Activity Options and Alternatives

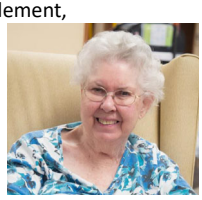
Part 3A. Dementia Training to Promote Involvement in Meaningful Activities

The University of Iowa | Iowa Geriatric Education Center

Objectives

Describe the benefits of, and methods to implement, each of the following activities:

- Simple Pleasures
- Wheelchair biking
- Exercise-based activities
- Music-based activities
- Social groups
- Arts & crafts activities
- Animal-assisted activities
- Relaxation-based activities
- Cooking as an activity
- Sensory-based activities



Review: Teamwork Is Key!

Successful outcomes rely on ALL team members' ability to . . .

- Understand individual needs and interests
- Reduce or eliminate environmental stressors
- Adjust approaches and routines to promote comfort and function
- Complete and USE baseline assessments to guide use of "person-appropriate" individualized activities!

Sample Activity Offerings

- Cognitive activities
- Sensory-based
- Expressive arts
- Social groups
- Simple Pleasures
- Entertainment
- Music or dance
- Family activities
- Feelings-based groups
- Relaxation sessions
- Nurturing activities
- Adventure-based
- Physical/exercise
- Life roles
- Outdoor activities
- Community-based

Most important point in any activity:

Therapeutic use of self

Simple Pleasures

A group of multilevel sensorimotor interventions aimed at:

- Improving family-based activities
- Reducing boredom

Match activities to needs:

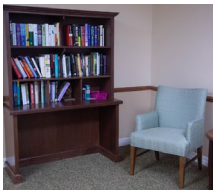
- Passive: sitting without active engagement
- Bored: craving things to touch & interact with
- Agitated: restless, wandering, physically or verbally non-aggressive behavior

Simple Pleasures

Complete instructions are available for free at https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm

Visit "Program Structure" for detailed instructions on how to make and use each item

Making Items Available



Agitated Wandering

- Wandering cart
- Latch box
- Table ball game
- Sensory wall hangings
- Look-Inside purses and fishing boxes
- Walk with the person and divert attention

Wandering Cart & Latch Box



Table Ball Game

Sensory Wall Hangings


More Wall Hangings

Look-Inside Purses & Fishing Boxes

Vocalizing

- Wave machine
- Hand muff
- Polar fleece hot water bottle
- Sensory vest
- Sensory tablecloth
- Stuffed fish and butterflies
- Promote social interactions

Wave Machine

Hand Muff

Polar Fleece Hot Water Bottle

Sensory Vest

Sensory Aprons & Tablecloth

Stuffed Fish & Butterflies

Hand Restlessness

- Wave machine
- Hand muff
- Sensory vest
- Sensory tablecloth
- Look-Inside purse and fishing box
- Home decorator books
- Sewing cards
- Stress balls/Squeezies

Home Decorator Books

Sewing Cards

Stress Balls/Squeezies

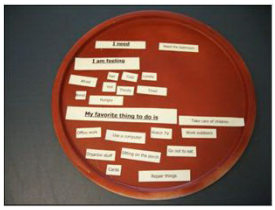
Passivity

- Sensory tablecloth
- Stress balls/Squeezies
- Picture dominos
- Tether ball game
- Message magnets

Picture Dominos

Tether Ball

Message Magnets



Activity Options and Alternatives

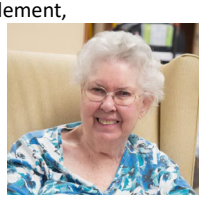
Part 3B. Dementia Training to Promote Involvement in Meaningful Activities

The University of Iowa | Iowa Geriatric Education Center

Objectives

Describe the benefits of, and methods to implement, each of the following activities:

- Simple Pleasures
- Wheelchair biking
- Exercise-based activities
- Music-based activities
- Social groups
- Arts & crafts activities
- Animal-assisted activities
- Relaxation-based activities
- Cooking as an activity
- Sensory-based activities



Adventure: Wheelchair Biking

Manufactured by several companies. Some are made in Europe and distributed in the U.S.

Safety features include special harnesses and headrests, swing-away leg rests

General procedures

- 3-5 participants
- Recreational therapist (RT) plus assistant
- CNA to help transfer residents
- Psychosocial group discussion
- Individual rides with time to tell others
- After each session, participants were encouraged to take part in recreational games together

Exercise as activity

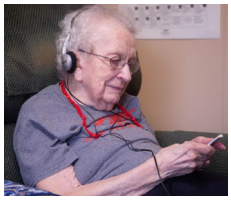
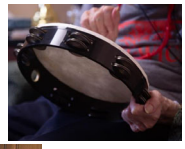
- Provide levels of exercise for residents with differing needs
- Assess self-mobility, strength, ROM or flexibility, need for assistance
- Include endurance, strength, balance, and flexibility for well-rounded exercise
- Use simple communication and cues to help all complete exercises or movements
- Music can be helpful to encourage rhythmic movements
- Walks, gardening, playing active games are additional forms of exercise

Exercise

Music as activity

- Use a simple interest finder to identify music preferences
- Think about when music might be helpful in the resident's daily routine (i.e., bedtime)
- Plan your music activity based on preferences and needs
- Music can be active (singing, moving, playing instruments) or passive (listening and relaxing)
- Music can be used with an individual or a group

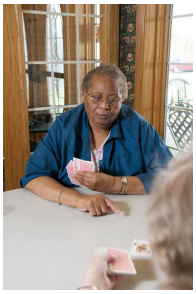
Music


Social groups as activities

- Small group activities should be used to encourage resident-to-resident social connections
- Staff leader should always facilitate resident interactions (residents asking questions of each other, sharing items, etc.)
- Provide time for introductions and time to reconnect with friends in the group
- Consider personalities of group members when forming a group (not everyone shares style of interest and personality)
- Leave group members with things to do together at end of social program in a safe location

Social Groups



Social Groups

Arts & Crafts Clubs as activities

- Design normalized clubs/classes based on preferences of your residents (e.g., beading, decoupage, painting rocks, photography, scrapbooking, many others)
- Set weekly meetings and always welcome new members
- Prepare a sample of whatever you are making so residents can "see what it is"
- Focus on residents doing as much as possible
- The PROCESS, *not the end product*, is most important!

