

Levels of Assistance and Types of Cuing

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Objectives

1

After completing this session, participants will be able to identify ADL and IADL.

2

After completing this session, participants will be able to identify levels of assistance and types of cuing.

3

After completing this session, participants will be able to identify methods for observing and documenting levels of assistance for ADL and IADL.

ADL and IADL

Activities of Daily Living (ADL):

Activities oriented toward taking care of one's own body and completed on a routine basis.

ADLS

Bathing, Showering

- Obtaining and using supplies; soaping, rinsing, and drying body parts; maintaining bathing position; transferring to and from bathing positions

Toileting and Toilet Hygiene

- Obtaining and using toileting supplies, managing clothing, maintaining toileting position, transferring to and from toileting position, cleaning body, caring for menstrual and continence needs (including catheter, colostomy, and suppository management), maintaining intentional control of bowel movements and urination and, if necessary, using equipment or agents for bladder control (Uniform Data System for Medical Rehabilitation, 1996, pp. III-20, III-24)

Dressing

- Selecting clothing and accessories with consideration of time of day, weather, and desired presentation; obtaining clothing from storage area; dressing and undressing in a sequential fashion; fastening and adjusting clothing and shoes; applying and removing personal devices, prosthetic devices, or splints

ADL

Feeding

- Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)

Eating and Swallowing

- Keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)

ADL

Functional Mobility

- Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects

Personal Hygiene & Grooming

- Obtaining and using supplies; removing body hair (e.g., using a razor or tweezers); applying and removing cosmetics; washing, drying, combing, styling, brushing, and trimming hair; caring for nails (hands and feet); caring for skin, ears, eyes, and nose; applying deodorant; cleaning mouth; brushing and flossing teeth; removing, cleaning, and reinserting dental orthotics and prosthetics

Sexual Activity

- Engaging in the broad possibilities for sexual expression and experiences with self or others (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse)

Instrumental Activities of Daily Living (IADL):

**Activities to
support
daily life
within the
home and
community.**

IADL

Communication management

- Sending, receiving, and interpreting information using systems and equipment such as writing tools, telephones (including smartphones), keyboards, audiovisual recorders, computers or tablets, communication boards, call lights, emergency systems, Braille writers, telecommunication devices for deaf people, augmentative communication systems, and personal digital assistants

Driving and community mobility

- Planning and moving around in the community using public or private transportation, such as driving, walking, bicycling, or accessing and riding in buses, taxi cabs, ride shares, or other transportation systems

Financial management

- Using fiscal resources, including financial transaction methods (e.g., credit card, digital banking); planning and using finances with long-term and short-term goals

IADL

Home establishment and management

- Obtaining and maintaining personal and household possessions and environments (e.g., home, yard, garden, houseplants, appliances, vehicles), including maintaining and repairing personal possessions (e.g., clothing, household items) and knowing how to seek help or whom to contact

Meal preparation and cleanup

- Planning, preparing, and serving meals and cleaning up food and tools (e.g., utensils, pots, plates) after meals

Safety and emergency maintenance

- Evaluating situations in advance for potential safety risks; recognizing sudden, unexpected hazardous situations and initiating emergency action; reducing potential threats to health and safety, including ensuring safety when entering and exiting the home, identifying emergency contact numbers, and replacing items such as batteries in smoke alarms and light bulbs

Shopping

- Preparing shopping lists (grocery and other); selecting, purchasing, and transporting items; selecting method of payment and completing payment transactions; managing internet shopping and related use of electronic devices such as computers, cell phones, and tablets

Health Management

Health Management

- Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations.

Social and emotional health promotion and maintenance

- Identifying personal strengths and assets, managing emotions, expressing needs effectively, seeking occupations and social engagement to support health and wellness, developing self identity, making choices to improve quality of life in participation

Symptom and condition management

- Managing physical and mental health needs, including using coping strategies for illness, trauma history, or societal stigma; managing pain; managing chronic disease; recognizing symptom changes and fluctuations; developing and using strategies for managing and regulating emotions; planning time and establishing behavioral patterns for restorative activities (e.g., meditation); using community and social supports; navigating and accessing the health care system

Communication with the health care system

- Expressing and receiving verbal, written, and digital communication with health care and insurance providers, including understanding and advocating for self or others

