

**A Therapeutic Recreation Assistant's Guide**

# **Program Plans for Older Adults**



**Edited by Cheryl Bain, RT  
& Laurie Chiasson, CTRS**

*A Therapeutic Recreation Assistant's Guide: Program Plans for Older Adults*

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*“I want it said of me by those who knew me best, that I always plucked a thistle and planted a flower where I thought a flower would grow.”*

**– Abraham Lincoln**

**This book is dedicated to the memory of Deborah Pederson,**  
a graduate of Stenberg College’s Therapeutic Recreation Assistant program. Deborah was an incredible woman who was passionate about life and sharing her gift of caring with others. She inspired her classmates, instructors, and community to see the beauty all around us. Deborah shared her love for gardening and nature with many through her creative and meaningful connections. May this book inspire others to carry on Deborah’s vision to brighten the lives of Older Adults by bringing joy and beauty in everyday moments.



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# Introduction

It would come as no surprise to me that you might be asking, “What is Therapeutic Recreation (TR)?” And if you already work in the field, you are probably all too familiar with this question yourself! For those less familiar, TR is a process utilizing recreation and leisure as a therapy intervention for improving the quality of life of individuals based on their assessed social, physical, emotional, cognitive, and spiritual needs, as well as overcoming any barriers that may impede the pursuit of these endeavours. Particularly for seniors, I often respond to this inquiry that putting a roof over people’s heads and food in their stomachs is of course essential, but if that were all that we provided in care, it would be a pretty boring and lonely existence. TR helps address the challenges of helplessness, loneliness, and boredom. By using a strength-based approach, TR assists individuals to find joy in their lives by supporting the pursuit of past, present, or future recreation interests. We provide opportunities to return to an activity once loved, or to try something new, perhaps adapted to what the individual is capable of handling at this stage in their life. As TR professionals, we seek to get to the core of the individual, figuring out what lights their fire, and helping them reconnect and reinvent themselves.

The number one principle of TR is person-centred care. What does that mean? Person-centred care means putting the person first. It focuses on what is important to the individual and their support network (friends, family, community, etc.). When trying to build programs and activities – knowing what the people we work with are interested in – facilitates the design of specific programs/activities, which promote attendance and make engagement much simpler. At one time, I worked in a rehabilitation hospital in an outpatient program for adults. While I was there, I was sent for a day course titled “Health-Change Methodology.” This was a workshop that was mandatory for all hospital staff to attend. For practitioners in a lot of other disciplines, the content of the workshop was a new and progressive way of treating patients. For anyone from TR, it was a refresher on our most basic concept – that a practitioner is to be strongly influenced by the individual patient’s wants and needs when providing care and treatment. To reach for the best care possible means collaborating with the person you are treating and giving them free choice and personal agency over what they are doing. Person-centred care means finding the individual’s strengths and maximizing their outcomes while minimizing their barriers.

Sounds like a lot of fun and games, right? TR is meant to be fun and enjoyable! We certainly have a good time. But there’s more to it than that. The programs we design are evidence based and outcome focused, which means we take the time to research purposeful programs with leisure activities matching specific interventions and proven efficacy. Furthermore, we are assisting individuals to achieve meaningful goals and outcomes specific to these goals.

This is where Stenberg College and the Therapeutic Recreation Assistant (TRA) Program come in. The educational programs offered by Stenberg College are simply a breath of fresh air, providing unique learning opportunities and to advance in your career. As a graduate from Stenberg College, I can honestly say I was presented with multiple opportunities after completing the TRA program. Thankfully, the Stenberg College TRA program's content and curriculum were the foundation I needed to pursue these opportunities and succeed in the world of TR.

Each of the program protocols in this book were developed by Stenberg College students as part of their coursework. Consultation from a Program Advisory Committee made up of curriculum developers, instructors, alumni, and industry professionals ensures the coursework provided at Stenberg College is up to date and the student's knowledge base is desirable and useful to those hiring in the TR industry. These program protocols developed by the students represent the quality education Stenberg College TRA students receive while attending school.

