the bus because he has misplaced objects (e.g. keys). Gets off the bus at the wrong stop following someone else. Gets distracted by store windows or people on the way to the bus.
Medication Examples	Does not get up to take medicines during the day. Opens one bottle and takes medicine but not another. Remembers that she did not take meds before bed but does not feel able to get up and take them.	May take extra pills. Loses pills by pouring out too many at a time. May think to take medication, but is distracted by a phone call or other stimulus and not return to it.
Task Completion Examples	Cannot persist at a task. May perform tasks too	May be distracted during task by interactions with others, noise, and

	Apathy	Disinhibition
	slowly, or take long breaks in between completing specific tasks. Does not initiate tasks other than those specifically assigned. If done, will not ask boss, “What next?”	irrelevant visual cues and therefore unable to stay on task. Starts more than one task at a time and does not complete them.
Leisure Examples	Does not seek out any activities for fun. Turns down offers by others.	Begins projects but gets distracted and not complete them. Forget to take belongings (basketball) back home after leisure skills due to distraction.
Social Skills Examples	Does not make eye contact Speaks very little Has trouble keeping a conversation going.	May over focus on specific facial features, stare inappropriately, make inappropriate comments, initiate greeting in a way others find forward. Makes plans but does not follow through due to distraction or poorer planning.

TABLE 2 Characteristic behaviors of individuals with impaired executive functions

Once we know that someone’s behavior is apathetic, disinhibited, or mixed we know in a general way what we need to do to help him or her. For apathetic behavior we can help by thinking of ways to get the person going. We can help by using the environment to prompt them to initiate behaviors and complete all the steps in a task. For example, we could set a voice alarm with the message, “It’s time to get dressed now.” For disinhibited behavior, we can help by redirecting the person from inappropriate behaviors and by removing triggers for inappropriate behaviors from the environment. For example, we could work with the person to take clothing out of the closet that does not fit or is inappropriate for the weather. For someone with mixed behavior, we can help by working with them to both remove distractions and set up cues to prompt appropriate behavior (e.g. removing inappropriate clothing and placing only clothing that is wearable on a rack at the foot of the bed to cue dressing behavior.)

Given that interventions are classified as appropriate for better or poorer executive functioning, and as appropriate for apathetic, disinhibited or mixed behavioral type, there are six different categories to consider when planning interventions. Suggested interventions based on the level of executive functioning and the behavioral type are presented in Section 5 and a more comprehensive list in Appendix IV.

	Apathy	Disinhibition	Mixed
Poorer Executive Functioning	Apathy/ Poorer	Disinhibited/Poorer	Mixed/Poorer
Better Executive Functioning	Apathy/Better	Disinhibited/Better	Mixed/Better

Table 3. Six categories for CAT interventions



Section 3 Recap

In Section 3, Behaviors Resulting from Executive Function and How to Intervene, we discussed the three different types of behavioral styles that result from challenges in executive function and how these behaviors are expressed in multiple domains of adaptive functioning.

Now that we have identified the types of behavior to look for, we will look at the different kinds of people who will benefit from CAT and how to assess individuals before participation in the program is initiated.

Assessments for CAT Treatment Planning

After completing this section, you will be able to:

- *Describe the types of tests administered prior to participation in CAT*
- *Describe the meaning of the test results and how these results help define specific types of compensatory strategies to use with particular individuals*

A number of basic assessments must be completed prior to beginning CAT. Additional assessments which add to the amount of information used to formulate specific compensatory strategies are also described in the next section. The more information obtained, the more likely it is that the interventions selected will fit specific individuals and problems.

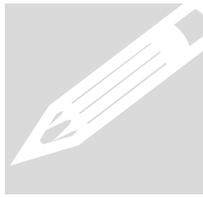


Tests of Executive Function

Two tests of executive functioning are administered by a trained neuropsychology technician: the Wisconsin Card Sorting Test (WCST—Nelson Modification) and the Verbal Fluency Test (CLF—version). Scores on these tests are used to identify the level of executive impairment exhibited by an individual. While executive functioning is a multi-dimensional construct, three scores from these two measures tap many important functions including problem solving, abstraction, cognitive flexibility, and initiation. Scores on the WCST have been found to be related to levels of community adjustment. Verbal fluency tests have been found to be related to the ability to initiate behaviors spontaneously. Scores utilized from the WCST are the number of categories and the number of perseverations. The total score from the Verbal Fluency test is used. These scores are put into the mathematical formula:

$$\text{Executive Function Score} = [1.25 + .02 (\text{perseveration score})] - [.01 (\text{categories score})] - [.009 (\text{verbal fluency letter total})]$$

If the answer to the equation is less than or equal to 1.5, the individual is classified as exhibiting **BETTER** executive function. If the answer is greater than 1.5, the individual is classified as exhibiting **POORER** executive function. This information is used in planning appropriate environmental supports. This equation can be found on the CAT Treatment Planning Form in Appendix II.



Measure of Overt Behavioral Type

Based upon observation of the individual in an inpatient and/or community setting, the case manager or CAT therapist will complete the Frontal Systems Behavior Scale (FrSBe). The person completing this scale must have knowledge of the person's performance of basic tasks at home or in an inpatient unit. Alternatively, the case manager or CAT therapist will need to discuss each item with a family member or board and care operator who observes the individual on a regular basis. If information for the FrSBe cannot be obtained in either of these ways, during the first weeks of CAT intervention, the individual will need to be visited on several occasions to check his/her daily schedule and to observe routine tasks.

After completing the 46 item FrSBE, total all scores for A (Apathy) and D (Disinhibition). These raw scores are then converted to T-scores (standardized scores) and recorded on the CAT Treatment Planning Form. The new t-scores (Appendix III) can then be used to categorize someone as apathetic, disinhibited or mixed based on the algorithm presented below. The algorithm appears on the CAT Treatment Planning Form in Appendix II. This calculation may appear a little confusing at first, but is very simple after just a few practices.

Determining Overt Behavioral Type

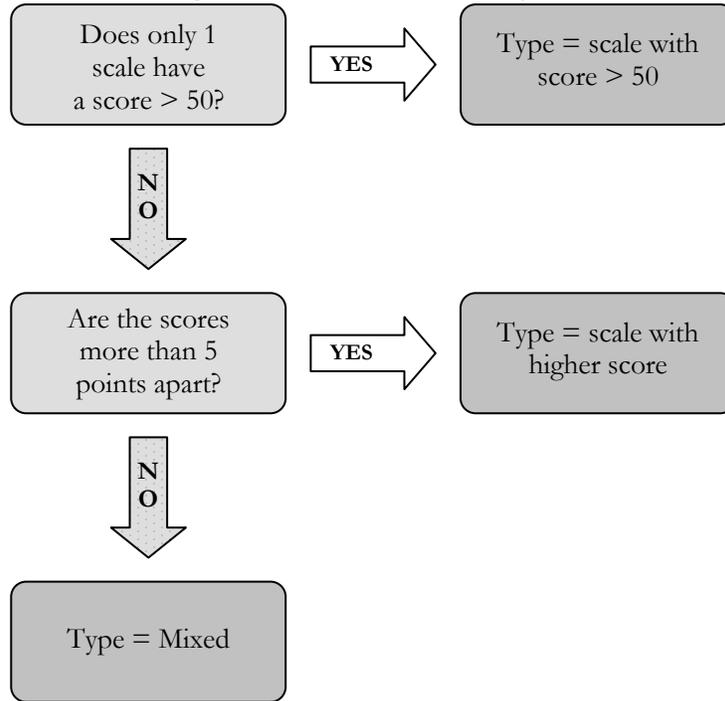
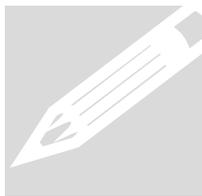


FIGURE 2 Determining Overt Behavioral Type, where “scores” are T-scores on Apathy and Disinhibition subscales of the FrSBe.



Environmental and Functional Assessment (EFA)

Knowing the level of executive function and overt behavioral type are the first steps in making a plan of action in helping an individual in the recovery process. To understand what areas an individual may need to help with, it is important to look at both what the person is doing and not doing.

We need to know what parts of the person’s living situation are working and what may need to be changed. In looking at behaviors and habits that need changing, we want to identify the problems in how the person organizes his belongings and behaviors that may make doing everyday tasks more difficult than necessary. For example, getting ready for a doctor’s appointment is harder when a person can’t find appropriate clothing because potato chips, bills, hair care products and clothing are all in the same overstuffed drawer. In general if the condition of the environment is cluttered or unclean, it is harder for the person to function. We also want to make sure that the person has all of the supplies he needs to perform his daily activities. Sometimes when people live on a limited budget they are unable to purchase all necessary items.

Another important task is trying to get a good idea of what the person can do versus what he actually does. A person may be very capable of doing laundry or making a sandwich, but left on his own he does not complete these tasks. Tied to this is the need to look at the difference between what the person says he does versus what he

actually does. All of us relate to this to some extent. “I work out at a gym.” might in reality mean a short and inadequate workout once a month. Because of this, an objective assessment of the environment, and the person’s behavior in the environment, is important. This assessment is called the “Environmental and Functional Assessment” or EFA.

Although you may know the client with which you are working fairly well, you may not know all of the things he or she is capable of doing. It is, therefore, a good idea to go through the EFA thoroughly, asking each question. Below, we describe the kind of information you will gain from this survey.

Information obtained during Environmental and Functional Assessment

Activity-by-activity schedule of the individual’s typical day

How often the person engages in activities that are not done every day (E.g. How often does he/she go to a volunteer job, do the grocery shopping, go to a church group? Go to the movies with friends?)

How safe, organized and clean the environment is (e.g. is the room messy, are dirty clothes mixed in with clean clothes, are sheets dirty, does the person leave a mess in the kitchen, are bugs present, are the person’s medications and belongings organized or strewn about?)

Whether the person has needed hygiene and household items, whether they use the items as regularly as necessary, and where the items are located.

How often the person completes basic self care activities (e.g. How often does he shower? How often does he do his own laundry? What about brushing his teeth? How often does he help with chores around the house?)

Who else is in the home or neighborhood? What is her relationship like with these people? How much are those not living in the home involved with her? Are there some relationships that cause stress to her?

What does the person do for fun? What do they want to do in terms of productive behavior like a job or volunteer work or helping around home? Would she like to have more or better friends?

Be sure to check in with the person about her level of comfort during this assessment. The EFA can sometimes be intrusive and we always want to ask permission before and throughout the assessment. The goal is neither to judge what a person has or does not have, nor to impose our own ideas. The goal of the EFA is to gain as much information as possible about an individual’s home environment and daily activities. We use all of the information to help to guide our collaborative plans for interventions.

As you go through the EFA with the individual and find areas of functioning that may be contributing to problems for the person (i.e. individual not changing clothes regularly or doesn't know how to cook a well balanced meal), it is a good time to ask him or her if they'd like to work on that specific area. This will help you when formulating a collaborative list of goals to work on throughout his or her treatment. Based on the stated goals of the client, the nature of the problem (e.g. safety vs. social) and the severity of the problem, you'll know how to start your treatment. Also included in the EFA is a list of critical items that each person may need. Any items missing from this checklist may give you a good starting point for your initial CAT interventions.

Hierarchy of Problems to be addressed

The next step is to complete a general hierarchy of problems to be addressed throughout CAT treatment. It can sometimes be difficult to decide what to work on first. In general, safety issues and issues of taking medication appropriately are good to address first, followed by grooming and cleanliness issues, care of living quarters, leisure, social and work skills. This can be switched around to fit specific situations. It is important for you and the individual working on her recovery to decide together on the hierarchy of problems. There is one word that should underlie all of the CAT strategies that you use – collaboration. CAT will be more effective if you (i) engage the person in a conversation about the project, seek her input, and build her motivation to take part, (ii) design the CAT plan with input on the strategies from the individual and, (iii) tie CAT with the life goals of the person you want to support. You may start by asking, “What is it that you want to do in life? What would make you happier? What would you like to be doing a month from now, a year from now or five years from now?”

Sometimes, a person wants to work on an issue that is not helpful. For example he may want to focus on getting a date with someone famous. In this case your client may be expressing a desire to date or to improve social relationships. Focusing on improving relationships is a good way to restate this goal. Your client may want to find a job even though she is not taking showers and sleeping many hours during the day. It may be good to focus on the basics of showering and following a daily schedule to prepare to go to work. Discuss the steps needed to reach the goals that are important to your client. Remember, the key thing to improve your likelihood of success is agreeing on at least one goal before you begin!

In the instance where the person will need to work on several steps before working on the goal she selected, it may be helpful to make a stair-step chart like the one below that shows how the early steps relate to the goal. This will give you both a simple visual reminder of the ultimate goal, and help your client to understand that each CAT support will help form the foundation of the goal. The stair-step chart will also help you both to monitor progress toward the goal.

Steps to Your Goal – Getting a Job



FIGURE 3 Example of goal setting diagram to reaching desired goal¹

By now you will have completed your assessment so you know which type of challenge the person you will be supporting is facing, you will have identified needs using the environmental and functional assessment, and you will have tied those need areas to goals that you both agree on and will have prioritized the areas that you will focus on. Like anything, starting too many things at once doesn't work as well as focusing on a few key areas and starting there. You might also want to be sure one of them is an "easy win." Sometimes, starting on at least one relatively easy-to-fix problem can leave people feeling hopeful that the larger project will work.

¹Note that in some treatment programs (e.g. Individual Placement and Support - IPS) work is sought immediately. While IPS has very good success at helping people to get jobs, job tenure is very poor and more than half of participants have unsatisfactory terminations. By using CAT strategies to build necessary skills, it is hoped that the rate of retention in jobs will be higher.) It is also often important that the person's home life be more organized so that maintaining employment will be less stressful.

The next step is to start specific CAT strategies based upon your assessment of the person and the goals she came up with. For each of the areas of difficulty that you have agreed to start working on, look at the tables below to (i) see examples of the kinds of difficulties you might see based on her category (left side) and (ii) see a list of suggested interventions that you might try (right side). There may be more than one suggested intervention for each difficulty and vice versa; one intervention may apply to more than one difficulty. These are by no means an exhaustive list of interventions; only suggestions to give you some ideas of where to start. This next section is to guide you as you begin to develop your own CAT strategies. Also, to assist in the process of coming up with ideas to help the person, we have provided examples/pictures of some interventions that we have found helpful (Appendix V). You are encouraged to be creative! It is your own unique experiences and knowledge of mental illness that will make CAT treatment even more effective. Good luck!



Additional Neurocognitive Information

The last step of your assessments is to summarize your information in the CAT Treatment Planning Form. We have already discussed how to utilize the neuropsychological scores from the Wisconsin Card Sorting Task and Verbal Fluency on page 1. The last page of the Treatment Planning Form is devoted to summarizing the specific problems you found during the EFA.

On the Specific Problem Form, you will specify an individual's functional problem areas based on the information gathered from an interview and the EFA. Be sure to include any lack of necessary supplies (e.g., cleaners, laundry hamper, a calendar that allows for functional use, etc.) as problems in the appropriate domain on the Specific Problem Form. Once the form is complete, highlight the two to four problems that you and the individual agree will be the initial focus of CAT intervention. New areas of focus are added as the individual progresses through the treatment. The problems are discussed with the individual to form an initial focus for treatment. In general, safety issues, issues of medication adherence and person identified issues are addressed first, followed by grooming and cleanliness issues, care of living quarters, leisure, social and occupational skills. Note that occupational issues may be addressed first, if, for example, the individual is in danger of job loss.