Health Management

Medication management

- Communicating with the physician about prescriptions, filling prescriptions at the pharmacy, interpreting medication instructions, taking medications on a routine basis, refilling prescriptions in a timely manner

Physical activity

- Completing cardiovascular exercise, strength training, and balance training to improve or maintain health and decrease risk of health episodes, such as by incorporating walks into daily routine

Nutrition management

- Implementing and adhering to nutrition and hydration recommendations from the medical team, preparing meals to support health goals, participating in health-promoting diet routines

Personal care device management

- Procuring, using, cleaning, and maintaining personal care devices, including hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, pessaries, glucometers, and contraceptive and sexual devices

Summary

- ADL and IADL are the activities that are required to function day to day.
- Most people require some form of assistance to complete all ADL or IADL.
 - However, some are more critical and important for safely living in the community
 - Some of the challenge is recognizing when you need support and being able to identify strategies

Factors Impacting Ability to Complete ADL or IADL: Physical

Decreased motor skills

Decreased balance

Lack of physical sensation

Tremors

Slowed response rate

Paralysis or hemiparesis

Factors Impacting Ability to Complete ADL or IADL: Cognitive

Memory

Attention

Executive
Function

Self-
awareness

Problem
solving

Time
awareness

Factors Impacting Ability to Complete ADL or IADL: Psychological

Decreased
initiation

Decreased
motivation

Disorganization

Impulsivity

Decreased
cognition

Factors Impacting Ability to Complete ADL or IADL: Other

Medication
side effects

Poor sleep

“Off day”

Lack of
experience

Lack of
opportunity

Lack of
safety

Levels of Assistance

Levels of Assistance:

Describe the amount of support a person needs to complete a task or activity, such as an ADL or an IADL.

Levels of Assistance

Independent

- All of the task described as making up the activity are typically performed safely, without modification, assistive device, or aids and within a reasonable time; no assistance required. Performs actively safely alone and feels secure

Modified Independence

- One or more of the following may be true: the activity requires an assistive device; the activity takes more than reasonable time, or there are safety (risk) considerations; not manual assistance or helper required

Supervision or Set-up

- Patient requires no more help than standby, cueing or coaxing, without physical contact, or, someone is needed to set up needed items or apply orthoses; requires supervision and/or verbal cues to complete activity (may not always be done safely or correctly)

Levels of Assistance

Minimal Assistance

- Patient requires small amount of help to accomplish activity; and expends 75% or more of the effort. Patient is able to assume all of their body weight, but requires guidance for initiation, balance, and/or stability during the activity. So this is a little complicated because if someone needs help washing their feet, they could still be min A, but obviously that's more than touch cues.

Moderate Assistance

- Patient requires more help than touching, expends half (50%) or more (up to 75%) of the effort. Patient is able to assume part of his body weight in initiating and performing the activity.

Levels of Assistance

Maximal Assistance

- Patient contributes little or nothing toward the execution of the activity, patient expends less than 50% of the effort, but at least 25%.

Total Assistance

- Patient lacks the necessary strength or mental capability to perform any part of the activity or performance is impractical; patient expends less than 25% of the effort. Patient is unable to safely initiate and/or perform any part of the activity on his own or requires the assistance of 2 care partners.

The Challenge:

- Levels of assistance were developed from a physical rehabilitation model and thus focus on physical contact and support.
- Despite this, terminology is used across various sectors to describe the type and amount of assistance needed including mental health and cognition.
- Identify level of assistance due to a behavioral health diagnosis can be challenging.

Identifying Level of Assistance Given

Recognize the types of cuing used:

- Verbal, gestures, demonstration

Activity tolerance:

- Cognitive, emotional, physical

Consider:

- Does the person recognize problems when they occur?
- Can the person identify solutions for the problems?
- How much assistance is needed to work on and resolve problems?
- Can the person plan ahead or anticipate problems and solutions?

Strategies to help observe level of assistance given:



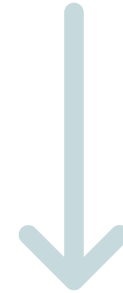
Make a note of cues and supports offered

What cues did I give?

Did the cues work?

How many times did I give the cue?

When did I give the cues?



Scale back or lessen the supports given - what happens?

Can the person get started?

