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Complying with the new CMS Activities Guidelines is key

Developing effective activities programs for elders with dementia

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Care Guide research reporter

Keeping elders engaged in "person-centered" activities has been shown to be highly beneficial, and is a fundamental part of an effective care plan, according to the new activities surveyor guidelines issued by the Centers for Medicare & Medicaid Services (CMS.)

This article, which is the first of a three-part series, explains how to develop individualized, person-centered activities programs for your elders with dementia, that can help you comply with CMS recommendations. In addition, many of these activities are proven to improve several quality-of-life factors, plus cognition.

The next article will present specific examples of activities that enhance cognition and quality of life, while the third article will focus on activities designed to address dementia-related problem behaviors, such as wandering, aggression, rummaging and hallucinations.

The benefits of activities that allow elders to remain active and creative, by keeping their interests of a lifetime alive, and promoting new ones... also while encouraging social relationships and being pleasurable... are supported by research worldwide.

Yet, unfortunately, elders in longterm care often become less active, as they tend to spend most of their time—17 hours or more a day, according to recent findings—sitting down or lying in bed.

But regular participation in activities can make a big positive difference in an elder's life. Joining a singing or dancing group; taking an interesting trip; enjoying parties, quizzes and games; participating in gardening activities; sharing memories; and learning something new... like using the computer, cooking, or playing an instrument... are just a few examples of ways to bring joy to the life of an elder, and enrich their days.

Also, activities like these have been consistently shown to be effective in preventing and helping specific health problems, such as depression, sleep difficulties, anxiety and stress. They can also help maintain mobility, as well as promote independence in activities of daily living, like dressing, eating, and toileting.

For elders with dementia, the opportunity of being involved regularly in activities means even more. These elders face a slow, relentless cognitive and physical decline, which can develop over several years. Keeping them active and occupied can help preserve and, in some cases, improve their remaining skills, thus slowing down their deterioration.

Additionally, engagement in activities can help address the most common behavioral disturbances of dementia, such as wandering, hallucinations, delusions, and disruptive and rummaging behavior. This, in turn, helps reduce the need for antipsychotic medications and, therefore, limit the occurrence of side effects like daytime sleepiness, tremor, muscle rigidity, falls and fall-related injuries.

Develop individualized, person-centered programs

“Being active is being alive,” says Terry Smyth, Head of the Faculty of Music, Arts, and Health at Colchester Institute, Essex, U.K. “We need to remain active throughout life in order to exercise the body and to stimulate the mind... [and] although aging brings about changes in responsibilities and capabilities, as a care worker you should pay attention to the occupational, leisure and recreational needs of your elders.”

Knowing how to develop effective activities programs for persons with dementia is particularly important, given that, according to the research, 60 percent of elders living in long-term care facilities have dementia.

Your main goal, in this regard, is to ensure that each and every elder with dementia can participate—on a regular basis—in activities that are tailored to their own specific needs, interests and likes and dislikes; that is, activities should be “person-centered.”

This concept is at the heart of the new CMS guidelines, which state that activities “should be selected in response to the resident’s history and preferences.” And it is strongly supported by scientific evidence.

Researchers at the Pennsylvania State University, for example, have found that elders with dementia are more likely to participate in activities, and therefore benefit from them, if these are person-centered.

In fact, says Dr. McKee McClendon, of Western Reserve University, Cleveland, Ohio, “when a person-centered approach to care [including activities] is lacking, persons with dementia... may experience “excess disability” that will be reflected in accelerated decline.”

Know what your elder likes

The first step in developing a person-centered activities program for persons with dementia is getting to know them, so you can understand what they like doing. Ask yourself the following questions:

What are the person's current interests? This may give you a first, important indication of the types of activities that would suit your elder. For example, making greeting cards and flower arrangements may go down well for a person who likes doing arts and crafts. For someone who loves music, on the other hand, singing and dancing are probably better choices.

What are the elder's past interests? Remember that "the fact that past activities are not being followed now, does not mean that the elders have lost interest in them," explains Smyth. "It could be that they are no longer able to pursue them." Find out what the person used to enjoy doing in the past, and help them continue to cultivate such interests. Alternative activities such as watching (live or on television), reading or discussing can be acceptable substitutes—never as good as the real thing—of course, but absorbing all the same."