Section 4 Recap

In Section 4, Assessments for CAT Treatment Planning, we discussed the assessments and tests that are completed before CAT participation, and the meaning of the test results and how they are used to help define specific types of compensatory strategies to use with particular individuals.

Now that we have described treatment planning, we will look at the specific interventions that correspond with the intervention types we discussed (e.g. Disinhibited-Poorer.)

Generic and Specific CAT Interventions

After completing this section, you will be able to:

- *Describe the establishment of generic CAT interventions that tend to improve functioning in many individuals*
- *Describe the types of interventions that are used to address functional problems for each CAT classification*
- *Select appropriate interventions for an individual*

Therapy should begin by placing basic environmental prompts and establishing simple, concrete compensatory strategies. These should be selected to help the individual to initiate some simple target behaviors and experience a quick success experience. Depending on the client's assessment information, initial strategies may include: recording daily activities, completing a basic activities checklist, interventions aimed at orientation (e.g., correct/functional use of a daily calendar), or providing critical missing items and instructions for use, to promote specific functional activities (i.e., provide soap to a individual who does not have soap, but is otherwise likely to bathe appropriately). Below are the five most common generic intervention strategies that are used with most individuals.

- 1) Provide critical supplies needed to complete basic ADLs. Explain the rationale for providing each item and directions for appropriate use. Demonstrate and have client demonstrate appropriate use of the item. Set goals for appropriate use. Such items are often spread out over several visits with care not to overwhelm the individual or provide the wrong idea about CAT interventions. CAT therapy is about removing barriers to increase functioning, not merely giving an individual objects or supplies.
- 2) Provide pill containers, educate client on benefits of use, and teach appropriate use of such a device. As research indicates that individuals are poor reporters of their own level of medication adherence, medication adherence is often

monitored on a regular basis through pill counts. This can be used in conjunction with reminder signs or alarms.

- 3) Provide education on the individual's symptoms, diagnoses, and medications. Organize reference material in a binder for the client with important medical contact and insurance information.
- 4) Provide and hang a large calendar with a pen/marker attached. Have the client use the calendar to record appointments and other scheduled activities. Teach skills for how to use the calendar to improve temporal orientation.
- 5) Create a behavior checklist with five to six activities that the client plans to complete daily (e.g., shower, brush teeth, talk to a friend, take medication, etc.). The complexity and difficulty of these tasks will vary based on the initial level of functioning. Teach the client how to use the check list to prompt behavior and check off completed activities.

On the following pages, you will find several *examples* of Specific Interventions for Level of Executive Function and Overt Behavioral Type. In the case of "Mixed" intervention categories, a combination of both Apathy and Disinhibition intervention techniques should be used.

For a more comprehensive list please refer to
Appendix IV.

Bathing

Apathy – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Body odor, does not shower or bathe regularly. • Stands in the water and does not use soap or shampoo. • Neglects to dry self off, gets water on the floor. 	<ul style="list-style-type: none"> • Initially provide necessary hygiene products. • Provide a checklist of daily hygiene tasks coupled with a voice alarm to prompt showering/bathing. • Place soap and shampoo on a caddy over showerhead directly in front of individual at eye level.

Bathing

Apathy – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Body odor, does not shower or bathe regularly. • Stands in the water and does not use soap or shampoo. • Neglects to dry self off, gets water on the floor. 	<ul style="list-style-type: none"> • Prompt bathing with daily hygiene checklist. • Provide a CD player for the bathroom to make showering/bathing more enjoyable. • Place terrycloth robe so that it is in individual’s direct view upon exiting shower.

Bathing

Disinhibition – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Body odor, does not shower or bathe regularly. • May use all shampoo in the bottle at one time. • May get into shower clothed. • May not complete steps due external to distractions. 	<ul style="list-style-type: none"> • Initially provide necessary hygiene products. • Measure out shampoo for daily use or provide single use travel size shampoo. • Place a sign on shower door e.g. “Did you take your socks off?” • Place towel so that it is in direct view upon exiting shower.

Bathing

Disinhibition – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Pours large quantities of shampoo. • Takes too long in the shower due to distractions. • May not pay attention to slipperiness, thus falling. • May not complete steps due external to distractions. 	<ul style="list-style-type: none"> • Measure out shampoo for daily use or provide single use travel size shampoo. • Place a sign on shower door e.g. “Do I have all my supplies?” • Provide slip-proof bathmat • Place towel so that it is in direct view upon exiting shower.

Dressing

Apathy – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Sleeps in day clothes or stays in pajamas all day. • Does not complete dressing steps adequately (i.e. shoes untied, zipper unzipped, etc.) • Neglects to wear needed items (e.g. socks, bra, underwear.) 	<ul style="list-style-type: none"> • Initially provide with appropriate and adequate amount of clothing. • Make up and organize clothing for each day of the week. • Put mirror directly in front of dressing area with signs regarding dressing tips: “Button shirt from bottom,” or “Zip fly.”

Dressing

Apathy – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Sleeps in day clothes or stays in pajamas all day. • Does not complete dressing steps adequately (i.e. shoes untied, zipper unzipped, etc.) • Neglects to wear needed items (e.g. socks, bra, underwear.) 	<ul style="list-style-type: none"> • Initially provide with appropriate and adequate amount of clothing. • Use a voice alarm that prompts “Time to get dressed.” • Put mirror directly in front of dressing area with signs regarding dressing tips: “Is my shirt tucked in?” or “Do I look alright?”

Dressing

Disinhibition – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Wears multiple layers of clothing. • Wears clothing inappropriate due to size, weather, etc. • Wears clothing inappropriate to scheduled activity. • Wears accessories in an inappropriate manner. 	<ul style="list-style-type: none"> • Initially provide with appropriate and adequate amount of clothing. • Reorganize closet so appropriate clothing is most accessible. Remove any items that are too small, out of season, etc. • Put mirror directly in front of dressing area with signs regarding dressing tips: “Only one pair of pants, only one shirt.”

Dressing

Disinhibition – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Wears multiple layers of clothing. • Wears clothing inappropriate due to size, weather, etc. • Wears clothing inappropriate to scheduled activity. • Wears accessories in an inappropriate manner. 	<ul style="list-style-type: none"> • Initially provide with appropriate and adequate amount of clothing. • Make up and organize clothing for each day of the week. • Reorganize closet so appropriate clothing is most accessible. Remove any items that are too small, out of season, etc.

Toileting

Apathy – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not use toilet paper. • Does not flush or wash hands after use. • Is disheveled following a trip to the bathroom (e.g. does not zip fly or tuck in shirt.) 	<ul style="list-style-type: none"> • Post reminders on back of door, “Wash your hands,” or “Use toilet paper!” • Use a chemical that colors the water if urine is present to cue flushing. • Educate him on good habits by using instructions placed above toilet or on door.

Toileting

Apathy – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not flush or wash hands after use. • Is disheveled following a trip to the bathroom (e.g. does not zip fly or tuck in shirt.) 	<ul style="list-style-type: none"> • Post reminders on back of door, “Wash your hands,” or “Use toilet paper!” • Verbally educate on proper toileting habits. • Educate on length of time to wash hands.

Toileting

Disinhibition – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Distractions on the way to the bathroom, or whilst there, might lead to accidents. • May not check water temperature prior to hand washing causing possible burns. 	<ul style="list-style-type: none"> • Post reminders throughout restroom, “Aim,” “Wipe thoroughly,” “Wash hands,” etc. • Remove any possible distractions from the restroom.

Toileting

Disinhibition – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not flush or wash hands after use. • Is disheveled following a trip to the bathroom (e.g. does not zip fly or tuck in shirt.). 	<ul style="list-style-type: none"> • Post reminders throughout restroom, “Flush,” “Wipe thoroughly,” “Wash hands, zip up zipper” etc.

Housekeeping/Care of Living Quarters

Apathy – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not make bed, change sheets, wash sheets, etc. • Throws clothing, trash, etc. on the floor. 	<ul style="list-style-type: none"> • Supervise and schedule necessary cleaning tasks on a checklist for each day of the week. • Organize belongings and necessary items so that they are within reach, but out of the

<ul style="list-style-type: none"> • May not be aware that living area need to be cleaned. 	<p>way.</p> <ul style="list-style-type: none"> • Provide specific instructions training all steps in the same sequence.
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Housekeeping/Care of Living Quarters
Apathy – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not make bed, change sheets, wash sheets, etc. • Throws clothing, trash, etc. on the floor. • May not be aware that living area need to be cleaned. • Does not have any cleaning supplies. 	<ul style="list-style-type: none"> • Make a detailed checklist describing weekly cleaning. • Organize belongings and necessary items so that they are within reach, but out of the way. • Place notes around living area prompting cleaning tasks.

Housekeeping/Care of Living Quarters
Disinhibition – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not make bed, or does so sloppily. • Throws clothing, trash, etc. on the floor. • Becomes distracted while cleaning, leaving the tasks incomplete. • Uses entire bottle of cleaning liquid in one session. • Cleaning is done in a haphazard and disorganized fashion. 	<ul style="list-style-type: none"> • Remove distractions and reduce clutter. • Organize belongings and necessary items so that they are within reach, but out of the way. • Place notes around living area prompting cleaning tasks. • Use single use cleaning supplies. • Supervise and schedule necessary cleaning tasks on a checklist for each day of the week.

Housekeeping/Care of Living Quarters
Disinhibition – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not make bed, or does so sloppily. • Throws clothing, trash, etc. on the floor. • Becomes distracted while cleaning, leaving the tasks incomplete. • Uses entire bottle of cleaning liquid in one session. • Cleaning is done in a haphazard and disorganized fashion. 	<ul style="list-style-type: none"> • Work together to reduce clutter. • Organize belongings and necessary items so that they are within reach, but out of the way. • Place notes around living area prompting cleaning tasks. • Use single use cleaning supplies. • Schedule necessary cleaning tasks on a checklist for each day of the week.

Medication Management
Apathy – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for taking, picking up, or refilling medication. • Does not follow the proper instructions when taking medication. • Cannot understand the name or reason they are taking a certain medication. • Does not take all required medication. 	<ul style="list-style-type: none"> • Ask a family member or provider to keep all medication and provide as indicated. • Organize medications into a weekly container with a voice alarm to prompt use. • Place reminders involving refills or pickup around living area. • Make a medication flipbook with name, dosage, side effects, picture, and reason for taking medication.

Medication Management
Apathy – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for taking, picking up, or refilling medication. • Does not follow the proper instructions when taking medication. • Cannot understand the name or reason 	<ul style="list-style-type: none"> • Add “Take medication” to their daily checklist. • Organize medications into a weekly container with a voice alarm to prompt use. • Place reminders involving refills or pickup

<p>they are taking a certain medication.</p> <ul style="list-style-type: none"> • Does not take all required medication. 	<p>around living area.</p> <ul style="list-style-type: none"> • Make a medication flipbook with name, dosage, side effects, picture, and reason for taking medication.
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Medication Management
Disinhibition – Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for taking, picking up, or refilling medication. • May misplace or lose medication. • Cannot understand the name or reason they are taking a certain medication. • May take too many pills when feeling worse or forget to take medication due to distraction. 	<ul style="list-style-type: none"> • Ask a family member or provider to keep all medication and provide as indicated. • Organize medications into a weekly container with a voice alarm to prompt use. • Have her chart or graph how she feels after taking the medication. • Remove all OTC medication for storage elsewhere.

Medication Management
Disinhibition – Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May take the wrong pill at the wrong time. • May misplace or lose medication. • Wastes time in physician visit and neglects to discuss main issues. • May take too many pills when feeling worse or forget to take medication due to distraction. 	<ul style="list-style-type: none"> • Use a daily checklist with medication name, no. of pills, and time to keep individual from taking too many or too few. • Organize medications into a weekly container with a voice alarm to prompt use. • Have him chart or graph how he feels after taking the medication. • Remove any non-approved or OTC meds.

Again, these are but a few examples for Specific Interventions for Level of Executive Function and Overt Behavioral type.

REFER TO APPENDIX IV FOR A MORE
COMPREHENSIVE LIST



Section 5 Recap

In Section 5, Generic and Specific CAT Interventions, we looked at the establishment of generic CAT interventions that tend to improve functioning in all individuals, types of interventions that are used to address functional problems, and which interventions are appropriate for an individual.

Now that we can identify and put into place specific interventions that correspond with the intervention types we discussed, we will look at how to fine tune these treatments for strengths and weaknesses in attention and memory.

Fine-Tuning Treatments For Strengths and Weaknesses in Attention and Memory

After completing this section, you will be able to:

- *Identify from test results individuals with strong memory abilities and those who may need extra help due to significant memory problems.*
- *Describe interventions that are particularly useful for individuals with strong memory skills or with significant memory problems.*
- *Describe interventions that are particularly useful for individuals with strong attention skills or with significant attention problems.*

Many of the interventions described in the tables already help individuals bypass problems with attention and memory. For example, signs and placement of toothbrush and toothpaste in direct view may cue brushing behavior in someone whose behavior is apathetic. This same intervention reminds the individual and directs their attention to brushing. In some cases, problems in memory and/or attention are so severe that some extra interventions or strategies are likely to be useful. In this section of the manual, you will learn to fine-tune the interventions presented in Section 5 for people with specific strengths or weaknesses in attention and memory.

Memory

The California Verbal Learning Test, trials 1-5 only, can be performed with the individual to provide additional information on memory. Utilizing the Total Trials 1-5 score, if the score for this item is 46 or more, short term verbal memory is considered a strength for this individual. You can consider having the individual use list memorization to assist him in specific activities. In addition, lists that are used may be quickly memorized and you and the client can discuss removing them or replacing them with less detailed lists.

If the total score is 19 or less, you will need to use some of the following strategies. You can also use these strategies if the client complains to you about memory problems regardless of assessment results.

1. With the client's permission, label the outsides of drawers and cupboards to assist her in finding needed items.
2. Use a keychain type tape recorder (i.e., Memo Mate) for remembering important brief information (e.g. where their car is parked, emergency phone numbers, need to buy a specific item in the store.).
3. Have the client write down important information such as emergency numbers, medications, etc. on laminated cards to keep in his or her wallet.
4. Encourage the client to keep a small notebook with him or her to write down what they need to do or what they need to get prior to leaving the house. Place a sign on the door that prompts, "Remember to write down what you are doing in your memory notebook." The book should have all dates listed at the top of the page. Attach a pen to the book. Label a shelf or area on top of the client's dresser with a sign "Keep Memory Notebook Here."
5. If the client uses a file box for important papers, assist him in making a list of contents and where they are filed. Tape the list to the front of the box.
6. Label areas in the home where important items including keys, glasses and medication are to be kept.
7. Use the selections from the tables in the previous chapter that place the least demand on memory (e.g. voice alarms rather than ringing alarms, etc.)

If an individual's total CVLT score for Trials 1-5 is between 20 and 45, memory is neither a strength nor a weakness.

Visual Attention

To gain specific information on an individual's visual attention skills, the Continuous Performance Task (CPT) – Identical Pairs can be administered. In this task the client is presented with repetitive letters of the alphabet and must maintain focus three minutes in order to respond to targets or inhibit a response to false targets. The total number of correct responses (“hits”) can be used to determine sustained and selective visual attention. If the total number correct for the CPT is 28 or more, this is considered a relative strength for this individual. You may want to use attention to help the individual function better. For example, use more signs and visual cues than verbal. The signs may also be made smaller for a person with a strength in visual attention.

