

Allen Cognitive Level Screen (ACLS) of Client H.

The following is information derived from administration of the Allen Cognitive Level Screen (ACLS) to Client H. at a Skilled Nursing Facility on May 14, 2011.

ACLS Score: 5.0

Specific Assessment Information.

The client was assessed and determined to have an ACLS score of 5.0. The client was able to complete the running stitch and the whipstitch, including correcting the errors introduced by the assessor according to the assessment. Client attentively and actively tried to figure out the single cordovan stitch but accepted the offer of a demonstration when she was not able to figure out the stitch on her own, as per the assessment instructions. After the first demonstration, client made two good stitches. She then started to make an error, recognized that it was not correct, and made a comment asking whether she was putting the needle through the right side, on the second loop. As per the assessment, she did not receive a cuing instruction, but was told to *do the best you can*, and she continued to try to fix the error. She was asked if she would like a second demonstration. She declined, as she said she wanted to figure it out herself, and continued to work on it. When she found she could not figure it out and she was not receiving information that would enable her to fix the error, she decided, after a time, she had had enough and gave it back to the assessor. She did not display frustration, but quite cheerily said she had had enough.

Note: Client said she thinks she had done something similar recently with a person named Eve. It may be that the client had been tested recently using the Large Allen Cognitive Level Screen (LACLS) available at the center, instead of the smaller version, which may be why she had a remembrance of the activity but did not recognize it as the same.

What the Score Tells Clinicians.

The score says that the client needs:

22% cognitive assistance—which means the person may live alone but should have weekly checks to monitor their safety and the effectiveness of their problem-solving abilities. At this level, the client requires *standby* cognitive assistance to anticipate environmental hazards and prevent social conflict.

6% physical assistance is needed with fine motor activities.

A further interpretation is that the client needs some monitoring and assistance to be completely safe and to learn and comprehend new or changed activities. While the client can, and is happy to, read, she may not always understand what she reads or its relevance. This may lead to frustration. This frustration can lead to negativity on the part of the client, perceiving fault and blaming others. Whether it is due to frustration or a need to assert her independence or power over a situation, the client may need help in efforts to socialize with others as her being upset can lead to conflict with others.

How Knowing the Score Can Help Family/Caregivers.

By knowing the client's level of cognitive functioning, the therapist will be able to explain to family members and caregivers how a client may react or perceive things. By understanding the client's cognitive abilities, and resultant behaviors, the family and caregivers will be better able to adjust their expectations and adjust activities and interaction to the right level, so as not to cause further frustration or misunderstanding.

With an ACLS score of 5.0, the client is able to pay attention to the passage of time, can observe three-dimensional designs, and is aware of people's faces and facial expressions. She is able to use fine motor skills, as demonstrated by both the ACLS and, separately observed, her ability to set up and do jigsaw puzzles. The client may read only portions of instructions, and may blame others when errors occur. This is because while her cognitive skill may affect her ability to comprehend what she is reading.

Recommendations.

To manage new activities or make adaptations to routines, the client should not be expected to master new activities on her own but should receive assistance in using written directions. Even better would be demonstrations of new actions and making the client aware of any potential safety hazards or possible issues. Trial-and-error problem solving can be effective with this client, as can providing a longer-than-usual amount of time for the client to solve any problem. She may become frustrated in some activities, and may refuse to participate. Client shows regard for authority, power, or honor, while at the same time trying to assert her individual rights. She will be unhappy with those whom she feels are challenging or threatening her independence.

Client does not enjoy or stick to tasks that she deems tedious, which may mean that she needs effective *standby* assistance to stay on task for items she does not want to do. It is important to provide feedback and cuing when the client is finding something too difficult or frustrating because if this happens she will likely abandon the task. To help the client test reality, point out examples of illogical, unacceptable, or provocative behavior, and illustrate the damaging effects the behavior can bring, such as getting angry and argumentative in social situations.

Client may not observe some items, such as crumbs and spills when cleaning up, but will adjust when cued. She may need help complying with dietary restrictions. For example, the client is on a low-salt diet, so instead of saying avoid salt, be more concrete in telling her the items she should not eat. Client may not always conform to social proprieties, so be concrete and specific when making suggestions. For example, instead of saying an outfit is not appropriate for an occasion, point out that it is soiled, suggest it may need washing, and instruct or advise her to choose another outfit. She may not notice that some things may pose or are safety hazards. An example might be spills on the floor. Point them out directly and concretely. Remind the client to go to the bathroom, so as to avoid accidents.

To improve social relations, supervise the client when doing a new activity, in order to avoid frustration, outbursts, blame, and conflict. Post simple signs and reminders. Client should not be expected to manage medication. Provide the client correct medications directly.

Reference

Allen, C. K., Austin, S. L., David S. K., Earhart C. A., McCraith D. B., & Riska-Williams, L. (2007). Allen Cognitive Level Screen-5 (ACLS-5). ACLS and LACLS Committee, Camarillo, CA: ACLS and LACLS Committee.