

RANCHO LOS AMIGOS COGNITIVE SCALE FAMILY GUIDE TO THE LEVELS OF COGNITIVE FUNCTIONING FOR INDIVIDUALS WITH BRAIN INJURY

INTRODUCTION:

Cognition (basic thinking skills) includes our ability to pay attention and focus on tasks. It also affects ability to think, organization, discuss, and remember things. These skills are needed for learning, solving problems, making decisions, and just overall functioning. After a brain injury, problems with these skills may occur at varying degrees. Problems with the way the person acts/behave may also surface. The way a person with a brain injury talks, acts or performs daily tasks may look confused, unusual, odd, childlike, or different than before their injury.

The Levels of Cognitive Functioning is a tool used by the therapy team to help us to understand what people are able to do at a particular stage in their recovery. This helps the therapy team set goals that are within the person's current ability level, and track progress appropriately.

This information is to help you understand your family member's responses to what is happening around them. These levels can also give you an idea of what to expect as the person recovers. People will recover at their own speed, and you cannot compare them to other people in similar situations. We know that you are worried about how much your family member will recover, and will do our best to provide regular feedback about their progress.

We are interested in your observations of your family member. We are interested in any information you may have and how you feel about what is happening. We consider you a member of our team and very important in your family member's rehab progress.

For more information about the Rancho Levels of Cognitive Functioning, please see: <https://craighospital.org/programs/traumatic-brain-injury/disorders-of-consciousness-cognitive-recovery-following-tbi> for video examples of each level.

LEVEL I: NO RESPONSE

No response to pain, touch, sound, or sight.

LEVEL II: GENERALIZED RESPONSE

Generalized reflex response to pain.

LEVEL III: LOCALIZED RESPONSE

Blinks to strong light. Person turns toward/away from sound. Person responds to physical pain. Person follow some commands.

LEVEL IV: CONFUSED AND AGITATED

Person is alert and very active. May show aggressive or bizarre behavior. Person may move their arms and legs for no reason. Has short attention span.

LEVEL V: CONFUSED AND INAPPROPRIATE

Poor attention to the environment. Person is distracted easily. Requires help to do everyday activities. It is hard for person to learn new tasks. Easily angered by too much noise or light. May talk with friends and family, but say inappropriate things

LEVEL VI: CONFUSED AND APPROPRIATE

Sometimes the person may know where they are at and what time of day it is. Memory may be poor. May begin to remember the past. Follows simple commands. Can accomplish tasks with help.

LEVEL VII: AUTOMATIC AND APPROPRIATE

Completes daily activities in familiar surroundings in a robot-like manner. When the surroundings are not familiar, have trouble completing daily activities. Hard to plan their own future realistically.

LEVEL VIII: PURPOSEFUL, APPROPRIATE – STAND BY ASSISTANCE

The person will be able to recall, and execute daily routines. They may overestimate their own abilities, and not be able to recognize when assistance is needed. The person will need someone to 'stand by' to provide assistance and help when tasks become complicated.

LEVEL IX: PURPOSEFUL, APPROPRIATE – STAND BY ASSIST ON REQUEST

The person will be able to independently shift back and forth from activities for a few hours, and will request assistance when needed. They may continue to be irritable, and have poor frustration tolerance, and will be able to monitor social interactions with stand by assistance from caregivers.

LEVEL X: PURPOSEFUL, APPROPRIATE – MODIFIED INDEPENDENT

Will require increased time to complete daily activities, and may be irritable when tired, overwhelmed, and under emotional stress.

LEVEL I: NO RESPONSE

The person may look like they are in a deep sleep. The person does not wake up or move to pain, noise, smell, or pictures.

LEVEL II: GENERALIZED RESPONSE

The person may look like they are asleep most of the time. The person may respond to pain. It may be a delayed response, and they may not always respond.

FAMILY SHOULD (LEVELS I & II):

1. Talk to the person in a calm, slow voice.
2. Spend a short amount of time with the person (30 minutes or less). Give the person a lot of time to rest.
3. Limit the number of visitors to 2 at a time.
4. Tell the person who you are, where they are, why they are in the hospital, and what day it is.
5. Give the person a lot of time to respond.
6. Show affection in ways you feel comfortable.

LEVEL III: LOCALIZED RESPONSE

The person may look like they are alert for longer amounts of time. They respond more consistently to pain, noise, smell, and pictures. The person is able to follow some simple commands, and responds to yes/no questions. The person may take a long while to respond. They may be easily angered.

FAMILY SHOULD (LEVEL III):

1. Talk normal about what the person likes to do.
2. Talk clear and to the point.
3. Limit to number of visitors to 2 at a time for 30 minutes or less.
4. Keep the room calm and quiet. Do not talk loud or have the radio on loud.
5. Tell the person who you are, where they are, why they are in the hospital, and what day it is.
6. Ask the person to follow short, one-step commands.
7. Ask the person yes/no questions.
8. Give the person enough time to answer. The answer may not be right, or given at all.
9. Comfort and calm the person when they become angry.

LEVEL IV: CONFUSED AND AGITATED

The person may be confused, and scared. They may not understand what they feel, or what is going on around them. The person may respond to what they see, hear, or feel by hitting, yelling, using bad words, or by being restless. They won't understand that people are trying to help them, and they will only think of their basic needs (sleeping, pain, bathroom, home). They will have trouble following directions, and recognizing friends and family at times, and need help with easy everyday activities like eating, dressing, and talking.