If the total number correct for the CPT is 14 or less, you will need to do some things to capture visual attention. You can also use some of these strategies if the individual complains to you about problems with attention.

1. Change the color of signs placed in the home every week.
2. Print signs in florescent colors.

If an individual's total number correct on the CPT is between 15 and 27, visual attention is neither a strength or a weakness.

Verbal Attention

To measure immediate auditory attention the total number of correct trials from Digit Span forward can be used. If the total number of correct trials is 8 or above, verbal attention is considered a strength for this individual. Knowing this, you may want to use more verbal cues and alarms for this person rather than visual. Or for leisure skills, suggest audio books.

If the total number of correct trials is 3 or less, auditory attention is considered a weakness for this individual. You will need to do some things to capture verbal attention.

1. You will need to make sure the client is making eye contact and attending to your explanations for the use of interventions.
2. Get him to repeat what he believes you have said. Teach him to ask others to repeat what was said until it can be repeated accurately.
3. Have the client write down information so he or she can refer to it later.

If an individual's total number correct on Digit Span forward is between 4 and 7, verbal attention is neither a strength or a weakness.

Working Memory

To measure working memory (holding multiple pieces of information in the mind where they can be manipulated) the total number of correct trials from Digit Span backward can

be used. If the total number of correct trials is 6 or above, working memory is considered a strength for this individual. If an individual has good working memory, he or she will be able to process and encode information more quickly, leading to learning new behaviors more quickly as well. They may be less overwhelmed by switching conversations or tasks when compared to someone with challenges in working memory.

If the total number of correct trials is 1 or 0, working memory is considered a weakness for this individual. To compensate for this, consider the following in your CAT interventions:

1. Break up or chunk information given to the individual. Give one or two, not a long string of instructions.
2. Encourage use of audiotapes or writing information on a notepad for your visits and also at doctor's appointments.
3. Rituals and routines are helpful. i.e. creating a habit of putting items in the same place everyday will make them easier to locate.

If an individual's total number correct on Digit Span backward is between 2 and 5, working memory is neither a strength or a weakness.



Section 6 Recap

In Section 6, Fine-Tuning Treatments for Strengths and Weaknesses in Attention and Memory, we looked at how to establish if an individual has strengths or weaknesses in memory and attention, and additional interventions that are particularly helpful for these individuals.

Now that we can identify and put into place specific interventions that correspond with the intervention types we discussed, as well as how to fine-tune these treatments to best fit an individual, we will look at the first several sessions with this individual and what goals need to be accomplished.

CAT – Session Structure and FAQ's

After completing this section, you will be able to:

- *Describe the goals of the initial CAT session.*
- *Describe how to explain both test results and interventions to the client.*
- *Describe what to do when interventions are not being used.*
- *Identify individuals who may benefit from CAT.*

Session Structure

After the initial visit where you gather information for your treatment plan, you will bring item(s) to each subsequent visit. Some may be purchased items or they can be items easily made from the office (signs, checklists, charts etc...).

1. Review previous visit's intervention.
2. Solve any problems related to the previous week's intervention. For example, if she never used the checklist she agreed to, problem solve on why this happened and develop a new idea for the upcoming week. Possibly a new location, new color, or add a motivating statement to the bottom of the checklist.
3. Introduce the new items for today's visit. Do not merely hand her items and leave it to her to interpret how to use them and where to place them. You should unwrap it if it is wrapped, ask where the item should be placed, ask how it should be used and how frequently and finally, place the item in the identified location.
4. Discuss items and agenda for the following week so you will be prepared and know what to bring with you.

Who can benefit from CAT?

One of the most common questions about CAT is “Who can benefit?” This list below gives example of participants who may be right for your CAT program. All individuals participating in a CAT program should have a stable living environment and issues of trainer safety must also be considered in determining a person’s eligibility for this program.

1. Individuals having difficulty performing basic ADL’s at acceptable levels. (Not showering, appearance is unkempt, not eating well, poor bathroom habits).
2. Individuals having difficulty maintaining status of living independently due to failure to care for themselves, their belongings or living space. (Apartment is dirty or infested, stove or electrical appliances left on, misuses appliances, loses belongings, cannot manage money, forgets medication appointments, not eating well.)
3. Individuals having difficulty maintaining employment due to strategic problems or problems with focus and follow-through on the job. (Sits around when a task is complete rather than initiate with boss, skips or forgets steps in a task repeatedly, unable to remember verbal instructions, late for work due to not getting out of the house in time, forgetting to bring noon medication to work.)
4. Individuals who desire to transition to a more independent living environment. (Wants to leave a board and care home for own apartment.)
5. Individuals who desire to attempt work.
6. Individuals who frequently miss medical appointments but generally express willingness to comply with medication and treatment.
7. Individuals who are stable in the community but want to do more.
8. Individuals who have had several hospitalizations in the past one-year period.
9. Individuals who have been recently released from an inpatient. facility.

FAQs

1. **What if the individual is not convinced of the importance of the problem?**

You will need to go back over the benefits to his/ her life of doing the task. In addition, you may want her to review the consequences of not doing the task. Work with her to see if she committed to the idea that the target problem is an important one. If this target area is one that she does not care about, you may want to shift to another area she sees as more important to engage her in the CAT processes. You can later attempt to reintroduce interventions in the current area. If she is committed to working on a specific problem, you and she should be able to come up with a support that will help.

2. Is the intervention set up in the wrong location?

If the intervention you have set up is located too far from where the targeted activity takes place, you may need to move the support closer to the specific location. So for example if the person undresses by the bed and you put clothing baskets in the closet, you will have empty hampers in the closet and pile of dirty clothes by the bed. Move the baskets to the foot of the bed where your client takes his clothes off.

3. Would an intervention in another modality work better for this individual?

If they prefer voice alarms to signs or vice-versa, try to set up interventions for more difficult problems according to their preference. Initially, both voice and visual cues may be used together.

4. Are distractions near the intervention decreasing the likelihood that the intervention will be used?

If so, you will need to clear the area around the support you established. If this cannot be done, you may need to move the environmental support to another location. So for example, if your client's pill container is on a counter with many other objects –it will be lost amid them and not have the desired effect of cueing the behavior of taking medication.

5. Does the individual have the equipment needed to complete the functional task?

If you have signs asking the person you are supporting to check his or her shirt for stains, you need to be sure she or he has shirts that are not stained. You may need to provide supplies and equipment for the intervention you have established to be of use.

6. Does the individual have a skills impairment that is preventing completion of the functional task?

If you are asking him to complete a task, you need to be sure he has the knowledge required to successfully complete that activity. You may need to have him attempt the activity while you are there. Provide needed information and teach the skills necessary for him to be successful. You may also provide additional prompts that outline the steps for task completion.

7. There are several interventions that address the same functional problem in each table. How do I pick one?

Several interventions are presented as options because not all of them will work in every case. For people who are functioning better, you can go over the options and he or she can select which one to try first. For those who need more assistance, you may want to select the option you think would be easiest for him in his environment and see if he is in agreement. Another reason several options are presented in the manual is that you need to select different

types of interventions for different problems. You may want to use an alarm for one problem and a sign on the refrigerator for another problem. Using alarms for many different problems may be confusing for your client.

8. How do I know whether an intervention is working? And what do I do if it isn't working?

The most obvious answer is that the functional behavior you are targeting is improved. However, continual assessment must be made of all adaptations. At each visit, you will ask which of the adaptations are being used. You will ask about any problems with the interventions, and you will need to adjust them. For example, if a sign is placed on the refrigerator and your client never opens the refrigerator, they may not see the sign. The sign may have to be moved to the person's bedside or bathroom so that it is noticed. If the targeted functional behavior is not improving you may need to trouble shoot. Look at that section of the manual.

9. How many problems should I target at one time?

This depends in part on how similar the problems are and how much environmental support is needed for each. One daily checklist can prompt medication compliance, hygiene tasks, and discrete household tasks. In part, you will need to see what the environment can tolerate. You do not want 10 signs on the refrigerator, or 4 alarms going off. The idea is to make the environment user friendly--not to bombard the person. We suggest beginning with two to three problems and selecting interventions for those. Once these are being used with ease, adding two to three more areas of intervention is suggested. Whenever you can use the same intervention to cue multiple adaptive behaviors, this should be done. For example, one daily checklist can cue hygiene tasks, taking medication, and leisure activities.

10. Are there some environmental supports that are good for all persons?

Yes, all persons should have big calendars, watches, and alarm clocks or a cellular phone that they know how to work capable of being used to schedule and remind. If the person does not have these items, you need to provide them and train their use.

11. Can an intervention be taken away after a while or does it need to stay up for the whole time the person is in CAT?

That depends upon the person. Your client may tell you she does not need a sign anymore because she always does a specific task. You can suggest taking the sign down and check in with her at the next four visits to make sure the task continues to be done. If the person does not tell you he wants something removed, the easiest thing to do is just keep it up.

12. How does a person explain to neighbors and friends about the environmental supports?

You can suggest they tell visitors that they have trouble remembering things so they are setting up their house to help them. You can use the example of a bell that rings when you leave your car lights on. It reminds you to turn your lights off. You can say that you decided to use that strategy in a lot of areas of life so that everyday tasks are easier. CAT suggests everyone can benefit from environmental support, they usually do not see this as an issue. If someone is particularly concerned about others seeing the environmental supports, you will need to work to place them inconspicuously. For example, you would put toothbrush and toothpaste in an obvious place without a sign. You could place checklists on the back of a door, etc.

13. Where do I buy CAT supplies?

Most drug stores, grocery stores, or local discount store (e.g., Wal-mart) will have what you need. Voice alarms can be purchased at specialty shops or online. The monies for these supplies may be limited based on the resources of your program. If your program has no/little money for supplies, you may try to get donations from grocery stores or HMOs, or you may problem solve with the consumer on how to get these supplies. Many interventions can be made from office supplies (i.e. signs, checklists).

14. What if the individual lives with family or in a board and care?

If you are working with an individual who lives with family or in a board and care, it is possible to work with the caretakers to gain further benefit in treatment. For example, you may need to have an agreement with the caretaker that the individual will be responsible for certain tasks each week. Often, the caretaker is used to doing all chores for the individual, making it difficult to regain independence on these tasks. You can also teach basic CAT techniques to the caregiver when appropriate. It is crucial to be mindful of cultural issues when working with families.

APPENDICES

- I. ENVIRONMENTAL AND FUNCTIONAL ASSESSMENT
- II. CAT TREATMENT PLANNING FORM
- III. CAT T-SCORE CONVERSIONS
- IV. COMPREHENSIVE LIST OF INTERVENTIONS
- V. PICTURES OF COMMON INTERVENTIONS

Say: Are there other activities you do during the week that you do not do every day? What activities are they? What day and time do you usually do them?

KITCHEN:

a) Who is responsible for the following jobs?

	Relative	Caregiver	Other
Washing Dishes			
Cleaning Counters/floors			
Cooking Food			
Shopping			

- b) How often do you [complete that task]? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?
- c) Can you explain all the steps in making a sandwich to me?
- d) Give me an example of a well-balanced meal that you can prepare. Describe how you would prepare it.
- e) How do you store leftover food? How do you know when it is spoiled?
- f) Where do you usually eat your meals? Who do you usually eat with?
- g) When eating, what utensils do you use? Do you regularly use a napkin (show me what you use to wipe your mouth)?
- h) Does anyone ever tell you that you do not have good table manners? Do you think you have good table manners?
- i) What do you usually eat during the day? IS RELATIVE EATING REGULAR MEALS AND A BALANCED DIET?

Problems noted with this environment (e.g., out of supplies, tasks not being completed, poorer eating habits, too much snacking, person is over or underweight and not addressing this issue, or any other problems noted with this space and its functionality):

2) BEDROOM:

a) How much are you sleeping per night? Do you feel refreshed and well rested when you wake up in the morning? Any sleep difficulties?

b) *What is your bedtime routine? Do you take medication specifically to help you sleep?*

c) *Who is responsible for the following jobs?*

	Relative	Caregiver	Other
Waking you up			
Making the bed			
Cleaning the room			
Doing the laundry			

d) *How often do you [complete that task]? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?*

e) *Show me the clothing you would wear to go to a doctor's appointment, a job interview, and the park. What would you wear if it was very cold outside? Do all these clothes fit you? Do you have adequate socks, shoes, and underwear (e.g., referring to number and condition)?*

f) *Where do you put your dirty clothes?*

g) *What do you do with your clothing after it is cleaned (sort, fold, hang, store appropriately)?*

h) *What would you do if you lost a button on your pants or tore your shirt?*

i) *Please describe all the steps in doing the laundry.*

Problems with this environment (e.g., out of supplies, tasks not being completed, or any other problems noted with this space and its functionality):

3) BATHROOM:

Does the person demonstrate any overt signs of poorer hygiene or problems related to dressing skills (e.g., has odor, hair uncombed, bad breath, not wearing appropriate clothing, wearing dirty, stained, or tattered clothing, etc)? If yes, list problems noted.

a) *How many times in the past week have you showered or taken a bath?* _____

b) *How many times in the past week have you washed your hair?* _____

c) *How many times in the past week have you brushed your teeth?* _____

d) *How many times in the past week have you worn deodorant?* _____

e) *How many times in the past week have you changed clothes?* _____

f) Query regarding appropriate toileting habits (use of toilet paper, closing door, flushing the toilet, hand washing, etc.).

g) Does anyone provide any assistance to you in doing these tasks? _____

If yes, what kind of assistance? Circle all that apply:

Reminders Given Step-by-Step Instructions Physical Assistance

h) Who is responsible for the following jobs?

	Relative	Caregiver	Other
Cleaning the sink			
Cleaning the toilet			
Cleaning the shower			
Cleaning the floor			

i) How often do you [complete that task]? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?

Problems with this environment (e.g., out of supplies, tasks not being completed, or any other problems noted with this space and its functionality):

4) OTHER GENERAL HOUSEHOLD:

Who is responsible for the following jobs?

	Relative	Caregiver	Other
Cleaning the living room floors or vacuuming			
Picking up the living area			

How often do you [complete that task]? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?

