Pioneering Change

Activities for Residents with Dementia 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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Information provided on specific nursing homes was obtained through interviews with staff members and the print version of this information was approved by same prior to publishing. Information was accurate at the time of publication. There are no guarantees that the nursing home or program will be exactly as described at any time later than the date of publication of this document. Mention of particular services, methods of operation or products does not constitute an endorsement, but are to be used for informational purposes only. Opinions expressed by individuals in this document do not necessarily represent the opinion of the KSU Center on Aging, the Kansas Department on Aging, or the Kansas Department of Social & Rehabilitation Services.

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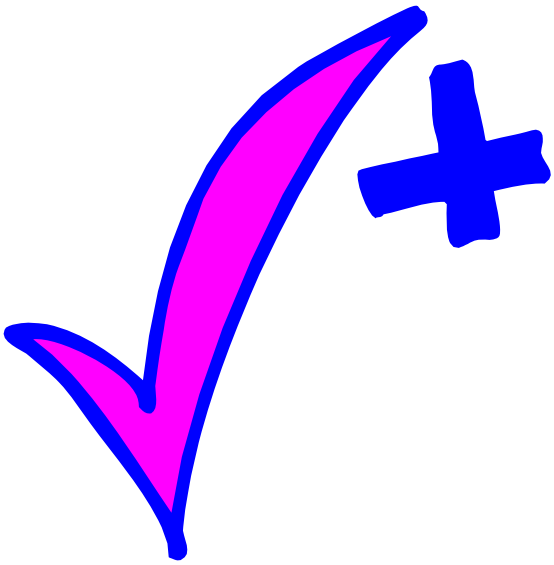
ACTIVITIES FOR RESIDENTS WITH DEMENTIA

Course Objectives

1.) To develop an understanding of the importance of meaningful activity for people with dementia.

2.) To create an awareness of the needs of people with dementia and how meaningful activity can help fulfill these needs.

3.) To demonstrate the outcomes related to various activity programs.



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. Some questions may have more than one answer.

1. Snozelen is a program designed to stimulate the senses by incorporating all of the following except:
   a. music
   b. lighting
   c. fire
   d. textures

2. Psychological needs of residents with dementia include:
   a. money
   b. fame
   c. security
   d. social connectedness

3. Pacing, rocking back and forth, tugging on clothing, and physical aggression may indicate the resident has unmet needs.
   a. True
   b. False

4. Which of the follow statements about the disruptive behaviors displayed by residents is true?
   a. Disruptive behaviors are entirely caused by dementia
   b. Disruptive behaviors may be signals of unmet needs or boredom
   c. Disruptive behaviors may be reduced through meaningful activity
   d. Disruptive behaviors should be ignored and will go away

5. Which of the following is not an example of a potentially harmful resident staff interaction?
   a. ignoring
   b. mocking
   c. prompting
   d. restraining

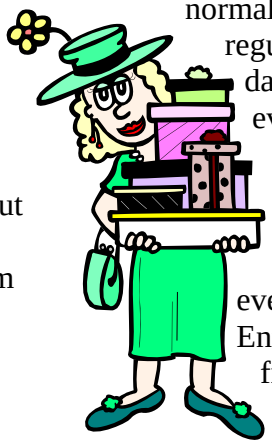
Answers Found on Page **34**

Introduction

Case Study: The Court at Overland Park

"Mary, can you say the alphabet backwards?" "ZYX....." Mary replied before the rest of us in the room could even think about where to start. As residents sat in the community room reciting poetry, playing the piano, singing and reminiscing about the various facets of 1958, the interaction that occurred between the residents and their interest and enjoyment of the activity was amazing. Upon completion of a dazzling rendition of Summer Time, residents applauded Jane and talked about her beautiful voice and her experiences as a singer. Residents asked one another questions and carried on complete conversations without any participation of staff. Looking around the room filled with about 20 residents, only one or two were not focused on what was taking place in the room. The activity director was there to provide direction, topics, prompts and a lot of praise as residents shared answers and stories. She asked residents questions about their families, their careers, and their hobbies. She seemed to be reminding them of moments in their lives they really enjoyed.

The activity program at The Court at Overland Park, an Emeritus Assisted Living Community, is structured and residents are engaged in a variety of activities throughout the day. Activities begin after breakfast and continue throughout the day. One of the care goals at The Court is to have residents engaged and out of their rooms the majority of each day. The activities include reminiscing, exercise, music, art, gardening, and poetry. Activities are centered around the long-term memory of residents and are provided in the same format each day because staff members feel the residents do better when they have consistency. Residents are so familiar with the daily routines that they prompt one another and ask questions about the day's activities. Staff attribute the resident engagement to knowledge of each resident as an individual, and using that knowledge to draw out residents during interactions. The activities are primarily conducted in a community room with a large group of residents. There are also one-on-one and small groups for those whose needs are better served by this programming. Staff feel keeping residents connected with their families and the community is essential for keeping normalcy in their lives. In addition to regular visits, family BBQ's, parties, dances, and open houses are a few events family members look forward to attending. Residents take weekly trips to eat at local restaurants and can be found shopping and at community events all over the Kansas City area. Entertainers, as well as volunteers from the community are in the home frequently making cookies, singing, teaching or visiting. On a recent visit to The Court at Overland Park, a PEAK-Ed staff member had the opportunity to join a group of 10 for lunch at a local restaurant. Residents looked over the menu and decided what to order. A few residents created a lot of conversation by trying the hot peppers on their sandwiches! Conversation and laughter filled the area as



the residents enjoyed good food, friends and conversation.

On the first visit to The Court at Overland Park in Kansas, one is amazed by the level of engagement of the residents both with one another and the activity. It even leads one to question if these residents have dementia. The Court at Overland Park is a memory care community offering residents an assisted living environment. Residents vary widely in age and ability. They have various forms of dementia, many are in the advanced stages. While these residents do not have some of the physical health care needs that those in skilled nursing have, the need and ability to be engaged is the same.

***Names have been changed to protect the resident's identity.*

While many nursing homes have special care units designated for those with dementia, the reality is that an estimated 50% of nursing home residents have dementia (Hebert et. al, 2003). Some suggest, based on experience, that this number is as high as 80% (Simard, 1999). Since so many of the individuals being cared for in nursing homes suffer from dementia, the need to understand the factors related to quality of life and meaningful activity for these individuals is a critical issue that goes beyond the "unit." All staff members must be prepared to provide for the psychosocial needs of these residents. "Providing opportunities for quality engagement and expression for individuals with dementia is vital in any setting involved in supporting their quality of life" (Huberty, 2006, p49).

Resident Needs

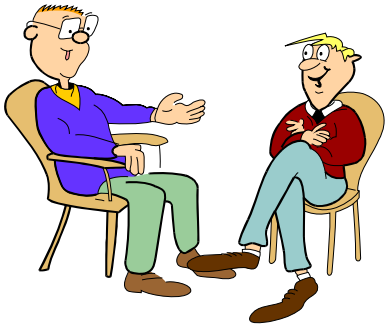
Many nursing homes have reported to PEAK about the difficulty in providing activities for residents with dementia because the residents become difficult to communicate with, combative, drowsy and disruptive. In order for staff members to provide for the psychosocial needs of residents, staff members first need to understand that these behaviors are not always a product of dementia. These behaviors may be the result of boredom, loneliness or lack of self-expression (Huberty, 2006). It has also been suggested that other behaviors, such as repetitive body movements, rubbing parts of the body, twisting items of clothing, rocking or pinching are forms of self-stimulation to maintain a person's psychological self (Kitwood, 1997). Nursing home residents spend 60-80% of the hours they are awake with nothing to do. Research has shown that this is the time that most of the disruptive behaviors occur (Cohen-Mansfield &Warner, 1998). Conversely, residents who have been engaged in meaningful activities have increased socialization, higher self-esteem and improved health outcomes (Clark-McGarth, 2004).

In the nursing home setting, the problems associated with residents who have dementia are often magnified because both the physical and social aspects of the environment may fail to provide the necessary support (Kitwood, 1997). When staff members begin to view resident behaviors as clues to the person's unmet need(s), staff members are in a position to discover ways to meet those needs, help the

resident thrive and make interactions with residents more meaningful. In order to begin to identify unmet needs, staff must first have an understanding of those needs. The psychological needs of people with dementia are similar to those of other individuals. They include: attachment, comfort, identity, occupation and inclusion (Kitwood, 1997). Dementia can make these needs more difficult to fulfill. All of these needs, which are described in further detail below, can be enhanced by meaningful activity.

