

Purpose

- Share information gathered on the [Life History Profile](#) with caregivers and visitors.
- Provide opportunities for staff to have quality interactions with the patient throughout the day.
- Communicate individualized and meaningful information about the patient in a visual manner.
- Identify the stage of dementia via a color-coding system.

Abilities Care Approach: Color Coding Allen Cognitive Levels



Level	Title	Color	Developmental Age	Cueing Frequency and Type
Level 1	Automatic Actions (Simple Reflexes and Responses)	Red	Infant	Constant verbal, visual, and tactile cues to elicit a response to stimuli
Level 2	Postural Actions (Movement Against Gravity)	Orange	12 – 18 months	Constant verbal, visual, and tactile cues to follow a one-step direction
Level 3 LOW	Manual Actions (Grasp and Release with Hands)	Yellow	18 - 24 months	Verbal, visual, and tactile cues for sequencing
Level 3 HIGH		Yellow	2-3 Years	Verbal cues for sequencing
Level 4 LOW	Goal Directed Activities (Able to Sequence Through Familiar Task)	Blue	4 to 7 years	Verbal cues for quality and safety
Level 4 HIGH		Blue	8 – 12 years	Intermittent verbal cues for quality and safety

Procedure

- 1. Pt Identification** – Patients who are enrolled in the Abilities Care Approach and will benefit from meaningful interactions with staff and visitors.
- 2. Pt Assessment** – Utilize the [Life History Profile](#) or another Occupational Profile to obtain information about the patient's roles, habits, preferences, interests, past skills and abilities, life experiences, and memories. Identify the Allen Cognitive Level or use another assessment tool to identify the stage of dementia.

Sample Documentation

“The [Life History Profile](#) will be completed to gather information about interests, retained abilities, and past meaningful and positive experiences and memories. This information will be incorporated into daily care routines to assist staff in building a positive rapport with the patient prior to providing care. Individualized patient information will also be utilized to decrease negative behaviors and promote active engagement in meaningful activities that prevent functional declines and the complications related to dementia”

Create

Supplies and Materials – label maker, colored duct tape, colored paper, photo tape, glue, access to colored printer or pictures provided by family, scissors, glue, white or black foam board cut in half. Hint: duct tape, foam boards, markers, colored paper, and glue sticks are available from office depot and can be delivered to your facility for convenience.

- Completed [Life History Profile](#)
- Completed Assessment to identify the stage of dementia. See the [Allen Cognitive Level / Color Coding Handout](#)
- Prior to construction of the Life History Board, assess the patient's reaction to each image to ensure it elicits the targeted response
- Focus on a few words, just enough to start a conversation – use large font
- Keep it simple and leave space – aim for 4-6 topics / stimuli
- Include the patient in the creation of the board during a therapy session
- Determine the best way to indicate the [color coded Allen Cognitive Level](#) (i.e. colored duct tape, background color, etc.)
- For LOWER level patients:** the board is used primarily to inform caregivers about what is meaningful to the patient, the patient will not be expected to interact with the board
- For HIGHER level patients:** the board may be used to promote conversation with caregivers about the pictures and the words on the board



Cloverdale Life Story Board Results

- RG is a recent LTC resident, initially referred to OT to ease transition into LTC. Challenges included safety concerns, fall risk (had several falls at home prompting LTC admission), and agitation behaviors during care and with offers for assistance to promote continence and supervised mobility.
- Early Stage dementia- ACL 4.4-4.6 on LACLS-5.
- OT found that rapport building that included acknowledgement of RG's personal accomplishments facilitated acceptance of offers of assistance and caregiving. Resident was noticeably more receptive to discussion of topics that had previously triggered agitation, such as safety cues, toileting schedule, and the use of a call light to request supervised mobility to prevent falls during initial rehab stay.
- Caregiver education has included use of life story prompts to build rapport with a short conversation prior to offers for assistance or reminders to use the call light to make any requests or notify staff when he needs to get up and walk to the bathroom.
- Staff reports that RG has been more receptive to their offers of assistance with familiar caregivers and caregivers who 'get him.'
- RG says he feels "settled" and is very appreciative of the opportunity to share his contributions, personal history and experiences.



Evidence

Cooney, A., Hunter, A., Murphy, K., Casey, D., Devane, D., Smyth, S.,... O'Shea, E. (2014). "Seeing me through my memories": A grounded theory study on using reminiscence with people with dementia living in long-term care. *Journal of Clinical Nursing*, 23(23-24), 3564–3574. <http://doi.org/10.1111/jocn.12645>

This article used qualitative methods to explore the use of reminiscence with people with dementia living in long-term care facilities. Researchers found that reminiscence helped staff to "see and know" the patient better. Caregivers had greater insight into patients, which was useful in the management of behaviors and the provision of care. In the Abilities Care Approach® staff are taught to utilize cues from Life Story Boards to reminisce with patients. The staff utilize these interactions to establish and maintain rapport and trust during caregiving.

Subramanian, P., Woods, B., & Whitaker, C. (2013). Life review and life story books for people with mild to moderate dementia: A randomized controlled trial. *Aging & Mental Health*, 18(3), 363–375.

This randomized controlled trial of 23 people with dementia living in care homes found that quality of life was improved for participants who utilized a life-story book to reminisce with staff. An additional positive outcome was that staff had improvements in knowledge about the residents and improved attitudes regarding dementia when life story books were used. In the Abilities Care Approach® Life Story Boards are used to facilitate reminiscence with staff.