Problems with this environment (e.g., out of supplies, tasks not being completed, or any other problems noted with this space and its functionality):

5) ROOM WHERE MEDICATION IS STORED

a) *Who is responsible for the following jobs?*

	Relative	Caregiver	Other
Ensuring medication is taken			
Picking up medication at the pharmacy			
Making sure the subject gets to the doctor			

b) *How often do you [complete that task]? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?*

c) *Explain how you take your medicines? Do you ever forget to take them? Do you ever run out of medication? What was the problem? What have you done when this has happened?*

d) *How often do you have doctor's appointments? How often do you miss your doctor's appointments? If you miss, do you call ahead of times to cancel? What number would you call? What information would you provide or what would you say?*

e) *Do you have any other ongoing health issues that require management (e.g., diabetes)? What do you do to manage this illness? May I see the supplies you use for managing this illness? Does your doctor say that you need to be doing more?*
ASK OTHER RELEVANT QUESTIONS ABOUT MANAGING THAT PARTICULAR ILLNESS.

f) *Who would you call if you had an emergency? What is the number or show me how you would find it?*

g) *Are there any particular problems that you have with taking your medication or attending doctor's appointments?*

h) *Does anyone have to remind you to do these activities or give you instructions on how to do them correctly?*

Problems with this environment (e.g., out of supplies, tasks not being completed, or any other problems noted with this space and its functionality):

6) ROOM WHERE BILLS ARE PAID:

a) *Who is responsible for the following jobs?*

	Relative	Caregiver	Other
Paying bills			
Grocery Shopping			
Other Shopping			

Person's source of financial support: _____

What are the person's monthly living expenses (e.g., what, how much, and can person list them)? _____

- b) *How often do you pay bills? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?*
- c) *How do you budget your money? Do you ever run out of money before paying all the bills? Do you ever run out of money to buy enough food for the entire month? (Is this related to lack of resources, poorer money management, impulsive spending, etc?)*
- d) *IF PERSON IS LACKING A NUMBER OF NECESSARY SUPPLIES, ASK: I've noticed that you do not have [list missing supplies]. What is the reason why you don't have these supplies (e.g., lack of resources, poorer money management, or failure to understand importance of critical items)?*
- e) *How often is shopping done? Do you ever run out of things you need unexpectedly? Do you ever forget to buy things you need at the store? Do you have to make frequent trips due to problems planning your purchases or forgetting?*
- f) *Do you use a shopping list when going to the store? Explain how to make and use a shopping list? What are the advantages of using a shopping list?*
- g) *Tell me something that you usually buy at the store and how much it would cost.*
- h) *Do you ever not have enough money to pay the total bill at the register? What have you done in this situation?*
- i) *How often do you pay bills? Explain how you go about doing it. What supplies do you use to complete the job? May I see those supplies?*
- j) *How do you budget your money? Do you ever run out of money before paying all the bills? Do you ever run out of money to buy enough food for the entire month?*
DETERMINE IF THIS IS RELATED TO INADEQUATE RESOURCES, POORER MONEY MANAGEMENT, IMPULSIVE SPENDING, OR SOME COMBINATION.

Problems with this environment (e.g., out of supplies, tasks not being completed, or any other problems noted with this space and its functionality):

7) REGARDING NEIGHBORHOOD

How safe is the person's neighborhood? _____

- a) *Is it safe to walk around in your neighborhood? How about after dark? What precautions would you take if you needed to walk along the street after dark?*
- b) *That you are aware of, have there been crimes in the neighborhood? What kinds of crimes? How recently? How often do they occur?*

What is the person's source of transportation?

Any problems noted with transportation (e.g., availability or cost):

- c) *If person relies on others or there are questions regarding the availability or dependability of a vehicle, ask: Do you know how to take the bus? Please explain. Where is the closest bus stop? How do you find the route to a new location? How much does it cost to take the bus? Do you have money to take the bus if you needed to?*
- d) *What should you do before crossing the street?*
- e) *What places are you able to go to in the community completely independently? Do you have any problems going to places alone? Which places? What makes it difficult?*

Problems with this environment or transportation:

8) REGARDING OCCUPATIONAL ROLE FUNCTIONING:

What is person's educational level: _____

If employed, volunteering, or caring for others:

Type of Job: _____

If employed: Sheltered or Competitive

Hours/week in past month: _____

Money earned in past month: _____

If engaging in occupational role functioning:

- a) *When did you last work?*
- b) *What type of work have you done in the past?*
- c) *What prevents you from going back to work?*

Any problems with job noted or reported? Problem may also include that person appears capable of some type of occupational role functioning, but is not engaging. Also, if engaging, perhaps is capable of more.

9) REGARDING SOCIAL FUNCTIONING:

Person's living situation (Who else is present?):

- a) *Who are the people you interact with during the month? How often to you interact? Is it by phone or in person? What kinds of things do you do together? How often do you initiate the contact? How do you contact them (can the person demonstrate that they could contact these people)? Are they critical or supportive of you?*
- b) *Do you belong to any groups or social organizations? How often do you participate? How do you participate?*

Ask additional questions to elicit the quality of the person's relationship with the listed individuals or organizations.

Notes: _____

10) REGARDING RECREATION OR LIESURE SKILLS:

- a) *What kinds of things do you do for fun?*
- b) *When was the last time you did that task?*
- c) *What is involved in doing the task and do you have all needed supplies?*

Activity	Frequency/Month	Social vs. Individual	Supplies present?

- d) Do you engage in a regular activity to just unwind and reduce stress?
- e) What do you do if something upsets you? How do you cope with the situation? Does that always work? What else could you do?
- f) Do you take medication for anxiety or to reduce stress?
- g) Problems noted with leisure and coping skills:

11) PROBLEM-SOLVING AND DECISION-MAKING:

- a) *What would you do if you ran out of medicine before your next doctor's appointment?*
- b) *What would you do if you were alone and hurt yourself badly?*
- c) *What would you do if you got lost in the community?*
- d) *What would you do if you noticed that you forgot to get off the bus at your stop?*
- e) *What would you do if you noticed that your refrigerator did not seem to be running and you had a lot of meat in the freezer?*
- f) *What would you do if you saw smoke coming from your oven while cooking dinner?*
- g) *What would you do if you ran out of money and did not have any food for the last week of the month?*
- h) *Let's say that you have a doctor's appointment, but at the same time your friend would like for the both of you to go to a movie. What are 3 things you could choose to do?*

Problems or therapist concerns related to the persons problem-solving or decision-making abilities:

Request a tour of the living environment. Record any safety, organizational, or cleanliness problems on the chart below during this time.

Domain	Specifics	Problem identified/location
Safety	Electrical cords frayed	
	Electrical cords in traffic areas	
	Storage of poison/insecticide	
	Door locks broken or missing	
	Objects or spills on floor in traffic areas (tripping hazards)	
	Telephone not present	
	Medication storage if children present or visit	
	Roaches, ants or other insects present	
	Windows closed and no A/C on hot day	
	Windows open and no heat on cold day	
Cleanliness	Clutter on counters	
	Dust or dirt on floors	
	Dust or dirt on counters	
	Dirty sink	
	Dirty commode	
	Dirty refrigerator	
	Dirty appliances	
	Clothing strewn about	
	Papers strewn about	
	Clutter	
Organization	Closet disorganized	
	Drawers disorganized	
	Unable to locate important items	
	Dirty and clean clothing mixed	

Ask if you don't know regarding whether the person has the following critical items. Note any problems related to their presence, placement, or the person's reported use of these items.

Essential Items Checklist

Item	Present (check if yes)	Placement/Comments
Dish Soap		
Bath Soap/Shampoo		
Hand Soap		
Laundry Soap		
Cleaning agents		
Toothpaste/Toothbrush		
Toilet Paper		
Deodorant		
Laundry Basket		
Watch		
Alarm Clock		
Calendar		
Lock for belongings (group home)		
Hobby supplies		
Dish cloths/Sponges		
Dishes/Cooking Utensils		
Silverware		
Hangers		
Drawers		
Towels		
Appropriate Clothing for weather and size		
Sheets, blankets, pillow		
Telephone		

Hierarchy of Problems to be Addressed

Based on the individual's personal goals and information from the EFA, list a general hierarchy of problems to be addressed in treatment.

1. Safety 2. Orientation 3. Medication 4. Hygiene 5. Dental hygiene 6. Transportation 7. Housekeeping 8. Organization 9. Social skills 10. Stress management 11. Budgeting 12. Cooking skills 13. Diet/weight management 14. Leisure skills

Appendix II

CAT Treatment Planning Form

Executive Function:

Step 1: Write down the **raw** scores.

Perseverations _____ Categories _____ Verbal Fluency _____

Step 2: Multiply each of the scores by the number shown.

P = .02 X perseverations score = _____

C = .01 X categories score = _____

V = .009 X verbal fluency letter total = _____

Step 3: $1.25 + P - C - V =$ _____

Step 4: Circle One

Is this score less than or equal to 1.5?

Yes **Executive function is better.**

Is this score greater than 1.5?

Yes **Executive function is poorer.**

Behavior:

Step 1:

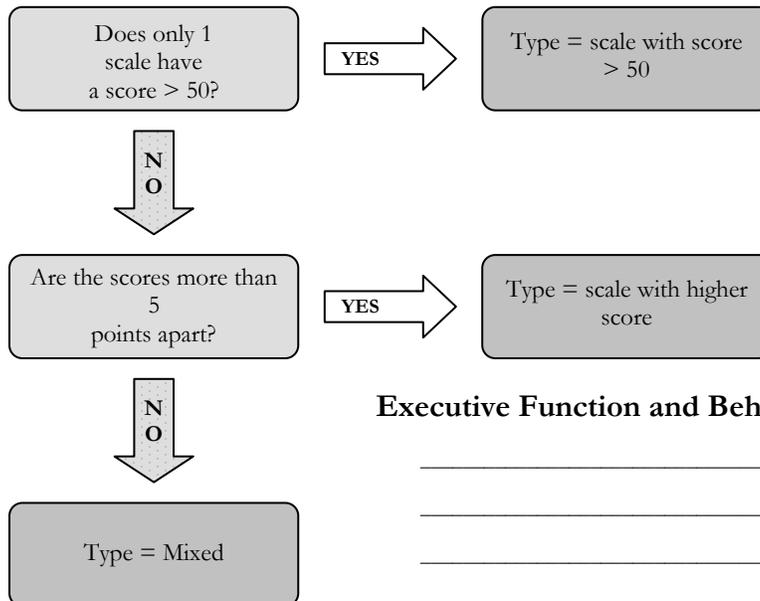
FrSBe **raw** Scores

A: _____ D: _____

Step 2:

FrSBe **T-scores** (use tables in Appendix III)

A: _____ D: _____



Executive Function and Behavior Type :

Cognitive Strengths and Problems

1. **Visual Attention** (based on CPT hits score)(circle one)

STRENGTH	PROBLEM	NEITHER
>27	<15	15-27

2. **Immediate Auditory Attention** (based on Digit Span Forward Score) (circle one)

STRENGTH	PROBLEM	NEITHER
>7	<4	4-7

3. **Working Memory** (based on Digit Span Backward Score) (circle one)

STRENGTH	PROBLEM	NEITHER
>5	<2	2-5

4. **Short term Verbal Memory (Recall)** (based on CVLT trials 1-5 total) (circle one)

STRENGTH	PROBLEM	NEITHER
>45	<20	20-45

1. Explained the problems and strengths to the individual? YES NO
2. Explained CAT to the individual? YES NO
3. Two issues/problems to be initial foci of interventions YES NO

CATSpecific Problem Form

Skill	Specific Description
Bathing (EFA # 4)	
Brushing Teeth (EFA # 4)	
Care of Living Quarters (EFA # 2, 3, 4, & 5)	
Communication (Based on your interactions with the individual by phone and during the EFA)	
Cooking/Kitchen Skills (EFA # 2)	
Dressing (EFA # 3 & 4)	
Health Care/First Aid (EFA # 2, 3, 6, & 12)	
Job Readiness (EFA # 9)	
Laundry (EFA #3)	
Leisure (EFA # 11)	
Medication Management (EFA # 6)	
Management of Money and Consumables (EFA # 7)	
Nutrition (EFA # 2)	
Orientation (EFA # 1)	
Other Grooming Skills (EFA # 2)	
Participation in Treatment (EFA # 6)	
Physical Ability (Based on therapist observations)	
Problem-Solving/Decision-Making (EFA # 12)	
Safety (EFA # 6, 8, & 12)	
Shopping (EFA # 7)	
Social Skills (Based on social interactions with therapist and EFA # 10)	
Table Skills (EFA # 2)	
Task Skills (From observations and findings from neuropsychological tests (attention, memory, planning)	
Telephone Use (Noted as problem based upon your experience with the individual)	
Transportation (EFA # 8)	
Toileting (EFA # 3)	

Appendix III

CAT t-score conversions

Apathy

Raw Score	t-score	Raw Score	t-score
10	14.4135	41	59.868
11	15.8798	42	61.3343
12	17.346	43	62.8006
13	18.8123	44	64.2669
14	20.2786	45	65.7331
15	21.7449	46	67.1994
16	23.2111	47	68.6657
17	24.6774	48	70.132
18	26.1437	49	71.5982
19	27.61	50	73.0645
20	29.0762	51	74.5308
21	30.5425	52	75.9971
22	32.0088	53	77.4633
23	33.4751	54	78.9296
24	34.9413	55	80.3959
25	36.4076	56	81.8622
26	37.8739	57	83.3284
27	39.3402	58	84.7947
28	40.8065	59	86.261
29	42.2727	60	87.727
30	43.739	61	89.194
31	45.2053	62	90.66
32	46.6716	63	92.126
33	48.1378	64	93.592
34	49.6041	65	95.059
35	51.0704	66	96.525
36	52.5367	67	97.991
37	54.0029	68	99.457
38	55.4692	69	100.924
39	56.9355	70	102.39
40	58.4018		

Disinhibition

Raw Score	t-score
10	28.2468
11	29.4002
12	30.5536
13	31.707
14	32.8604
15	34.0138
16	35.1672
17	36.3206
18	37.474
19	38.6275
20	39.7809
21	40.9343
22	42.0877
23	43.2411
24	44.3945
25	45.5479
26	46.7013
27	47.8547
28	49.0081
29	50.1615
30	51.3149
31	52.4683
32	53.6217
33	54.7751
34	55.9285
35	57.0819
36	58.2353
37	59.3887
38	60.5421
39	61.6955
40	62.8489

Raw Score	t-score
41	64.0023
42	65.1557
43	66.3091
44	67.4625
45	68.6159
46	69.7693
47	70.9227
48	72.0761
49	73.2295
50	74.3829
51	75.5363
52	76.6897
53	77.8431
54	78.9965
55	80.1499
56	81.3033
57	82.4567
58	83.6101
59	84.7636
60	85.917
61	87.0704
62	88.2238
63	89.3772
64	90.5306
65	91.684
66	92.8374
67	93.9908
68	95.1442
69	96.2976
70	97.451

Appendix IV

Comprehensive List of CAT Interventions

Bathing

Apathy--Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Body odor, does not shower or bathe regularly. • Stands in the water and does not use soap or shampoo. • Does not lift arms to wash underneath, may not reach down to wash feet with soap, may rub soap on stomach only (easy to reach—in front—little effort expended). • Will not initiate next step, may leave steps out (e.g. does not rinse shampoo out of hair or soap off of body). • Neglects to dry self off, gets water on the floor. 	<ul style="list-style-type: none"> • Initially provide necessary hygiene products. • Audiotapes may be used with specific instructions for step-by-step task performance. Customize the tape for the individual (e.g. “First, wet your hair. Now put a little shampoo on your hand...”). Provide a tape player for bathroom counter combined with a bright sign as a reminder to “Play tape before getting in bathtub.” • Provide a checklist of daily hygiene tasks coupled with a voice alarm to prompt showering/bathing. • Place soap and shampoo on a caddy over showerhead directly in front of individual at eye level. • Provide a rough textured sponge (loofa) to increase tactile stimulation and a fragranced soap for olfactory stimulation (multiple sensory modalities receiving input). • Provide a full-length fogless shower mirror with colored dots to prompt appropriate use of soap on all body parts. • Use written step by step instructions. Instructions may be coated with plastic and hung on yarn over the showerhead. Instructions should break each task down into its component parts (e.g. 1. Wet hair 2. Apply small amount of shampoo to palm of hand 3. Lather hair. 4. Rinse hair so no shampoo is left.) • If upon your visit you notice that the individual is in need of a shower, instruct them that you will leave for about 20 minutes and come back after he has taken a shower/bath. • Provide a terry cloth robe where individual exits the shower. The robe will dry much of the individual’s body without him having to do much.

