

Pioneering Change

**Activities
Education Module**



to

Promote **E**xcellent **A**lternatives in **K**ansas
Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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Course Objectives:

1. To instill an understanding of the importance of meaningful activity on quality of life.
2. To reinforce the importance of relationships and explain their necessity in meaningful activity.
3. To demonstrate the effects of individualized activity on residents and staff roles.
4. To develop an understanding of how the home's culture impacts resident individuality and choice.
5. To highlight the importance of individualizing care plans and having all staff utilizing the plans for an activity program.





Pretest

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. In a culture change home, which of the following types of individuals could be involved in meaningful activity with an elder?
 - A. Activity person
 - B. CNA
 - C. Family
 - D. Maintenance person
 - E. Nurse
 - F. All of the above

2. Meaningful activity is dictated by the
 - A. Activity calendar.
 - B. Resident council.
 - C. Resident's preferences.
 - D. Staff's preferences.

3. Spirituality activities must include a religious element.
 - A. True
 - B. False

4. Which of the following is a culture change strategy for learning the preferences of elders?
 - A. Learning Circles
 - B. Asking family and friends of the elder before giving the elder an opportunity to share
 - C. Caregivers learning about an elder during ADLs
 - D. A and C
 - E. All of the above

5. Which of the following illustrates the compensation component of the Selective Optimization with Compensation (SOC) theory?
 - A. Sewing needles with a larger eye hole
 - B. Making an afghan using only the stitches that the person can still do
 - C. Growing only one type of vegetables in a container garden because it is your favorite to eat
 - D. Using utensils with larger handles so a cake can be easily stirred
 - E. All of the above
 - F. A and D



6. The benefits of being engaged in meaningful activity include all of the following except
 - A. Maintained autonomy
 - B. Improved quality of life
 - C. Worsened health outcomes
 - D. Increased socialization

7. Which of the following quality-of-life domains can be directly influenced by individualized activity programs?
 - A. Relationships
 - B. Spiritual well-being
 - C. Autonomy
 - D. All of the above

8. A comprehensive activity assessment is necessary to provide individualized activity.
 - A. True
 - B. False

9. Which of the following has not been identified by Bill Thomas of the Eden Alternative as a scourge of nursing home living?
 - A. Loneliness
 - B. Hopelessness
 - C. Boredom
 - D. Helplessness

10. Which of the following is not a component necessary for activity regulatory compliance?
 - A. Resident activity preferences are assessed.
 - B. Resident preferences are used in planning activities.
 - C. Modifications are made to the care plan as needed.
 - D. Activity staff members are the only people who can lead activity that is documented.
 - E. All activities must last at least 25 minutes.
 - F. D and E

Answers can be found on page 61.



Meaningful Activity

Happiness is a state of activity.
-Aristotle

Introduction

Activities are among the most important components of resident care, but in the medical model of nursing homes they may be treated as merely a way to keep people busy between clinical care interactions. Staff can be so wrapped up in providing the best clinical care that they fail to provide the best care for the whole person. In the past, with the focus being primarily on clinical care, the choice for activities was deciding to attend Bingo or not to attend Bingo. Now activity choices include trips to Las Vegas, airplane rides, and honeymoons!

Viva Las Vegas

A resident wanted to go to Las Vegas for her 103rd birthday. Staff at Anthony Community Care Center in Anthony, Kansas worked with the resident and her family to set up the trip. The home used some proceeds from the annual carnival and other fundraisers to send her.

The staff members that traveled with her received a little help from fundraisers and donations, but also contributed funds for the trip. When she got off the plane she shouted, “Viva, Las Vegas!”



What a wonderful way to celebrate 103 years of living!

Flyin’ the Friendly Skies

A resident from Lyons Good Samaritan in Lyons, Kansas said he wanted to go on an airplane ride. The staff discussed it and then advertised the resident’s wish. A volunteer pilot from the community came forward, and soon he was flying high! When Lyon’s Good Samaritan residents want something the facility cannot provide they advertise the resident’s desire to the community. Volunteers step up and fulfill residents’ wishes.

A Golden Honeymoon

A resident at The Cedars in McPherson, Kansas was preparing to celebrate her 50th wedding anniversary. Since she and her husband had never had an official honeymoon, the staff decided to give them one as an anniversary gift. She could not ambulate and had to be transferred with a lift, so going on a trip would be very difficult. The staff made arrangements for the couple to stay in an assisted living apartment. They enjoyed a wonderful dinner by candle light. After the dinner, staff members helped her into a double bed, so she and her husband could spend the night together.





While these are special activities that cannot be facilitated every day, the individuality, autonomy, and creativity can be replicated, in various ways, throughout the day for each resident. Individuality and spontaneity are needs that have typically been maintained by family members and friends. Activities are a great way for caregivers to begin fulfilling these needs and improve residents' quality of life.

A study by Kane (2001) identified eleven domains associated with quality of life. The domains include: safety, security and order, physical comfort, enjoyment, meaningful activity, relationships, functional competence, dignity, privacy, individuality, autonomy and choice, and spiritual well-being. Many of the domains identified can be directly enhanced by activity. Throughout this module many of the domains will be discussed in relation to activity programs. Kane (2004) suggested a stronger correlation between the number of people on the activity staff and resident quality of life than between the number of nursing staff and resident quality of life. This indicates that activities have a huge potential to change and enhance the lives of residents.

This module, as past modules, is an opportunity for administration and leadership to share concepts with staff members through case studies, examples, activities, discussion questions and projects that can be implemented and evaluated.

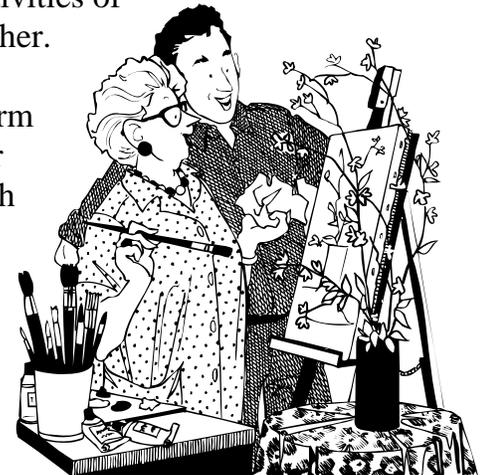
Transforming Activities

To begin the transformation of activities, it is necessary to define meaningful activity. Meaningful activity is when “residents engage in a discretionary behavior, either active activity or passive observation that they find interesting, stimulating, worthwhile. Conversely they are not bored” (Kane, 2004). Each resident should have the opportunity to be involved in activities of interest to him or her.

This involvement could be in the form of participation or enjoyment through watching others. Staff may think that residents already have such opportunities.

The difference between the choice to participate in an activity versus a *meaningful* activity comes from an understanding of each resident and what gives him or her pleasure or fulfillment. Without a true knowledge of each person, the relationships necessary to provide meaningful activity cannot be developed. This knowledge has to include a resident's preferences, hobbies, interests, past occupations, goals, dreams, and other personal history.