Because loneliness and isolation have a huge impact on the quality of life of seniors, Stenberg College focuses on the integral principles of socialization for the clients. Building strong relationships with their peers through social programming is an excellent way that TR can help older adults live a happier and more fulfilled life. Although it may look like a simple cooking program for older men, Boni Randall's "Knights of the Round Kitchen Table" covers so much more than just basic cooking skills. Educational opportunities for our clients are abundant through programming and this men's cooking group is a perfect example of that. On top of lessons in nutrition and cooking, interacting with men who find themselves in a similar life situation empowers the participants to feel a sense of social belonging and support from their peers. There is a strong social aspect that contributes to the men wanting to return each week. Much like many TR programs, Randall's program addresses several areas that may touch these men's lives.

Another example of incorporating socialization and education into a TR program comes with Kristal Amar M. de Castro's "Happy Hour-Techie Hour." Any opportunity to empower clients with new knowledge is a chance worth taking and what better way to learn than in a social group. The beauty of de Castro's program is that it teaches the clients basic technology skills that allow the clients to be more social and connected to people in their surroundings, especially their family and friends that they may be separated from. Particularly in our current global circumstances, using technology to connect with others has been paramount in promoting social opportunities in a time where distance from your loved ones is necessary and even mandated in some instances.

Getting the body moving causes a release of endorphins we all are familiar with. That feel-good sensation is just one reason we value physical programming with our clients. In addition, our aging population tends to defer being physically active which eventually leads to a decline in physical health, balance, and mobility. Engaging clients in physical programs can be sometimes very challenging, especially if they are

unfamiliar with formal class style exercise. However, there are so many interesting ways to get them moving that they need not worry about perfect form and rhythm. Take Bozena Gawerska-Panfil's "Dancing Dialogues" program for example. Dance/Movement Therapy (DMT) is a type of therapy that uses new and creative ways of moving, along with incorporating music into the program, thus helping the clients express themselves in a novel way. Besides, this therapy promotes opportunity to become more self-aware and mindful of those around you. As with many group programs, there is often an element of socialization that promotes building of relationships and reduction of isolation.

Programs such as Jillian Hannay's "Feeding the Body, Mind, and Soul" address the older adult population with more independence by pairing exercise education, hiking in nature, and journaling to promote health and wellness. Many current older adults may have lived their lives without recreation or leisure pursuits as a regular part of their day. Combining leisure education with several recreation ideas enable the clients to see a greater picture than just one program, meeting one specific need. Moreover, including nature to TR programming is an excellent way to help ground your clients and provide opportunities to relax and reduce stress.

There's something rather amazing when it comes to music and working in TR. Music is one of those special tools we use to connect with people and for most, it taps into our emotional well-being. Think about a song you love, but have not heard in a long time. Just hear a few notes strung together and the words and melody come rushing back to you! This meaningful connection to music is what sanctions programs such as "Karaoke Family Sing-Along" by Jocelyn Wild to succeed with clients with dementia. I remember working with a lovely lady in Long-Term Care (LTC) that was turning 103 years old. We planned a large party for her with balloons, live music, and treats for everyone. She had declined gradually over the last year and was not as chatty as she once was. However, when the music started, her foot was tapping and she started to sing along. The Music Therapist (an integral member of the therapy team), who was quite familiar with this resident, even had her take the lead on a couple numbers. It was so wonderful to see her transported back to her youth through the songs. Programs like Wild's have this remarkable way of connecting individuals with their past and establishing an emotional connection with those around them.

Tapping into the past and reminiscing about our experiences is another frequently used technique to connect emotionally with our clients. Tabitha Brubacher shows another innovative way to combine program elements that address emotional health and wellness through her program "Better with Age Book Club." Instead of just reading, the clients are provided some education and skill building in order to write their own story and share with the group. Plus, they are able to build a book together, choosing what to edit and even adding small illustrations, if desired. This is a great way to decrease depression and emotional stress through peer support and social interactions.