Bathing

Apathy--Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Body odor, does not shower or bathe regularly. • May not use soap on all body parts or shampoo. • May not replace product (e.g. soap, shampoo) that has run out. 	<ul style="list-style-type: none"> • Initially provide necessary hygiene products. • Prompt bathing with daily hygiene checklist. • Provide a CD player for the bathroom to make showering/bathing more enjoyable. • Use custom alarm that wakes individual up to prompt “Time to take a shower”. • Place a sign that the individual can see while using the toilet: “Take shower,”

<ul style="list-style-type: none"> Does not dry off before exiting shower, getting water onto the floor. 	<ul style="list-style-type: none"> Place a laminated sign on the showerhead focusing on part of routine that is not yet established (e.g. shampoo hair, or wash under arms). Place shampoo/soap on shelf directly in front of individual's line of sight to cue use. Place terrycloth robe so that it is in individual's direct view upon exiting shower. Place a sign on the front door with a customized message e.g. "If I don't smell good, people at class will not want to talk to me."
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Bathing

Disinhibition--Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> May have body odor due to ineffective showering. May use all the shampoo in the bottle at one time. May not complete steps due to external distractions (e.g. forgets to use soap because objects in the shower distract him or her (e.g. baby toys). May get into the shower with clothing still on. Due to distraction, may not pay attention to the slipperiness of the surface and may not alter their movements accordingly. May fall. Puts on clothing without properly drying body due to distraction. 	<ul style="list-style-type: none"> Initially provide necessary hygiene products. Measure out shampoo for daily use. Use single use or travel size shampoo. Use bar soap instead of liquid soap. Provide a laminated checklist for use in the shower with questions for each step of showering. i.e. "Did I shampoo yet? Did I rinse my hair yet? Have I soaped up? Am I done?" Remove unneeded objects in the shower stall. Place sign on shower door e.g. "Did you take off your socks?" Use slip proof shower mat. Place towel so that it is in individual's direct view upon exiting shower.

Bathing

Disinhibition-Better Executive Impairment

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> Pours out large quantities of shampoo. Does not check to see if the shower has soap, forgets some of his/her shower supplies in his/her room. Or leaves supplies 	<ul style="list-style-type: none"> Initially provide necessary hygiene products. Measure out shampoo for daily use. Use single use or travel size shampoo. Place a sign on the shower door: "Do I have all my supplies?" Provide a basket for all hygiene supplies that will fit on a peg in the shower. Brightly colored baskets with a peg placed at eye level will increase the likelihood

<p>in the shower after finishing.</p> <ul style="list-style-type: none"> • Does not complete steps due to external distractions from objects in shower (e.g. baby toys). • Takes too long in the shower due to distraction. • Due to distraction, may not pay attention to the slipperiness of the surface. May fall. 	<p>that individual will remember to take them back to his/her room.</p> <ul style="list-style-type: none"> • Remove unneeded objects in the shower stall. • Use slip proof shower mat. • Place towel so that it is in individual's direct view upon exiting shower. • Place a reminder sealed in plastic over the showerhead: shampoo, soap, rinse, turn off water. • Set up a waterproof and loud timer to prompt the individual to finish up at ten minutes.
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Bathing

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Bathing

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Dressing

Apathy-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Stays in day clothes to sleep. • Does not complete dressing steps adequately (i.e. shoes untied, shirt untucked, zipper unzipped, shirt buttoned wrong). • Stays in pajamas all day. • Does not wear needed items (e.g. socks, underwear). 	<ul style="list-style-type: none"> • Initially provide with appropriate clothing. • Make up and organize clothing for each day of the week. Use a hanging shoe storage bin with 7 slots; one for each day of the week. • Use tape-recorded message for dressing sequence. Go through dressing sequence in exactly the same order each day to encourage rote performance. • Place a clothing rack at the foot of the bed filled with clean clothing. Pants, shirts, socks, underwear should all be hung on one hanger. No drawers have to be opened. Clothes act as a prompt. There is no need to go elsewhere for other clothing articles and all clothes are in clear view. • Use audio/voice alarm to prompt individual to get dressed. May combine with individual's reason to get dressed (i.e. to look nice so that I can get a girlfriend, so that my parents won't get mad at me, etc...). • Put mirror directly in front of where individual dresses with signs regarding dressing tips: "Button shirt from bottom," or "Zip fly." • Provide small reinforcement (\$5 gift card, favorite healthy snack, etc...) if they are successful in appropriately dressing on pre-discussed number of days.

Dressing

Apathy-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Stays in day clothes to sleep. • Does not complete dressing steps adequately (i.e. shoes untied, shirt untucked, fly unzipped, shirt buttoned wrong). • Stays in pajamas all day. • Does not wear needed items (e.g. socks, underwear). 	<ul style="list-style-type: none"> • Initially provide with appropriate and adequate amount of clothing. Work on other issues (e.g. laundry) to make sure clean clothing will always be available. • Use a voice alarm set for an agreed-upon time that prompts the individual, "Time to get dressed." • Put mirror directly in front of where individual dresses with signs regarding dressing tips: "Is my shirt tucked in?" or "Do I look alright?" • Place a picture of the individual appropriately dressed on the mirror for comparison. • Provide social reinforcement when dressed appropriately "You look great today." Ask other caretakers to do the same if available.

Dressing

Disinhibition-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Wears multiple layers of clothing. • Wears clothing that is too small because it happens to be in the closet. • Wears clothing that is not appropriate for weather conditions. • Wears accessories in an inappropriate manner (e.g. fanny pack around neck). • Does not complete dressing steps due to distraction by irrelevant stimuli. • Wears clothing inappropriate to scheduled activity. 	<ul style="list-style-type: none"> • Initially provide with appropriate clothing. • Reduce clutter in drawers and closets. Put accessories out of sight. • Reorganize closet so appropriate clothing is most accessible. Remove clothes that are too small, out of season, or inappropriate and store elsewhere. • Color code garments (e.g. red tagged pants go with shirts with a red tag only). • Take a photo of the individual appropriately dressed labeled with one shirt, one pair of pants, etc., place photo next to a full-length mirror; teach individual to compare their dress with that in the photo. • Take a picture when disheveled with arrows to show problematic areas. • Place a large sign in plain sight by the closet where the individual dresses: "Only One pair of pants, Only One shirt." • Provide lists in a file on closet doors of clothing appropriate for specific activities and/or weather conditions (e.g. baseball-sweat pants, T-shirt, tennis shoes, sports socks, cap; cold weather-pants, long-sleeved shirt, socks, closed shoes, coat). • Make up outfits placing shirt, undergarment and socks in fold of pants. Put each in separate plastic containers stacked by day of the week in the closet. Once a stack is opened there are no other clothes to cue the individual "wear me".

Dressing

Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Wears multiple layers of clothing. • Wears clothing that is too small because it happens to be in the closet. • Wears clothing that is not appropriate for weather conditions. • Does not complete dressing steps due to distraction by irrelevant stimuli. • Wears clothing inappropriate to scheduled activity. 	<ul style="list-style-type: none"> • Initially provide with appropriate clothing. • Reduce clutter in drawers and closets. • Provide a mirror and hang on wall exiting bedroom with sign, "Am I dressed appropriately?" • Reorganize closet so appropriate clothing is most accessible. Remove clothes that are too small, out of season, or inappropriate and store elsewhere. • Help individual to organize drawers and closets removing specific triggers and distractions. • With individual, work to remove clothes that are too small, out of season, or inappropriate. Try to replace clothes that are favorites with a like garment. • Create a routine that includes checking a weather report before dressing. • Use an alarm to prompt dressing at a specific time.

Dressing

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Dressing

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Dental Hygiene

Note: For all individuals who have not been brushing regularly, provide education on proper brushing, a soft bristle brush (smaller head) and sensitive teeth toothpaste.

Apathy-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Lets water run, forgets to wet toothbrush and follow an organized sequence of steps. • Will not initiate brushing. • Will brush back and forth in an ineffective manner, will not brush back teeth. • May leave bathroom with toothpaste on face. • Does not replace cap. 	<ul style="list-style-type: none"> • Initially provide all necessary dental supplies. • May initially need to guide individual's hand in brushing motion. • Lay out toothbrush and toothpaste directly in front of individual. • Provide an electronic toothbrush, making the task more fun or easier. • Provide a toothbrush with a built in timer to keep her persistent in the task. • Instruct individual with simple, short prompts. • Train routine in same sequence each day. • Place toothpaste and toothbrush on a basket attached directly to the bathroom mirror. This prompts brushing. • Use dental dye as a cue to denote when brushing is complete. • Use toothpaste with a flip cap. • Prompt appropriate dental hygiene with use of detailed instructions. Instructions may be placed directly on the bathroom mirror. She should break each task down into its component parts (e.g. 1. Turn on water. 2. Wet toothbrush. 3. Apply toothpaste to brush 4. Brush front teeth (brush down for top teeth, up for bottom teeth) etc. (Can use pictures for individuals who do better with non-verbal cues.) • Help schedule dental checkups.

Dental Hygiene

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Lets water run, forgets to wet toothbrush and follow an organized sequence of steps. • Will not initiate brushing. • Will brush back and forth in an ineffective manner, will not brush back teeth. • May leave bathroom with toothpaste on face. 	<ul style="list-style-type: none"> • Initially provide all necessary dental supplies. • Place toothpaste and toothbrush on a basket attached directly to the bathroom mirror. This prompts brushing. • Include brushing teeth on the person's daily hygiene checklist. • Place mirror on the back of the front door with prompt for individual to check appearance before exiting house (e.g. Is there toothpaste on my face?). • Educate on amount of time to brush teeth – pair with singing a song in her head (i.e. ABC's twice, a favorite song) • Use of individual flossers. • Remind individual to schedule dental check-ups, follow up for completion.

Dental Hygiene

Disinhibition-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Squeezes all the toothpaste out of the tube. • Does not complete steps due to external distractions (e.g. stops brushing before complete due to cues for other items present in bathroom, magazines, radio etc.). • Does not brush daily. 	<ul style="list-style-type: none"> • Initially provide all necessary dental supplies. • Provide reinforcement for a job well done • Provide single serving toothpaste tubes or sponge tips with preapplied toothpaste. • Remove external distractions (radio, magazines etc.). • Place toothpaste and toothbrush directly on bathroom mirror. If the individual does not have to open drawers, s/he is less likely to be distracted by objects unrelated to the task. Couple this intervention with a brightly colored sign with detailed instructions. • Provide checklist for daily brushing. • Provide with an electric toothbrush with built in timer to sustain brushing during distractions.

Dental Hygiene

Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be distracted on the way to the bathroom. • Does not brush daily. 	<ul style="list-style-type: none"> • Initially provide all necessary dental supplies. • Place a sign near individuals sleep area or bathroom: “Did I brush my teeth today?” • Provide checklist for daily brushing. • Remove external distractions (radio, magazines etc.).

Dental Hygiene

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Dental Hygiene

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Toileting

Note: If there is any indication that there might be a medical reason for a urinary problem make sure the individual sees a physician.

Apathy--Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> Does not use toilet paper. Does not wash hands after using the bathroom. Does not flush toilet. Leaves fly unzipped, shirt tail untucked following trip to the bathroom. 	<ul style="list-style-type: none"> Post a reminder on the back of the bathroom door: “Don’t forget to use toilet paper” or “Wash your hands!!” Educate on good habits with use of instructions placed above toilet or on door. Instructions should break each task down into its component parts (e.g. When finished: 1. Flush. 2. Tuck in shirt. 3. Zip and button pants. 4. Wash hands. Note: An additional instruction sheet on mirror over sink may prompt specific order for hand washing if this is a problem. A mirror attached to the bathroom door also acts as a prompt to check appearance Use a chemical that makes the water colored when urine is present. Red water is novel and can cue the individual to flush. A reminder on the back of the bathroom door: “Flush” or “Check Zipper.” Make sure to place a mirror on the door which may cue individual to check appearance. Set up a schedule for voiding. May use watch with alarm set at two hour intervals.

Toileting

Apathy-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> Leaves fly unzipped, shirt tail untucked following trip to the bathroom. Does not wash hands after using the bathroom. Does not flush toilet. 	<ul style="list-style-type: none"> Verbally educate on proper toileting habits. Post a reminder on the back of the bathroom door: “Don’t forget to flush the toilet” or “Wash your hands.” Educate on length of time to wash hands. i.e. sing happy birthday song in head to remain persistent during task.

Toileting

Disinhibition-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> While urinating standing up is distracted by noise, turns while urinating, misses toilet. Distracted on the way to the 	<ul style="list-style-type: none"> Instruct individual to sing a song in his head while washing hands to maintain attention through distractions. Post a reminder sign on the back of the bathroom door, stating “Make sure there is toilet paper before using bathroom.”

<p>bathroom, has accidents.</p> <ul style="list-style-type: none"> • If distracted may not wash hands, wipe thoroughly, or flush toilet. • May not check water temperature prior to hand washing and may burn themselves. 	<ul style="list-style-type: none"> • Use schedule for voiding. May use watch with alarm set at two-hour intervals. • Place sign on back of toilet: "Aim" or "Wipe Thoroughly." • Put washable rug around toilet. • Place sign on the back of the bathroom door: "Did You Wash Your Hands?" • Place sign on the wall behind toilet: "Flush me." Attach a bright colored ball or star or object to the flushing mechanism which will cause the individual to look at the flushing mechanism and cue flushing. • Turn down water heater temperature to prevent accidental burns or place sign at sink: "Check water temperature!"
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Toileting

Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Does not wash hands after using the bathroom. • Does not flush toilet. • May leave the bathroom without zipping or tucking in shirt. 	<ul style="list-style-type: none"> • Educate to check for toilet paper bore using the restroom. • Place sign on the back of the bathroom door: "Did You Wash Your Hands?" • Place sign on the wall behind toilet: "Flush me." • Use mirror on the back of the door to prompt the individual to check appearance.

Toileting

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Toileting

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Housekeeping/Care of Living Quarters

Apathy-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not make bed, sleeps on bare mattress. • Does not wash or change sheets. • Throws clothing on floor. • Throws trash (e.g. wrappers) on floor. Will over fill trash can. • May leave a pile of cigarette butts in areas where they frequently smoke. • Does not notice or does not clean up spills. • Does not have cleaning supplies. • Does not wash dishes, stack them where they eat. May eat from dirty dishes. • Dirty counters not wiped off. • May not be aware that living quarters need cleaning. 	<ul style="list-style-type: none"> • Provide sheets with Velcro that will stay on the bed as made. • Schedule necessary cleaning tasks the same day each week. Use a clearly displayed large checklist to prompt. Teach individual to check off tasks as they are completed. • Organize belongings. Place objects in plain sight near where they are used or removed (e.g. a hook for coat visible as individual walks in the door, a rack for keys near the door, a pouch attached to bed for eyeglasses, laundry baskets placed exactly where clothing is removed, even if this is in the middle of the room, labels placed where each object needs to be put). • Place trashcans in plain sight in open areas (particularly in places where wrappers are opened, etc., and trash accumulates on the floor). Physically prompt use. • May need to initially stock cleaning supplies and take weekly inventory. • Have individual start cleaning projects in your presence. Provide specific instructions training all steps in the same sequence. Work toward use of written or tape recorded prompts. • Use custom alarms to cue one specific cleaning task weekly. • Use a calendar of scheduled cleaning tasks with audio prompts. • Provide a small extrinsic reinforcement (\$5 gift card or favorite healthy snack) if individual achieves all goals for the week. • Use step by step audio instructions of how to clean.