There are many ways to learn about residents. An idea from Action Pact is





called *Daily Pleasures* (personal communication with LaVrene Norton on February 25, 2006). This interview tool helps staff learn what residents enjoy having or doing on a daily basis. Norton suggests, “The key is taking the resident back to when they were living at home.” This enables residents to mention

pleasures from home including those they consider impossible in a nursing home. Some of the pleasures discovered through the interview will be small, like “Having a cup of coffee in my pajamas every morning,” while others will be more complex



and require more planning. After the interview is conducted, a group of staff members and residents brainstorm about how these pleasures can be attained. A copy of the directions and interview questionnaire and be found in Appendix A at the end of this module.

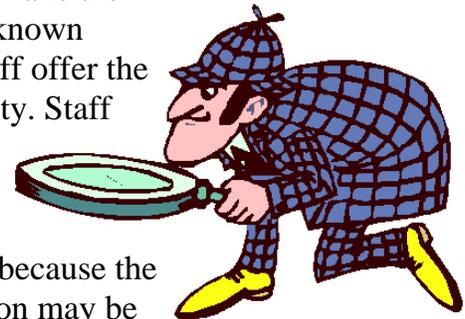
Daily Pleasures Activity

Take a moment to list the daily pleasures of the people in the staff learning group. It might be necessary to share some ideas to get the group started. Ideas might include a certain kind of perfume or a type of food. List the responses given. Once you have a list, ask if each item would be possible in the nursing home. If something listed is not currently possible, brainstorm ideas about how this pleasure could be facilitated in the home.

Getting to Know You

Most nursing homes use activity assessments that ask questions about hobbies, interests, how the elders like to spend their time, and their preferred schedule. Assessments such as these help develop an understanding of the elders’ preferred lifestyle. This information helps assure the day goes according to the resident’s plan and not one set by staff. In Appendix B of this module there is a sample “Getting to Know You Questionnaire” that is very comprehensive. It contains in, addition to the basics, questions like “Is there something you would like to learn?” and “What is something you never got to do that you wanted to?” Questions such as these will offer further insight about residents.

No matter how staff goes about getting the information about what residents enjoy, the important thing is to do it! Most elders are not going to ask for things or make their interests known unless staff offer the opportunity. Staff need to listen and observe carefully because the information may be presented subtly.



Family members or friends are a valuable source of information about residents’ past preferences and interests as a supplement or if elders cannot provide



this information themselves. Another way to gauge interest is to observe the residents to see if they seem engaged with an activity or if they are sleeping, focusing their attention elsewhere, or being disruptive. The body language of a resident during activities gives clues about the types of activities the resident enjoys. Observing the items in a resident's room may provide insight as well.

The information received from residents, family members, or observation should be shared, so all staff members have an opportunity to get to know the resident. Staff will probably find they enjoy the conversations as much as the residents! This information should be used in care planning to develop an activity program for the individual resident.

Collecting information about a resident once is not enough. People change, and the residents' desires will need to be constantly updated to reflect their changes in preferences and ability. As relationships develop, elders may open up and share more. The care plans need to reflect changes as well as new information to allow the activity plan to continue to be life enhancing.

Learning circles are a wonderful way to gather information and provide opportunities for a group to continue learning about one another. The learning circle can be a powerful tool in the home for learning about each other, making decisions for the home, and building a

team. To facilitate a learning circle someone will need to be the leader. This person will state the question or problem. He or she will give his or her response and then ask for a volunteer. The persons on each side of the volunteer will determine which

way the conversation moves depending on who would like to share



next. Each person in the circle has an opportunity to speak without being interrupted by anyone. If the person does not want to share they may say "pass". After everyone in the circle has had a chance to contribute, those who passed are given a second opportunity. After everyone who wants to has given input, the group opens up for discussion. This tool gives everyone the opportunity to share and puts everyone on the same level, so participants feel comfortable. The learning circle is a very simple concept but is invaluable in knowing residents and creating home.

Learning Circle Activity

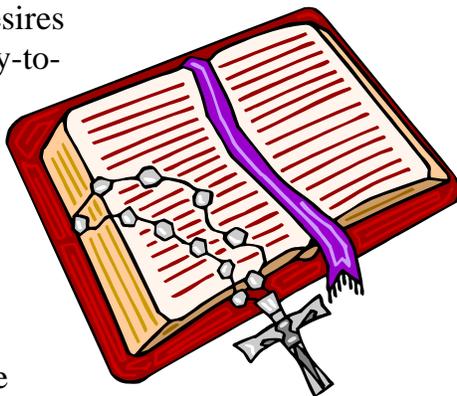
Using the instructions above form a learning circle. Make sure everyone in the group understands the rules. You might want to begin the learning circle with a question to help participants become better acquainted. For example, "If you could invite one person to a



dinner party who would it be and why?” The depth of this question depends on the level of comfort within the group. Now have the group answer the following question about the activity program. “What do you think the outcome will be when activities are individualized?” You may wish to add more questions depending upon the group’s discussion.

Think Outside the Box

One of the goals of this module consistent with all culture change principles is out of the box thinking. Persons providing meaningful activities within a nursing home environment, whether they be paid activity professionals, front-line staff, volunteers or others, have to think outside of the box! In homes with consistent staffing where relationships between caregivers and residents are strong, staff can begin to recognize the individual needs and desires related to day-to-day living within the resident community. In this environment traditional activities like Bingo and reminiscing become less significant, and a quiet moment for Bible study and prayer or preparation of a midnight snack become more so. In a culture change



environment unscripted moments, like reading a family letter or styling the resident’s hair, are recognized as activities and are therefore worthy of being recorded.

Connect the Dots Activity

- • • This activity is designed to encourage staff to think outside the box.
- • • Give each person a copy of the connect the dots worksheet located in Appendix
- • • C of this module. Ask them to connect all of the dots by drawing four straight lines. Tell them they cannot lift their pencil off of the paper or retrace any of the lines, but the lines may cross. Have them turn their paper over when they have finished. Allow 3-5 minutes for drawing.

Once the time is over ask if anyone has the solution. If not, show the solution located in Appendix C. Spend a few minutes discussing the activity.

Write down a few of the responses to the following questions, so they can be revisited if the concept needs to be refreshed in staff’s minds.

Why did most of us not think of going outside of the lines?



Why did we think we had to stay within the lines?

Discuss the importance of looking for solutions from outside the box. Note that when providing activity from an individual perspective there may be times the request does not fit within the box of the current environment. By thinking outside the box, we can find ways to bring residents what they want.

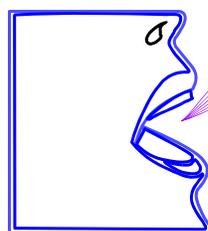
What are examples of times when out of the box thinking has improved the life of a resident in our home?

Same Old, Same Old

“Older adults who can acquire new leisure pursuits, strengthen involvement in existing ones, and adapt activities and equipment to sustain their involvements may enjoy longer periods of independence and happier lives.”

Mahon and Searle, 1994, p. 41

Many staff members have said that the “residents want the same few activities repeated throughout the week and are

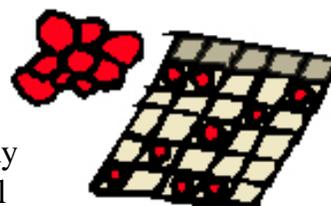


unwilling to try new things.” While

some residents may enjoy some of the standard

nursing home activities, like Bingo and sing along,

others may only be participating because the activity is widely available and a staple in the home’s culture. Mahon and Searle (1994) suggest there is a discrepancy between activities older adults like to engage in and what they are doing. A culture of activity conformity in a nursing home may cause residents to feel restricted by the home’s culture when they pursue leisure activities.



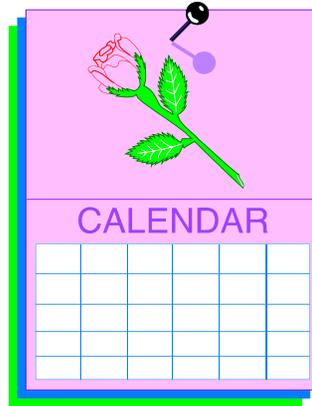
Calendar Analysis Activity

As elders enter or leave the home and interests change, the activity calendar should be changing also. Take a look at



your current activity calendar. Compare it with the oldest calendar you still have on file. Discuss the similarities and differences in the calendar.

What activity occurs most frequently on each calendar?



Does the calendar reflect the desires of the elders of the home?

Discuss strategies for making a calendar of activities that reflects the residents' desires in the home.

Mastering Something New

Residents who only want to participate in the standard types of activities or wish to be disengaged should be encouraged to

try new things. When residents say they are not interested in participating in an activity it may have more to do with their self-efficacy than it does not liking the activity. Rowe & Kahn (1998) suggest that building self-efficacy for an activity requires gradual engagement in the experience. In this process a resident begins at a comfortable level of involvement where he or she will be able to achieve success. After this level has been mastered the level of difficulty or involvement is slowly increased. During this increase the resident receives praise and encouragement. After the resident has mastered this new level, the cycle is repeated. In this way the increase in participation is so gradual and successful that the resident no longer feels overwhelmed or fears failing.



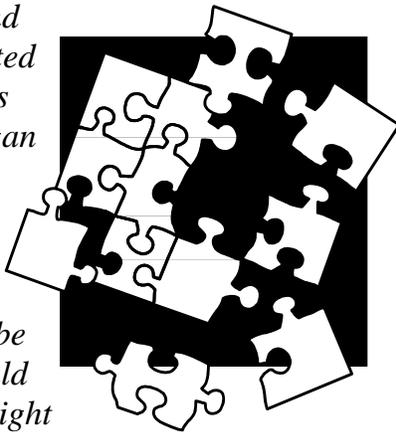


Case Study: Puzzling Out A Solution

(This is a true story, but the resident’s name has been changed to protect his identity.)

Randy, a resident at Medicalodge Post Acute Care Center in Kansas City, Kansas, never spoke to anyone. He only wanted to stay in his room and sleep. Knowing that Randy spent all his time alone, one of the activity staff members worried about his well being. She decided she was going to figure out what Randy really enjoyed. She began trying different activities with him during her “House Calls.”

After a great deal of trial and error, she took in a puzzle. Randy watched her and seemed interested in what she was doing. She began getting Randy to help by having only a few pieces that needed to be put in. He would try to find the right spots for those pieces.



When he put a piece in she praised him. Each time she left more pieces out until, eventually, he was putting the puzzles together from start to finish.

Now, Randy enjoys multiple activities and visits with staff. Since staff members developed a relationship with Randy and offered him encouragement and opportunities to succeed, he has come

out of his shell and is able to enjoy his leisure time.

Is there someone at your home who is isolating him/herself? Someone who does not seem engaged with the current activities offered?

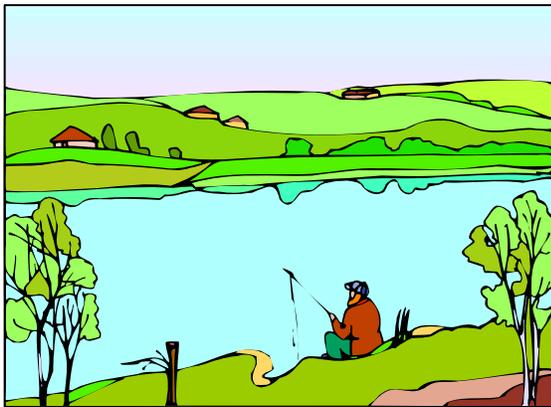
As a group, list possible intervention ideas for the resident identified above.

Discuss who could best facilitate the interaction. This could be someone who already has a relationship with the resident, a person with similar interests, or someone who is very passionate about improving the quality of life for this particular resident. It does not have to be an activity staff member; it could be anyone at your nursing home.



I'd Rather Be Fishing

Activities are of little value if they are not meeting the needs of the residents. Even the most exciting and creative activity loses its luster if the residents have no interest in participating. One resident might want to play golf while another may just want to spend the day at the local fishing hole or even watching old movies. Remember, what one resident finds enjoyable another might find miserable. Care must be taken to ensure that residents are not forced to participate in or disturbed by activities they do not enjoy.



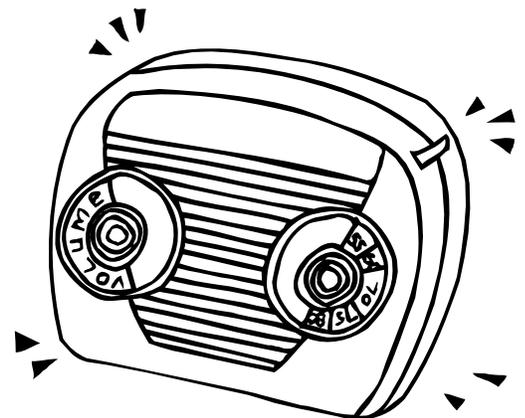
Case Study: Living to the Music

Mary never responded to anything going on around her. She just sat looking blankly out the window of her room. Staff members always brought Mary out to the living room for group activities, but she was never engaged. She just sat there, in her own world, waiting for time to pass. No one had ever heard Mary speak.



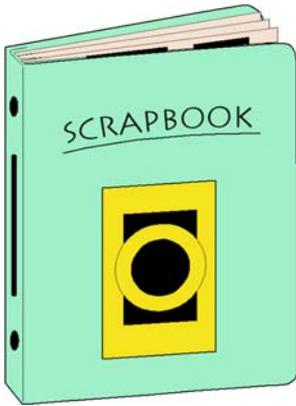
One day Mary was still in the living room when another resident's granddaughter began to play an old hymn on the piano. Out of nowhere Mary came to life and began to sing along. She knew all of the words and never missed a beat. She even moved her body with the rhythm of the music.

The activity director (AD) decided that Mary would be a wonderful candidate for music therapy. She pulled out all of the educational materials she had on the subject. One piece suggested playing music frequently around the resident to keep him or her engaged. The AD brought a radio into Mary's room and turned it on. Mary smiled as she swayed to the music.





There was one problem...Mary's suite mate Ida had never liked music. She always thought of it as noise. Having the radio playing in the room was so distracting that she could not even concentrate on her scrapbooking. Ida was glad to see Mary coming out of her shell but hated that her quiet retreat had turned noisy.



List a few options the AD has for making sure both residents are able to enjoy their leisure time and their private space.

When the individual needs of two or more residents are conflicting, how could you negotiate a positive outcome for all?



Why Are Activities So Important?

Older adults engaged in meaningful activities are more likely to have increased socialization, higher self-esteem and improved health outcomes (Clark-McGarth, 2004). The Kane research shown at the beginning of this module points to the power of activities in improving quality of life.

Activity Theory

The activity theory of aging is based on the idea that activity is the essence of life no matter a person's age. The theory also suggests any activity or role a person is forced or chooses to give up should be replaced with a new activity or role. This is where relationships come into play. Staff need to know residents in order to know what they have given up or lost. Without this knowledge staff cannot help the residents discover new activities or modify their current or former activities. When people stay active they are "more likely to have a positive self image, social integration, and satisfaction with life" (Hilliard and Barrow, 1999).

Case Study: Finding New Meaning

Prior to his accident Sam was a fireman. He spent his time away from work caring for his two children and playing softball in a league with a group of friends. Sam was very involved in church and the local community.

He never missed an opportunity to connect with others. Sam was in charge of the city recreation committee and coached soccer and softball.



Sam spoke frequently with local school children about fire safety. He was an avid fisherman and liked to cheer on his alma mater as president of the alumni chapter. Sam always had a large garden and took great pleasure in sharing the fruits of his labor with his friends and neighbors.

Now Sam spends his days in a wheelchair and has to have assistance with all of his ADLs. Sam is paralyzed from the neck down. Each day he becomes more angry and is withdrawing from his family and friends.

Discuss the roles that Sam has been forced to give up (ex. fireman).





What roles does Sam still have that have had to be modified (ex. father)?

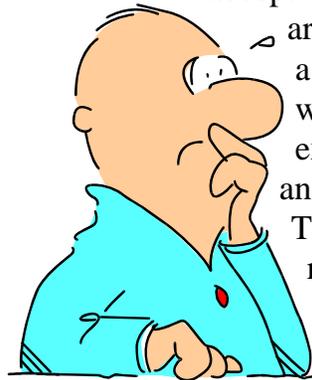
Using what you know about Sam, modify his former roles or think of some new roles and activities for him. List them here.

Adult Development Stage Theory

Activities are designed to be therapeutic in outcome. They can also serve as a vehicle for continuing development. Many of the activities discussed later in this module are integral parts of the adult development stages identified by Erik Erickson (1963). In his human development stage theory, he referenced two stages that take place in adulthood. The first is generativity v. stagnation. In this stage, adults are looking for opportunities to care for others and give something back to their society. If this stage is not properly satisfied, the adult will feel like he or she has not accomplished anything and will not be able to successfully move on to the next stage.

In the final developmental stage, ego

integrity v. despair, the elders will be reflecting on their lives and trying to accept what was. If they are not able to reach a point of fulfillment with their lives, they experience regret and discontentment. This will cause many to become fearful of their own death because they are not ready. By ensuring that the individual's activity program is meeting his or her needs the staff can help them to progress through the final stages of development.



Motivations for Activity

Motivations for older adults to be actively engaged include: offsetting monotony and boredom, developing social interaction and a sense of belonging, engaging in physical activity for health benefits, achieving personal enjoyment and satisfaction, and expressing creativity and talents (Clark-McGarth, 2004). These motivations may not be effective if the opportunities to satisfy them are not available. The role of an activity professional becomes much more complicated when trying to determine appropriate opportunities for each resident.





Individualizing activity programs is not only necessary to ensure residents are engaged in activities they enjoy, but it is also useful in establishing and maintaining resident autonomy. Leisure experiences where elders exercise choice and discretion, over time, build the feelings of personal control into personality (Coleman and Iso-Ahola, 1993). “Activities that induce higher levels of perceived freedom and intrinsic motivation are more likely to help people maintain a sense of internal control” (Coleman and Iso-Ahola, 1993 p. 13).



Types of Activities

There are numerous activities to consider for elders. The following pages are a description of the main activity types, some research on their effects, and a few ideas from other nursing homes about how to implement them. While each type is important, it is necessary to have a variety, so elders have a well-rounded activity experience. Wang, Karp, Winblad, and Fratiglioni (2002) suggest living a stimulating life that includes educational, creative, and interactive opportunities may provide protective

benefits against the development of dementia. For some residents, one type may be more important than another. Many activities will contain elements of several different types of activities. This makes it possible to provide many options for each type.

Physical

It is possible that many people with mobility issues living in nursing homes are there because of the cultural and social expectations about what it means to age. One of the most powerful of these expectations is that as persons age they will lose physical abilities needed to be functional. In truth, while declines are normal and inevitable, loss to the point of disability is not.

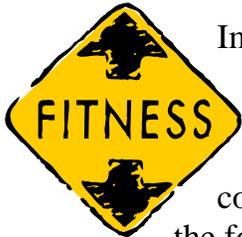
In the early 1990's a study was conducted in a nursing home with nine residents over the age of 90 (Fiataronne, et al., 1990). For eight weeks the participants exercised leg muscles with heavy weights. At the end of the study, leg strength had increased by an average of 173%.

Perhaps more significantly, functional ability improved to the point that two men stopped using walking aides and another found himself able to get up and go to the bathroom unaided.





The results of this study prove not only that lost leg strength can be recovered but that some of it should not have been lost in the first place. It validated an earlier researcher's claim that loss of strength was not due to overuse but to disuse (Bortz, 1982).



Improvements in strength are not the only valued outcomes from physical activity for older people. Many studies have been conducted that show reduction in the following (Haber, 2003):

- *Heart disease
- *Diabetes
- *High blood pressure
- *Colon cancer
- *Depression
- *Anxiety
- *Excess weight
- *Falling
- *Bone thinning
- *Muscle wasting
- *Joint pain
- *Incontinence

Greater results will be seen with greater input, but any physical activity will have benefits. Few nursing homes have implemented weight training programs. Those who have, have seen tremendous results.

Asbury Park in Newton, Kansas utilizes Nautilus equipment in the *Freedom through Functionality* program. Residents work with trained rehabilitation and therapy staff on a variety of machines. Residents have

seen improvement in strength, coordination, and stability which leads to more independence. Since the beginning of the program in 2001, the number of participants has doubled. There are many success stories from the program. One of the most powerful is a gentleman who came into Asbury Park wheelchair-bound and took part in the *Freedom through Functionality* program, along with other multi-disciplinary interventions. He went back home walking without assistance. One resident has a friendly competition with her son to see who is lifting more weight. Other residents have maxed out on the machines. Staff members and residents at Asbury Park are thrilled with the program's results.

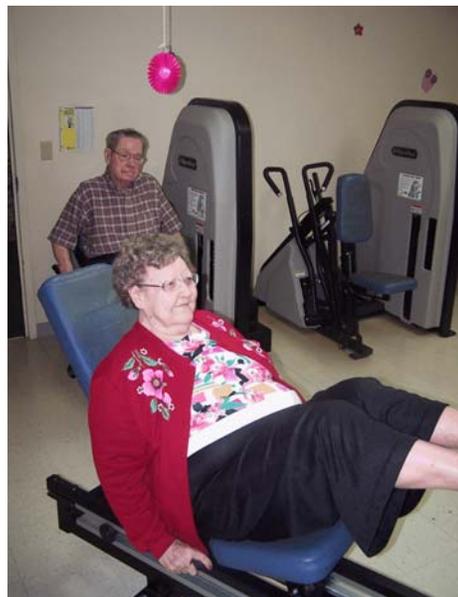


Photo Courtesy of Asbury Park.

Another way to help maintain the residents' functional ability is to hire more aides who have restorative training or pay for the training of existing aides.



Building physical activity into a resident's daily life is a goal of the restorative program.

Additional information about physical activity will be included in a later module.

- Residents at Village Manor in Abilene, Kansas can be found playing noodle ball on a regular basis. For this game, residents are given a swimming pool noodle cut in half. A balloon is tossed into the circle, and residents swing the noodles to hit the balloon around in the circle. Multiple balloons can be played at once, but residents say that's when it gets wild. Residents also caution that balloons pop and some people scream! Many said they have so much fun they forget they are exercising.



Photo courtesy of Village Manor.

- Life Care Center of Seneca, Kansas has a chair aerobics class twice a week. Residents can be seen kicking up their feet and breaking a sweat alongside members of the local community. The combination of physical activity and interaction with the community makes chair aerobics a fun event for all. This class is led by a local volunteer who is an exercise physiologist. Word of mouth has grown the group to about 35 participants at each class. Some residents at Life Care Center like the exercise; others join in just to visit and watch.

Social

It has been said that relationships make life worth living. In order to foster relationships, outlets for socialization must be provided. Social support in an elders'



environments is beneficial to their overall health because social interaction can be used to process negative events experienced (Tremethick, 1997). Elders may be experiencing many losses and having outlets to connect with others can compensate for these losses. Giving elders an environment rich in socialization not only fosters new relationships but also nurtures existing ones.

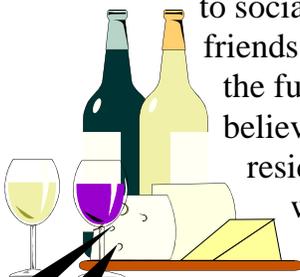


Just because an elder is in the nursing home surrounded by other residents and staff does not mean that he or she is not feeling isolated and lonely. In order to overcome the sense of loneliness, Weiss (1974) suggests that relationships are needed to provide attachment, social integration, opportunity for nurturance and reassurance of worth. Social activity does not have to be parties or large group gatherings. Simply setting up time and quiet places for individuals to visit or make a phone call to an old friend provides needed and beneficial social contacts.

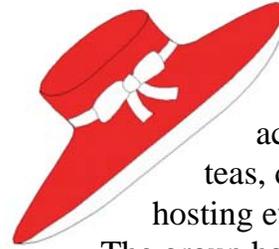


- Meadowlark Hills in Manhattan, Kansas hosts wine and cheese parties every Friday. These mixers give residents the opportunity to sample fine wine and cheese as well as catch up with friends. To keep the event fresh they change the menu by adding Mexican food and margaritas, beer and hot dogs, Italian food and red wine, or fresh fruit and daiquiris. No matter what the menu, they enjoy an afternoon of food, fun, and friends. This activity sets up a wonderful environment for residents

to socialize. Family and friends are invited to join in the fun. Meadowlark also believes they have some residents who keep their weight up due to this event.



- At Medicalodge in Wichita, Kansas several ladies are members of the Red Hat Society. The ladies meet on a regular basis to enjoy the friendship



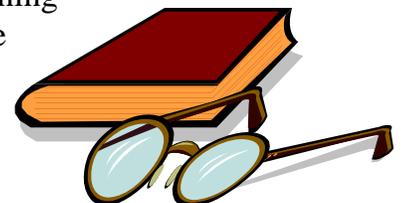
and fun that goes along with the group. The group has many social activities including teas, dinners out, and hosting events at the facility.

The group has even enjoyed a trip to the dog tracks. Several other nursing homes also have Red Hat Societies, and all report that residents benefit from the comradery that exists within the groups.

- The men at Medicalodge in Wichita, Kansas are not left out. They have a group that meets weekly to watch sports on TV. They watch any type they can find and pig out on “sports” foods. No matter whose team wins or loses everyone enjoys the male bonding. The evenings get wild when Wichita State University is playing!

Intellectual

It has been said that you cannot teach an old dog new tricks; so, why bother providing intellectual stimulation to residents? The truth is elders are still very capable of learning and want to exercise their brains. As the brain ages, declines are seen in how





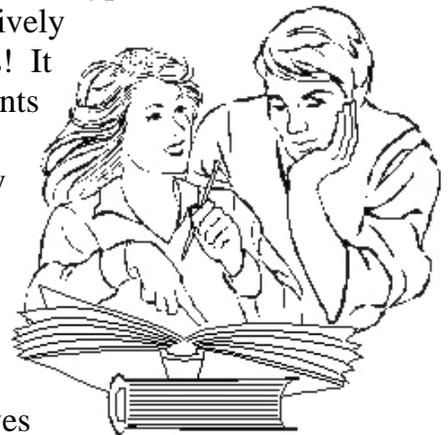
quickly an individual can process information, and there is a reduction in explicit memory. This type of memory involves the “intention to remember, and the subsequent ability to recall a specific name, number, or location on demand” (Rowe & Kahn, 1998, p. 131). This does not mean that the older brain cannot learn. It instead means that in order to teach elders new things, the way the teaching is done needs to be modified. According to *Successful Aging* (Rowe & Kahn 1998), older adults need a different type of environment for learning. They need to work at their own pace, have a chance to practice new skills, and not have to keep up with younger people to allow them to avoid embarrassment. While intellectual stimulation for some may involve learning something completely new, for others it may be about keeping the knowledge they already have. It has been said that a person must use it or lose it. This seems to be true when it comes to the human brain.

- The FFA is going strong at Schowalter Villa in Hesston, Kansas. Since many residents are “Former Farmers of America” a group was formed to keep members in the loop with farming. They meet regularly to enjoy a van tour to observe the harvest, evaluate the crops, visit farming operations or learn from speakers like the director of the Kansas State University Research Farm located near Schowalter Villa. Local farmers come visit and share



information about their farming operations and educate the members about new technology and products. There have been many advances in farming, but any old farmer will tell you, “Once a farmer, always a farmer!”

- Meadowlark Hills in Manhattan, Kansas is home to a Kansas State University class in adult development. Residents enrolled in the course work side by side students to learn the theories of aging, dispel myths and stereotypes, and engage in lively discussions! It gives students the opportunity to learn from those who have experience with later life and gives the elder an opportunity to share their wisdom.





Spiritual

When reading about spirituality, one may think immediately of religion. While religion is a component of spirituality there is more to it. Spirituality is defined as “personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than the self” (Reed 1992, p. 339). Many individuals express their spirituality through organized or individualized religious activities. A study by Touhy (2001) found that spirituality in institutionalized elderly was the only factor that predicted hope. In order for residents to live with a high level of wellness and wholeness, it is necessary to provide support for the spiritual dimension of each person (Leetun, 1996). Spiritual needs of individuals may include the need to give and receive love, have a meaning or purpose for life, hope for tomorrow and personal reflection. “There may be no greater goal of caring for elders than helping the person see a life well lived and meaningful to themselves and others, thus providing hope that life’s journey was not in vain” (Touhy, 2001, p. 14).

People will nurture their spirit in a variety of ways. For some a visit with a friend or a quiet moment to watch the birds will provide



rejuvenation while others may want to reminisce

or become involved in a cause. It has been suggested that intergenerational activities, pet therapy, and horticulture therapy (which we will explore later in this module) may be options for nurturing the human spirit because they give residents something to care for and a sense of being needed (Touhy, 2001). No matter how residents choose to nurture their spirit, they must be given the autonomy to do so in the manner they deem most valuable.

Most nursing homes offer religious activities and should continue to provide these services.



Touhy (2001) found that attending the nursing home church services was important to many. Participants did note they had trouble seeing the service materials. Since many residents have vision or hearing impairments, religious services should offer large print reading and music materials, and speakers need to be loud enough for all to enjoy.

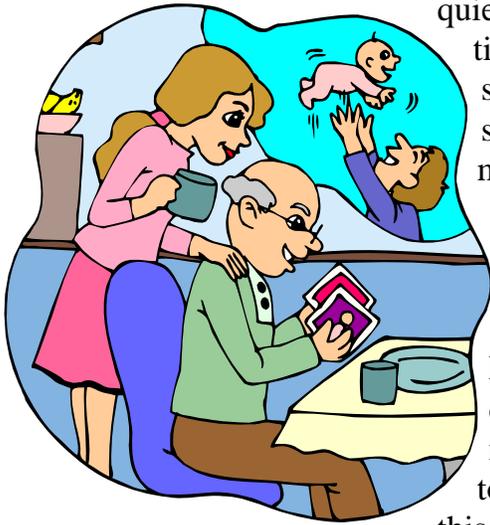
For many years, reminiscence has been widely used as an activity in nursing homes. Residents typically sit in a circle, and a topic is given to begin the discussion. While this activity does have merit, some residents may not feel comfortable sharing their experiences



with others or may wish to focus on something entirely different than the group. For many elders, this is the time in their lives when they may need to work through unfinished business with self, family, and/or friends. Providing opportunities for one on one interaction,

quiet personal time, or spontaneous sharing may be more beneficial than setting up specific times for group reminiscence. Many activity directors are now working to incorporate this reflection into

all activity instead of having it stand alone.



- Residents at Medicalodge Post Acute Care Center in Kansas City, Kansas enjoy activities that nurture the mind, body and soul. They have access to massage therapists daily and can enjoy a weekly Tai-Chi experience. Tai-Chi is an ancient Chinese discipline currently used for the therapeutic benefits of reducing stress, promoting balance and flexibility as well as helping to ease arthritis pain. Every Monday, residents gather for Al's Tai-Chi class to integrate their mind, body and spirit. Residents are led through slow, rhythmic motions with a focus

on breathing to connect them with their energy within. In addition to a workout the class offers reflection, intellectual stimulation and some good laughs. Some in the group are even learning to speak a little Chinese. When an elder in the class was asked what she enjoys most about Tai-Chi, she enthusiastically replied, "Everything!"



Photos courtesy of Stephanie Gfeller

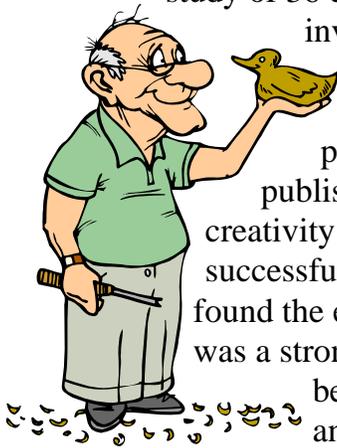


Creative

“Creativity is important throughout one’s whole life. If you’re creative, you’re able to approach problems that arise with greater success and, as a result, will be happier.”

-61 year old study participant
(Fisher and Specht, 1999)

Fisher and Specht (1999) conducted a study of 36 elders who were involved with artwork.

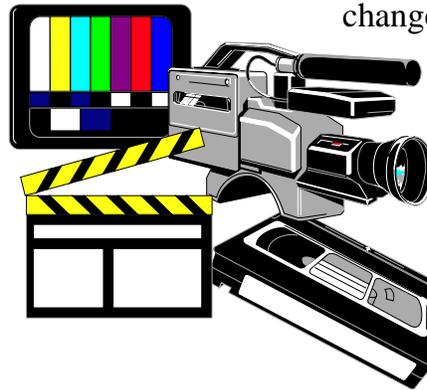


The study compared the responses of the participants with published literature on creativity’s impact on successful aging. The study found the elders did feel there was a strong connection between being creative and aging successfully

just as previous research noted. The study participants explained the link through interview responses. Their responses noted the ability to cope, keeping active or staying involved, and personal growth as the main reasons for the correlation between successful aging and creativity. By giving residents the opportunity to continue nourishing their creativity, successful aging is fostered.

Creativity is often discussed as “big C” and “little c”. The “big C” is the type of creativity that has an effect on a great number of people like a society or

culture. An example of this would be the creation of television. This



changed the way the entire world receives information. The other category, “little c,” is the type of creativity that affects

individuals on a smaller scale (Cohen, 2001). This effect could be experienced by an individual or a small group. Older adults are typically working in “little c.” Many people do not think that they are creative because they see creativity as producing major works of art or solving problems on a global scale. They should be made aware that if it has an impact on them personally or anyone else it is creative.

When creative activities are mentioned the first thing that comes to mind is craft projects. Most of the crafts are probably kits that the residents put together. While craft projects can be a creative activity, Barrett (1993, p. 134) cautions, “Crafts in this sense are merely exercises in technique and production rather than art experiences which result in work expressive of the individual.”

Nursing homes need to provide opportunities that truly allow residents to tap into their creativity. There are many other creative outlets to explore such as



music, dancing, photography, writing, drama, textiles, painting, cooking, gardening, and drawing. Checking with the local arts council or group is a wonderful way to find out what creative activities and talents are available in the community. Many artists are willing to teach classes or lead discussion groups.



While some residents will enjoy active participation in these activities, it is important to remember that creativity can also be tapped through the enjoyment of the work of others. Also, the types of creative endeavors listed above focus on the artistic side of creativity, but there are forms of creativity that are not artistic in nature like problem solving, self-exploration, and brainstorming. With creativity there does not have to be a product except the experience itself.



- At Montgomery Place in Chicago, each month residents read and produce a different play. A resident chooses the play, sets up casting calls, casts roles and is in charge of rehearsals. When the play is ready the activity staff advertises the show. Residents, family and friends come to see the performance. One show led to puppet making and an idea to do

puppet shows for children (Hoban, 2003). While some residents might enjoy being in the spotlight as actors, others may prefer to help with show preparation or just enjoy an afternoon of theater.

- At Larksfield Place in Wichita, Kansas everyone looks forward to the Fall Fashion show. Working with a local boutique, residents choose an outfit from the latest fashions. The residents then strut their stuff on the runway during a fashion show for other residents and family members. Many use this as an opportunity to see what is new and add pieces to their wardrobe.
- In conjunction with KAHSA's *Art of the Ages* program many nursing homes in the state have begun offering art classes for residents. These include: a clay pot making class at Fort Scott Presbyterian Village in Fort Scott, Kansas, an oil painting class at Village Manor in Abilene, Kansas, and a weekly watercolor painting class at Newton Manor in Newton, Kansas (KAHSA Focus, 2006).

Community

Many elders have been very involved in the community prior to entering a nursing home. Just because individuals are in a nursing home does not mean that they lose their desire to be involved. Erickson's (1963) stage of generativity involves giving back to the community.