Attachment is the human need to be connected to someone or something familiar. With dementia, people often feel like the environment around them is strange, giving them the need to be connected with someone. In the perspective of activity, this might include the same person frequently engaging in familiar tasks with the resident.

Jerry and Matt sit down every weekday morning to read the local newspaper. During this interaction they develop a friendship, and Jerry feels like he can count on Matt to be there for him. Jerry is happier because he has his morning routine back and has a connection with Matt.



Comfort can be looked at as a way to provide support for someone when they are in need. Building relationships with residents can be a source of comfort in their lives, and lets staff members know when the resident needs more support. By modifying activities to fit the needs of the resident, staff can provide the resident with an opportunity to continue to take part, also providing them with the security needed to feel comfortable after having lost some abilities.

One afternoon, Sara sat down with Gerri ready to engage in another checkers match. Gerri has always loved checkers. During the game, Gerri seems to be having trouble handling the pieces. She becomes upset and says she does not want to play anymore. Sara knows that Gerri really enjoys the game and does not want her to have to give it up, so she makes a larger game board and pieces so Gerri can grab and maneuver them more easily. When Sara asks Gerri to join her for another game she refuses, but after some encouragement and a preview of the modified game, Gerri decides to try again.

Identity is the knowledge of self as well as others' knowledge of us. When residents in the nursing home are not provided with activity that is individualized, their identity and what makes them special is lost to the routine of the home, causing the person to become institutionalized. While there may be changes in the person physically, most research indicates that there are few changes in personality. People are typically consistent across the lifespan even when compromised by dementia. To maintain resident identity, staff must know things about the resident's past and present, as well as be empathetic to their current situation.

When Hazel first arrived at Mountain View Manor she seemed lost. She wandered up and down the hallways like she was looking for something. Staff tried to engage her in a variety of activities, but she was not content. One day a lady came to visit Hazel. As she was leaving, one

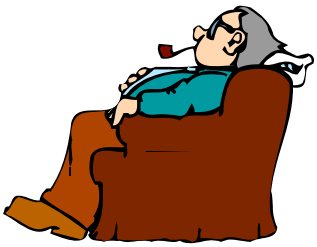
of the staff members stopped her and asked if she had any idea what Hazel might enjoy doing. The lady replied, "She was the school secretary where I used to teach and she liked being busy." During a team meeting staff members discussed the types of things Hazel might have done when she was a secretary. They decided she might enjoy typing or even helping a little in the business office. Hazel now spends a little time each week with the business office staff, working on an old typewriter that a staff member donated.

Occupation is not a job or career. It deals with finding something that is meaningful in a person's life and making sure they have opportunities to participate in this activity. When residents do not have this type of engagement they begin to lose self-esteem and become bored. In order for staff to provide for a resident's need for occupation, they must have knowledge of the person.

Carl spent his days napping in a chair. He had little interest in doing anything. As time progressed, he became more discontent. Some of the other residents thought he needed something to do. They invited Carl to join them when they fold napkins for dinner. He really enjoyed folding napkins and even took some back to his room to work on later. Carl may not always fold the napkins in a conventional way, but he takes great pride in seeing people use the napkins he folded. Carl has always enjoyed doing things to help others. This was his opportunity to do something for others.

Inclusion deals with the need to be in contact with others. As residents' disease processes take hold they are often slowly isolated from their social network. When residents are not provided opportunities for involvement they may pull away even more.

Peter spends most of his time in his room. He has trouble communicating and has to have help to get out of his room. Since he is difficult to move and does not interact well with the other residents, the staff have been doing one-on-ones with him in his room. Lately he seems to be avoiding eye contact with staff members and does not even acknowledge they are with him. After attending a training session, a staff member thinks that he could benefit from being around others. The staff member begins by bringing another gentleman who has a shared interest in fishing into his room to watch and discuss a fishing program on television. After a few interactions like this, the staff member begins to see a sparkle in his eye again. Now, he joins several of the groups related to his interests. He cannot communicate verbally, but his smiles and gestures show he is enjoying the interaction.



Meeting the Needs

"The primary basis for resident support is the focus on positive, nurturing care that will validate the resident as a worthy human being" (Hellen, 1992 p. 7). One nursing home administrator noted that as the home has progressed on its culture change journey and is applying person-centered care, a decline in the number of "slumpers" has been observed. He attributes this to

residents being engaged and involved. Residents can experience positive outcomes when their needs are met whether they have dementia or not. It is often more difficult to determine the needs of residents with dementia because of communication problems, but family members and friends are good sources of information on the pleasures and routines of these individuals. The information provided should be used as a supplement to the information received from the resident, not instead of it. The best way to gather information from residents is to take a genuine interest in developing a relationship with them. As the relationship deepens, so will the intimacy of the information shared. When seeking information from residents, remember that oral communication is not the only way. Body language is a powerful form of communication for those who have problems communicating verbally. Watching residents with dementia during activities will provide information on their level of engagement and interest.

According to nursing home staff members, a problem that often occurs is the activity and social service staff members have knowledge about residents gained from assessments or experience, but it is not shared with other staff members. To overcome this, the Dooley Center in Atchison, Kansas, has a write-up on each resident that all staff members are required to read and initial. The write-ups are the person's story and incorporate the social service and activity assessment information, and are always available for staff members to view. Staff members feel like they provide a real picture of the person, making it easier for staff to get to know each resident. A word of caution — information alone is not enough to meet the activity needs of residents. It is only useful if it is used. The key to activity is having a relationship and really knowing the person. This enables interactions to be genuine opportunities for the growth of both individuals.

Case Study-The Rest of the Story

Use the information shared in the following case study to answer the questions.
Staff members were looking for some new ways to engage some of the residents in Tall Grass household. While looking through the activity assessments, they noticed that two of the ladies said they liked cats.
List some activity ideas for these ladies.

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And now for “the rest of the story.” Upon visiting with the ladies and really getting to know them, one of the staff members learns that while they both like cats, their experiences and interactions with cats are very different. One resident grew up on a farm and always enjoyed playing with the kittens. She loves to sit and hold cats. She has fond memories of wrapping the kittens up in her baby blankets, snuggling them. She also remembers helping her father pour fresh milk and cat food into the pans for the cats each day. The second resident raised pure-breed Siamese cats, and traveled across the country showing them. Most recently, she was a well-respected cat judge.

Would these two residents who like cats find the same type of activity with cats meaningful?

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Now that you know "the rest of the story" brainstorm some ideas for each lady.

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Discuss other situations when knowing a little something about a person might not be enough to meet their emotional needs.

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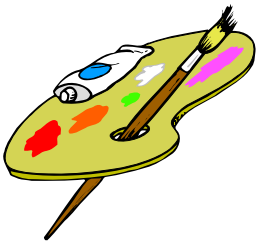
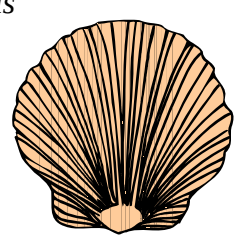
Individualize

While it is known that some abilities are lessened and lost to dementia, some questions exist related to whether or not people with dementia have personality changes. It has been suggested that personality does not change, but components that were always present become more magnified (Bell & McGregor, 1995). This indicates that people will enjoy the same types of things they have always enjoyed, but those things may need to be modified. Activity programs for people with dementia need to take into account the skill level of the person and his/her interests. Research has shown that the benefits of activity on behavior are increased when both factors are taken into account (Kolanowski et al., 2002). Residents should not have to give up their pleasures because they can no longer engage in them. Residents should be encouraged and helped to modify the activities. Activity professionals have expressed concern over the childish direction taken by some of the activities for people with dementia. By modifying the things a resident is interested in to their skill level, the activities are not childlike or meaningless (Camp, 2007). Even if they are very simple they still have meaning, usefulness or relevance for the resident. The activity guidelines state that the activity should be "person appropriate" (Centers for Medicare and Medicaid, 2006) When activities become too difficult for the resident he/she may become upset or feel useless because the activity cannot be completed (Camp, 2007). Skill level needs to be re-evaluated regularly to ensure the person is always capable of engaging in the activity.