Housekeeping/Care of Living Quarters

Apathy-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not make bed. May sleep on bare mattress. • May not wash or change sheets. • Throws clothing on floor. • Throws trash (e.g. wrappers) on floor. Will over fill trash can. • May leave a pile of cigarette butts in areas where they frequently smoke. • May not notice or clean up spills. • Does not have cleaning supplies available. 	<ul style="list-style-type: none"> • Put all cleaning supplies in clear plastic bottles with a fluorescent tape line glued near the bottom to cue adding product to the shopping list. • Place magnetized note pad and pencil on refrigerator door for lists of products to buy. • Place trashcans in plain sight in open areas (particularly in places where wrappers are opened, etc., and trash accumulates on the floor). • Place large ashtrays in all areas where individual smokes with fluorescent sign attached "empty butts into trash can!!" • Make up a detailed checklist describing weekly cleaning routine and a large calendar schedule for tasks. • Prompt cleanup after mealtime using signs placed in eating area (e.g. "take dirty dishes to sink," and "wipe off table").

<ul style="list-style-type: none"> • Does not wash dishes, clean counters, etc... • May not be aware that living quarters need cleaning. 	<ul style="list-style-type: none"> • Use custom alarms to cue one specific cleaning task weekly. • Use a calendar for scheduled cleaning tasks. • Provide an intrinsic or small extrinsic reinforcement if individual achieves all goals for the week. • Use step by step visual instructions.
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Housekeeping/Care of Living Quarters

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Belongings are misplaced. • Bed made sloppily. Covers thrown on haphazardly. Task not complete • Throws clothing on floor. • Throws trash (e.g. wrappers) on floor. Will over fill trash can. • Cigarette butts and ashes dropped in inappropriate places throughout living space (floor, table, etc). • May misuse cleaning supplies, medicines etc. May not read labels (e.g. rubbing alcohol used to clean floor.). • Distracted during dish washing. May leave water standing and not return to complete job. May not search house for dirty dishes. • May use all the dish soap in the bottle at once. • Dirty counters not wiped off. • Does not anticipate spills due to distractibility (e.g. sets glass on the edge of counter; pours drinks too rapidly, etc.). • Cleaning is done in haphazard disorganized fashion (e.g. begins cleaning toilet, goes to get cleanser and sees the vacuum-starts vacuuming). 	<ul style="list-style-type: none"> • For important belongings like keys, use a locating key chain. • Remove distractions. Remove unnecessary objects from drawers, supply cabinets, cupboards, etc. • Reduce clutter. All objects have a place near where they are used or removed (e.g. a hook for coat visible as individual walks in the door, a rack for keys near the door, a pouch attached to bed for eyeglasses, laundry baskets placed where clothing is removed, labels placed where each object needs to be put). • Place trashcans in plain sight in open areas (particularly in places where wrappers are opened, phone messages are taken, etc., and where trash accumulates on the floor). • Attach Velcro to sheets to make it easier to make bed (especially useful if individual has fine motor problems). • Provide special sponge with soap in handle. • Provide sample size dish soap. • Put many large ashtrays in visible locations. Train use of ashtrays and familiarity with locations. Place labels above ashtrays (butts here!!). • May initially need to supervise use of any cleaning products. Provide non-toxic products that are not dangerous if mixed or misused (e.g. baking soda). • Use tape-recorded instructions to keep individual on task with tapes in “real time,” i.e. individual does task as tape is playing. The next step is cued when a reasonable amount of time has passed. Can make tape as you watch individual perform task. Must be explicit e.g. “Go get a bucket.” • Place red tape line on counter. Teach individual not to place any glass or liquid product beyond the line. • Provide individual specific instructions for simple, repetitive, discrete tasks which can be completed in a short period of time (e.g. pick up all the clothes off the floor and put them in the basket, wipe counter by phone). • Take a picture of the house when disorderly or dirty. Place red circles on all areas to be addressed. • Place step-by-step instruction for task in proximity to problem area.

Housekeeping/Care of Living Quarters Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Belongings are misplaced. • Bed made sloppily. Task not complete. • Throws clothing or trash on floor. • May misuse cleaning supplies, medicines etc. May not read labels • Distracted during dish washing. May leave water standing and not return to complete job. May not search house for dirty dishes. • May use all the dish soap in the bottle at once. • Dirty counters not wiped off. • Does not anticipate spills due to distractibility (e.g. sets glass on the edge of counter). • Cleaning is done in a disorganized fashion (e.g. begins cleaning toilet, goes to get cleanser and sees the vacuum, starts vacuuming). 	<ul style="list-style-type: none"> • Work with the individual to reduce clutter. Have individual identify a place to put belongings near where they are used removed (e.g. a hook for coat visible as individual walks in the door, a rack for keys near the door, a pouch attached to bed for eyeglasses, laundry baskets placed where clothing is removed, labels placed where each object needs to be put). • Place trashcans in plain sight in open areas (particularly in places where wrappers are opened, phone messages are taken, etc., and where trash accumulates on the floor). • Provide checklist to remind individual of steps to complete the task, (e.g. tuck covers in, put pillows on the bed.). • Provide checklist for completing dishwashing e.g. 1. Take dirty dishes out of the sink and set them on the counter. 2. Put stopper in sink, etc. • Provide sample size dish soap. • All cleaning supplies put in one location labeled with large tags with easy-use messages. • Place red tape line on counter. Teach individual not to place any glass or liquid product beyond the line. • Provide individual with a detailed checklist describing weekly cleaning routine and a large calendar schedule for tasks.

Housekeeping/Care of Living Quarters Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Housekeeping/Care of Living Quarters Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Eating, Nutrition, Cooking, and Table Skills

Apathy-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for cooking food. • May forget to eat. • May eat primarily junk food because it is easily accessible. • May leave food in the refrigerator to spoil. • May eat very slowly. • May lack knowledge of healthy eating behaviors. 	<ul style="list-style-type: none"> • Check with doctor regarding the use of vitamin supplements • May need to eat prepared meals. • Prompt eating at regular times with loud alarms and signs: “When alarm goes off make a sandwich.” • Provide Ensure or protein shakes for individuals who are skipping meals. • Assist individual in stocking the home with easy to eat meals with some nutritional value. Fruits, sandwich meats, etc. • Make a schedule of one meal to prepare each day. • Make a day-by-day schedule of what to eat and when. • Provide an audio meal library with taped instructions for simple food in “real time” (e.g. “To make a sandwich you will need to slices of bread—go get them. Now you will need either meat, cheese or peanut butter...”). • Tape sign to perishables: “Throw away on “date.” Place calendar on refrigerator. • Limit the purchase of fresh food that may spoil without use. Introduce canned or shelf stable healthy options (e.g., canned fruits and vegetables). • Provide an audiotape for provider to play during meals which paced taking bites. (e.g. Take a bite now—every minute or two). • Discuss and provide educational material regarding nutrition and healthy eating habits. Such material should provide basic/simplified information. Children’s versions of such information are often available online.

Eating, Nutrition, Cooking and Table Skills

Apathy-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May forget to buy food items for a specific dish. • May eat primarily junk food because it is easily accessible and doesn’t need to be cooked. • May not look behind items to locate a specific food or drink. • May not clear place at table after eating. 	<ul style="list-style-type: none"> • Check with doctor regarding the use of vitamin supplements. • Attach a shopping list and pencil to the refrigerator to prompt writing down needed items. Place sign on the door: “Do I need my shopping list?” • Work with individual weekly to make a list of specific quick meals to shop for and to prepare. (If doing this weekly, work on at least four times.) • Work with individual to place groceries only one item deep in refrigerator so that nothing is out of sight. • Place a sign on the fruit drawer in the refrigerator that says: “Open me—Eat fruit.” • Place a sign on the refrigerator that says, “Remember XXX is in the fridge!!” to prompt the eating of under used foods that could spoil.

	<ul style="list-style-type: none"> • Place fruit on counter in plain sight to prompt eating. • Provide healthy, no-cook, convenient options for snacks/meals that might replace junk food choices. • Discuss and provide educational material regarding nutrition and healthy eating habits. • Tape a sign on the table at individual’s place, “Clear place when done!!”
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Eating, Nutrition, Cooking, and Table Skills

Disinhibition-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May consume food that is past its expiration date. • May consume all of a particular type of food that is present (e.g. a 12-pack of soda). • May consume food in front on the eye level shelf first. • May eat too quickly and not chew food. May choke or vomit after eating. • May eat in a messy way, ruins clothing. • May eat too rapidly or overeat • May lack knowledge of healthy eating behaviors. 	<ul style="list-style-type: none"> • Put a florescent sticker on milk or luncheon meat with the expiration date written in large letters. Make sure there is a calendar in or on the refrigerator. • Work with board and care operator or family to schedule favorite foods and drinks at specific times during the day. Can use a timer set for several hour intervals for drinks. • Keep only two sodas in refrigerator at any one time. • Place foods you want to encourage eating on front top shelf. “Hide” other foods in vegetable bin. • Place a sign on the table, “Put fork down after each bite” • Provide a shirt with snaps rather than buttons for the person to wear during eating. • Remind individual to chew food, see if the provider is willing to cut food to prevent individual’s choking. Use a timer (egg timer, small hour glass). Teach individual to turn it over at each bite and to chew until the sand runs out. Then swallow. Place a sign on the timer with instructions. • Discuss and provide educational material regarding nutrition and healthy eating habits. Such material should provide basic/simplified information. Children’s versions of such information are often available online. • Provide visual cues for portion size using simple handouts. • Provide easy, healthy alternatives for sodas and snacks foods that are over consumed (e.g., bottled water, Crystal Light, diet soda, 100 calorie pack snacks, granola bars, etc.). • Package or label sodas or over consumed foods to indicate a schedule for consumption (e.g., Friday lunch, Friday dinner, Saturday lunch, etc.).

Eating, Nutrition, Cooking, and Table Skills

Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be distracted during food preparation and burn food. • May not cook food adequately. • May be distracted during eating and not return to table. • May add too much of certain ingredients while cooking due to not measuring (e.g., salt). • May leave oven or burners on after cooking. • May bite into food that is too hot and burn tongue or roof of mouth. 	<ul style="list-style-type: none"> • Provide a timer and work with individual to learn to set before cooking. • Provide a timer that attaches to clothing (i.e., clip timer) so that they may be alerted to check cooking food regardless of their location in their living environment. • Place sign on oven: “Set timer.” • Place sign next to stove: “Is it cooked enough?” • Provide measuring utensils and train individual in following a recipe and accurately measuring out ingredients. • Attach a sign or checklist above the oven to prompt individual to turn off the stove or complete other essential steps after cooking (e.g., put away unused ingredients, wipe down counters, etc.) • Place a sign on table or wherever food is consumed that says, “Food may be HOT!!!!” • Discuss and provide educational material regarding nutrition and healthy eating habits.

Eating, Nutrition, Cooking, and Table Skills

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Eating, Nutrition, Cooking, and Table Skills

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Laundry

Apathy--Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May let dirty clothes pile up. • May leave clothing on the floor so it is unavailable for washing if laundry is done for the individual. • Doesn't do laundry. • Wears dirty clothes. 	<ul style="list-style-type: none"> • Provide a sign that prompts individual to wear clean clothing and/or change clothing everyday. • Add "change clothes" and "do laundry" to daily and weekly activity checklist. • Provide one large hamper for clothing. Place it directly where individual undresses. If individual does own laundry, use two baskets or hampers one for darks and one for lights. • Place sign on door to room: "Pick up clothes off the floor, put them in hamper." • Call individual once weekly and ask him/her to pick up all clothing and put it in the hamper. • Use a voice alarm to prompt picking up clothing off the floor. • Demonstrate and teach the steps for doing laundry. • Provide a bulleted step-by-step guide for completing laundry above the washer and dryer. • Post signs to prompt for frequently forgotten steps (e.g., "Don't forget to add soap!") • Provide all-in-one detergent sheets to reduce steps in washing. • Use a voice alarm to prompt individual to use a tape recording with earphones going through the steps to washing in real time. Be very detailed on steps.

Laundry

Apathy--Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Washes clothing infrequently, runs out of clean clothing. • May not hang or fold clothing 	<ul style="list-style-type: none"> • Add "do laundry" to weekly activity schedule. • Place signs at the bottom of underwear and sock drawers saying, "If this is the last one, I need to do laundry." • Place step-by step instructions for washing above washer. Prompt washing with a weekly chores checklist or schedule washing on the calendar. • Work with individual to choose a specific day of the week to be "laundry day." On individual's daily hygiene list ask: "Is today laundry day???" • Provide all-in-one detergent sheets to reduce steps in washing. • Place hangers near the washer and dryer. • Post signs saying, "Put clothes away" or "Remember to hang up your clothes."

Laundry

Disinhibition-Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Uses large amounts of laundry soap. • Washes clothing before making sure there is enough money to dry clothes. • May spend money for drying clothing on drinks or snacks while waiting for clothes to wash. • Forgets soap in room or in Laundromat. • Mixes dirty and clean clothing. • Puts everything in together and ruins clothes. • Grabs clothing off the floor to wash and doesn't check for paper or other objects mixed in with clothes. • Leaves clothing in washer due to distraction and it mildews. 	<ul style="list-style-type: none"> • Provide detergent samples large enough for one use. • Make individual packs with enough detergent to do a single load. These can be made with ziplock bags. • Provide all-in-one detergent sheets to reduce overuse of soap. • If laundry done at a Laundromat, make a checklist for "things to do before going to the Laundromat" and a separate checklist for "things to check before leaving the Laundromat." • Demonstrate and teach the steps for doing laundry. • Place sign on the inside of the front door: "Do I have enough money to dry?" • Package quarters for washing and drying in sealed envelopes labeled in large writing, "FOR DRYING CLOTHES ONLY." • Place sign on the lid of the washer: "Check pockets! Put clothes in one piece at a time." This will prevent inappropriate objects from being placed into the washer. • Provide hampers or baskets that are different colors so that clothing is separated as it is taken off. • Provide color absorbing sheet to prevent colors from bleeding when all clothes are washed together. • Mark top of hamper with sign: "Dirty clothes only." • Provide a timer, place it on the washer lid with a sign: "Set for one hour. Clip on your belt. When the timer goes off, put the clothes in the dryer." • Keep soap in hamper or laundry basket to prevent individual from misplacing soap.

Laundry

Disinhibition-Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Leaves clothing in washer due to distraction and it mildews. • May use too much soap in wash. • Washes clothing before making sure there is enough money to dry clothes. • Mixes darks and lights and ruins clothing. • May overstuff the washing machine such that clothes are not cleaned. 	<ul style="list-style-type: none"> • Teach individual to use a timer to remind him/her to put clothing in the dryer. Place timer on top of washer as a prompt. Timer should have a clip so that it can be worn on clothing until it goes off. • Demonstrate and teach individual to measure out the appropriate amount of soap using the cap or measuring cup. • Place sign on the inside of the front door: “Do I have enough money to dry?” OR “Do I have EVERYTHING I need to do laundry?” • Provide color absorbing sheet to prevent colors from bleeding when all clothes are washed together. • Teach individual to <i>place</i> clothing into the washing machine, rather than <i>cramming</i> clothing into the machine. Demonstrate how to leave 2 inches of room at the top of the machine. Use signs to remind the individual as needed.