What is the elder's family and professional history? Jobs, marriage, and raising children influence our personality, and this should be considered when selecting an activity. This is particularly true for persons with dementia, who often believe they are still doing their old job. Knowing, for example, that Mr. Selve was a teacher will help find an activity that resembles his past occupation and role in the community, which will make him still feel important and useful.

What is the elder's cultural, religious and ethnic background? Your elders may come from very different backgrounds, speak different languages, and have different spiritual or religious beliefs. Check these for every elder and support them by incorporating aspects of them into the activities.

Find out the information

There are several ways to answer these questions. First, ask the elder. If they are unable to help, look at their life story book, and try to obtain as much information as you can from the person's family, their friends, and other residents.

Relevant information can also be obtained by observing the person during activities they are currently involved in. Do they like what they are doing? Are they actively engaged in the activity? Do they appear satisfied and content? Do they smile and have a relaxed expression?

Select the activities

The information you have gathered will enable you to select activities that match the elder's history, interests and preferences, thus ensuring that they are person centered.

Keep in mind though, that in order to meet the new CMS regulations, activities will *also* need to

- be meaningful;
- foster independence;
- promote a positive self-image;
- allow for socializing;
- stimulate reasoning skills;
- promote physical activity; and
- not be childish.

Meaningful activities are those that give sense of purpose. In addition to reflecting the elder's preferences, they "are enjoyable to the person, help the person to feel useful, and provide a sense of belonging," state the guidelines.

Try to be creative in finding ideas that ensure that the activities are meaningful. For example, think of activities that enable the person to produce or teach something, or to use their knowledge from a previous occupation.

Also consider that, just like all other older people, your elders with dementia still want to be part of the community and do things for others. So, think about activities like baking biscuits for children in hospitals; distribute newspapers and books to other residents; fold newsletters of the local church or school; cut out food coupons; watering flowers in the facility; and so on.

Meet the person's abilities and needs

As the next step, you need to ensure that the activities will be failure-free experiences, as much as possible. This does not mean that they should be too easy. Rather, they should be challenging enough to stimulate the person's thinking and be interesting, but not so difficult to cause frustration and failure.

This is only possible if the activities match the person's skills, capabilities, and needs. Mostly, these depend on the disease stage. While almost all physical and mental abilities are retained in early dementia, the more advanced stages of the disease are characterized by severe loss of memory and reasoning skills, as well as verbal difficulties. Thus, people at different stages of dementia will not be able to do the same things.

One important consequence of this is that, when planning group activities, you need to include persons that are in the same stage of the disease and have, therefore, similar levels of cognitive impairment.

Also remember: The abilities of each individual change constantly as the disease progresses; what your elder can do today may not be possible tomorrow. Therefore, you need to constantly assess what they can, and cannot, do, and adapt the activities accordingly.

An assessment of this kind can be done by carefully observing your elders—on a regular basis—while eating or folding a shirt. This will give you an insight into the person's capacity to

- move their hands;
- pay attention;
- concentrate on what they do; and
- socialize;

It will also give you some useful information about the person's hearing, eyesight, eye-hand coordination, and problem-solving skills.

In general, modifications and adaptations for activities for elderly with dementia include:

- ✓ Simplifying tasks by breaking them down into smaller, easier steps.
- ✓ Demonstrating the activity.
- ✓ Providing concrete verbal cues when giving instructions. For example, say "look at the ceiling!" when you want the elder to look up.
- ✓ Setting up a word chart, so that participants can point at the words to express themselves.
- ✓ Scheduling the activities each day at the same time, since elders with dementia like the routine; but avoiding the late afternoon, when their symptoms get worse because of the phenomenon of sundowning.
- ✓ Planning for small group and one-to-one activities.

Persons with dementia also need more time to do things, so allow plenty of time to complete each step of a given task. The length of each activity session should be determined based on how long your elder can stay focused.

Address other health problems

Don't forget that there are other health issues that may affect participation in the activities, such as poor vision, hearing problems, inability to use one or both hands, to walk, and so on. And the revised CMS guidelines emphasize that it is the caregiver's responsibility to take steps to ensure the person's engagement, regardless of these limitations.