Mom always loved collecting seashells as we walked along the beach. While she can no longer travel to the beach to collect shells, she still enjoys hunting for them. I was so pleased when mom's care givers sat down to ask me about the things mom had always enjoyed. I told them of her love for collecting shells. I was happy to find mom and a caregiver out on the patio looking for shells. The staff had brought in some shells and they spend time with mom



hunting and gathering them. I can tell she enjoys the shells as she sits and gently touches the surfaces and seems to be able to tell the difference in texture from one side to the other. For a moment, she seems like herself again when she shows me the shells they collected.

June has always enjoyed sewing. She used to spend hours making costumes for the school plays, and she even made dresses for several weddings. When she was not making clothes she would make blankets and pillows to give to friends. She can no longer use the sewing machine or hold the needle to sew. June's family felt bad that she could no longer do what she enjoyed, so they brought in pattern books from the local fabric store. June would pore over the books looking closely at the detailed information about each pattern. While at a local craft store, June's sister saw a group taking a no-sew pillow class. She observed for a few minutes and decided this is something June might enjoy. She bought fabric, filling, and fabric glue. She spent the afternoon with June cutting out fabric squares and showing her how to use the fabric glue. June did need someone to help her, but she was making pillows again.

Research shows the benefits of individualizing activities. A recent study was done to determine the impact of individualized activity on sleep. The study found that when residents were involved in activities that were geared toward their interests and capitalized on people's remaining abilities, the residents had improved nighttime sleep and less napping during the day. The study did not specifically measure psychological wellbeing, but staff members reported that the residents involved had improved affect (Culpepper Richards et al., 2001).

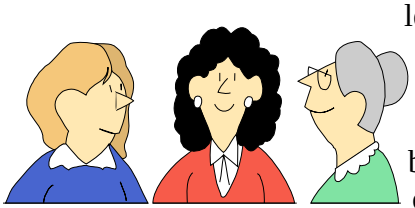
<u>Engagement</u>

Residents should be engaged in activities. Engagement does not have to mean active participation. Some residents will enjoy sitting back and observing an activity. Whether they are actively a part of the action or engrossed in observation, the resident is engaged. When residents are taken to activities that do not hold interest they may sleep, be disruptive or look around for something or someone else. Just being there is not being engaged, and therefore does not constitute meaningful activity. The level of engagement should serve as a guide to determine the activity's value for the person. Engagement in an activity can also serve as a guide to determine the amount of time with which the person is comfortable. There are no regulations requiring activities to last for a specific amount of time; they should be appropriate to the person. Keep in mind that a resident may typically enjoy an activity, but there may also be times the person does not. When the resident is not enjoying an activity, even a usual favorite, staff should consider other ways to engage the resident at that time. One activity director said she has staff watch out for changes like this and report them to her because the changes may be a sign that something is happening. By reporting concerns staff members have helped catch both mental and physical health changes in numerous residents.

A study by Engleman et. al (1999) suggests that increasing the prompts and praise given to residents by staff members may increase the engagement of older adults with dementia. During the study, CNA's were taught to make personal contact with residents every 15 minutes, provide praise for appropriate engagement, and when residents where not engaged, offer at least two activity choices. The number and

variety of activities engaged in by residents increased during the study. Since residents with Alzheimer's disease are not able to initiate activity on their own (Miller et. al., 1995) and may need encouragement it is the responsibility of all staff members to provide opportunities for engagement in a variety of activities.

Collins Landing Household at Meadowlark Hills Retirement Community in Manhattan, Kansas, holds learning circles. This group consists of residents and staff in the household, and is done after supper each day. They use the circle as a time to learn about one another and just be together. This learning circle incorporates other types of activities with verbal communication because many members of the group have difficulty communicating. The group might include some physical activity: art, singing, playing music, and listening to music or something hands on. The activities in the circle change based on the interests of the residents at that moment. Staff members feel that this circle is one of the most effective activities in the household. It is a safe environment where residents feel comfortable and are encouraged to share and be involved. The residents enjoy the interaction, while the staff members enjoy the opportunity to further develop relationships with the residents.



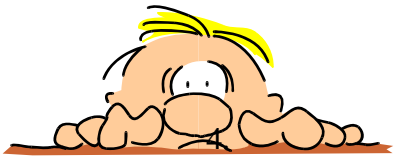
It is necessary and important to remember that each person is a unique individual despite the illness they have in common. Sabat and Harre (1992) suggest that while personal identity stays even into the final stages of dementia, social identity may be completely lost throughout the illness. This is because social identity is dependant upon interactions with others. Generalizations about the disease process and its outcomes are only to serve as guides (Kitwood, 1997). Each resident should be cared for with his or her individuality in mind. If residents are labeled, as "persons with dementia" staff will not strive to help each person reach their full potential. These labels are powerful and stand in the way of providing care for the whole person. These labels can lead staff to see residents as objects and reinforce the task-oriented nature of the traditional nursing home model. To get staff members thinking about the impact of labeling residents based on illness or behaviors, have them participate in the label game.

Activity: Label Game for Staff

As the group enters the room for a team meeting, give each person a sticky label. Ask them to write the one word that describes them. Once everyone has the label written and puts it on their shirt choose a word from someone's label. For example, a person's label might say "mom." Ask if anyone else is a mom. When people respond "yes" to the question, ask them if it is on their label. Tell them they cannot be a mom because it is not on their label. Repeat the process with a few more words from labels. The leader of the exercise should have the word "me" on

his/her label and should explain to staff that the label says “me” because there is more than one component of each person. Discuss with staff some of the labels often placed on residents. For example, the diabetic in 301, the pacer, the biter, the complainer, etc. Now discuss what aspects of the person are being overlooked because of the label. Remind staff that each person is many things: a friend, child, parent, spouse, sibling, cousin, neighbor, etc. The leader may also want to discuss with the group how easy it is to label others but how difficult it is to create a label for one's self.

*This activity is a modified version of one presented by Carmen Bowman, Edu-Catering at the 2006 Pioneer Network Conference during the session titled, Activities: The Heart of a Changed Culture.

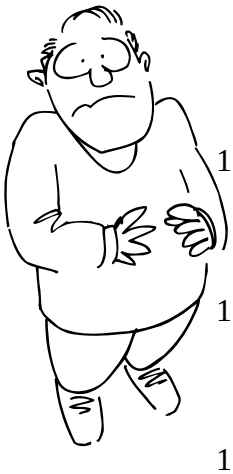


Staff Interactions- What’s the harm?

When working to maintain the person and his/her quality of life, staff must look at how interactions with residents can undermine these goals. Without intent, staff may be depersonalizing the individual through daily interactions. Dementia Care Mapping (DCM) is a technique that seeks to view care from the perspective of the person with dementia (http://www.bradford.ac.uk/acad/health/dementia/dcm/). A "mapper" observes both positive and negative interactions between staff and residents. These interactions are classified into categories. The negative types of interaction between staff and residents lead to a proportional increase in fear, anonymity and the differential of power (Kitwood, 1997). Whether the facility is doing dementia care mapping or not, lessons can be learned through understanding the categories of harmful interactions. Below are the categories and descriptions of each as written by Kitwood (1997, p. 46-47).

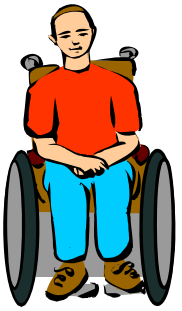
1. Treachery- using forms of deception in order to distract or manipulate a person, or force them into compliance.
2. Disempowerment- not allowing a person to use the abilities that they do have; failing to help them to complete actions that they have initiated.
3. Infantilization- treating a person very patronizingly (or matronizingly), as an insensitive parent might treat a very young child. Intimidation- inducing fear in a person, through the use of physical power.
5. Labeling- using a category such as dementia, or “organic mental disorder” as the main basis for interacting with a person and for explaining their behavior.
6. Stigmatization- treating a person as if they were a diseased object, an alien or an outcast.
7. Outpacing- providing information, presenting choices, etc., at a rate too fast for the person to understand; putting them under pressure to do things more rapidly than they can bear.
8. Invalidation- failing to acknowledge the subjective reality of a person’s experience, especially what they are feeling.