Laundry

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Laundry

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Grocery Shopping

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Usually does not shop or is not responsible for shopping. • When at the store, may wander through aisles without collecting items • May not get a cart when needed. • May not look at or count change. • May not put food away once home. 	<ul style="list-style-type: none"> • Schedule a weekly shopping visit on the calendar OR add to a weekly activity schedule. • Use pre-made lists and check off the few items person needs to buy during CAT visit. • Initially go to the store with the individual on the bus for a few necessities (e.g. bread, milk). • Create a checklist with each step in the process (e.g. NOTE: these will be different depending on the individual’s circumstances) 1. Get money 2. Get list 3. Get bus fare to go and return 4. Take bus. 5. Get cart...9. Check Change given. • This can be done with audiotape if necessary as long as the person is able to remember to start and stop the tape or the tape can be made in real time....long pauses between all steps. • Stick a post-it note on individual’s wallet reminding her to count her change. • Post a sign saying, “Remember to put away refrigerator items right away!”

Grocery Shopping

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • Won’t shop until out of most everything. • May not buy all the items for a specific dish or task (e.g. forgets necessary ingredient, forgets particular cleaning supplies). • May not put all food away once home. 	<ul style="list-style-type: none"> • Cue weekly shopping with a posted schedule or a daily checklist which includes essential hygiene and self –care items along with one varied household task such as shopping. • Prompt making a list by including this on the cue described above. You may want to use pre-printed lists with items listed so that the person needs only to check off necessary items (less effort required). • Put shopping list by phone, taped to kitchen counter, or on a magnetic board on the refrigerator with pen or pencil attached • Include on a checklist on the door to the apartment or home, “Do I have my shopping list?” • Post a sign saying, “Remember to put away refrigerated items right away!”

Grocery Shopping

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for their own shopping. When they do shop, they may leave home without money, or fail to check if they have enough. • May buy items not on the list because they see them in the store and go over budget. • May buy too much so that food spoils. • May leave belongings (e.g. keys, money, I.D. card) at the store. 	<ul style="list-style-type: none"> • Teach individual to shop from a list. On top of the list write “DON’T BUY ANYTHING THAT IS NOT ON THE LIST!!!!” Pre-plan a small list of items during weekly CAT visit and plan how much money to bring to the store. • Have individual put money for grocery shopping in a sealed envelope dated for the intended date of shopping. Label the envelope, “\$ FOR GROCERIES.” • Use only written lists—not pre-printed lists with many items that are used less frequently. • Teach individual to wear fanny pack for shopping so as to keep list, belongings and money from being lost. Hang labeled fanny packs on coat hooks on the back of the door—you may need more than one for different tasks. • Post a sign saying, “Do I have my shopping list, my money, my fanny pack?” • Put shopping list by phone, taped to the kitchen counter, or on a magnetic board on the refrigerator with pen or pencil attached (with string so it can’t be walked away with).

Grocery Shopping

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May buy extra food so that he/she goes over budgeted amount. • Fails to plan ahead and buys too much food so that it spoils • May leave belongings (e.g. keys, money, I.D. card) at the store. • May overspend through use of a credit card. 	<ul style="list-style-type: none"> • Teach individual to shop from a list. On top of the list write “DON’T BUY ANYTHING THAT IS NOT ON THE LIST!!!!” • Provide individual a fanny pack to use when leaving the house to secure belongings to body. • Teach individual to use audiotape for shopping that reminds him at periodic intervals “Is that on your list?” • Disinhibited individuals should be discouraged from using credit cards. If credit cards are used, suggest that individuals keep credit cards in a secured place in the home rather than a purse or wallet. Encourage individuals to take out credit cards only for <u>planned</u> purchases. • Place a sticker on both sides of the credit card saying, “Do I really NEED this?”

Grocery Shopping

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Grocery Shopping

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Transportation

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not understand how the bus system works • May not be able to take the bus alone. • May miss the bus due to not leaving the house in time. • May stay on bus until the end of the line. • May not know what to do if they miss their stop or become lost in the community 	<ul style="list-style-type: none"> • Provide simple, streamlined instructions for taking the bus (e.g., nearest bus stop, fares, transfers, schedules, etc.) • Ride with the individual to train him in using the bus to locations of importance (e.g., doctor’s office, grocery store, etc.). • Train the individual to take the bus on a specific route. After routes have been demonstrated by riding with the individual, provide step-by-step instructions for taking the route, which the individual can keep in his purse or wallet. • If possible get the individual a pass for a special service bus that provides door to door transportation. • Set alarms to step individual through the process of getting ready. Use alarms with voice saying “Time to shower” and “Get your keys and pack—Time to leave”. • Teach individual to ask the driver to remind him/her of the stop. • Provide the individual with a tape to use with earphones. Messages every few minutes can say “Where am I now? Is the next stop mine? Etc.” to encourage individual to be aware of their surroundings. • Laminate a card to keep in the individual’s purse or wallet that identifies instructions for what to do if lost or miss stop.

Transportation

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May miss the bus due to not being ready to leave the house. • May stay on the bus until the end of the line failing to get off at his or her stop. 	<ul style="list-style-type: none"> • Set voice alarm to cue the individual “I need to leave in two-minutes”. Find a warning time that will work best for the individual depending on his particular problem. • Teach individual to ask the driver to remind him/her of the stop. • Provide the individual with a tape to use with earphones. Messages every few minutes can say “Where am I now? Is the next stop mine? Etc.” to encourage individual to be aware of his surroundings.

Transportation

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not understand how the bus system works • May not be able to take the bus alone • May miss the bus due to distractions on the way to the bus stop. • May wait for the bus on the wrong side of the street. • May get tired of waiting at stop and walk off. • May use up their loose change and not have money for their return trip. • May leave belongings on the bus. • May follow people off the bus at the wrong stop (the same way we all follow people off the elevator at the wrong floor). • May not know what to do if they get off at the wrong stop or become lost in the community 	<ul style="list-style-type: none"> • Provide simple, streamlined instructions for taking the bus (e.g., nearest bus stop, fares, transfers, schedules, etc.) • Ride with the individual to train her in using the bus to locations of importance (e.g., doctor’s office, grocery store, etc.). • Train the individual to take the bus on a specific route. After routes have been demonstrated by riding with the individual, provide step-by-step instructions for taking the route, which the individual can keep in her purse or wallet. • If possible get the individual a pass for a special service bus that provides door to door transportation • Train the individual to take the bus on a specific route. • Provide the individual with a tape to use with earphones. Messages every few minutes can keep individual on task “Keep walking to the bus.” • Get individual a fanny-pack to wear attached to his/her body. This way she will not have to remember to look around for belongings prior to exiting the bus. • Wrap money for return trip in paper and tape. Label package “money to get home”. Because there is no loose change she is less likely to spend return fare. • If possible, provide bus fare tickets and bus transfer tickets to prevent the individual from spending bus fare money. • Train individual to ask herself, “Is this my stop?” every time she exits the bus. • Laminate a card to keep in the individual’s purse or wallet that identifies instructions for what to do if lost or miss stop.

Transportation

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May miss the bus due to distractions on the way to the bus stop. • May leave belongings on the bus. • May follow people off the bus at the wrong stop (the same way we all follow people off the elevator at the wrong floor). 	<ul style="list-style-type: none"> • Use sign on the door to the apartment or home telling individual “set stop watch for 15 minutes and take stop watch to bus.” Attach stopwatch to the door on a string. Stop-watch should be set to beep five minutes before the individual must be at the stop. Note: time will vary depending on how far individual is from the bus. • Get individual a fanny-pack to wear attached to his/her body. This way he will not have to remember to look around for belongings prior to exiting the bus. • Teach the individual to ask the bus driver “Is this X street?” prior to exiting, or to look for a specific landmark as he makes the first step down.

Transportation
Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Transportation
Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Management of Money and Consumables

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for managing own money. • May not count change. • May allow others to “borrow” consumables such as sodas and cigarettes and not have enough to last through the month. • May leave change in clothing prior to laundering. 	<ul style="list-style-type: none"> • Review/educate on reasons to independently manage money. Work with individual and provider to slowly increase responsibilities in this area. • Teach individual to look at and count any change that is handed to him/her. Practice so this becomes a rote or automatic response. • Provide individual with a card to hand others who are requesting cigarettes and sodas that says, “I can’t let anyone borrow sodas because my money will run out”. • Place a sign over laundry hamper saying “Look in pockets for money.” • Place a plastic jar on individual’s dresser to hold change. Assist the individual in cashing in change to buy a desired item.

Management of Money and Consumables

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for managing own money. May not be aware of where the money is spent. • May leave bills sitting around unpaid. • May leave change in clothing prior to laundering. 	<ul style="list-style-type: none"> • Meet individual at store with a gift card with predetermined amount of money. Assist individual in budgeting while shopping. This teaches independence and budgeting simultaneously. • Review/summarize in a spreadsheet monthly bills to educate on how money is spent. • Include paying bills on daily checklist for one day weekly. Work with individual initially to pay bills. Provide envelopes and stamps initially and work toward including these items on shopping list. • Place a sign over laundry hamper saying “Look in pockets for money.”

Management of Money and Consumables

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for managing own money. • May spend money irresponsibly. • May misplace money and leave in unusual places due to distraction. 	<ul style="list-style-type: none"> • If possible, work with caregiver to slowly increase individual responsibility. i.e. start with managing \$5 a week, including a written budget. • Give individual a “Spending Diary” and assign homework of recording every expenditure during the week. Review at each visit. After one month of diaries, plan budget for following months with knowledge gained from diaries. • Provide individual with a card to hand others who are requesting cigarettes and

<ul style="list-style-type: none"> • May run out of cigarettes or sodas due to consuming all of them in a short period of time. May frequently ask others for items. 	<p>sodas that says “I can’t let anyone borrow sodas because my money will run out”.</p> <ul style="list-style-type: none"> • Supply individual with a fanny-pack for storing money and important belongings. The pack can be attached to the individual’s waist at all times. A sign by the individual’s bed could cue wearing the pack, “Put on fanny-pack”. • If individual lives with family or in a board and care home, and agrees he wants a consumable product to last for the entire month, figure out how many sodas or cigarettes etc. can be consumed daily. Divide that number by the number of hours the individual is awake. Provide the individual with a large and loud timer set at appropriate intervals. Ask the provider only to give out a specific item when the timer goes off. Ask him to point to the timer if the individual asks for the item prior to the time. • Provide sign to remind individual of goal of saving (or not spending) money. i.e. “If I spend too much \$ on sodas, I won’t have \$ for dinner out at the end of the month.”
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Management of Money and Consumables

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May misplace bills. • May overspend and run out of money prior to the end of the month. • May charge a lot of money on credit cards. 	<ul style="list-style-type: none"> • Provide a file box for bills and important papers. • Provide individual with bin labeled “Bills” in a common/obvious location. • Cue bill paying with a reminder on the refrigerator with dates to mail bills. • Encourage individual to cancel credit card accounts. • Work with individual on writing a specific budget, which includes all expenses, incidentals and entertainment for the month. • Work with individual to write down all grocery items needed and the cost of each prior to going to the store. You may get this information from weekly grocery circulars. • Tape a card to the inside of the individual’s wallet saying “Is this in my budget?” • Place a sticky note on credit cards saying “Do I need this?” • Instead of buying individual snacks or sodas, buy a large bag of snack food (i.e. chips or pretzels) and put in small storage bags. Label with each day of the week.

Management of Money and Consumables

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Management of Money and Consumables

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Medication Management

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for taking their own medication. • May not know the names of their medications. • May not get out of bed to take medication. • May not take food with medication when needed. • May not take all their medication (i.e. not complete all the steps in the task). • May not notice that they have run out of medication. • May not understand the reason for taking each medication. • May not request a needed change from physician 	<ul style="list-style-type: none"> • May need to ask provider or family member to keep all prescription and non-prescription medication for the individual and to give it out as indicated. • For severe apathy, keep meds in a cabinet or on a shelf by the bed with bottled water so the individual does not have to get up to take them. • Place crackers or granola bars in a zip-lock package with medication. • Provide the individual with a laminated card that contains a list of his medications for him to keep in his wallet. • Set a voice alarm saying “It’s time for me to get up and take my meds.” Place it on a table away from the bed so that the individual has to get up to shut it off. • Use a medication container with all daily meds placed correctly and a voice alarm to prompt use. Assist individual in filling the container on weekly visits, until he is able to do it himself. • Make sure all med appointments are scheduled so as to allow extra days for missed appointments. Many clinics schedule for exactly one month, etc. not taking into account that some months have 31 days or that individuals may be slow to pick up refills. • Check to see if the individual has enough medication for the week. • Call individual (use voice mail service—to remind him to take medication). • Make a medication flip book with medication name, dosage, side effects, picture if available and reason for taking medication. • Accompany individual to physician appt, provide transportation, assist individual in speaking with physician if a change is needed. • Explore with individual and physician possibility of long acting medication

Medication Management

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not get out of bed to take medication due to poorer initiation. • May not take all their medication (i.e. not complete all the steps in the task). • May not take food with medication when needed. • May not take necessary action when running out of medication. • May be slow in picking up refills. • May not request a needed change from physician 	<ul style="list-style-type: none"> • Add “Take Medication” to daily checklist to prompt behavior. • If there are many medications and the process of opening all the bottles etc. seems daunting to the individual, use a weekly medication container. Initially fill it with the individual each week. She only needs to open one container rather than many. • Place a sign next to where medication container is stored reading, “Don’t forget to take medication” or “Refill medication container on ____day.” • Place crackers or granola bars in a zip-lock package with medication. • Place a sign on cupboard where meds are kept, “Eat before taking medication.” • Teach the individual to make sure all med appointments are scheduled so as to allow extra days for missed appointments. Many clinics schedule for exactly one month, etc. not taking into account that some months have 31 days or that individuals may be slow to pick up refills. • Place refill dates on calendar. • Place a sign on the door “Pick up Prescription at Pharmacy.” • Call individual to see if prescription has been picked up. • Offer to accompany individual to physician to discuss problems or potential changes • Provide a small note pad and pen to write down questions for physicians use a sign and note on calendar to prompt individual to bring this with him/her to appointment. • Explore with individual and physician possibility of long acting medication

Medication Management

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be responsible for taking own medication. • May misplace medication or lose it completely. • May take too many pills when feeling worse or forget to take medication due to distraction. • May take over the counter medications without checking to see if this is O.K. 	<ul style="list-style-type: none"> • May need to ask provider or family member to keep all prescription and non-prescription medication for the individual and to give it out as indicated. • Use a medication container with all daily meds placed correctly. On weekly visits help individual fill the container for the next week. • After filling medication container for the week, put all extra bottles in a paper bag and staple so that individual does not inadvertently use the bottles instead of container. • Designate a clean area for medication container and bottles. May need to work with the individual to clean and organize an appropriate location. Put up a small shelf in plain view with the medication on it.