Some important adaptations, as recommended by the CMS, include the following:

- ✓ *Persons with eyesight problems:* Provide descriptions of objects and people, and ensure access to large-print reading material, audio books, and magnifying and/or telescopic lenses.
- ✓ *Persons with hearing loss:* Use gestures, write instructions, and use pictures to reinforce what is being said; keep background noise to a minimum; and provide headphones and closed-captioning TV.
- ✓ *Persons with difficulties in holding and handling objects:* Provide adapted tools and other items. For example, weighted cutlery, paintbrushes, gardening tools, etc. for those with tremor (and the opposite for those with muscle weakness); large size cards, jigsaw pieces, etc. for those with poor fine-motor skills; and objects firmly taped to the working surface for those who cannot use one hand.

Make the activity work

Knowing how to conduct the activities is very important, too, to ensure they are beneficial. Always introduce yourself at the beginning of a session, as your elders with dementia may easily forget who you are. Greet them using their preferred name, and explain the activity, step by step, talking slowly using short and simple sentences. Use pictures or drawings that illustrate the activity to help the person understand. Or, write a few words that relate to the activity on a chalkboard. Repeat things if necessary, but pay attention to use always the same words, so as not to generate confusion.

Know who wears glasses and/or hearing aids and make sure they have them.

Also, because people with dementia often put things in their mouth, check that all the materials you use for an activity (glue, markers, clay, etc.) are non-toxic. For the same reason, you should avoid the use of too-small items, which may cause the person to choke.

Take care when planning group activities, or events that involve the participation of other persons, like family members or volunteers, to consider that people with dementia, especially those in the more advanced stages of the disease, may sometimes feel overwhelmed, or tired, and become agitated. For this, is always a good idea to have a quiet area where the elders who wish can spend some time away from the group and relax.

Always praise your elders for their achievement during the activities. Thank them for their cooperation and help, and make sure they know that they are important to you and their fellow residents.

Encourage volunteers' participation

Volunteers are always welcomed. They can be relatives, friends, members of staff, students, or other elders. They will help, reassure, listen to, and encourage the person during the activities, particularly when these involve elders with severe dementia, who need one-to-one assistance.

However, make sure, they know how to approach correctly a person with dementia. Take a few minutes, before the activity, to revise with them the following recommendations:

- ✓ Avoid approaching the person suddenly, or from behind, as the person can get frightened, and become aggressive. Move towards them from the front.
- ✓ Make eye contact before speaking and ask permission before touching them.
- ✓ Ask questions with yes/no answers when addressing persons with severe dementia.
- ✓ If you notice signs of frustration and/or agitation, gently lead the person by the arm away from the activity and provide reassurance.
- ✓ Never argue with the person, but smile and talk to them gently even if they become aggressive.

Conclusion

New guidelines by the Centers for Medicare & Medicaid Centers recommend that each elder, including those with dementia, have their own individualized, person-centered activities program. The activities should meet the person's preferences, interests, abilities and skills, while being meaningful and ensure dignity.

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Title of article: DEVELOPING EFFECTIVE ACTIVITIES PROGRAMS FOR ELDERERS WITH DEMENTIA

1. Recent findings indicate that elders spend 17 hours or more a day sitting down or lying in bed. YES NO

2. Activities have shown to be effective in preventing specific health problems, such as depression, anxiety, and stress. YES NO

3. For elders with dementia, the opportunity of being involved regularly in activities does not help to improve their remaining skills. YES NO

4. Dr. McClendon of Western Reserve University states that an elder with dementia can experience accelerated decline if there is a lack of person-centered care. YES NO

5. To develop person-centered activities, the professional must find out about the elder's current and past interests, family and professional history, and cultural, religious, and ethnic background. YES NO

6. The new CMS regulations state that activities do not need to stimulate reasoning because the dementia client may have deficits in this area. YES NO

7. One aspect to creative activities is to ensure that activities enable the person to use their knowledge from a previous occupation. YES NO

8. Activities can still be challenging, but not so difficult to cause frustration and failure. YES NO

9. Abilities change as the disease progresses, therefore, one must constantly assess what the client can and cannot do and adapt activities accordingly. YES NO

10. Observing your elders on a regular basis can provide useful information about the person's hearing, eyesight, eye-hand coordination, and problem-solving skills, hence, helping us to modify activities to meet the elder's capabilities. YES NO

11. Health issues may affect participation in activities, and it is the caregiver's responsibility to ensure the elder's engagement, regardless of limitations. YES NO

12. Volunteers can be very helpful in facilitating activities, particularly for elders with dementia who require one-to-one assistance. YES NO

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