There is one thing for certain – the mind has a "use-it-or-lose-it" philosophy. Aging plays a significant role in the decline of cognitive functioning. Since many of our clients

are older adults, keeping the brain stimulated is an important part of any TR program. Enabling regular brain activities can help conserve current cognitive levels or even help prevent decline. We can let our minds do the work during Sarah Evans' "Air Travel Memories Discovery Kit." Using recall and reminiscing, Evans' program guides the clients through a journey in air travel. Engaging in this type of cognitive stimulation helps the participants to not only practise retrieving memories, but also sharing those memories with the group. This opens the opportunity to be expressive and social with the group, as well as excite the mind to make new connections or perhaps reignite old pathways.

While brain games and mind stimulation are very important components of TR, especially those with continual decline, presenting leisure educational opportunities for those who are more independent allows for a gain in knowledge and awareness of recreational pursuits – a completely different way to stimulate the mind. Those who do not have, or have never had a lot of hobbies, would benefit from attending "Looks Like We Made It," a contribution by Linda Weatherly. Her cognitive program looks at targeting those who have retired or will retire soon, and developing a strong knowledge base around recreation with these clients. This is a unique group to work with, as many retirees do not consider what they may like to pursue for recreation in their newfound free time.

When we think of spiritual programs, most minds jump to organized religion and traditional practices. However, spirituality can involve many other things, making spiritual TR programs more inclusive to those who are not affiliated with a particular faith. Spirituality can run deep in programs that, at first glance, may seem like they cover another domain. "Stretch in Motion Tai Chi" by Ken Biehl may appear to be only a physical program for seniors. But, if we examine tai chi more closely, it is apparent that the slow movements, mindful breathing, and practices in balance can be good for the mind and soul, too. This union of body and mind help create a spiritual connection for the participants. Using the garden and all its sensory input is yet another example of how spirituality can be found in TR programs in Sharon Pape's "Together in the Garden" program. Feeling the dirt in your hands; and smelling the damp earth, flowers, and grass transcends to another place through a connection with nature. This relaxing experience can be an excellent way to decrease anxiety as well as promote well-being for our clients, and continues to tap into our desire for spirituality.

The most challenging population I've had the opportunity to work with are those living with dementia. With Stenberg College's program focusing on gerontology and working specifically with seniors, there is a high probability that you will work with someone with dementia during your career. This is where TR is most needed! This disease robs individuals of their ability to remember, to make good judgment calls, and to engage socially with others. Programs that can pull on long-term memories and skills are generally the most successful with this client group. Some creativity on Ashley Terry's part led to the program "Laundry Day." It relies on the ingrained capability to fold

clothes, a skill most have had for much of their lives, and the innate sense of purpose while helping others. This program helps the clients feel like they are contributing to their community as a whole, and facilitates a decrease in responsive behaviours, which is a major goal during programming for people with dementia.

Samantha Lui's "Wood-Working ToolBox" also relies on past interests and a history of basic skills to perform meaningful activity for the clients. It can be quite surprising what happens to the older gentlemen when a simple toolbox appears with some "projects" to complete. The handyman comes out with minimal prompting! Working with those with dementia definitely has its challenges, but when you have success during a program, it's all that much more rewarding.

I hope you have found this introduction to Stenberg College's TRA Program insightful and informative. Consequently, I hope to have stimulated your interest to read on! This book highlights and shares programs that can be facilitated in a variety of settings along the continuum of care for older adults. Let us find inspiration in these programs for new ideas, whether in your own facility or your pursuit of the TR field. May we continue to aspire to engage and provide therapeutic interventions that highlight the strengths of the people we reach.