<ul style="list-style-type: none"> • May be distracted and not notice that they have run out of pills. • Individual may not know why they take each medication. • May waste time in visit and not discuss main issues with physician. 	<ul style="list-style-type: none"> • Provide plastic storage container for bottles of medication. Label clearly. • Put a sign on the refrigerator and bathroom mirror “Did I take my medication today?” • Make sure all med appointments are scheduled so as to allow extra days for missed appointments. Many clinics schedule for exactly one month, etc., not taking into account that some months have 31 days or that individuals may be slow to pick up refills. • Remove all OTC medications to be stored elsewhere, (e.g. in a plastic container under the bed). Put a large sign on the container “Don’t take any of this medication until I speak to Dr. X or the nurse at 555-5555.” • Use a poster board to chart or graph how she feels after she takes medication. Individual may notice she experiences less symptoms after being adherent to meds. • Accompany individual to visit to ensure she discusses main topics of importance. • Explore with individual and physician possibility of long acting medication
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Medication Management

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May take too many pills or forget to take medication due to distraction. • May take wrong pill at wrong time. • May take over the counter medications without checking to see if this is O.K. • May be distracted and not notice that they have run out of pills. • May waste time in visit and not discuss main issues with physician. 	<ul style="list-style-type: none"> • Teach individual to make sure all med appointments are scheduled so as to allow extra days for missed appointments. Many clinics schedule for exactly one month, etc. not taking into account that some months have 31 days or that individuals may be slow to pick up refills. • Use colored round stickers to label each pill bottle or pill slot within medication container. Yellow could indicate morning, black for evening, etc... • Use daily checklist with medication name and # of pills for every dose to prevent individual from taking too many or too little pills. Tape checklist directly in front of pill container. • Teach individual to use a medication container and to check it several times a day to be sure all doses of medication have been taken. This approach is also likely to stop the individual who takes extra doses because he can’t remember if he has taken his medication. In addition, when he fills the pill container he is able to see whether he will run out of medication before the week is up. • Put up sign where individual takes meds, “Do I have enough medication to last through the week?” • Have individual ask doctor which OTC products are O.K. to use. Ask permission to replace products with those that are approved. Label bottles with large print as to dosage. • Offer to accompany individual to visit to ensure main issues are discussed. • Provide recording key chain for physician visits and teach individual to record issues and then to play it at beginning of physician visit.

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|--|---|
| | <ul style="list-style-type: none">• Explore with individual and physician possibility of long acting medication |
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Medication Management
Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Medication Management
Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Social Skills, Communication and Telephone Use

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not initiate conversation. • May not make eye contact. • May speak in a low voice and be difficult to hear. • May not answer the phone. If answers, may not take a message for another resident or family member. • May have no friends. • May turn down offers to do things even with family. 	<ul style="list-style-type: none"> • If person in residence with others, include others in conversations to model conversation skills. Can do this during games or sharing of food items. • Place steps to answering phone near phone, scratch pad and pen or pencil with yarn near phone. Also put up a board to tack up messages. (e.g. 1. Say hello. 2. Let the caller know the person they want is not in. 3. Ask if you can take a message. 4. Write down what the caller says. 5. Read the message back to the caller and make any corrections that are necessary.) • When conversing with the individual, in a gentle way, point out how it would be helpful if she would look at you, or speak a little louder. • During your CAT visit, engage individual and one other resident in a board game. Encourage them to continue after you depart. • Add “call a friend” to daily checklist. You may want to put the friend’s name and number right on the checklist and taped near the phone. • Take the individual to a local community center on a tour to encourage enrollment and engagement with others. • Work through transportation issues, to make the process of going out and engaging in social activities more feasible.

Social Skills, Communication and Telephone Use

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not initiate conversation. • May have difficulty fully expressing feelings to family or friends. • May not make eye contact. • May speak in a low voice and be difficult to hear. • May not take a message for another resident or family member. • May have few friends. 	<ul style="list-style-type: none"> • If person in residence with others, include others in conversations to model conversation skills. Can do this during games or sharing of food items. • Place scratch pad and pen or pencil with yarn near phone so the individual does not have to search for these items to take a message. • If a social skills group is available try to get the individual to attend. Work through transportation issues, etc. • When conversing with the individual, in a gentle way, point out how it would be helpful if she would look at you, or speak a little louder. • Add “call a friend” to daily checklist. You may want to put the friend’s name and number right on the checklist and taped near the phone. • Add “play dominoes with Joe” or other specific board game and resident to the daily checklist. • Take the person out into a social situation (i.e. a restaurant, store, or even a walk) and model appropriate social behaviors such as smiling and saying hello.

Social Skills, Communication and Telephone Use Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May speak too loudly or say inappropriate things. • May keep people who have called for another resident on the phone for a long time trying to engage them in conversation. • May stare inappropriately. • May be in other people’s personal space. • May talk to store clerks, cashiers, etc. in too familiar of a manner. 	<ul style="list-style-type: none"> • If available, try to get individual enrolled in a Social Skills group. Help her to work out transportation issues, etc. • Put a sign in several rooms “Am I talking too loudly?” • Place a sign by the phone “Is this call for me?” • Give a list of “appropriate greetings” to the individual to carry in their pocket. Teach them to look at the card (laminated) before greeting someone. • Demonstrate appropriate eye contact versus staring. Put up a sign on the individual’s mirror to practice both. “Stare.” “Make appropriate eye contact.” Work with individual on home visits. • When conversing with the individual, in a gentle way, point out how loud she might be talking or that she is saying or doing inappropriate things such as invading other people’s personal space. • Role-play appropriate boundaries regarding the difference between interaction with family members, friends, or strangers in the community.

Social Skills, Communication and Telephone Use Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May speak too loudly or say inappropriate things. • May keep people who have called for another resident on the phone for a long time trying to engage them in conversation. • May stare inappropriately. • May talk to store clerks, cashiers, etc. in too familiar of a manner. • May lose track of social events 	<ul style="list-style-type: none"> • If available, try to get individual enrolled in a Social Skills group. Help her to work out transportation issues, etc. • Put a sign in several rooms “Am I talking too loudly?” • Place a sign by the phone “Is this call for me?” • Demonstrate appropriate eye contact versus staring on home visits. • Review appropriate boundaries regarding the difference between interaction with family members, friends, or strangers in the community. • Take the person to a predetermined social setting such as a day program, the grocery store, etc. and watch her interact and give feedback afterwards. • Provide a calendar and encourage the individual to record all of the things that she has going on, including social plans.

**Social Skills, Communication and Telephone Use
Mixed--Poorer Executive Functioning**

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

**Social Skills, Communication and Telephone Use
Mixed-Better Executive Functioning**

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Leisure Skills

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not be able to identify any interests. • May spend a lot of time watching TV or sitting around. 	<ul style="list-style-type: none"> • Give individual a weekly schedule (Days of the week across the top, 7a.m. to 7p.m. down the left margin). Ask the individual, board and care operator or relative to fill it out for one week so both you and the individual can see exactly what the individual is doing during the day. After looking at it together, work to make a daily checklist that in addition to hygiene or cleaning tasks includes one leisure activity. Be specific (e.g., “Look in your Motorcycle magazine for 10 minutes.”) • Work with individual to identify one leisure interest. If he has trouble, ask about interests he had before he got ill. • Provide individual supplies to engage in activities including reading, painting, baking, fishing, going to the zoo, etc. Initially you may need to do the activity with the individual. It is best to ask about specific activities, (e.g. “Do you like bowling? What about music? Etc.). • Ask the individual what his favorite subject was in school. Bring activities that might allow him to do similar types of things at home for enjoyment. • If he can not generate any activity that he might enjoy, begin bringing different board games, card games, etc. to see if you can pique his interest.

Leisure Skills

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be able to identify few interests or interests that can not be pursued within current means (e.g. boating). • May spend a lot of time watching TV or sitting around 	<ul style="list-style-type: none"> • Leave a notepad next to the bed or any other convenient place for the individual. Next to the notepad place a sign “What activity would I like to do today?” Have him write these ideas down for a week. Review the list at the next visit. • Put up an inventory list of the leisure ideas that the individual has suggested. Have the individual check them off or cross them out each time he participates in them throughout the week. • Work with individual to identify one leisure interest he could pursue. If he has trouble, ask about interests he had before he got ill. Provide individual supplies to engage in activities including reading, painting, baking, fishing, going to the zoo, gym membership, etc. • Provide small gift cards and bus tickets to allow him to engage in specified activity.

Leisure Skills

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May collect trash, pens or other items as a hobby, or engage in similar activity. • May engage in inappropriate leisure activity. 	<ul style="list-style-type: none"> • Work with the individual to identify the space that would be best to work on certain hobbies. Remove distractions from the area in which the hobby is being worked on. i.e. set up a reading corner with a chair, table and lamp. • Work with individual to identify other types of leisure interests. Provide supplies for these. • Work with individual to set up special containers for recyclable items, label each container and sort belongings into containers. Later help individual turn in items for money.

Leisure Skills

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May have some interests and attempt to pursue them but get distracted. • May start a new project before finishing the current one. • May choose inappropriate or illegal pass times such as pan handling. 	<ul style="list-style-type: none"> • Remove distractions from the area in which the hobby is being worked on. • Work with individual to finish current projects during CAT visit. • Put up a sign that says e.g. “did I finish quilting?” • Put a sign on any unopened supplies to encourage completion or old projects. E.g. “Don’t open until I finish painting the clock.” Be specific.

Leisure Skills

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Leisure Skills

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Work Skills

Apathy—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May not initiate work task. • After completing a task, may sit or stand around. May not ask “What can I do next?” • May fail to initiate each step in a multi-step task. • May perform tasks very slowly. 	<ul style="list-style-type: none"> • Give simple, repetitive, single-step tasks for work, e.g. placing typed labels on files, filling water glasses. • Use a tape recorded work message to step the individual through each task. (E.g. “Pick up a manila folder with no label on it. Take a label off the sheet of typed labels,” etc.) This message can repeat over and over. Make sure to record encouraging statements and reinforcement along the way. (E.g. “You have all ready made 4 folders –great work. Let’s keep going.”) • Give individual a checklist with each step in the task broken down into one-step components. (e.g. 1. Place a label on a manila folder. 2. Find the matching hanging file. 3. Place manila folder in the matching hanging file. 4. Check off the next number at the bottom of the page). On the list have a place at the bottom for the individual to check off each completed file. • Provide a verbal prompt to begin the task, (e.g. “It’s time to place labels on files now. I’d like you to start by…”). • Use verbal prompt to initiate each step. • Placed a large sign at eye level stating, “When this job is done ask X “What can I do next.”

Work Skills

Apathy—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be slow to initiate work task. • After completing a task, may sit or stand around. May not ask “What can I do next?” • May fail to initiate each step in a multi-step task. • May perform tasks very slowly. 	<ul style="list-style-type: none"> • Give individual a checklist with each step in the task broken down into one-step components. (e.g. 1. Place a label on a manila folder. 2. Find the matching hanging file. 3. Place manila folder in the matching hanging file. 4. Check off the next number at the bottom of the page). On the list have a place at the bottom for the individual to check off each completed file. • Make sure larger tasks are broken down into steps—rather than “Clean the bathroom,” provide a list of each specific task, e.g. Wipe the counter, Scrub the toilet with a brush, etc. • Provide a verbal prompt to begin the task, (e.g. It’s time to place labels on files now. I’d like you to start by…). • Use verbal prompt to initiate each step. • Placed a large sign at eye level stating, “When this job is done ask, X ‘What can I do next.’” (e.g. “When there are no Cokes to fill, ask if I can help other orders.”)

Work Skills

Disinhibition—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be unable to focus for more than a few minutes on a work task. • May be distracted by posters, plants, telephones, coworkers and other objects in the workspace. • May be distracted during task performance and fail to check work. • May focus on irrelevant aspects of the task. 	<ul style="list-style-type: none"> • Remove all distractions from workspace. If possible, have individual work in a cubby area with walls on 3 sides to minimize distractions from others. Remove phone, posters, plants, and all objects irrelevant to the specific work task. • Use a tape recorded message that repeats at irregular intervals directing the individual’s attention to the specific task. (e.g. “Remember, you’re working on putting the A part on the B part today.”) • Prompt individual to check completed work at regular intervals. (“Stop for a few minutes now and check all the files you have made. Do the labels on the manila folders match those on the hanging files? If not, ask for help now.” This can be done verbally or with a tape recorded message.) • Provide verbal prompts often—each several minutes—to redirect individual to focus on task.

Work Skills

Disinhibition—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May be distracted by posters, plants, telephones, coworkers and other objects in the workspace. • May be distracted during task performance and fail to check work. • May focus on irrelevant aspects of the task. 	<ul style="list-style-type: none"> • Remove all distractions from workspace. If possible, have individual work in a cubby area with walls on 3 sides to minimize distractions from others. Remove phone, posters, plants, and all objects irrelevant to the specific work task. • Use a tape recorded message that repeats at irregular intervals directing the individual’s attention to the specific task. (E.g. “Remember, your working on putting the A part on the B part today.”) • Place a sign at eye level directing the individual’s attention to the specific task. (E.g. “Remember, you’re working on putting the A part on the B part today.”) • Prompt individual to check completed work at regular intervals. (“Stop for a few minutes now and check all the files you have made. Do the labels on the manila folders match those on the hanging files? If not, ask for help now.” This can be done verbally or with a tape recorded message.) • Place a sign at the location where task is ended asking “Check your work.” For example, if the task is to make files with matching labels and then place them in a cabinet, the sign on the file cabinet would say “Do the labels match?”

Work Skills

Mixed--Poorer Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for poorer functioning.

Work Skills

Mixed-Better Executive Functioning

Goal is to remove triggers for inappropriate behavior and prompt appropriate behavior.

Combine above strategies for better functioning.

Orientation

All Behavior Types—Poorer Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May know the time or date. • May not know address or phone number. 	<ul style="list-style-type: none"> • Give individual a very large desk calendar to hang on the wall by his or her bed so s/he sees it each day and night. Attach a pen to the calendar and teach the individual to check off the day each night before she goes to sleep. • Work with individual to write down all appointments—including next CAT visit--on the calendar. Have the individual write appointments on calendar, rather than doing it for her. • Place a laminated card in the individual’s wallet with address, phone number, medications and emergency contact information. Work with individual to learn this information. • Supply the individual with a clock-face watch with date. Digital watches may be too difficult to reset. In addition, individuals with disinhibited behavior push the buttons and change it to military time or a stopwatch, etc.

Orientation

All Behavior Types—Better Executive Functioning

Potential Behaviors	Suggested Interventions
<ul style="list-style-type: none"> • May miss appointments due to not noticing date or time. 	<ul style="list-style-type: none"> • Give individual a very large desk calendar to hang on the wall. Attach a pen to the calendar and get the individual to check off the day each night before going to sleep. • Work with individual to write down all appointments—including next CAT visit--on the calendar. • Supply the individual with a watch with date. If it is digital, keep copies of all instructions to set watch. • Provide an alarm clock. Teach the individual to set for a specified time.

Appendix V

Sample Interventions

Carl's Hygiene Checklist								
	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
	3/10	3/11	3/12	3/13	3/14	3/15	3/16	
Change Clothes								
Take Shower								
Brush Teeth								
	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	
	3/17	3/18	3/19	3/20	3/21	3/22	3/23	
Change Clothes								
Take Shower								
Brush Teeth								

Every day I will:

- 1. Take a shower**
- 2. Put on clean clothes**
- 3. Brush Teeth**
- 4. Put on deodorant**

How Do I Look Today?



John's Daily Activities for 7/11 - 7/17

Day:	Sunday	Monday	Tuesday	Wednesday
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				

<u>Daily Checklist</u>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
1. Take shower							
2. Brush teeth							
3. Use deodorant							
4. Put on clean clothes							
5. Take medication							
6. Talk to a friend							
7. Do a fun activity (paint, visit Sam, go to the park)							





VENLAFAXINE HCL
(Effexor)



75 mg: 1 tablet by mouth everyday
Used For: treatment for depression and anxiety
Possible Side Effects: headache, weakness, dry mouth,
loss of appetite, weight loss, tiredness, sweating

DONNA'S MEDICATIONS



Before:



After:

