"That's A GREAT Idea!"

Successful Activity Strategies for Persons With Dementia was the second presentation by Cat Selman at the Leading Age spring conference. She reminded us that 75-90% of residents have cognitive deficits. Activity programs should be geared to meet the needs of these people. The entire team must be involved in **social engagement.**

Dementia care principles include ***person centered care***. CMS requires nursing homes to provide a supportive environment that promotes comfort and recognizes individual needs and preferences. ***Quality and quantity of staff***. The facility must provide staff, both in terms of quantity (direct care as well as supervisory staff) and quality to meet the needs of the residents as determined by resident assessments and individual care plans.

Barriers to person centered activity programs include:

-failure to really change how people are listened to and responded to resulting in superficial changes.

-Focus on staff training to the exclusion of families and self-advocates.

-Failure to pay attention to the implementation of plans.

-Disconnection between seeing what is important to people in the process and how resources are allocated and used.

-Focus on technical training and failure to pay attention to follow up support, management action and embedding person centered values in organizational cultures.

-Implementation of person-centered care without good connections to other plans and strategies.

-Failure to get person centered plans developed for the main target groups.

-Failure of departments to work effectively together. The residents are everybody's job on every level. Social engagement is an activity! It's interaction!

Definition: One –to –one programming is programming provided to residents who will not, or cannot, effectively plan their own activity pursuits, or residents needing specialized or extended programs to enhance their overall daily routine and activity pursuit needs. One to one programming should be provided for all residents who have been assessed as needing

such intervention; especially those who have been assessed as needing added sensory stimulation, socialization, or specific activity adaptations. The length, duration, and content of one-to-one programming is determined by the specific needs of the individual resident. A one-to-one activity may be as short as 3 minutes if someone has extremely low tolerance, or if there are behavioral issues. You have determined this is the only thing they will benefit from and there is no time limit. Residents who may need one-to-one are those who have symptoms of depression, who don't socialize with others, who prefer involvement in the privacy of their room, who are bedfast, who have cognitive deficits, who have a type of dementia, or are disruptive or abusive in groups.

Matching the individual to the activity involves the initial assessment, identifying individual strengths, interests, abilities and customary routines. Also look at mental status, depression scales, and any other assessment tools. Individual goals and objectives, adaptations & modifications are important, as are staff skills and abilities.

Program types are limitless! As "what if?" and "why not?" Use google. Use different music. Don't limit yourself! The worse thing you can say is, "They can't do that!" TRY! One of the most looked at is "milieu therapy", modifying the environment to help the resident function better using personal and more familiar items. Music therapy is great, but don't have it on all the time or they will stop listening. Introduce music and end it. Most demented people can do one thing at a time. If they are engaged watching bubbles they aren't yelling.

CMS looks at one to one programming as:

-sensory stimulation or cognitive therapy, touch/visual/auditory stimulation, reminiscence, or validation therapy.

-social engagement i.e. directed conversation, initiating a resident-to-resident conversation, or pleasure walk.

-spritual support or nurturing i.e. daily devotion, Bible reading, or prayer with or for resident per religious requests/desires.

-creative task oriented i.e. music therapy, pet therapy, letter writing, word puzzles.
-support of self-directed activity i.e. craft material to rooms or setting up audio books.

Definition: Sensory stimulation is an individual or group activity for the cognitively impaired that has difficulty in relating and responding to their surroundings. Meaningful and familiar smells, movements, feels, sights, sounds and tastes from their surroundings are presented systematically and in a format that can be understood. This benefits cognitive function by reminding the resident of a particular place or event that can help them recall and imaging that environment.

Sensory stimulation benefits include communication, relaxation, quality of life and inclusion. Sensory activities can be used as exercises in communication. A good ways is spending time talking about sensory stimulation objects and the memories associated with them. Talking for extended periods of time about the objects helps the resident recall and employ figures of speech and idioms necessary for complex conversation. The residents can use the objects not only as a subject of conversation, but also to initiate reminiscence. Because sensory activities focus on memory recall, many find sensory stimulation a relaxing and comforting activity even while they challenge and exercise their cognitive function. To enhance quality of life use items of personal importance to the individual that also evokes sensory stimulation like family photos, favorite souvenirs or knick-knacks, voice recordings of loved ones or family home videos. Including residents in any activities, even those that may be more of a challenge for them if they have sensory impairments, makes them feel like a vital part of a family or group.

Look at **appropriateness of technique** when providing sensory stimulation. It does not focus on cognitive skills and is more suitable for individuals with lower functioning. Important to note, these approaches can be implemented by staff without an extensive background in theory and treatment.

Goals should include:

-improve environmental awareness
-prompt familiar functional behaviors
- -improve general level of alertness
- -enable appropriate social and environmental responses
- -provide reassuring, orienting information
- -provide pleasurable , sensory experiences
- -provide opportunities for emotional expression

Presentation of cues: It is essential to present materials/cues in a planned, organized manner. Organize the cues around a particular theme or focus. Direct the cues toward enabling an associated functional response. Present the cues in a sequential manner. Studies have shown the following order is effective and produces results. Choose a topic first then three cues or props for each. Once you use a cue/prompt for one sense you may not use it again for another sense. The idea is to bombard the senses. Gear it up or down based on the resident level. Create kits with instructions that family or anyone can use.

Sensory cues should be presenting in the following order:

-Smell---a smell that is associated with an event or moment in the past will often transport a person to that moment.

-Movement---usually not included in basic senses, but it is crucial. Excitement and invigoration derived from strenuous exercise is obvious. Pleasurable sensations and stimulating strenuous exercise or even body movements are not as obvious. Because of increased dependence on staff to "assist" many residents do not move as much, so movement is absolutely necessary!

-Touch---anything touched or that touches us can be stimulating. Incorporate texture, temperature, and shape.

-Vision--- can involve light, color shape or motion or a combination of these elements. Gently animated lights, kaleidoscopes, colorful paintings, nature movies, fiber optics are examples of visual stimulation.

-Hearing---calming effects of music.

-Taste---in many ways, the most pleasurable of our senses.

Example: the theme is phones

- -smell; cooking, phone book, cologne
- -movement; dialing, arm to ear, pacing, hang up
- -touch; twist cord, finding the number, pushing buttons
- -vision; telephone booth sign, different types of phones, a dime, colors, phone numbers
- auditory; ringing, dial tone, busy signal, operator
- -taste; pizza, coffee, snack, gum

Taste is closely aligned with smell and can lead to reminiscence. Because taste becomes less acute as we age choosing foods or beverages with strong flavors will be more beneficial.

Helpful hints! Walk around the living area with your head and gaze slightly lowered. Try to imitate their height, taking inventory from this perspective. What to you see through their eyes? Encourage rummaging. Intentionally leave safe, enticing items in plain sight within easy reach. For example, set out purses filled with "treasures" to actively encourage exploration. Display treasure chests, baskets, filled with objects or even entire open chest of drawers. Hang "dress up" hats and colorful scarves where they can be reached. Entice through "In Progress" tasks. Arrange simple, familiar tasks like a basket of laundry, place a little watering can next to a plant, or lay out unmatched socks.

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