Are they able to finish the task?

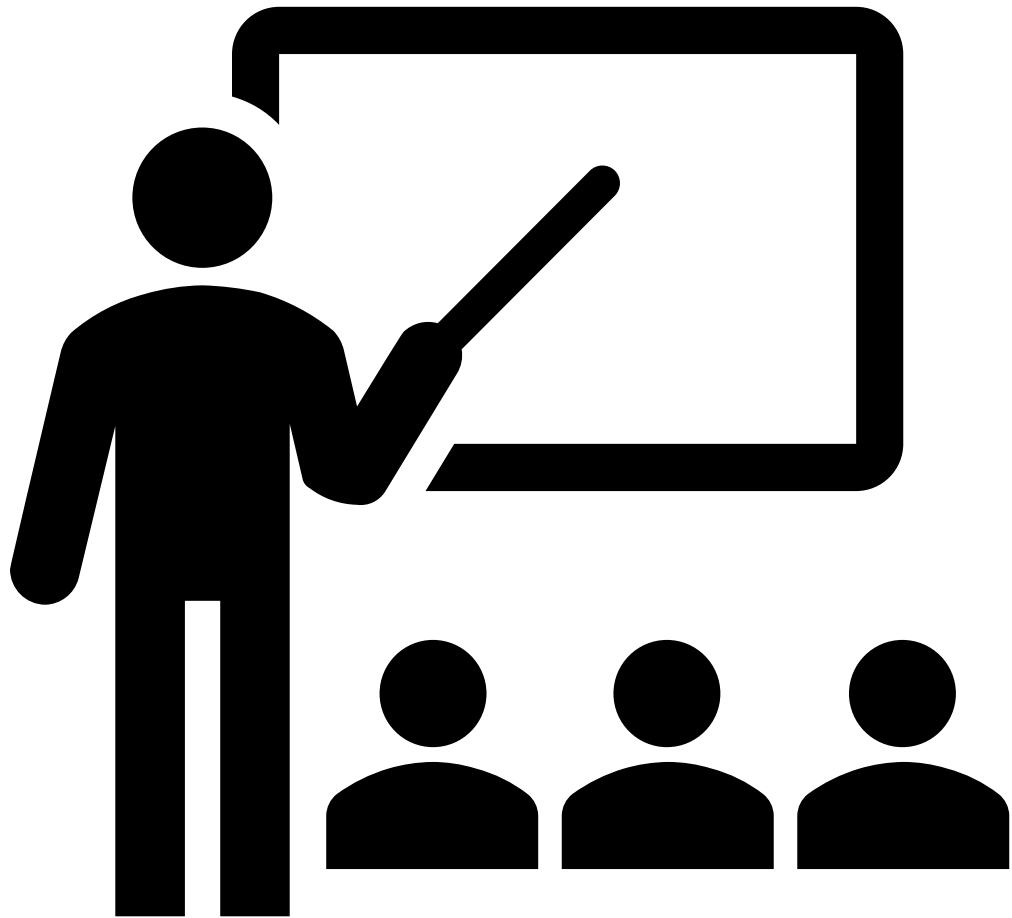
Do they recognize mistakes?

Do they fix mistakes?

Types of Cuing

Cuing:

Intended to encourage a person to initiate or continue a task.



Demonstration

Show the person how to complete the steps of the task while it's happening.

Show the person how to complete the steps of the task prior to starting.



Direct Cues

Give person the instruction ONE or TWO steps at a time and state clearly what you want them to do.

Open the refrigerator and take out the milk.

Give the person a hint or short verbal redirection that relates to the task.

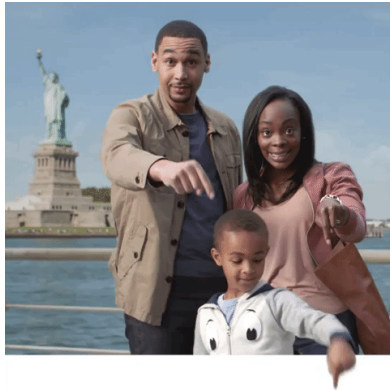
Start by getting out all of your ingredients.

Gestures



Point or gesture repeatedly to indicate a place or object that is the next step of the task.

Provider taps on the counter in front of a spoon until the participant picks it up.



Point to an object or place to indicate the first or next step of a task.

Provider points to a spoon on the counter to indicate to the participant to pick up the spoon to mix the batter.



Touch the person to let them know to begin or continue a task, or to direct a motor action.

The provider holds the spoon with the participant to show how to stir without splashing ingredients.



Indirect Cues and Guided Questions

Give the participant information or a question to help them begin or organize the task.

The cue should not directly state what to do.

What is the next step?

Do you have everything you need?

Check your checklist to see what to do next.

Observation and Stand-by Support



Provider is nearby to the person, but does not direct completion of the task.



The provider answers questions as they come up.



The provider interferes only when there is a concern for safety.

Environmental Supports

- Cues or strategies located within a person's environment.
- Can help the person initiate or follow steps of a task.
- Can help provide safety reminders.
- Compensatory strategy.
- Can be a goal to work towards.

Environmental Supports: Visual Reminders

- Are placed in natural and easy to view locations
- Focus on important reminders or tasks
- Are readable and make sense to the participant

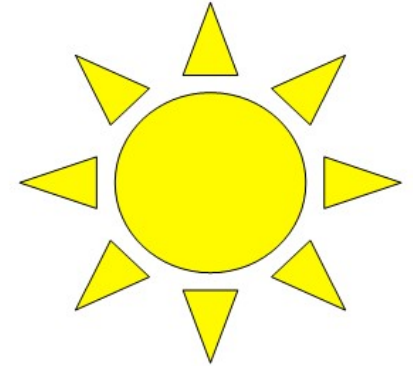


Environmental Supports: Checklists

- Visual cue of next steps to complete or tasks to be finished
- Can be simple or complex
- Posted and kept where they can be easily accessed or viewed

Morning To-Do

- Say prayers
- Shower/Wash-Up
- Brush teeth
- Put clothes on
- Breakfast
- Take medicine



Night To-Do

- Wash face
- Mouthwash
- Comb hair
- Take medicine



Environmental Supports: Organize Space & Supplies

- Gather what is needed for the task before starting
- Keep items close by while working
- Clear spaces of clutter as much as possible
- Store like items together and/or in the room where they will be used

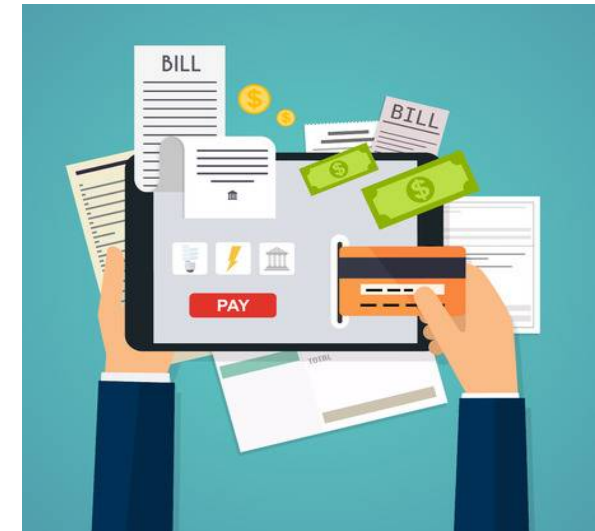
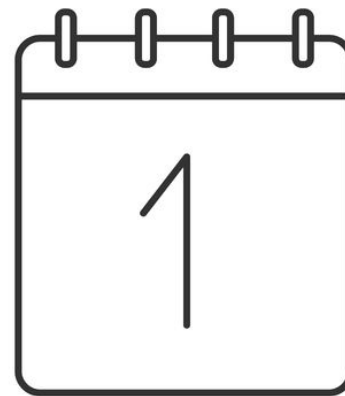
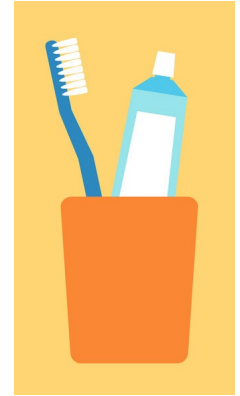


Environmental Supports: Use Natural Routines

- Pair hard to remember tasks with tasks that are routinely done without thinking
- Keep important items where you are most likely to look for them or use them



Take medications when you brush your teeth



Pay your bills on the day you get paid

Environmental Supports: Block Out Distractions

- Reduce visual and sound clutter when trying to do complicated tasks or things that require focus
- Minimize unnecessary distractions like cell phones, TV, etc.
- Find a quiet and calm place to work



Considerations for Cuing:

- Type of cuing needed may change throughout the task
- Participants may need less cuing for more familiar or routine tasks
- Lower awareness or newness of task may indicate need for more support
- Process may not be linear

Relating Cuing to Levels of Assistance

The level of assistance is determined by:

Type of cue

Intensity of
cue

When the
cue is given

Frequency
of cues

Case Example

Mr. X was in his room around 9:30, sitting on his bed still wearing his pajamas. When asked, he told the nurse he planned to attend the group starting at 10:30, but had not started his morning routine. The nurse told Mr. X it was 9:30 and that he should start his shower to be ready in time for group. Mr. X then stood up, gathered up his towel and clean clothes, and went into the bathroom to shower. When the nurse returned at 10:15 to get Mr. X for group, he appeared clean with new clothes on. His dirty clothes and towel were on the floor. The nurse told Mr. X to put away his clothes and towel, and he began to put his dirty clothes in the hamper and hung his towel on the wall.

What type of cuing did Mr. X need to start showering?

When and how often did he need cuing?

What level of assistance would you say he needed?

Level and Type of Assistance Needed:

Starting task:	Minimal assistance with verbal cuing
Continuing task:	Independent
Completing task:	Supervision with verbal cuing

Example Documentation:

Mr. X required a verbal cue to begin the steps to taking a shower. Once RN prompted client, they were able to get their belongings and shower. RN did not give any further support. After the shower, Mr. X appeared to have completed all steps and was wearing new clothes. Mr. X did require another verbal cue to put his dirty clothes in the hamper and to hang up his towel.

Reporting this Level of Assistance

Identify if the same level of cuing is needed for all ADL and IADL the person is able to complete in your setting.

If the level of cuing changes, identify if it varies by:

- Activity
- Time of day
- Worsening or lessening of symptoms

Sample Report:

The client requires **minimal assistance** to begin (initiate) daily routines. Once he is doing the task, he is able to complete them without additional assistance. The client benefits from support to start and follow routines, or to have structured routines and activities to complete self-care activities.

What could happen next?

To verify Mr. X consistently needs verbal cuing to start the ADL of showering, you could:

- Provide explicit instruction to Mr. X to tell him to take a shower every morning before the RN comes to his room.
- Put a schedule on his wall that indicates the shower should happen before morning groups.
- Allow Mr. X to have or be able to see a clock and tell him to start his shower every day by 9:30.

What happens when the cues change?
What happens if the schedule changes?

Case Example

Mr. A arrived in the dining room for lunch 15 minutes before it was served. He asked staff "when will lunch be ready?" When receiving his answer, Mr. A sat at a table to wait. The food was available on the buffet line, but Mr. A did not get up to get his plate, although other residents had started. Staff stated to Mr. A "you can go get your lunch now." Staff repeated similar cues three times before Mr. A then got up and retrieved his plate. Mr. A was able to eat his lunch, but appeared not to notice several spills of ketchup and mustard on his shirt, or that his drink had slightly spilled. When finished eating, Mr. A stood up from the table to leave. He was told by staff to return his dirty dishes. Mr. A retrieved his dishes, and stood for several moments before the staff approached him and pointed to where the dirty dishes should go. Mr. A did not clean off his hands, face, or shirt even before going to group. Once in group, staff instructed Mr. A to return to his room to wash-up and change his shirt. Mr. A took an extended time to do these, but returned with a clean shirt, but his face remained dirty. When asked, he stated he did wipe his face when he changed his shirt.

What type of cuing did Mr. A need to complete meal activities?

When and how often did he need cuing?

What level of assistance would you say he needed?

Level and Type of Assistance Needed:

Starting task:	Moderate assistance through verbal cues
Continuing task:	Supervision - individual was safe but lacked awareness
Completing task:	Moderate assistance with direct instructions and gestures

Example Documentation:

Mr. A required direct cues to retrieve his meal from the kitchen staff. While eating, Mr. A was able to begin and finish eating his meal, but did not notice or attempt to clean up any spills. When done eating, Mr. A required a verbal cue to remember to clear his place, and another cue to find where he should put his dishes. Mr. A did not notice spills on his shirt or clean off his face and hands. Mr. A followed the instruction to change his shirt and clean off, however, was not able to thoroughly clean his face. Of note, Mr. A has been on the unit for 60 days and continues to need this level of prompting for meal routines, even though this process is the same each day.

Reporting this Level of Assistance

Identify if the same level of cuing is needed for all ADL and IADL the person is able to complete in your setting.

If the level of cuing changes, identify if it varies by:

- Activity
- Time of day
- Worsening or lessening of symptoms

Sample Report:

The client requires **moderate assistance** to complete meals that are already prepared. The client shows decreased awareness of time and does not start (initiate) activities until given direct instructions. He also shows decreased awareness and thoroughness for hygiene, but does respond to direct support to begin and effectively complete the activity.

What could happen next?

To verify Mr. A consistently needs a high level of assistance you could:

- Not provide cuing for increased amounts of time to see if other environmental cues prompt him to begin activity.
- Observe other activities that are familiar and routine and document the level of support needed for those activities, and identify if some activities require more or less support than others.
- Observe different meal times to note if there are certain times of day where he is more or less able to engage in the routines.

What happens when the cues change?
What happens if the activity changes?

What if you can't try less assistance?

- Some things will be limited by the nature of the state hospital and institutional setting
- Consider length of institutionalization or previous time spent in the community
- What are potential risks of having less support?
 - Are there safety risks?
 - How many?
- What are the alternatives?

Note: Research shows it is very hard to predict who will be successful in independent housing based on clinical factors and history.

Case Example

Ms. F was initially admitted after being found responsible for arson in her apartment building in the context of unmanaged and symptomatic schizoaffective disorder. Initially on the unit, Ms. F was difficult to redirect, had difficulty beginning and finishing tasks, was easily distracted, and had grandiose and delusional thinking. She required direct step by step verbal cuing to do basic routine tasks, such as getting dressed in the morning or putting away laundry. Her room was very disorganized and she would often tell staff "I'll take care of it, don't worry," but not actually start the activity.

After 2 months of medication adherence, Ms. F's symptoms substantially improved. She was able to engage appropriately in group activities and was responsive to social cues. She independently started and finished personal hygiene routines, and her room was well organized and clean. She often offered to assist others and discussed her plans to return to living in her own apartment.

With medication, what level of assistance does Ms. F need to complete daily activities?

How do her health and symptoms impact the assistance needed?

Level and Type of Assistance Needed:

Starting task:	Independent
Continuing task:	Independent
Completing task:	Independent

Example Documentation:

Ms. F has shown significant improvement in her ability to start and finish daily routine activities. She no longer needs support or prompting from staff and is able to finish tasks thoroughly and independently. She has more social awareness and engages well with others. Ms. F has benefited from supervision to take medications daily and consistently.

Reporting this Level of Assistance

- Ms. F demonstrates independence in self-care skills and self-management skills.
- Ms. F receives structured assistance for medication management and adherence.
- Considerations and documentation might address the effect of support for medication.

Sample Report:

The client **is independent** in daily routines on the unit, which has significantly improved since her initial admission. On admission, she required maximal assistance to begin, continue, and complete routine tasks, and at times was unable to complete them at all. Ms. F receives maximal assistance for medications, including observation of taking medication at all dosing times.

What could happen next?

In demonstrating independence in most tasks, Ms. F likely would not qualify for increased community supports, except for medication.

- Documentation may demonstrate need for living arrangements where taking medications is required or supervised as a transition.
- Documentation may demonstrate need for increased community health services (such as an ACT or permanent supportive housing team) that would provide intensity of services to maintain current levels of health.
- Consider or advocate for medication regimens that are easy to maintain or acceptable to the client to increase community adherence.

Additional Considerations

- You should not try to guess at someone's need for assistance for tasks you have not observed.
- Document what you observe and avoid making assumptions as to why the assistance was needed, unless it was observed.
- Refer to occupational therapy for a functional assessment of activities the person may not otherwise complete within the hospital setting (such as bill paying).
- This skill takes practice. It may be helpful to observe with another staff and each person documents the assistance. Compare your observations and come to a consensus.

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