FAMILY SHOULD (LEVEL IV):

1. Know that the temper outbursts and/or yelling the person may show are part of the recovery process. Do not take them personally. Family should remain calm, and speak in a soft, calm voice. Try not to look surprised or scared.
2. Try to create a calm, quiet environment. For example, turn off the TV and radio, do not talk too much.
3. Provide verbal and physical reassurance. Often the person is very scared.
4. Do not spend a lot of time correcting the person. If the person disagrees, change the subject.
5. Give the person praise for things they are able to do.
6. Keep telling the person where they are, what month it is what happened to them.
7. Bring in family pictures and personal items from home to make the person feel more comfortable.
8. Give the person many breaks because they may easily become overwhelmed.
9. Limit the number of visitors to 2 at a time for 30 minutes or less.

LEVEL V: CONFUSED AND APPROPRIATE

The person may be able to pay attention for only a few minutes at a time, and be confused about things other than their own basic needs. They may not know the date, where they are, or why they are in the hospital. They also may not be able to complete activities once they are started, and may need step-by-step instructions. They will also have poor memories for new information and only be able to recall what happened several years ago. They could make things up (confabulate) or get stuck on one idea or activity. They may only focus on their basic needs such a toileting, pain, and going home.

FAMILY SHOULD (LEVEL V):

1. Talk about the problems the person is having because of the accident – often they will feel like they are not having any problems.
2. Talk about what the person can do for themselves. Watch for signs of frustration.
3. Repeat things as needed, and do not assume the person is going to remember.
4. Tell the person the day, month, year, and why they are in the hospital when you first come, and right before you leave.
5. Play simple games or puzzles such as “War” and “Go Fish”
6. Bring in family pictures and personal items from home
7. Limit visitors to 2 at a time for 30 minutes or less.
8. Give the person many rest breaks when they are having trouble paying attention.

LEVEL VI: CONFUSED AND APPROPRIATE

The person may begin to become aware of what is going on, and will begin to be able to tolerate things such as tube feedings or daily activities. They will continue to be confused due to memory and thinking problems, and will have difficulty with details of conversations. They will be able to follow a schedule with help, and not be able to adapt to a change in their normal schedule. Their attention may last for up to 30 minutes, but will have trouble concentrating when it is noisy or there are too many steps in an activity. They will know when they need to use the bathroom, and be able to brush their teeth and get dressed with help. They may do things too quickly, or speak without thinking. They will also think that they are only having problems because they are in the hospital, and once they return home they will be back to normal.

FAMILY SHOULD (LEVEL VI):

1. Let the person do as much as they can for themselves. This will help make them more independent.
2. You will need to repeat things. Talk about things that have happened during the day a lot to help their memory.
3. Encourage the person to participate in all of their therapies. The person will not fully understand the extent of their problems, injuries, or the benefits of therapy.
4. Allow frequent rest breaks.
5. Keep telling the person who they are, what happened, and day/date as needed.

LEVEL VII: AUTOMATIC AND APPROPRIATE

The person may know who and where they are in familiar places, but will need orientation to time. They will overestimate their abilities, and have trouble thinking about the consequences of their decisions and actions. They may also be able to do everyday care without help if physically able. They will demonstrate carryover of new learning, and need minimal supervision for new learning tasks. They will be unaware of other's feelings and have trouble knowing when their interactions and social skills are inappropriate. They may be uncooperative at times, and have trouble planning, starting, and following through with a task or activity. They will have trouble paying attention when distracted such as at family gatherings, church, or sporting events. They will not realize their thinking and memory skills will affect their plans, and will expect to return to work and their previous lifestyle. They will also think slower in stressful situations, and seem to be inflexible/stubborn (these behaviors are related to the brain injury).

LEVEL VIII: PURPOSEFUL AND APPROPRIATE

The person will consistently know who they are, where they are, and be aware of time. They will realize they have impairments and disabilities that will interfere in completing a task. They will either overestimate or underestimate their abilities. They can be depressed, irritable, and self-centered. They also may be able to use assistive memory devices for recall of information for later use with stand by assist.

LEVEL IX: PRUPOSEFUL AND APPROPRIATE

The person will initiate and carryover steps to familiar activities. They will acknowledge when impairments and disabilities interfere with completion of a task and take appropriate action. They will be able to think about consequences of decisions and act independently. They are able to correctly estimate their abilities and acknowledge other people's feelings.

LEVEL X: PURPOSEFUL AND APPROPRIATE

A person at this level is consistently socially appropriate and utilizes external memory devices. Independently initiate and carryout activities, but may require extra time to do so. In addition, the person may be able to handle multiple tasks at once in all types of environments, but may need occasional rest breaks. They may have a low frustration tolerance when sick, fatigued, or under emotional stress.

FAMILY SHOULD (LEVELS VII, VII, IX, AND X):

1. Treat the person as an adult by offering suggestions in decision-making. Do not make the decisions for them – respect their opinion.
2. Talk with the person as an adult. There is no need to use simple words or sentences.
3. Be careful when joking or using slang because the person may not understand the meaning. Also, be careful about 'testing' the person.
4. Help the person in familiar activities so they can see some of the problems they have in thinking skills, memory, and organization. Talk to the person without criticizing- remind them that their troubles are due to the brain injury.
5. Strongly urge the person to continue with therapy to help their thinking, memory, and physical skills. The person may feel like they are completely normal, but they are still getting better and would benefit from continued treatment.
6. Ask the doctor and therapists regarding the person's limits with working, driving, and other activities. Do not rely just on information from the person – they may feel they are ready to get back to their original lifestyle before they actually are.
7. Discourage the person from drinking alcohol, using drugs, and smoking.
8. Talk about what types of situations may be challenging for them and discuss ways to problem solve them together.
9. Talk to the person about their feelings.

SOURCES FOR THIS HANDOUT:

1. Ranchos Los Amigos Medical Center, Communications Disorders Department
2. New Mexico Community Re-Integration Center at Apple Valley (Chris Hagan, PhD)
3. Ranchos Level of Cognitive Functioning – Revised (Chris Hagan, PhD)