Creating opportunities for residents to maintain connections and obligations to community groups ensures that they have a positive well-being. According to Rowe & Kahn (1998), the frequency of attending organization meetings is one of the two strongest predictors of well-being. The other is the frequency of visits by friends.

- The Cedars in McPhearson, Kansas hosted a fall festival for the community to enjoy.

Community members showed up, many in costume, ready for trick-or-treating, bobbing for apples,



hayrack rides, pumpkin carving, and food. The event focused on having fun while teaching parents and children a little more about safety. The police department presented Stranger Danger. The Red Cross was on hand to give parents literature on child safety.

The McPherson Saddle Club joined in the fun by giving horseback rides and teaching the children animal safety. According to staff at The Cedars the event was such a success that they are planning to do it again.



Kansas the Wellness Center is a vital part of the community. Everyone benefits from the center including residents, staff, community members and Hesston Community College students. The Wellness Center focuses on community health and works with other organizations in the community to provide wellness programs, exercise classes, physical therapy, massages, art classes and special events. Those utilizing the center enjoy its amenities including a swimming pool, exercise rooms, jacuzzi, pool tables, indoor and outdoor walking paths, library and more. The Wellness Center serves to link those living at Schowalter Villa with the rest of the community.

- At Schowalter Villa in Hesston,



Ideas by Type Activity:

Now that you are familiar with the different activity types take a moment to think of one resident. Using the space below and thinking of that elder, brainstorm activity ideas for each type. The activities could be done individually or in a group. While many of your activities will overlap into multiple categories, please think of a different activity for each category.

Physical Activity:

Social Activity:

Intellectual Activity:

Spiritual Activity:

Creative Activity:



Community Activity:

One way to use this information is to develop a set of file cards, like the one below, that could be filed under each of the categories. The cards could list the activity, the equipment or materials required for the activity, whether it should be performed as a group or individual activity, the amount of time necessary, the procedure, and the expected outcomes. With such a system, volunteers and other staff could provide activities for residents and make the activity professional's role more of a resource person. This would also free time for the activity staff to focus on relationship building and individual activities.

Activity: Noodle Ball

Type: Physical

Number of participants: 5 plus (can make multiple circles if necessary)

Supplies: 1 noodle per person, balloons

Set up: Participants need to be in a circle.

Time necessary: About 30 minutes

Participants: Anyone

Outcomes: Physical exercise, hand eye coordination, conversation, fun

Directions: Form a circle of chairs for participants. Have those in wheelchairs come and join the circle. Hand out a noodle to each person. Toss a balloon into the air. Participants will swing their noodle and hit the balloon. The facilitator will have to be ready to run and grab balloons that are hit out of the circle.

Add ons:

1. Include music in the background and have participants hit the balloon to the beat of the music.
2. Have more than one balloon going at a time.
3. Have participants hit the balloon to a specific person.



The Role of the Activity Director

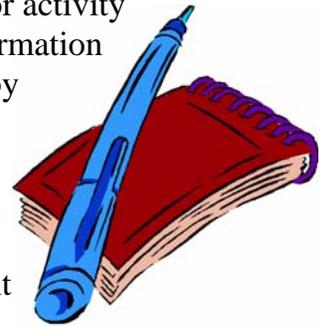
While it is still necessary (and important) to have a certified activity professional, various individuals including activity staff will be facilitating activities in a culture change home, so the role of the activity director will change. The activity staff will play a vital role to ensure that residents' history and preferences are known and utilized in care planning. The activity person will also become a teacher for other staff members. The individualized care plans will be much more useful than cookie cutter plans. They will also need to monitor the resident activity plans to make sure that the appropriate adaptations are made for residents' needs and abilities.

Activity staff will still be engaged with the elders in activity, but with the new format they will have more hands to help out. Many people are employed by nursing homes to care for the physical needs of the elders. Fewer are there specifically to provide for the social, emotional, and spiritual needs. Once activity programs are individualized and the activity director becomes a resource person, the number of staff able to provide for all of the needs of residents increases dramatically. Everyone will reap the benefits.

Activities in a culture change nursing home will take many forms; they could possibly even include household chores

like dusting and laundry. It is necessary for the activities taking place to be documented.

Individuals other than activity professionals who will be involved in activities need to be trained to locate and read individual activity plans, implement activities, assess residents and activities, fulfill activity requirements and provide information that is needed for documentation. One way for activity professionals to gather information about activities facilitated by other staff or volunteers might be to put a notepad in the residents' rooms. Each time a caregiver or volunteer engages a resident in an activity they could jot down a quick note to let the activity staff know all of the necessary information like a description of the activity, its duration and the resident's level of participation. The notebook could even contain a blank copy of the activity log. Activity staff could then use the notebook to transfer information to their logs. Another option would be to include a detailed activity log sheet in the chart, so staff members could chart activity along with the other information.



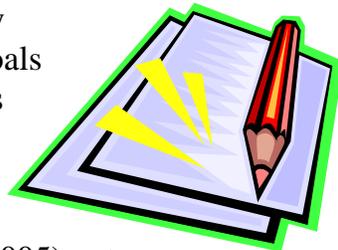
Regulations and Activity

How is this new style of activities affected by regulations? The type of activity program described in this module goes hand-in-hand with regulatory requirements. Regulations



state the “**facility** must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial well-being of **each resident**”(CMS, 2006, p. 2). The key to meeting activity regulations is having the program center around the preferences and choices of each resident.

Regulation requires that the activity programs of residents be individualized based on resident interests and needs identified in a comprehensive assessment (CMS, 2006). Regulations also require that the preferences of the resident, necessary adaptations, the goals and the time tables for activity are documented in the resident care plan. Bowman (2005) notes that goals are typically based on the number of activities a person should attend because it is easily measurable. “The time has come, however, for us to make more meaningful goals and focus on a person’s highest practicable level of well-being” (Bowman, 2005, p.16).

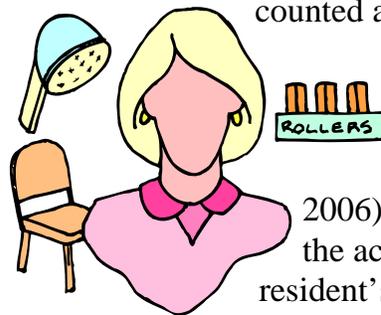


Regulations specify that providing activities is the role of the entire facility not just the activity department. This means that activities can be led by other staff members, family members, and volunteers as well as activity staff. By providing activity led by other persons, the facility, as a whole, is following

guidelines and working toward improvement in resident quality of life. For the entire staff to take part in activities, the entire staff must know the residents well. The only way to provide meaningful, individualized activity that produces desired outcomes is to know a person’s expectations and what is meaningful to him/her.

What about documentation? With a variety of staff members leading activities it is necessary to offer training, so all staff members know the home’s system for documenting activities. Since regulations do not require a certain type of documentation, staff can create a system that works best for the home or each resident. A few things to consider when training staff members include the following:

- Routine ADL activities cannot be counted as an activity unless expanded into something greater (CMS, 2006). For example, the act of combing a resident’s hair on its own is not an activity, but by combing and doing a beauty shop-type style of the hair it is an activity that is documentable.
- Activities do not have to last a certain length of time in order to be documented. Guidance to surveyors on the activity regulations suggests





“activities be based on attention span”(CMS, 2006 p.7).

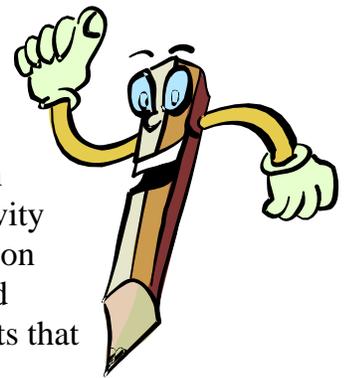
- Residents should be engaged in the activity. Sleeping during any activity, even if it is typically enjoyed by the resident is not being engaged, and, therefore, at that point in time the activity is not providing meaningful activity to the resident.

What are surveyors looking for when they review the activity program? CMS (2006) offers the following to determine compliance in the activity department:

- Surveyors will look at the assessment of a resident and the plan of care and observe the activity taking place. Surveyors will be checking to see if the assessment of the resident is detailed enough to provide a true picture of the resident’s needs and preferences. The plan of care should reflect the knowledge of the resident gathered on the assessment. The plan should state types of activities the resident enjoys, offer goals for participation in preferred activities, detail approaches (ex. How will resident get to activity?), document participation, and be revised as necessary.
- Surveyors will also interview a resident and possibly his/her family members to determine if the resident feels like his/her needs are being met. Surveyors will also interview staff

members to see how well the resident and his/her preferences and needs are known. The staff interview is used to determine the level of involvement staff has with activities.

A new *Guidance to Surveyors* has recently been released. This document contains a wealth of information on the interpretation of activity regulations, information on how to be compliant, and interventions for residents that need adaptations or have impairments. This can be accessed as a text document from the Centers for Medicare and Medicaid website at www.cms.hhs.gov, or CMS has a internet streaming webcast titled *Nursing Home Journal Volume III: Surveying the Activities Requirements- Introduction of New Activities Guidelines* available at www.cms.internetstreaming.com.



Case Study: Meeting Needs

In his get-to-know interview James tells staff members he likes to spend time reading, fishing, and playing cards. James also enjoys woodworking. He tells the staff members he has never really felt comfortable in group activities. While reading through his plan of care, the surveyor notices the plan shows James will attend preferred subject activities, like book club, wood shop and the fishing trip, but all are group activities. During the interview phase of survey, she questions James about the type of activities in which he



participates. He tells her that while the group activities are related to things he enjoys, he is uncomfortable in the groups and wishes he could have time to engage in the same type of activities either by himself or with just a few friends.

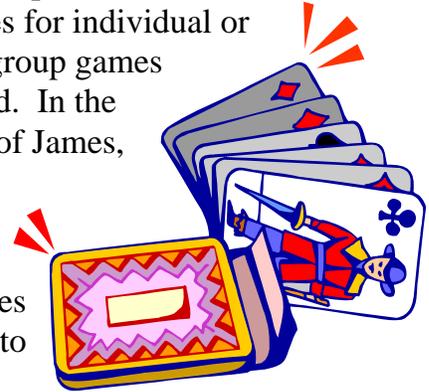
Is the facility in compliance with regulations?

Identify the areas where the home is compliant.

Now, identify the areas where the home is non-compliant.

While the home has identified his preferences for types of activity and incorporated them into the care plan, the preferred group size has been overlooked; therefore, the home is not meeting James's activity needs. Residents can and should be given time to pursue individual activities or have alone time for reflection if they so desire. Some activities, like cards, seem best

done in a group format, but opportunities for individual or very small group games can be found. In the assessment of James, staff should have asked what type of card games James likes to play.



Keeping Their Favorites Going

As people age they may begin to lose some of their abilities. When certain abilities are lost it can make engaging in once-loved activities very difficult. The Selective Optimization with Compensation (SOC) model explains the compensation necessary for elders to continue with an activity they enjoy (Baltes & Baltes, 1990). The selection component of the model suggests that elders choose a few activities that are of the most importance to them. They may reduce participation in other activities or give them up completely. Compensation requires the elder to look at how they perform a task and identify adaptations that could be of assistance. The third and final part of the model is optimization. This is focusing on the strengths they still possess. The nursing home environment should be set up to facilitate activity even when adaptations are needed. Working through the SOC model would be an effective way to find activities the residents consider most meaningful and explore the ways they



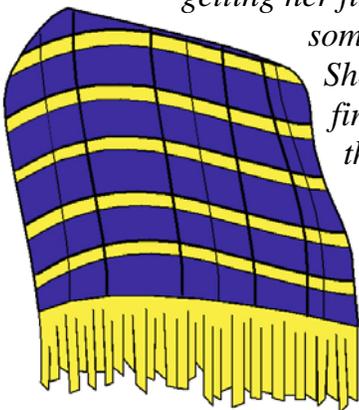
are still able to be successful at the task.

Case Study

Mary had always loved to sew, knit and crochet. She had recently given them up and felt very empty as she sat to watch TV in the evening. While brushing Mary's hair one evening Betty, her caregiver, asked why she did not make anything anymore. Mary replied that she was no longer able to do those things. Betty wanted to find a way to get Mary busy working on her handy work again. She began by asking Mary which was her favorite. Mary replied that she had always had a fondness for crocheting because her grandmother taught her, and she really liked making afghans to give to friends and family.



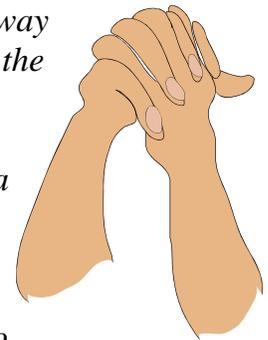
As they were visiting about crocheting, Mary mentioned that she had trouble getting her fingers to bend to do some of the stitches.



She also had trouble finding the edges of the strips to connect them. Betty also enjoyed crocheting and asked what stitches were hard to do. Mary told her, and they began to discuss the stitches that were not difficult. Mary listed several stitches she was still very good at doing. Betty pointed out that

Mary could make an afghan using only the stitches she did well.

Since Mary had trouble seeing the edges to connect the pieces Betty visited with Mary about what colors she did see well. They decided that Mary should make the afghan using two very contrasting colors. This way she would be able to find the edges of the strips and connect them. Betty told Mary that she would get a larger crochet hook for her to begin using. They also talked about the types of exercises Mary to could do to improve her dexterity.



What was the selection component for Mary's activities?

How did Betty help Mary optimize her activity?

What compensations will Mary make to help her continue her activities?



hobbies, jobs, and preferences of elders has been discussed, now it is important to look at creating new ones. Residents will need encouragement, support, and training as they explore new hobbies. The level and type of support each elder needs will depend on the day and the activity.

Betty helped Mary think about her activities and choose the craft she enjoyed most as the selection component. By pointing out that the activity could be completed using what Mary can still do, Betty helped Mary to optimize her activity. By looking at solutions such as using contrasting colors and doing dexterity exercises to help Mary continue crocheting, Betty and Mary used the compensation component of the SOC model.



SOC Activity

In this activity you will rewrite the activity portion of a care plan using SOC. Identify a resident who would benefit from SOC. Working with the elder and his/her family, determine various activities the elder would like to continue. Now use the SOC method to identify those activities of most importance, create adaptations and identify the elder's strengths. Place this information in the elder's care plan so all caregivers have access.

Learning about the past and current