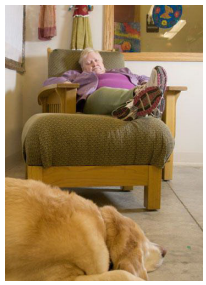
Arts & Crafts

Arts & Crafts

Relaxation as activity

- Used at times of high levels of restlessness
- Get relaxation group seated comfortably and dim the lights
- Make sure there are no interruptions during the 10-minute session
- Guided imagery is the most simple, cost-effective method
- Allow 2 minutes at the end of the program to turn on lights and provide closure to the session
- Excellent during late afternoon or evening shift

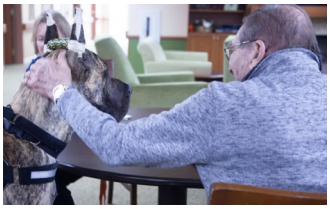
Relaxation



Animal-Assisted Activities (AAA)

- Animals can motivate; help encourage social connections; provide relaxation, sensory integration, and nurturing; and promote movement and communication
- Preferred program is Pet Partners©. Trained and insured volunteers can be located at petpartners.org
- Infection control information is found at www.CDC.org
- Find out which residents enjoyed pets in the past and would like weekly visits now
- Staff should partner with the AAA volunteer to facilitate the sessions

Animal-Assisted Activities



Cooking as activity

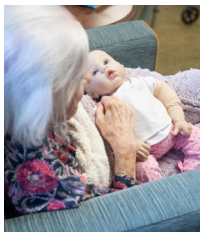
- Provides comfort, added nutritional and cognitive, physical, and social opportunity
- Most residents (female and male) enjoy preparing and sampling different foods
- Kitchen is not needed if you plan carefully
- Equipment: blender, microwave, electric skillet, and a cooler if you don't have a kitchen
- High, middle, and low functioning residents can each have cooking groups based on function
  - High: preparing a picnic meal or a breakfast
  - Middle: making butter or ice cream, using an apple peeler, etc.
  - Low: making a snack such as cheese and crackers

Cooking

Sensory activities

- Can be provided before or after care or as a program
- Ask resident if he or she would like to "smell a flower", "taste a pickle", "guess what's in a brown paper bag"
- Include: touch, taste, smell, pressure, and movement opportunities in each interaction with the outcome of calm, active engagement with the environment

Sensory activities



Summary

There are MANY excellent activity choices for residents with dementia!

- Build on staff interests and abilities
- Think carefully about residents' needs
- Reduce environmental stressors
- Adjust routines and approaches
- Work as a team

Be creative!

Up next…

- Review and complete the Part 3 Work Place Exercise *(following the instructions there)*
- Go on to Part 4!

Activity Options[1]

Wheelchair Biking

This "adventure-based" program combines small group activities with 10- to 15-minute rides on a wheelchair bike, such as a Duet™ bike. This bike is a bicycle with a detachable wheelchair in the front that allows a person to ride in the wheelchair while another person (usually a staff member) pedals the bike. The three-wheeled tandem was designed in Germany and is now available around the world. Additional information about wheelchair bikes, their use, and purchase may be found online.

Important features of Wheelchair Biking include:

- Observing safety precautions, including a helmet and "H" chest harness for the participant, appropriate clothing, sunscreen or sunglasses, and systematic use of loading and unloading procedures.
- Training all bike drivers with other staff as riders to assure understanding and use of the Duet bike.
- Combining a bike ride with small group activities that occur while waiting for, or after returning from, a ride. Socialization and discussion may revolve around:
  - Previous biking experiences: Do you remember your first bike? What color was it?
  - Current interests in biking: Looking at magazines with bikes and biking equipment, talking about the Duet bike
  - Other outdoors topics: Picnics, bird watching, spring/summer/fall colors, flowers
  - Other games: Table Ball, checkers, others

Exercise as Activity

Exercise is increasingly offered to older adults in long-term care (LTC) settings, both as a form of recreation and to improve or maintain function. Exercise can be adapted to meet the needs of older people with different levels of ability or interests.

Important considerations in devising exercise-oriented programs include:

- Assess participant's mobility, strength, range of motion, flexibility, and need for assistance.
  - What can the person currently do for him/herself?
  - What limitations may influence the type of exercise used?

[1] Information provided in this handout combines ideas from Dr. Linda Buettner presented in the video lecture with information in her training manual: L. Buettener & S. Fitzsimmons. (2009). *N.E.S.T. Approach: Dementia Practice Guidelines for Disturbing Behaviors.* Additional ideas and information about activities for persons with dementia from the literature are also included. References are provided to help locate additional supportive materials.

- Include exercises that promote endurance, strength, balance, and flexibility.
  - Collaborate with exercise experts to develop well-rounded programs that are geared for older people.
  - Increase the level of difficulty or duration slowly.
  - Focus on enjoyment AND success.
- Use simple communication and cues to help all participants complete exercises or movements.
- Encourage rhythmic movements by using music that is tailored to the audience.
- Dress for success: be sure that shoes and wearing apparel are appropriate to the activity.
- Match exercise-oriented activities to the person's interest and abilities. There are many choices, for example:
  - Tai Chi
  - Stretching and movement
  - Chair exercises (may be adapted to play games like tetherball or volleyball)
  - Walking programs (may be useful with residents who tend to wander)
  - Gardening in raised beds (may improve fine motor movements and reduce stress)
  - Playing active games, both indoors and outside
  - Dancing

Music as Activity

The therapeutic benefits of music in soothing and calming older adults with dementia are widely recognized.[2] Basic principles of music activities include:

- Plan music activities based on the person's *individual preferences and needs.*
- Start by assessing the person's music interests.
  - Remember! Not all music is enjoyable to all people.
  - Listening to "old time tunes" may be fun for some, but not all.
  - Individualized music is best, so take time to find out what the person's preferences are!
  - If the person with dementia is unable to tell you about his/her music preferences, ask family members.
  - Use a music interest inventory:
    - ✓ How important was music earlier in life?
    - ✓ Did the person sing, play a musical instrument or dance?
    - ✓ What type of music was enjoyed? (e.g., classical, religious, blues, big band?)

[2] See references at the end of this handout that describe the use of music with older adults who have dementia.

- Think about when music might be helpful in the resident's daily routine. For example:
  - Helping the person wake up?
  - Calming the person at times agitation commonly occurs?
  - Engaging the person when sitting alone?
  - Relaxing the person at bedtime to promote sleep?
- Remember: Music has many forms and many purposes! Music may be:
  - *Active*: Residents may sing, move to music, or play instruments.
  - *Passive*: Residents may listen to music alone or in a small group.
  - *Activating*: Listening to or playing music may engage those who are bored, lonely, isolated, or apathetic.
  - *Relaxing*: Listening to or playing music may distract, relax, and reduce tensions for others.
- Music can be used with individuals or in groups. For example:
  - Use a CD or MP3 player (with or without a headset) with an individual.
  - Sing favorite songs during personal cares (as a distraction or to promote enjoyment) or informally with a small group.
  - Play a guitar or piano and ask residents to sing along.
  - Ask a resident to play an instrument that she/he played earlier in life (e.g., piano).
  - Organize "music groups" that use different instruments that residents can easily use to "make music" (e.g., tambourine, bongo drums, maracas).
  - Combine music with movement, dancing, or exercise.
  - Play soft background music during mealtimes or bathing (e.g., associated with reduced agitation).

Social Groups

Bringing people together in small groups encourages resident-to-resident social connections during the group, and hopefully after the group is over. Common principles of conducting small groups include the following:

- The activity leader facilitates resident interactions.
  - Help residents to ask questions of each other.
  - Encourage sharing items and taking turns in conversation.
  - Focus on resident-to-resident interactions, not resident-to-leader interactions!
- Consider the unique characteristics of group members when forming a group.
  - Remember, not everyone shares the same interests!
  - Think about personality styles and common communication patterns.

  - What is a good "mix" of styles and interests?
- Provide time for introductions and to reconnect with friends in the group.
- Leave group members with things to do together at the end of the social program.

Arts and Crafts Clubs

Designing "clubs" or "classes" for older adults facilitates a sense of involvement in usual (normalized) activities. Just as the person may have belonged to a social organization or club earlier in life, participating in "club" that is consistent with current or past interests may be an appealing and understandable format for the small group activity. There is really no limit to the type of club or class that might be offered. Some common types of clubs are listed below.

Sport-related clubs	**Crafts**	**Arts**	**Outdoors**
▪ Golf	▪ Jewelry	▪ Photography	▪ Weather
▪ Baseball	▪ Beading	▪ Watercolors	▪ Cars
▪ Fishing	▪ Decoupage	▪ Pottery	▪ Birds
▪ Bowling	▪ Painting rocks	▪ Drama	▪ Gardening

Common successful approaches in organizing and implementing clubs include:

- Set weekly or twice-weekly meetings.
- Always welcome new members and use principles described under Social Groups.
- Develop a clear focus for the activity; know what you hope to achieve with the group.
- If the club involves making something, prepare a sample so residents can "see what it is."
- Focus on residents doing as much as possible.
- Remember that the **process,** not the **end product,** is most important.
- Steps for Jewelry Club (Buettner & Fitzsimmons, 2005) provide an example:

Jewelry Club

General considerations: Interest in jewelry; mild to moderate dementia; does not have pica (eats non-food items)

Group size and timing: 3 to 4 participants who meet 30 to 45 minutes once or twice a week

Materials needed: Table and chair so participants can comfortably sit; jewelry boxes filled with costume jewelry

Approach: Give each participant a jewelry box to sort through and rearrange. Provide mirrors so participants can try on jewelry. Have a discussion about jewelry likes/dislikes. Use cues like:

- Do you remember your first piece of jewelry? What color was it?
- Did you ever have a locket? Whose picture was in it?
- Did you ever have a charm bracelet? What kind of charms did you have on it?
- Did you ever have a diamond ring? Who gave it to you?

Other arts-related activities include the following:

- TimeSlips "supports a global movement to bring meaning to late life through creative engagement." [Quote from TimeSlips website: https://www.timeslips.org/about/our-story]
  - TimeSlips was developed by Ann Basting, PhD, and is used for persons in mid- to late-stage dementia.
  - Stories are created using a group process in which group members add "pieces" to a story – including sounds, gestures, nonsensical answers, and full sentences.
  - Leaders ask open-ended questions, echo responses, record contributions, and later read the story back to members.
  - Training programs are offered throughout the country and online, with additional information found at the TimeSlips website, https://www.timeslips.org/
- Memories in the Making ® Art Program is a watercolor painting activity developed and sponsored by the Alzheimer's Association.
  - Paintings are created and named by persons with dementia.
  - The focus is on creative expression, with no "right or wrong" approach.
  - Painting programs may be introduced and facilitated by local artists, and completed with simple materials.
- An "Open Arts Studio" allows participants to engage in a range of individualized artistic endeavors using safe, non-toxic items:
  - Painting with watercolors;
  - Molding shapes with clay;
  - Drawing with pastels or charcoal;
  - Creating of paper mache items;
  - Making "quilt squares" by combining grains and seeds with other textures in designs.
- Poetry is used as a stimulus for discussion, as well as an expression of feelings. Examples of using poetry include:
  - Reading poems, including those written by elderly people.
  - Introducing a theme, like love, then asking participants to tell what love meant or what it made them think about, then using ideas to compose a poem.
  - Pairing the older person with a young person to work together on a poem.
  - Encouraging reminiscence and discussion along with writing poetry.

Relaxation

A number of "traditional" relaxation approaches, such as guided imagery and progressive muscle relaxation, may be successfully adapted for use with persons with dementia. The most successful approaches for group-based relaxation approaches include:

- Use relaxation at times of high levels of restlessness.
- Get the relaxation group seated comfortably and dim the lights.
- Make sure there are no interruptions during the 10 minute session.
- Guided imagery is the most simple and cost-effective method available.

An example found in the *N.E.S.T. Approach* manual (2005) is to "guide" the group through a car ride that ends at a lake surrounded by pine trees. The script guides the person through the car ride, walking to the lake, touching the warm water, smelling the pine trees, laying down on a blanket, feeling the warm sun and falling to sleep. An example of the script follows:

You are riding in the front seat of a car……

You are on your way to a house on the lake……

[More description of the ride, turns in the road, and the car stopping]

You climb out of the car …….

and smell a wonderful smell……..Pine……..

You can see the lake through the trees……..

You walk down the dirt path to the lake…….

[More description of the walk, sights, and feelings of ground, branches, air]

You hear the lake……..

Gently lapping on the shore…….

You see a few small fishes……. swimming slowly through the water……..

The lake is so clear……. you can see the bottom…….

[More description of putting hands in water, feet in water, sounds of birds]

You spread out a blanket……. and lie down…….

Soon the warm sun……..is beating on your back…….

Feeling soothing……. and wonderful……..

[More description of the warm sun]

You drift…… into a light, pleasant sleep……[End]

- Allow 2 minutes at the end of the program to turn on lights and provide closure to the session.
- Relaxation program may reduce agitation/restlessness when provided in the late afternoon or early evening shift.

Other types of relaxing interventions described in the literature include:

- Hand and foot massage, often with lightly scented lotions or oils.
- Aromatherapy, which may involve smelling flowers, foods, oils, or other scented items, as well as placing scented oils on linens.
- Playing soothing music during mealtimes or baths (also described under Music).

Animal-Assisted Activities

Many older adults were raised with pets and other animals that were part of daily living, and enjoy contact with animals. Pet "therapy" has long been recognized as a means to comfort older people, including those with dementia. Pet programs are increasingly offered in long-term care settings, but may not be used to their best advantage. For example, building a bird aviary is a great idea, but if it is located at a busy intersection of the facility, the attraction to sitting and listening to the birds may be reduced. In other instances, the "pet visitor" comes at a time convenient to the owner, not one that is best for residents (e.g., after lunch when people are already resting). There are also important differences between animal-assisted *therapy* and animal-assisted *activities.*

Animal-assisted therapy (AAT) is a targeted intervention that has a specific therapeutic goal. The intervention is applied by a health care professional, and outcomes are documented in the resident's chart.

Animal-assisted activities (AAA) may be conducted by volunteers and largely involve visiting residents who enjoy animals. This includes pets that reside in the nursing facility, such as a cat or dog, and ones that "visit" as part of a pet program.

Both types of animal-assisted programs have benefits, but the approach and goals are different.

- Common benefits of animal-assisted programs include:
  - Motivating older adults
  - Encouraging social connections, reminiscence, and storytelling
  - Providing relaxation and nurturing
  - Promoting movement and communication
  - Serving as a form of "unconditional positive regard" that improves self-worth
- Pet Partners© is an excellent program. Trained and insured volunteers can be located at: https://petpartners.org/
- Infection control information can be located at the Centers for Disease Control (CDC) Healthy Pets, Healthy People page: https://www.cdc.gov/healthypets/
- Common approaches to using AAA include:
  - Find out which residents enjoyed pets in the past (and what type of pets).
  - Inquire if the resident would enjoy a weekly pet "visitor."
  - Arrange for visits with the pet program (e.g., Pet Partners).

- Assign a staff member to partner with the AAA volunteer to facilitate the sessions.
- Cue the resident to talk about the current visit and past experiences:
  - ✓ Does his coat feel soft?
  - ✓ Would you like to hold him?
  - ✓ Did you have a cat/dog as a pet?
  - ✓ Was your cat/dog an inside pet?

- Remember, pet visits may have different goals with different residents. Common goals include:
  - Improved communication or language
  - Movement, stretching, eye-hand coordination, or other physical functional abilities
  - Reducing solitude or boredom
  - Distraction from BPSD like wandering, agitation, or restlessness

Therapeutic Cooking

Cooking is an important "life role" for many older adults – one that is often associated with pleasant memories related to enjoying favorite foods AND socializing with family, friends, and community members. Most residents, both male and female, enjoy preparing and sampling foods.

- Extending this life role into activities enacted in the nursing facility provides many opportunities to:
  - Promote comfort and enjoyment
  - Add nutrition (for those who are not eating well)
  - Stimulate thinking (cognition) as cooking steps are planned and implemented
  - Improve physical functioning (e.g., stirring, rolling, mixing by hand)
  - Interact with the group leader and other residents:
    - ✓ Discussing favorite foods
    - ✓ Describing flavors and smells
    - ✓ Remembering food-related events during holidays or at church, the county fair, or family reunions
    - ✓ Reviewing recipes or "old-time" methods of food preparation
    - ✓ Telling funny food-related stories among other topics
- Having a universally designed, therapeutic kitchen for residents' use is an ideal way to promote gatherings.
- Cooking activities may be undertaken without kitchens if you plan carefully.
  - Use a blender, microwave, hot plate, and a cooler if you don't have a kitchen.

- High, middle, and low functioning residents can each have planning cooking groups based on their functional abilities. For example, have
  - High functioning residents prepare a picnic meal or a breakfast.
  - Middle functioning residents make butter or ice cream, or use an apple peeler.
  - Low functioning residents make a snack such as cheese and crackers.
- ***Related activities and ideas include:***
  - Build on the "aroma therapy" aspects of pleasant smells created while cooking (e.g., baking cookies).
  - Combine cooking with gardening activities, such as preparing vegetables that are gathered from the garden.
  - Organize a "community outing" to pick up apples underneath a tree, then prepare apple pie or crisp.
  - Sort large print recipe cards, using them as a focus of socialization and discussion.
  - Combine cooking with setting the table, including colorful tablecloths or napkins, flowers, and other decorative items.
  - Involve family members in cooking activities and discussions.
- Like all other activities, focus on the older adults' involvement – both in conducting the cooking activity AND in the discussion. *AVOID having residents "watch" while staff do the work!*

Sensory Activities

A wide variety of activities may be used to stimulate "the senses" – smell, taste, sight, sound, and touch.

- Sensory-based activities may be used:
  - Alone, as the focus of an individual or small group activity;
  - To "transition" residents from one activity to another; and
  - Before or after personal cares to distract or comfort the resident.
- Some examples of simple sensory activities include asking the resident:
  - Would you like to smell this flower?
  - Would you like to taste a pickle?
  - Can you guess what's in this brown paper bag? What does it feel like?
- Provide Simple Pleasures items throughout the unit (e.g., stuffed fish to hold, hand muff, sensory vest or tablecloth) to make it easy to access items when needed.
- Interactive wall hangings or bulletin boards can be created and used by residents "as needed" (see Simple Pleasures plans).

- Try to make experiences "multi-sensory" by combining smells, tastes, touch, or pressures to engage or calm the resident.

Additional Activities Described in the Literature

A variety of additional activities are described in the literature. While the list below is not exhaustive, the point is that many different approaches may be used to engage older adults with dementia in meaningful activities.

- Snoezlen ®Multi-Sensory Environment
  - Sights, sounds, textures, aromas, and motion are blended to provide sensory stimulation that is individualized to the person.
  - Some facilities have developed "Snoezlen" rooms that combine colored lights, lava lamps, soft objects to hold/touch, comfortable seating, and music or nature sounds.
  - Snoezlen rooms are intended to promote interactions between care recipients and providers, and should not be used as a "seclusion room."
  - Additional information is located on the Snoelzen website: http://www.snoezelen.info/.
- Simulated Presence Therapy has been used to calm distressed older adults.
  - This intervention is also called "Video Respite."
  - Video or audiotapes of family members who "talk" to the person are created.
  - May be combined with music or memory books.
- Environmental adaptations are associated with increased comfort and decreased agitation. Examples include using:
  - *Nature sound tapes*, such as the sounds of rain falling, birds singing, or waves lapping on the shore
  - *White noise tapes,* such as low intensity, rhythmic sounds
  - *Tablecloths,* color-contrasted table wear, and dimmed lighting in dining rooms
  - *Aromatherapy*, including use of lavender and Melissa oils
  - *Rocking chairs* used regularly (60 minutes a day, 5 days a week)
  - *Stopping places* in hallways, such as a park bench with pictures, to distract wanderers
  - *Signage* is associated with improved way finding (e.g., to toilet)
- Therapeutic Gardens may be either passive or active.
  - Flowers, grasses, vegetables, rocks, bird feeders, and fish ponds may be safely combined to create diversion and relaxation.
  - Raised beds offer many opportunities for engagement and improved mobility.
  - Walking or sitting in gardens helps relax and distract from negative emotions.
  - Gardens provide a range of natural sensory experiences and topics for discussion.

- Intergenerational programs are recognized as an important component of nursing home care, as emphasized in the Eden Alternative ® model of care.
  - Visit the Eden Alternative website for more information about this approach and training opportunities: https://www.edenalt.org/
  - The Eden model supports ten basic principles. The first three emphasize the importance of relationships, as noted below.

The Ten Principles of the Eden Alternative

1. "The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders."
2. "An Elder-centered community commits to creating a Human Habitat where life revolves around close and continuing contact with people of all ages and abilities, as well as plants and animals. It is these relationships that provide the young and old alike with a pathway to a life worth living."
3. "Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship."

Source: Eden Alternative,® Mission, Vision, Values, Principles, *The Ten Principles of the Eden Alternative*. Retrieved July 16, 2019 from https://www.edenalt.org/about-the-eden-alternative/mission-vision-values/

- Therapeutic Activity Kits are somewhat like the "Wandering Cart" described in Simple Pleasures, but have different components. The Kit and its contents are described in the series *Try This: Therapeutic Activity Kits*, Issue D4, Revised 2019 provided by the Hartford Institute for Geriatric Nursing (https://consultgeri.org/try-this/dementia/issue-d4).
  - Items included in the Activity Kit should be personalized to the older adult.
  - Suggested items include:
    - ✓ Art supplies such as watercolors or nontoxic clay
    - ✓ Washcloths to fold/stack
    - ✓ Fit-a-space puzzles
    - ✓ PVC piping to assemble in patterns or shapes
    - ✓ Playing cards to sort, shuffle, or use to play games
    - ✓ Favorite CDs or videos (e.g., music, voice, home or classic movies)

References

Many of the interventions described in the video lecture are discussed in detail in the N.E.S.T. training manual by Dr. Linda Buettner and Ms. Suzanne Fitzsimmons:

Buettner, L., & Fitzsimmons, S. (2009). *N.E.S.T. Approach: Dementia Practice Guidelines for Disturbing Behaviors.* Andover, MA: Venture Publishing.

Music in Dementia Care

Casby, J.A., & Holm, M.B. (1994). The effect of music on repetitive vocalizations of persons with dementia. *The American Journal of Occupational Therapy, 48*(10), 883-889.

Clark, M.E., Lipe, A.W., & Bilbrey, M. (1998). Use of music to decrease aggressive behaviors in people with dementia. *Journal of Gerontological Nursing, 24*(7), 10-17.

Denney, A. (1997). Quiet music: an intervention for mealtime agitation? *Journal of Gerontological Nursing, 23*(7), 16-23.

Gagner-Tjellesen, D., Yurkovick, E., & Gragert, M. (2001). Use of music therapy and other independent therapeutic nursing interventions in acute care. *Journal of Psychosocial Nursing and Mental Health Services, 39*(10), 27-37.

Gerdner, L. (1999). Individualized music intervention protocol. *Journal of Gerontological Nursing, 25*(10), 10-16.

Gerdner, L. (2001). *Individualized Music Evidence-Based Protocol*. Iowa City, Iowa: The University of Iowa Gerontological Nursing Interventions Research Center Research Dissemination Core.

Hicks-Moore, S.L. (2005). Relaxing music at mealtime in nursing homes: Effects on agitated patients with dementia. *Journal of Gerontological Nursing, 31*(12), 26-32.

Therapeutic Gardens

Larson, J.M. & Meyer, M.H. (2006). *Generations Gardening Together. Sourcebook for Intergenerational Therapeutic Horticulture.* Binghamton, NY: Food Products Press. An Imprint of The Haworth Press, Inc. https://www.crcpress.com/

Brawley, E.C. (2002). Therapeutic gardens for individuals with Alzheimer's Disease. *Alzheimer's Care Quarterly, 3*(1), 7-11.

Sloane, P., Zimmerman, S., Gruber-Baldini, A. & Barba, B. (2002). Plants, animals, and children in long-term care. *Alzheimer's Care Quarterly, 3*(1), 12-18.

Tyson, M. (2002). Treatment gardens: Naturally mapped environments and independence. *Alzheimer's Care Quarterly, 3*(1), 55-60.

Therapeutic Arts

Innes, A. & Hatfield, K. (2002). *Healing Arts Therapies and Person-Centered Dementia Care*. London: Jessica Kingsley Publishers. https://www.jkp.com

Basic Principles and Approaches Related to Activities in Dementia Care

A number of important factors that were discussed earlier in the program need to be considered when thinking about selecting and using activity-oriented interventions for older adults with dementia:

- All activities need to be **"Person-Appropriate"** – designed to meet individual preferences, needs, and abilities.
- Knowing the person with dementia helps you "tailor" or match activities to the person's unique and changing needs.
  - ✓ What TYPE of activity to use
  - ✓ Which ADAPTATIONS may be needed to fit the person's functional level
  - ✓ WHEN it is most valuable to use the activity with the resident
  - ✓ How OFTEN to offer the activity
  - ✓ How LONG the person will likely remain engaged in the activity
  - ✓ HOW MANY residents to include in group activities
  - ✓ WHICH residents to put together in small groups
- Activity involvement is MORE than the programs offered by the activity or recreation department.
  - ✓ Residents need things to do when activity or recreation staff are not present.
  - ✓ Nursing assistants and other daily providers MUST have access to resources that can be used for self-directed, one-to-one/individual, or small group activities that THEY lead.
- The focus of all activities is on RESIDENT involvement. Staff are *facilitators*.
- Activities should be "No Fail" experiences. There should be no "right or wrong" ways of participating.
- Transitioning residents from one activity to another is critically important. *Never leave residents alone with nothing to do!*
- Working together as a TEAM is a great way to be successful! Everyone has a role in keeping residents active and engaged.
- "Therapeutic Use of Self" means using your-SELF to comfort, assist, encourage, and coach the resident to promote enjoyment and success in the activity. In many ways, *the relationship you have with the resident is the most important part!*

Simple Pleasures

Simple Pleasures are a group of multilevel sensorimotor programs that may be used for several purposes such as reducing

- passive behaviors: sitting without active engagement with the environment or others,
- boredom: behavior that suggests a craving for things to touch or interact with, or
- agitation: restlessness, wandering, and physically or verbally non-aggressive behaviors.

Activities are designed to be used one-to-one/individually, or in small groups (no more than 5). Length of the intervention ranges from 5 to 45 minutes depending on the attention span of the person and his/her level of interest in the item. All items have all been tested for safety, and may be crafted by volunteers following directions that are provided for free online. Indications for using selected Simple Pleasures, along with brief descriptions of items are provided below.

AGITATED WANDERING

Item	Brief Description	Introduce	Demonstrate	Discuss
Wandering Cart	PVC pipe and utility wheels are combined with a wooden base to make a cart that may be pushed by the person. Soft pockets on sides are filled with interesting items and a mealtime tray may be placed on top to hold finger foods.	Here is a cart to for you to push. Give those games to others that you see. Be sure to try the food and share it with others.	Push cart to show how it rolls and moves. Look in the pocket and pull an item out, or eat an item from the food tray.	Where did you go? What kind of games do you have on your cart?
Table Ball Game	A box made of plywood is drilled with holes to "catch" tennis balls that are rolled toward the holes. A backboard and sides encourage rolling balls in different ways to "sink" them in the hole.	Here is a tennis ball we are going to use.	Roll the ball down the table and try to get it in the holes, then "Now you try."	Did you ever bowl? Did you play games at a carnival?

Source: Simple Pleasures retrieved July 15, 2019 from https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm

Item	Brief Description	Introduce	Demonstrate	Discuss
Sensory Wall Hangings	Interesting fabrics are decorated with pockets filled with safe and interesting "treasures," ribbons to tie, and other tactilely interesting objects like watering cans filled with flowers, a clothesline with socks hanging to dry, or the game "Rings on Hooks" in which the resident tries to "land" a ring on a hook (as if in a carnival game). Wall hanging are mounted and hung or may be laid on a table to be explored and examined.	Look at this wall. It has watering cans with flowers on it! Look at the clothesline. Someone is drying their socks! This is a neat game! Can you get the ring to land on the hook?	Touch wall hanging as you comment on what it "does" or has on it. Show how to take socks off the clothesline or throw the ring onto a hook to demonstrate. Now you try.	Did you help hang out the laundry? Did you raise flowers or vegetables? How did you water them? This is like being at a carnival. Did you go to a county fair when you were younger? Did they have games like this?
Look-Inside Purses & Fishing Tackle Boxes	A large print label that says "Look Inside" is placed on purses or fishing tackle boxes that are filled with safe and interesting items that relate to the theme.	Here is a purse/fishing box. Let's see what's inside!	Open the purse/fishing box, and look at items inside.	Did you carry a purse? What did you keep in your purse? Did you use to fish?
VOCALIZATIONS				
Wave Machine	Made from a salad dressing bottle that is filled with a combination of small sea shells, glitter, baby oil, and colored water and taped shut with electrical tape.	Look at this colorful bottle!	Tip the bottle back to make glitter and colored water mix with oil. Shake a bit. Cue to start: "Now you try."	Does it remind you of the ocean? Did you ever visit the ocean?
Polar Fleece Hot Water Bottle	Make a soft fleece cover for a hot water bottle. Fill the hot water bottle with warm (not hot) tap water. Be sure to get an order for use of heat!	I have something warm and soft for you to hold.	Assist to hold the hot water bottle in both hands and close to their body.	Does that feel good to you? Is it warm enough?

Source: Simple Pleasures retrieved July 15, 2019 from https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm

Item	Brief Description	Introduce	Demonstrate	Discuss
Hand Muff	Made of soft polar fleece exterior with soft satin lining and filled with washable batting.	This is a homemade muff to warm your hands. Put your hands in here. Let your hands rest a few minutes.	Put your hands in the muff.	Did you ever have a muff when you were a child?
Sensory Vest	Simple, untailored vests are made using a combination of brightly colored fabrics (e.g., silky, velvety, fleecy, textured) with pockets placed to hold additional safe sensory items that may be touched or held.	This is a vest that you can wear and that will keep you nice and warm.	Put the vest on and have the resident feel it and look in the pockets. "Now you try."	How does the vest feel? Did you used to wear a vest?
Sensory Tablecloth	Tablecloths are decorated to provide 4 different activities: tying ribbons, pockets with flap or zip closures, polar fleece mittens that hands may be placed into, and clothespins on shoelaces that are sewn to the tablecloth.	This is a tablecloth that has pockets with treasures inside.	Show how to unzip or open the pocket, put hand in mittens, tie ribbons or take clothespins "off the line." "Now you try."	Are the mittens warm and soft? Did you help hang out clothes when you were young?
Stuffed Fish & Butterflies	Sewn in shapes from soft materials and stuffed with filling to make comforting items to hold.	This is a really soft butterfly. Would you like to take it with you?	Touch or gently rub the fish or butterfly with your hands. Hand it to the person.	Look what the volunteers made! It's a fish of some sort. Do you like the colors?
HAND RESTLESSNESS				
Home Decorator Books	Large cardboard booklets are made of fabric, wallpaper, paint, and other decorating samples. Books can be made for every room in the house.	Here is a book with samples of rugs and wallpaper and other things you can use to decorate a room with.	Open the book and turn the pages. Point, touch, comment on the contents.	Did you own a home? Who did the decorating at your house?

Source: Simple Pleasures retrieved July 15, 2019 from https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm

Item	Brief Description	Introduce	Demonstrate	Discuss
Sewing Cards	Bond fabrics or pictures to the center of cardboard rectangles that are punched with holes along the edge. Dip ends of colored yarn in glue and let dry to create a "needle" that will allow yarn to be threaded in and out of holes in the card.	Here is some thread you can sew with. Isn't this picture pretty?	Put the yarn in and out of the holes in the card. "Now you try."	Who taught you to sew? Which card do you like the best?
Stress Balls/ Squeezies	Fill a round balloon with millet seed using a cut-off plastic pop bottle as a siphon. Tie the first balloon then slip a second balloon over the top to hide the knot and tie again.	Here is a ball you can squeeze without breaking.	Show how to squeeze, flatten, or roll the ball toward a safe target.	Which color do you like best? Would you like to learn to make these?
Note: The Wave Machine, Hand Muff, Sensory Vest, Sensory Tablecloth, and Look-Inside Purses & Fishing Boxes are also excellent choices for hand restlessness.				
PASSIVITY				
Picture Dominoes	Brightly colored pictures with words are mounted with glue to wood rectangles to create a set of 19 picture dominoes.	"Here are some dominoes with different pictures on them."	Show the person how pictures can be matched, stacked, or sorted.	Did you play dominoes when you were younger? Do you remember how to score the game of dominoes?
Tether Ball Game	Create a multi-fabric sack made of different fabrics, such as fleece, velour, or other textured materials that are held with a drawstring over a round balloon that is inflated to fill the sack. Suspend the ball with a strong string and hang from the ceiling.	Here is a ball that is soft and fun to play with.	Hit the ball single-handed and then with both hands, then return to the resident. "Now you try to hit the ball."	What kind of games did you play when you were a child? Did you ever play volleyball?

Source: Simple Pleasures retrieved July 15, 2019 from https://www.health.ny.gov/diseases/conditions/dementia/edge/interventions/simple/index.htm

Item	Brief Description	Introduce	Demonstrate	Discuss
Message Magnets	Cut out words or phrases from magazines such as "I am," glue to magnet sheeting, and cover with transparent tape. Magnets may be sorted, stacked, or stuck to a cookie sheet to answer questions or make statements.	Look at these words. See how they stick to the board? Let's try to make a sentence together.	Put words/phrases together to make a short sentence, such as "I am" and "happy."	Now you decide how to finish the sentence. (I am…)
Sensory Tablecloths and Stress Balls also are excellent choices for residents who are passive.				

Items and descriptions provided here are a sample of more specific instructions for making and using items found at the Simple Pleasures website noted in the footer. Complete instructions and ideas for use are located there.

Part 3: Activity Options and Alternatives
Work Place Exercise

Work Place Exercises

As outlined in Part 1, we ask that teams of 4 staff work together: an activity or recreation person, a social worker, a nursing assistant, and a nurse. Each team member is asked to select a resident with dementia who may benefit from being evaluated as part of this training program. All work place exercises are applied to that SAME resident, and teams are asked to work as groups to change care practices. We know that every team member has a different role in providing activities, but working as a team is the most successful way to get things done!

Part 3 Work Place Exercise Directions:

There are 6 steps in this exercise.

1. Read the information on page 2, "Matching Activities to Participant's Skill Level."

2. Review the 2-page form "Activity Analysis: Rating Demands of Activities" that follows on pages 3-4.

3. Complete the practice exercise on Page 5.

4. Read "Adapt Activities to Meet Needs" on page 6.

5. Complete the form "Recreation Action Plan for Your Resident" on page 7.

6. Discuss your ideas and concerns with your team members. Review all four residents, share information, and make a list of additional steps that may need to be taken to put your ideas into action.

Examples of steps that might need to be taken as a result of your discussion about matching activities to residents might include:

- Breaking common activities into simple steps, and writing those steps down so they are easy for staff to follow when using activities with Your Resident.

- Applying ideas from the Simple Pleasures and Activity Options handouts to Your Resident's favorite activities.

- Consulting with a specialist about how to adapt an activity to meet the needs of Your Resident.

- Talking to your supervisors or peers about getting needed help and support to make changes.

- Visiting with family to discuss what type (if any) and how much involvement in activities they might enjoy.

Matching Activities to Participant's Skill Level

In order to provide positive recreation experiences for older adults, we need to think about the match between

- the skill level of the older adult with dementia, and
- the demands or challenges that are part of the recreation activity.

In Part 2 of this training program, we looked at skill levels related to Your Resident's favorite activities by making 3 lists:

1. Your Resident's favorite activities,
2. Factors that need to be considered in making an activity plan for Your Resident, and
3. Additional information that you/your team may need to make a Person-Appropriate activity plan for Your Resident.

In this exercise, we are going to expand on that information, focusing on how to

- Estimate the demands of the activity, and
- Adapt activities to make them achievable for persons with dementia.

Activity Analysis: Matching Skills to Demands

Demands of the Activity

Activity analysis is a method for examining the characteristics or demands and challenges of an activity. An important starting place is to think about the demands of Your Resident's favorite activities. To do that, we will use a checklist approach that was developed by recreation activity specialists.[1, 2]

- Start by reading the 2-page form "Activity Analysis: Rating Demands of Activities" that follows.
- Complete the practice exercise on page 5.
- Read "Adapt Activities to Meet Needs" on page 6.
- Complete the form "Recreation Action Plan for Your Resident" on page 7.

[1] Adapted from In-Home Recreation by Judith Voelkl. Used with permission.
[2] Adapted from Peterson, C.A., & Gunn, S.L. (1984). *Therapeutic Recreation Program Design: Principles and Procedures.* Upper Saddle River, NJ: Prentice Hall, Inc.

Activity Analysis: Rating Demands of Activities[3]

1. Physical Demands/Characteristics

- What parts of the body are required?
  ___ arms ___ hands ___legs___ feet___ neck___ head

- What types of movement are required?
  ___ bending ___ stretching ___ standing ___ reaching ___ throwing ___ catching
  ___ others? (List)

- What level of overall coordination is required?
  ___ low ___ medium ___ high

- What level of eye-hand coordination is needed?
  ___ low ___ medium ___ high

- What level of strength is required?
  ___ low ___ medium ___ high

- What level of endurance is required?
  ___ low ___ medium ___ high

- What level of flexibility is required?
  ___ low ___ medium ___ high

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2. Cognitive Demands/Characteristics

- How much immediate recall is necessary?
  e.g., retaining information that was just provided, like rules to a new game

- How much long-term memory is necessary?
  e.g., remembering things from the past

- What level of concentration is required?
  ___ low ___ medium ___ high

- How long does the person need to attend or concentrate?
  ___ very short (<5 minutes) ___ short (5-10 minutes) ___ medium (10 to 20 minutes)
  ___ long (more than 20 minutes)

- How many rules are there?

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[3] Adapted from Peterson, C.A., & Gunn, S.L. (1984). *Therapeutic Recreation Program Design: Principles and Procedures.* Upper Saddle River, NJ: Prentice Hall, Inc.

Cognitive Demands/Characteristics, continued

- Do participants need to be able to
  ___ read ___ write ___ use math

- Do participants need to be able to recognize
  ___ colors ___objects ___ sizes ___ numbers

- Is abstract thinking needed?
  e.g., is planning or problem-solving involved?

- What level of communication is needed to participate?
  ___ little/low ___ some/medium ___ a lot/high

---

3. Emotional Demands/Characteristics

- What positive feelings may be aroused as part of this activity?
  ___ pleasure ___ joy ___ excitement ___ affection ___ sense of belonging
  ___ other? (List)

- What negative feelings (if any) may be aroused as part of this activity?
  ___ guilt ___ pain ___ anger ___ fear ___ frustration ___ sadness
  ___ other? (List)

---

4. Social Demands/Characteristics

- What type of social interaction is demanded?
  ___ dyad (two people) ___ small group ___ large group

- Do participants interact directly with one another?

Practice Exercise: Rank Activities in Terms of Demands

A simplified approach to analyzing activities is to keep the questions on pages 3-4 in mind and rank the four domains – physical, cognitive, emotional, and social – in terms of their demands:

1 = domain with most demands,
2 = domain with second greatest demands,
3 = domain with third greatest demands, and
4 = domain with the least demands.

Start by thinking about these two examples:

Bicycling	Physical	1
	Cognitive	2
	Emotional	3
	Social	4
Solitaire	Physical	3
	Cognitive	1
	Emotional	2
	Social	4

Now apply that approach to the following activities:

Jigsaw Puzzles	Physical	_____
	Cognitive	_____
	Emotional	_____
	Social	_____
Visiting with friends	Physical	_____
	Cognitive	_____
	Emotional	_____
	Social	_____
Gardening	Physical	_____
	Cognitive	_____
	Emotional	_____
	Social	_____
Walking for exercise	Physical	_____
	Cognitive	_____
	Emotional	_____
	Social	_____

Adapt Activities to Meet Needs

Another important step in successfully matching abilities to demands of activities is to ADAPT the activity. In many cases, activities can be modified to match the abilities of the individual. Activities can be simplified by

- ✓ breaking them down into steps,
- ✓ modifying steps that are too difficult, or
- ✓ eliminating some steps altogether.

Break Activities into Understandable Steps

An important way of adapting activities is to break the activity into steps that the person with dementia can more easily understand. For example, instructions in a cooking activity might include a "sequence" aimed at success:

- Get one egg from the refrigerator.
- Crack the egg into the bowl.
- Beat the egg with a whisk.
- Add the egg to the sugar and butter mixture.

Providing one instruction at a time will help to eliminate possible sources of confusion, and increase success in participation.

Simplify Activities

In other cases, the activity may be changed to accommodate the person's level of ability. The game of dominoes offers a good example:

- Higher functioning residents may still be able to play dominoes using standard rules if they are cued and assisted with scoring.
- Substituting white dominoes (that have color contrasted dots) for standard black dominoes (with white dots) may help residents accurately see and count the dots.
- Making larger, 2 x 4 inch dominoes from wood blocks may be useful for residents whose cognitive abilities are somewhat lower.
- Instead of playing by standard rules, dominoes may be used to build towers, laid out on the table in a design, or lined up in a row and tumbled for fun.
- Picture dominoes may be created and substituted for still lower functioning residents. Pictures may be matched, or dominoes may be used for building, making designs on the table, or tumbled for fun.

The goal is to maintain the key features of the original game or activity, but adjusting or adapting the rules or resources used to engage in the activity.

Recreation Action Plan for Your Resident

Your Resident's Favorite Activities (from Part 2)

1. _____
2. _____
3. _____
4. _____
5. _____

Rate each activity according to the demands it places on Your Resident, using the scale provided earlier (1= most demands, 4 = least demands). Then note any adaptations that might be made to help Your Resident be successful in the activity.

Your Resident's Activities	Domain	Rating	Adaptations Needed for Activity
1.	Physical	____	
	Cognitive	____	
	Emotional	____	
	Social	____	
2.	Physical	____	
	Cognitive	____	
	Emotional	____	
	Social	____	
3.	Physical	____	
	Cognitive	____	
	Emotional	____	
	Social	____	
4.	Physical	____	
	Cognitive	____	
	Emotional	____	
	Social	____	
5.	Physical	____	
	Cognitive	____	
	Emotional	____	
	Social	____	