9. Banishment- sending a person away, or excluding them – physically or psychologically.
10. Objectification- treating a person as if they were a lump of dead matter: to be pushed, lifted, filled, pumped or drained, without proper reference to the fact they are sentient beings.
11. Ignoring- carrying on (in conversation or action) in the presence of a person as if they were not there.
12. Imposition- forcing a person to do something, overriding desire or denying the possibility of choice on their part.
13. Withholding- refusing to give asked-for attention, or to meet an evident need.
14. Accusation- blaming the person for actions or failures of action that arise from their lack of ability, or their misunderstanding of the situation.
15. Disruption- intruding suddenly or disturbingly upon a person's action or reflection; crudely breaking their frame of reference.
16. Mockery- making fun of a person's 'strange' actions or remarks; teasing, humiliating, making jokes at their expense.
17. Disparagement- telling a person that they are incompetent, useless, worthless, etc., giving them messages that are damaging to their self-esteem.



Activity: Recognizing Potentially Harmful Interactions

In a small group, read the following scenario and try to identify which of the categories above developed by Kitwood were present in the interactions between staff members and residents. Answers can be found in Appendix A at the back of this module. After completing the activity, have staff members discuss how they would feel if these things happened to them. For example, if you were shopping and the sales clerk who was helping you did any of these things, how would you feel? Remind staff that you are aware that these things are not done intentionally, and ask them to simply be aware when they are interacting with residents.



Jenny is a CNA who is training a new CNA, Carrie. As they are walking down the hallway, Jenny is pushing the wheelchairs of residents out of the way without letting the resident know who she is or what she is doing. As she is moving them, she tells Carrie a little about each person, "John is a stripper, he puts on quite a show," or "Mary is needy, she is always crying for attention. Sometimes you have to ignore her." When they finally arrive at Gary's room to take him for his bath, they walk right in without knocking and startle him. Gary yells at them to "get out." Jenny laughs and says to Carrie, "I'd like to get out of here. My friends are all partying at the lake today." She then tells Gary in a firm tone, "it is not nice to yell at the people who take care of you." Gary tells the girls that they scared him and Jenny says, "We couldn't have scared you honey, you knew we were coming to take care of you this morning. We always do." After getting Gary bathed, Jenny asks him what he wants to wear. He is taking a while to decide and she tells Carrie that they don't always have time to wait and picks out his outfit. As Gary is putting on his shoes, he struggles to get the Velcro strap pulled tight. He is working at

it, but Carrie reaches down and says, “I’ve got it.”

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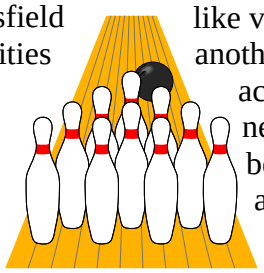
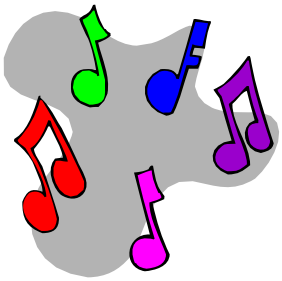
Contrasting Styles

There are different ideas when it comes to the amount of structure that an environment should provide for persons with dementia. Two Kansas nursing homes are finding success when it comes to providing activities for residents with dementia, but the styles being used are different. The following paragraphs provide an overview of each home's activity program.

Larksfield Place



Residents of Sunflower Lane at Larksfield Place in Wichita are engaged in activities during the day. The programmed activity begins at 8:30 a.m. and goes until 8:30 p.m. seven days a week. Residents are engaged in activity and out of their rooms about 80% of the day. In addition to the group activities, residents engage in one-on-one and spontaneous activities with nursing staff not directly involved in the planned activity. While the activity calendar is full, residents choose what activities they want to do and when they attend them. Their program runs on a cycle. Each day they have a routine of activities where the structure for the day stays the same but the content in each session changes. The interests and abilities of residents determine the content. Staff members are challenged to incorporate at least one completely new activity into the structure per month. They have musical, physical, and cognitive activities repeated three times per day in 30-45 minute increments. Here is a look at a day in the life of a Sunflower lane resident. A day might begin with a morning exercise program. The exercises would be done from a chair and are structured. This would be followed by a cognitive activity like a trivia game that draws from the long-term memory of residents. They would then do a musical activity just prior to mealtime. Musical activities are done prior to mealtime because they stimulate appetite and help prevent weight loss. Staff members’ believe musical activity is important because residents do not lose the ability to enjoy music even when other abilities are lost. They would then go to VitaBand strength-training exercise with residents from the other neighborhoods. This would be followed by another cognitive activity like game show type games and a musical activity. The last activity grouping of the day would also include a physical activity, but this one is more of a recreational activity like volleyball or bowling followed by another cognitive activity and a music activity. Staff report few problems with negative behaviors and feel this is because residents help with everything and feel secure because of this involvement. Residents feel comfortable and engage in activities because they are familiar and tailored to individual needs. By having the same procedures each day, residents know the routine and can focus on enjoying the content. In fact, residents from other neighborhoods want to come to Sunflower Lane because there is so much happening.



Meadowlark Hills

Residents in Collins Landing at Meadowlark Hills Retirement Community in Manhattan, Kansas, participate in planning their daily activities with the help of staff that are familiar with the residents that live there.

There are thirty residents living in Collins Landing, who have two teams of staff members working to meet their needs. Two teams were created to facilitate the ability to get to know residents on a deeper level and to maintain consistent assignments. Two CNAs are on staff as the facilitators of activities. One of these individuals works during the day time hours and the other during evening hours with coverage on the weekends. These individuals' roles are to work with residents to plan activities, ensure that resources are available so that staff members can facilitate activities, and participate in making the activities happen. These individuals also have special training and knowledge about dementia. The activity program is structured so that there are three structured, group activities daily which are based off of the interests of the individuals living there at the time. When a resident moves into Collins Landing, one of the activity specialists meets with the resident and a family member or friend who is familiar with the person's habits throughout their life and can explain how their behavior has changed since they have developed dementia. This gives staff a baseline of what the person might enjoy and as the person starts participating in household opportunities, this is recorded. If the person's habits change, this is noted in their record and changes to their individual daily plan are made.

A typical day for someone in Collins Landing might begin with breakfast when they choose to wake up. At about 9 a.m., the activity facilitator is in the dining room where a group of residents begin planning the day. The group discusses what is planned for the day, what events are going on in the community, and what needs to be accomplished throughout the day. The activity facilitator guides conversation to elicit ideas and suggestions from residents about what they would like to do for the day. Around 10am there is a group activity that usually involves exercise or singing. At lunch, the community comes together in the dining room to eat together, and naturally conversation fills the room. Caregivers know residents well, so they help to involve residents in conversation. After lunch, many residents use this time to relax and the activity facilitator works with residents one on one. All staff are encouraged to do this throughout the day. At 3 p.m., another group activity occurs. This might range from a cooking activity to a ride in the country. It varies daily. In the evening after supper, when sundowning often occurs, residents participate in a learning circle. A staff member will generally start a topic of discussion and facilitate residents to participate in the conversation. Many times residents with dementia have a difficult time with communication, but learning circles led by trained individuals can still be very meaningful in spite of such challenges. Many relationships have been developed in these circles. At 7 p.m., there is food available for those who are hungry. Many times staff members use the rest of the evening to engage residents in one on one activity. Throughout the day, it is not surprising to see residents helping staff members with laundry, baking of the daily snack, vacuuming, or even pulling weeds in the courtyard. For many, this gives their life purpose/occupation.

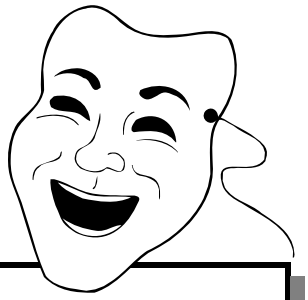
We Need Ideas!

Many activity professionals have expressed difficulty in trying to engage residents with dementia in meaningful activity. The sections that follow will briefly describe a few types of activities that have been found to be successful with residents who have dementia. As with any activity idea, staff will need to determine whether or not these ideas fit the interests of residents. As residents in the home change, so should the activities.

Several of the activity programs listed are creative in nature. This is because much of the research on individuals with dementia shows that people continue to be creative. Creativity enhances quality of life and provides an opportunity to stimulate the mind (Truscott, 2004). Even though skill levels may change, the person can still be involved in creative endeavors if they are modified to fit abilities. A woman diagnosed with Alzheimer's disease says that creative activities are "vital to well-being, and the stimulation from these activities encourages better coping in other spheres of my life" (Truscott, 2004 p. 2). While the author acknowledges that this becomes more difficult as the disease progresses, she believes that creative activities "activate our minds, and even better, these creative pleasures feed our spirits" (Truscott, 2004 p.4).

Drama Therapy

Guest Expert: Sally Bailey MFA, MSW, RDT/BCT



Drama for Life Enhancement

Drama has been used as an activity in senior centers, day programs, assisted living facilities and nursing homes for years as a way of bringing creativity and joy into participants' lives and creating a more connected community. This is true whether the drama group participants have normal cognition or if they have begun to develop dementia.

In fact, because drama engages the imagination and stimulates the senses through embodied, concrete activities, it can bring adults struggling with Alzheimer's Disease lucidly into the present moment *and* connect them clearly with memories of their past for the duration of the drama group.

Why Drama?

Drama involves the whole person in an active manner. Scenes can be done with dialogue or in silence (as pantomime), making it adaptable to the verbal abilities of the group. Lots of movement can be incorporated, but drama can also be done successfully from a stationary position. Memorization is not required, as most drama sessions are made up as they go along. The major ingredient necessary for a successful enactment is imagination.

Acting out a memory makes it more real than just talking about it. Through action, an abstract thought is given form and movement in an improvised scene. That memory comes alive in the moment and can be re-experienced, shared and celebrated.

Even without using words, participants become aware of others around them and start to connect and create social relationships. And best of all, drama is fun!...

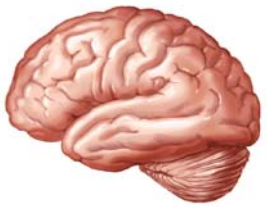
The Arts and Mental Health

Current research indicates that the Arts have powerful positive intervention effects for health promotion and disease prevention, as well as positive impacts on maintaining independence, reducing dependency, and promoting a sense of well-being (Cohen, 2006). Dr. Gene Cohen, director of The Center on Aging, Health and Humanities at the George Washington Medical Center in Washington, DC is in the process of an ongoing research study, begun in 2001, which indicates that older people who participate in creative arts programs conducted by professional artists show significant improvements in health compared with individuals initially matched by age and health who do not participate in the arts. At the beginning of the study the average age of participants was 80 years.

Over time those involved in weekly guided arts activities such as drama, poetry, music, painting, pottery, dance and storytelling have had fewer doctor's visits, less need for medication, fewer falls and less hip damage, more positive reports on mental health measures (the Geriatric Depression Scale, the UCLA Loneliness Scale, and the Philadelphia Geriatric Center Morale Scale), and have been more involved in life activities overall.

Previous research indicates that when older adults experience a sense of control or mastery, they have better health outcomes. Meaningful social engagement with others promotes better health as well. Researchers believe that at a physiological level, these types of experiences promote stronger immune systems, reduce blood pressure, lower stress hormones and increase growth of dendrites and synapses in the brain (Cohen, 2006). Group participation in the Arts, particularly drama, which is a positive interactive group process, provides both a sense of control and meaningful social engagement.

Of particular note: normally a study that indicates *less decline* of one group over the other would be considered a successful intervention. In the Creativity and Aging Study, the arts group showed an *increase* in health over time while those who did not participate in the arts showed a decline in physical and mental health, as well as in their involvement in other activities.



How to Start a Drama Group

There is probably more written on how to do drama activities with older adults than about any other art form. The books are clearly organized and written in non-technical, user-friendly language. See suggestions of excellent resources on page 22.

The key to a successful group is finding a drama leader who has energy, confidence, and a willingness to play. He/she can't be afraid to use imagination, connect with group members, and even be silly, because the drama group leader is the model for how to take on and play out a role or a dramatic situation. An enthusiastic, empathetic person with background in creative drama or improvisation could learn how to run a drama group.

The best choice for a drama group leader, however, is a drama therapist. Drama therapists are trained to plan and run drama groups with the added skills of understanding the social-emotional, developmental, and health issues faced by participants. They can optimize the dramatic activities to facilitate life review, social connections, conflict resolution, and community building in the organization.

Small groups of six to eight participants work well for a drama group with older adults. This size allows everyone to participate and interact in a comfortable manner. A quiet, open space where group members can clearly see and hear each other without being interrupted is needed. Most drama group sessions last between 45 and 60 minutes, depending on the attention spans of the group members. If group members have mobility, sensory or cognitive difficulties, the drama group leader needs to have staff assistance so that everyone can be optimally involved.

Typically a drama group begins with a warm-up activity, which introduces a dramatic theme to be explored. The group might sing a song, look at a picture, or touch an object that brings up memories, engages their senses, and begins to connect them to each other. Then group members take the memories into action, replaying parts of their past or trying out new adventures they have just imagined.

Expensive equipment is not necessary for a successful drama group. Found props and simple costumes like hats or colorful scarves can be used in dramatizing a story. These inexpensive additions enhance the imagination, help participants get into character and add more sensory stimulation to the experience.

A drama group usually incorporates all the other arts. A session may move from brainstorming an idea, to acting out a scene, to singing a song, to playing a game, to drawing a picture on the same theme. This provides an outlet for individual strengths and allows group members to focus on expressing themselves freely and creatively, rather than on perfecting a final product or performance. A trained drama therapist or drama facilitator can tailor activities to fit each participants' abilities, interests and attention spans.

Resistances/Concerns:
Beginning participants sometimes worry that they will have to "perform" in a drama group or that they will need special "talents." In actuality, every one of us is able to do drama from the time we are quite young. Around the age of three, all children naturally begin to imitate the people around them and engage in dramatic play. It's one of the ways we are "hard-wired" to learn about ourselves and our world. Parents usually encourage this exploration by "playing along," which develops the child's imagination and cognitive abilities. This means that everyone has experienced drama at least once as a young child, and anyone who has raised children has participated in the process again from the parent perspective.

Drama is like riding a bicycle – once you learn how, you never forget it! What group leaders need to address initially are members' fears of failure and being put on the spot in front of a lot of people. This can be gently handled in the beginning by doing activities in which everyone participates simultaneously, while allowing participants to take the spotlight whenever they are ready, providing support and praise when they do....

Recommended Drama Resources:

Clements, C.B. (1994). *The Arts/Fitness Quality of Life Activities Program.* Baltimore: Health Professions Press.

Sandel, S. & Johnson, D.R. (1987). *Waiting at the Gate: Creativity and Hope in the Nursing Home*. NY: Haworth Press.

Telander & Quinlan (1982). *Acting Up!* Chicago: Coachhouse Books.

Thurman A.H. & Piggins, C.A. (1982). *Drama Activities with Older Adults: A Handbook for Leaders*. NY: Haworth Press.

Weisberg, N. & Wilder, R. (2001). *Expressive Arts with Older Adults: A Sourcebook.* London: Jessica Kingsley Publishers.

For more on the Creativity and Aging Study:

http://www.gwumc.edu/cahh/

Cohen, G. D. (2006). The Creativity and Aging Study: The Impact of Professionally Conducted Cultural Programs on Older Adults. Final Report: April 2006 downloaded December 25, 2006 from http://www.gwumc.edu/cahh/pdf/Creativity%20&%20Aging%20Study-Final%20Report.pdf

Cohen, G. D. (2006). Research on Creativity and Aging: The Positive Impact of the Arts on Health and Illness. *Generations*, San Francisco: The American Society on Aging, 30 (1), 7-15.

Cohen, G.D. (2004). MindAlert Lecture: Uniting the Heart and Mind: Human Development in the Second Half of Life. San Francisco: The American Society on Aging.

Art Therapy

Art therapy is the use of the visual arts to help patients express themselves and to promote health, wellness and recovery (American Art Therapy Association). This therapy is being used in a variety of different settings, and with people of all ages and ability levels. Professionals in art therapy work with other professionals of various disciplines to determine the needs of clients and develop treatment plans to meet those needs. Art therapy is being conducted with residents in nursing homes in groups as well as one-on-one interactions. Residents do not need previous art experience to enjoy art therapy. It has been shown to help people with Alzheimer's recall memories and express emotions, patients with Parkinson's paint even though they cannot hold a pencil to write, and stroke patients who cannot communicate verbally speak (Carroll, 2006).

At The Court at Overland Park Kansas, residents are taking part in an art therapy program through the Alzheimer's Association. This program is called Memories in the Making. A local artist comes weekly to work with residents on painting. About 12 residents are currently participating in the program. Some residents paint images from their memory with prompting, like buildings they have designed or their childhood home, while others are given a picture related to their interests as a guide. Many of the residents had no prior art experience, and it took some encouragement to get some to join. The attention spans of the residents differ. The artwork shows incredible detail, and often tells a story about the artist. One resident is an architect. He uses the art session as a time to recreate buildings he has designed with great attention to detail and scale. Staff members feel it is a wonderful way for residents to connect their mind with their hands and express themselves. The art is put on display at The Court, and a few paintings have been sent to the Alzheimer's Association for a fund-raising auction.

Time Slips

After reading a Time Slips story, there is no question that people with dementia are capable of creative expression. The stories show humor and compassion, and give some insight into the personalities of the writers. Time Slips is a "shift away from focusing on memory and reminiscence, and toward encouraging people with memory loss to exercise their imaginations and creativity." The project uses a trained staff member (or group of staff members) as a facilitator(s). The facilitator shares a picture with the group and then asks open-ended questions prompting the group to create a story about what they are seeing. The pictures are non-descript and do not contain people whom the participants would recognize. The facilitator asks the group questions about the picture. What residents say is written down by the facilitator and

he/she keeps telling the story back to the group as things are added. Everyone's input is included in the story.

According to the project website, the sessions include six to twelve residents, and last up to an hour (www.timeslips.org).

The sessions have an impact on resident and staff interactions in both quality and quantity. They have also been shown to improve the communication skills of participants with dementia (www.timeslips.org). Time Slips improves self-esteem, encourages self-expression, and improves quality of life (Sierpina et al, 2005). Staff members working with residents who are involved with Time Slips report greater satisfaction working with participants regardless of the staff member's involvement with the program (Basting, 2001). For more information on Time Slips visit www.timeslips.org. A short video demonstrating the project can be found on the Almost Home DVD.

Music Therapy

Music therapy is a practice that uses music to address physical, emotional, cognitive and social needs of people of all ages. The therapy is used for people with or without illnesses or disabilities. Music therapy interventions are designed to help manage stress, alleviate pain, express feelings, improve communication, promote physical rehabilitation, enhance memory and promote wellness (American Music Therapy Association).

A study by Gerdner (2005) found that when music preferred by the resident was played daily as needed, the resident's level of agitation decreased both upon the introduction of the music and throughout the day. This finding is significant since agitation can interfere with the resident's social interaction

and the ability of staff to provide care for the resident. Family members worked with staff to determine the musical preferences of the residents. Staff and family members were trained to play the music for 30 minutes each day at a time preceding the resident's highest level of agitation, and as needed throughout the day. It was also noted that residents became involved in the music; it served to spark interactions between residents, staff and families (Gerdner, 2005). Involvement with music has also been shown to increase appetite, decrease agitation, increase interaction, enhance memory, alleviate pain, improve communication and promote physical rehabilitation (Gerdner, 2005, Sixsmith & Gibson, 2007, American Music Therapy Association, 2007)

At Medicalodge Post Acute Care Center in Kansas City, Kansas, a music therapist works with residents several days each week. Residents receive group and one-on-one ("house calls") interaction with the therapist. The residents are engaged in a variety of music-related activities, including listening to music and playing instruments. They have a bell choir, and also enjoy playing musical bingo. Residents do Range of Motion (ROM) exercises to music. Staff members feel this creates an environment in which the residents are having fun while exercising. The music therapist works directly with the restorative care providers designing musical interactions based on the resident's preferences and needs. They have seen decreased agitation and increased social interactions with music therapy.

Residents in Collins Landing at Meadowlark Hills Retirement Community in Manhattan, Kansas, enjoy music throughout the day. They do not have a music therapy program, but incorporate music into many of the daily activities. They often use music in learning

circles or have music playing in the background to set the mood. Staff members feel music is important because it reaches almost everyone. They also feel that music improves resident interactions. Even those who are not "musical" often enjoy the music by singing, playing or just taking it in. One resident had a very hard time communicating and would often only repeat what was just said, but when familiar music was played she would clearly sing every word of the song.

Montessori

Montessori-based programming is derived from Montessori education created by Maria Montessori for teaching school children. The programming is designed to provide an environment that is both structured and stimulating for the learner. It is based on several general principles, which include (Boyle et al., 2006):

1. Designing a prepared environment adapted for people with dementia, with the intent of providing meaningful stimulation and purposeful activities
2. Progressing from activities that are simple and concrete to those that are complex and abstract
3. Breaking down a task or activity into parts and training one component at a time using external cues to reduce errors and minimize the risk of failure
4. Allowing learning to progress sequentially, that is, having participants learn in stages through observation and recognition, ultimately followed by recall and demonstration
5. Using real-life, tangible materials that are functional and aesthetically pleasing
6. Emphasizing auditory, visual, and tactile discrimination through activities.

Montessori principles are being adapted to provide activity programs that are stimulating, meaningful, and interactive for adults with dementia. The activities typically serve a purpose and revolve around things that are familiar to the residents (Camp, 2007). The activities have no right or wrong outcome so there is no way to fail at the activity. An example might be having a resident work on a sorting activity using magnetic pictures or words related to something they enjoy and a cookie sheet to hold the pieces. The activities can also be used to involve or keep residents involved in daily life activities. For example, a person who is beginning to have difficulty dressing him or herself might be provided with a zipper that is zipped. He would be instructed in how to unzip the zipper with verbal encouragement, cueing and demonstration. The next interactions would be centered on unzipping the zipper. The cueing and demonstration involved in Montessori-based programming can be done either by staff members or other residents with less cognitive impairment (Camp, 2007). Residents with early-stage dementia can be involved as activity leaders for those in more progressed stages. This provides an opportunity for the helping resident to give back, and also refreshes skills. Research indicates that those with early stage dementia can successfully work with those in later stages, especially when provided with procedural learning and assistance with cueing (Camp & Skrajner, 2004). Montessori activities work well for residents with dementia because they consist of the same process with different content (Boyle et. al,

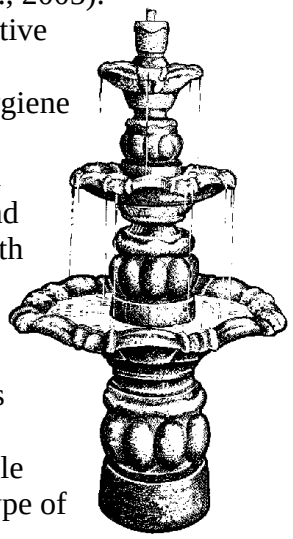
2006). This allows residents to learn the procedure and be successful even when the content changes. It has been reported that when Montessori principles are being used, problem behaviors decrease and affect improves (Zinn, 2005).

At Coffey County Health Systems Long Term Care Unit in Waverly, Kansas, residents have engaged in Montessori based activities for the last few years. Some favorites include the marble scoop where residents' scoop and sort marbles based on size and color, stringing beads and sorting pasta by color and shape. They also have shell treasure hunts where residents dig through sand to find buried shells, mirror polishing, and dough/putty search where residents maneuver through the dough/putty to find coins. Staff members say the activities are inexpensive and work well for some of the residents. Staff members keep the supplies for these activities in storage containers so they are always ready for resident use. A few residents who do not participate well in other activities enjoy the textures and tasks of the Montessori based activity program.

<u>Multi-Sensory Stimulation Programs</u>

Snozelen

Snozelen ® is a multi-sensory stimulation (MSS) program originally developed in Holland. The term Snozelen® is from two Dutch words meaning “to seek out or sniff” and “to doze.” The idea is to stimulate the senses without requiring intellectual reasoning (Snozelenâ). MSS rooms contain various elements to stimulate the five senses (Ball, J. et. al., 2005). The rooms may have various elements of light, sound, smell, tactile objects and taste. A room might have low levels of light and sounds from music being played or a bubbling fountain. The furniture is inviting as it prompts a person to sit and stay awhile. Scents like lavender may be used to clear the mind and relax the body. There may even be objects in the room that warm your body. While there are recommendations for the type of elements in the room, some of these elements can be made or modified to fit the residents’ needs and the home's budget. The beauty of the room is that it only requires the person to be there. There are no right and wrong or specific tasks. The goal is the enjoyment of the person in the room (Ball, J. et. al 2005). It is a time to sit and soak in all of the elements around you. When using MSS with residents, it is recommended that they be exposed to stimuli they find pleasurable to minimize behavioral problems. Several studies have been done that show positive effects from this program. Symptoms such as agitation and wandering can be decreased through the use of these sensory environments (Sierpina et al., 2005). MSS has been shown to reduce negative behavior patterns, increase social interaction, and improve personal hygiene habits (Chitsey et. al., 2002). CNAs involved with the program improved their overall job satisfaction score and reported they were more satisfied with the care they provided, as well as the contact with residents (vanWeert, J.C.M. et. al, 2005) It is primarily used in European countries however, it is quickly gaining in popularity in the United States. While there are recommendations for the type of elements in the room, some of the elements can be made or modified to fit residents' needs and the home's budget.



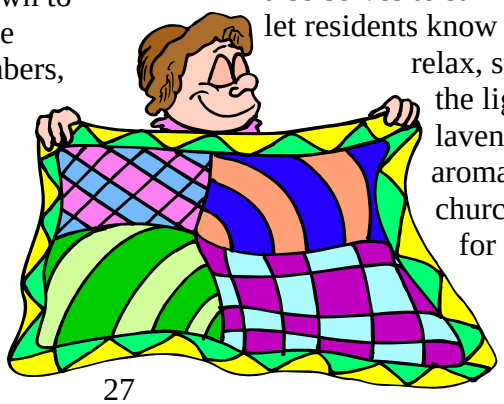
Asbury Park in Newton, Kansas, has been doing Snozelen® for several years. The director of nursing was looking for a way to calm agitated residents. After doing some research, she learned about Snozelen® and really liked the concept. She worked with various staff members to prepare a room. The elements in the Snozel room at Asbury Park

include a chair that allows you to feel the music throughout your body, a large lighted tube with bubbling water, various light elements, a smoke machine, relaxing music and aromatherapy. Several residents with dementia take part in the program. Staff members report that the residents who do take part are less agitated and less depressed. Over the years, a few residents have even asked if it was time to go to the room to relax. While the residents may not know exactly what it is, they know what it feels like and seem to like it.

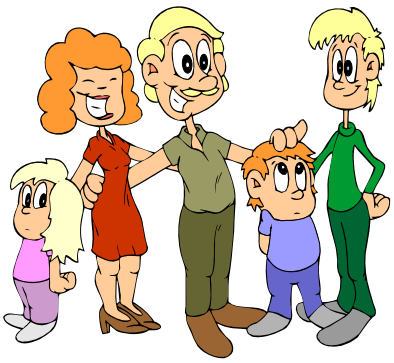
Namaste

Another similar concept is Namaste Care. Namaste is a Hindu term for "honoring the spirit within." It is another care approach including sensory stimulation that is proving successful for residents in the final stages of dementia. The program "removes the isolation surrounding these residents and invites them to a place filled with love and the presence of others" (Simard, J., 2007 p. xiii). It includes sensory activities like placement in comfortable armchairs, soothing music, aromatherapy, nourishment and gentle massage. The program emphasizes comfort and pleasure, and utilizes relationships with family members to develop individualized plans for each resident. It has been shown to improve resident quality of life, enhance opportunities for involving family members, and strengthen the morale of staff members (Simard, J. 2007).

At Brewster Place in Topeka, Kansas, residents with advanced dementia take part in a Namaste program. Since the meaning of Namaste is to "honor the spirit within" and those with advanced stages of dementia can still connect through their senses, the program focuses on sensory stimulation. Residents at any cognitive level can participate in the activities with no fear of failure. The residents begin their day by having their senses awakened through citrus smells and the sounds of chirping birds. Staff members feel that giving residents environmental cues helps to orient residents. Throughout the rest of the day, residents are engaged in a variety of sensory stimulation activities. Residents spend time each day in a small circle enjoying forms of touch therapy including lotion rubs, make-up application and hair brushing. Each resident has a memory box that has been made using the Alzheimer's Association Life Story. The boxes contain items from the person's life. Staff members use the boxes to sit down with residents and tap into their memories. The boxes contain items like pictures, stuffed collectables, high school athletic letters and a favorite perfume or cologne. Residents touch the items or staff members use them to tell residents stories. Music is used frequently throughout the day. Residents enjoy live music from a local harpist or recorded music. Changes in the tempo and tone of music are used to change the resident interaction. Staff members use a bread machine so residents can enjoy the smell of baking bread. This also serves to stimulate appetite. To let residents know when it is time to relax, staff members dim the lights and use lavender scented aromatherapy. A local church donated a quilt for each resident so



they can be swaddled. The swaddling helps residents feel warm and safe. Staff members report the costs of the program are very minimal. They did purchase an aromatherapy machine and the oils but have hired no additional staff. The outcomes have been positive. Residents are staying awake during the day and are more alert. Staff members feel that families have really appreciated the program because they can see their loved one participating. The simple activities have given the staff members something to do with residents who are often viewed as hard to interact with. Brewster Place staff members mentioned that it is easy to get people in a circle, use aromatherapy and think your doing Namaste. You are not actually doing Namaste unless someone is engaging the residents and individual preferences are met.



A study by Buettner (1999) looked at the impact of functionally matched sensorimotor activities on residents with dementia in two nursing homes. Family and community members interested in helping with the study were given guidebooks with pictures and written instructions to create the sensorimotor items. Once items were ready, they began using them with residents to determine the answers to three questions: will these items positively affect the frequency and quality of visits; will they increase the time residents spend in purposeful activity and decrease agitated behavior; and which of the items are most appropriate for residents at each stage of the disease process? During the intervention period, the number of family visits increased, and families reported being more satisfied with the visits. Residents were found at the nurses' station less frequently at one home and more frequently at the other, but both homes showed more residents in the activity lounge. Residents were less agitated and showed lower levels of depression. Residents also had improved mobility, overall functioning and cognitive status. Some items were more popular than others, but some seemed to be interesting to residents with all levels of the disease. Staff members reported using the items while giving medications and during bathing as a diversion. This study shows that the use of inexpensive sensorimotor items has a positive impact on both residents with dementia and the visits by their family members. Since nursing homes have limited staff time and budgets, this type of activity can help keep residents engaged while spending little money or staff time. For this study, all of the items were made for very little money with the help of willing community groups. Many service organizations in communities are looking for projects. Get them involved in making items that will be beneficial to residents. The items developed for this study, along with patterns and instructions to make them, were distributed in a publication called Simple Gifts through the Cornell Cooperative Extension Office.

Labyrinth

At Alexian Brothers Valley Residence in Chattanooga, Tennessee, residents with dementia are taking part in an ancient ritual. Residents walk the labyrinth for therapeutic

and spiritual purposes. The labyrinth is a winding pattern of concentric circles. There are no dead ends or splits in the path, but there is one path to the center and back out. The pattern is drawn on canvass and residents, wearing only socks, walk through the pattern to the center and back out. “Labyrinths invite us on a journey of presence” (Carnes, 2001). While the home has not done long-term studies, they report short-term reductions in the level of agitation and anxiety. The effects last for around three hours (Carnes, 2001). Most residents at Alexian Brothers Valley Residence walked through the labyrinth on their own or with the assistance of a caregiver, while some take part in the walk in wheelchairs. Since this activity is spiritual in nature, some residents may choose not to take part.

Activity Boxes

Parsons Good Samaritan Center in Parsons, Kansas, has created a day program for residents with dementia. Staff realized that residents with dementia needed different activities than those being offered. They used an existing room to create the Family Room, which accommodates the day program. The Family Room has eight residents at a time and the room is staffed 12 hours each day. The residents come to the family room upon rising, and a staff member does their hair and prepares them for breakfast. The activities in the Family Room are designed to keep residents connected with their interests. There are a variety of activities related to art and music that take place each day, but the residents find the "kits" to be the most interesting. Residents really love rummaging through the kits. The kits contain materials that are familiar and of interest to the residents. Staff members shopped at yard sales, antique stores and flea markets to find objects for the kits. New items are added to keep the kits fresh. Kits include: a wedding box with an old dress and flowers for residents to touch, handkerchiefs and scarves, "junk" jewelry to sort, figurines to handle, bells to ring, a kitchen kit with old utensils and serving pieces, a workbench drawer filled with old tools, plumbing pieces, light switches, light sockets as well as nuts and bolts. They also have some kits that were developed for specific residents. One lady owned a fabric store, so they created a kit with various fabric pieces, jars of buttons, patterns, bobbins, and wooden spools of thread. She especially enjoys folding the fabrics and flipping through the patterns. Another resident had been a secretary, so she had a space with a manual typewriter, file boxes and a phone. She enjoyed sorting through the junk mail that came to the home. They also created a tackle box for those who like fishing. The kit has lures, reels, hooks and bobbers. Staff members snipped the sharp points off the items. Residents also enjoy looking through old cookbooks, old Saturday Evening Post magazines and old Time magazines. Residents eat their meals in the Family Room because it is much quieter and there are fewer distractions. Since the residents who take part in the program are those with the most severe dementia, they typically leave the room in the afternoon for a rest. During this period of time the staff member does charting and gets the room ready for the rest of the day. Staff members report that since the program keeps residents engaged for so many hours during the day there is not as much sundowning as

residents are ready for bed. Staff members also report less agitation and wandering as well as improved quality of life.

Activity is Life

Looking for ways to involve residents with dementia in the everyday activities of their home is a wonderful way to keep them connected, engaged and feeling useful. Many homes have reported that residents enjoy being involved in activities related to the "normal" living routine, like folding towels and setting the table. Some homes use life stations for residents where residents interact with typical household items. Other homes incorporate activity into the little moments in the day. Residents listen to music with a staff member while they dress or staff members visit with residents about something they enjoy while helping them eat dinner. An interaction does not have to be planned to be meaningful or have an impact on the resident. No matter what be creative, allow plenty of time, be patient and have fun. Alzheimer's Australia (2005) suggests that activities for people with dementia should:

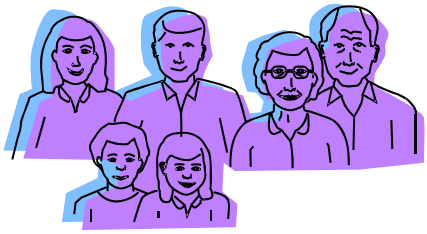
- ✓ Compensate for lost activities
- ✓ Promote self-esteem
- ✓ Maintain residual skills and not involve new learning
- ✓ Provide an opportunity for enjoyment, pleasure and social contact
- ✓ Be sensitive to the person's cultural background

In addition to the ideas described above, the Alzheimer's Association provides links to research on other activity interventions that have been shown to have a positive effect when used with persons with dementia. These include pets, massage therapy, aromatherapy, horticultural therapy and physical activities like yoga. The list of resources for each of the topics can be found on the Alzheimer's Association website at www.alz.org.

Don't forget the family

Watching a friend or loved one progress through the stages of dementia is difficult for anyone. The family members are dealing with a swarm of emotions and may not even realize it. Family members often report how difficult it is to visit their loved one because "he isn't himself anymore," "she asks the same questions over and over," "he doesn't even know me," "it's like visiting a stranger." Visits are easier for family and friends if they have a task to complete instead of trying to make conversation or create interaction (Buettner, 1999).

Offer opportunities for family members to become involved in the home. Being present with a loved one while doing something to help others might be just what the family member needs. Family members make wonderful volunteers and their presence can bring new enthusiasm and ideas to the neighborhood. It is a good idea to give family members an orientation prior to helping so they feel more comfortable.



Create open two-way communication with family members. This will help when things are going well and when they are not. When family members feel connected to their loved ones' caregiver, they are more comfortable with sharing concerns. Remember to respect the person's desire to still be involved in the care of their loved one.

Provide time and a place for family members to visit their loved one in private. Make sure there are appropriate accommodations to make visitors comfortable.

A family member shared her story of visiting her husband in the nursing home. "Even though there were days that he did not even seem to know who I was, I could sense that he wanted me there holding his hand. We could no longer talk about the grandchildren or our experiences, but we could still connect. I really enjoyed the staff, but sometimes felt like I was in the way. He was usually in the family room with several other residents, and I often had to stand next to him while we visited because there were no extra chairs. If I wanted to visit with him in private, I felt like I had to ask a staff member if it was ok to go to his room. Even when we were in the room, staff came in and out. I know they were just doing their job, but I still wanted to be alone with him. It was even worse when his roommate was in the room." (Personal conversation March 28, 2006 family member requested name be withheld).

Family members should be encouraged to become involved with the home through the resident council. This allows family members to connect with others and have knowledge of what is happening in the home.

Conclusion

It has been said that if you have met one person with dementia you have met just that, one person with dementia. Every resident should be treated as an individual with dignity and given the opportunity for meaningful activity. By developing relationships with residents, staff members can provide the best possible care for the psychosocial needs of each resident. Remember "...the psychosocial environment is the most important element of institutional dementia care" (Werezak & Morgan, 2003 p. 18). Activity is key to quality of life for all residents including those with dementia.

Post-test

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. Some questions may have more than one answer.

1. Snozelen is a program designed to stimulate the senses by incorporating all of the following except

    a. music
    b. lighting
    c. fire
    d. textures

2. Psychological needs of residents with dementia include

    a. money
    b. fame
    c. security
    d. social connectedness

3. Pacing, rocking back and forth, tugging on clothing, and physical aggression may indicate the resident has unmet needs.

    a. True
    b. False

4. Which of the follow statements about the disruptive behaviors displayed by residents is true

    a. Disruptive behaviors are entirely caused by dementia
    b. Disruptive behaviors may be signals of unmet needs or boredom
    c. Disruptive behaviors may be reduced through meaningful activity
    d. Disruptive behaviors should be ignored and will go away

5. Which of the following is not an example of a potentially harmful resident staff interaction

    a. ignoring
    b. mocking
    c. prompting
    d. restraining

Answers Found on Page 34

Answers to Pretest & Post-test questions

1. c
2. c,d
3. a
4. b, c
5. c

Appendix

Answers for harmful interactions activity:

Treachery – using forms of deception in order to distract or manipulate a person or force them into compliance.

Disempowerment – not allowing a person to use the abilities that they have; failing to help them complete actions that they have initiated.

Infantilization – treating a person very patronizingly (or matronizingly), as an insensitive parent might treat a very young child.

Intimidation – inducing fear in a person, through the use of physical power.

Labeling – using a category such as dementia, or "organic mental disorder" as the main basis for interacting with a person and for explaining their behavior.

Stigmatization – treating a person as if they were a diseased object, an alien or an outcast.

Outpacing – providing information, presenting choices, etc., at a rate too for the person to understand, putting them under pressure to do things more rapidly than they can bear.

Invalidation – failing to acknowledge the subjective reality of a person's experience, especially what they are feeling.

Banishment – sending a person away, or excluding them – physically or psychologically.

Objectification – treating a person as if they were a lump of dead matter: to be pushed, lifted, filled, pumped or drained, without proper reference to the fact that they are sentient beings.

Ignoring – carrying on (in conversation or action) in the presence of a person as if they were not there.

Imposition – forcing a person to do something, overriding desire or denying the possibility of choice on their part.

Withholding – refusing to give asked-for attention, or to meet an evident need.

Accusation – blaming a person for actions or failures of action that arise from his/her lack of ability, or their misunderstanding of the situation.

Disruption – intruding suddenly or disturbingly upon a person's action or reflection; crudely breaking their frame of reference.

Mockery – making fun of a person's 'strange' actions or remarks; teasing, humiliating, making jokes at their expense.

Disparagement – telling a person that they are incompetent, useless, worthless, etc., giving them messages that are damaging to their self-esteem.

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