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*Stenberg College Grad & Recreation Therapist  
(Alberta Therapeutic Recreation Association)*



Artwork: **Gerry Gorrie**, an Elder at Kinsmen Lodge

# Social Domain

Social relationships are extremely important and the recent Harvard-based Grant Study led by George Vaillant reiterates this importance. This 75-year longitudinal study revealed that close relationships keep people happy throughout their lives (Waldinger, 2015). Meaningful relationships protect people from life's discontents, help delay mental and physical decline, and better predict long and happy lives than social class, IQ, or even genes (Glass, Mendes de Leon, Bassuk & Berkman, 2006; Waldinger, 2015). Without strong relationships, social isolation becomes a major health problem for older adults living in the community, leading to numerous detrimental health conditions. Social isolation is a state in which individuals lack a sense of social belonging, engagement with others, and have a minimal number of social contacts and the absence of fulfilling quality relationships (Nicholson, 2012).

Seniors living in the same building can experience social isolation. Thus, it is important to provide programs encouraging and supporting social inclusion and engagement. A great deal of relationship building occurs during targeted therapeutic recreation programming since they support and assist in the development and engagement of social networks (Austin 2013; Stumbo & Peterson 2009). Quality friendships in old age lead to a higher quality of life and better health (Novak, Northcott & Campbell, 2018; Edelman, Kudzma & Mandle, 2014). A higher level of perceived social support is also associated with a higher level of cognitive functioning, so the more frequently seniors participate in meaningful social activities, the greater the potential effect on their cognitive functioning (Krueger, et al., 2009).

# **Knights of the Round Kitchen Table (cooking skills for men)**

by Boni Randall

## **Target population**

This program is specifically designed for men in the community who have goals to enhance their knowledge of diet and nutrition, and who want to master their cooking skills for more independence and competency in their home kitchen. It is designed for widowed, divorced, or single men who are looking for social engagement and expanded social networks. It would also be suitable for men who are caregivers of a spouse.

## **Purpose**

To educate older male adults to acquire functional domestic skills. To utilize social interaction and create emotional support networks during leisure activity.

## **Rationale**

Healthy eating is both desirable and achievable in older adults (Hughes, Bennett & Hetherington, 2004). When seniors eat a healthy diet, they benefit from increased mental acuity, improved resistance to illness and disease, faster recovery from injury, a more robust immune system, higher energy levels, and improved management of chronic health issues (Kovatch & Kemp, 2010; PHAC, 2010). However, in studies of widowed senior men, barriers to nutrition and proper diet have emerged. With the loss of a spouse, men who live and eat alone, experience changes in psychosocial circumstances, such as fewer social engagements, poor cooking skills, bereavement and loss which contribute to poor nutrition and diet (Hughes, et al., 2004). Senior men living alone are more prone to malnutrition because they may not feel like cooking or they make poor food choices (PHAC, 2010; Santrock, Mackenzie-Rivers, Malcomson, Leung & Pangman 2014). Widowers are at risk of reduced independence, early institutionalization and mortality (PHAC, 2010). It is widely accepted that social engagement is related to many positive outcomes in older adults. People with more social ties live longer and have better physical and mental health (Santrock et al., 2014). Research shows that social engagement and engaging in leisure activities may play a role in maintaining cognitive function in late adulthood, and may even delay or prevent dementia (National Research Council, 2006). Studies evaluating community-based nutrition and culinary education programs for senior men have found the majority of participants gained confidence in cooking, increased their cooking activities at home, developed healthy cooking skills, and improved cooking variety. This suggests that community-based nutrition and cooking education for older men is a beneficial educational activity with social benefits, helping widowers to adapt to bereavement and cope more effectively by mastering new skills as well as expanding their social networks (Dutton & Zisook, 2005; Keller, et al., 2004).

## **Program description**

This 5-week educational and social program will teach participants the fundamental skills so they can work independently in their home kitchen. The goal is to promote healthy living through education and practical application of that knowledge.

This program will also increase social engagement and connection of a group of men with similar marital status (single, widowed, divorced, or married) or men who have had to take over the domestic roles in the home due to illness of a spouse. In all situations the participants will benefit by peer support and socialization. Socialization within the group will take place naturally during participant interaction in the execution of meal preparation. The men will work in groups of two or four at prep stations and will be required to share tools and common ingredients. This will encourage a normal amount of informal and formal discussion, collaboration, as well as peer support. A large part of socialization will take place at the end of the class as the group is dining together and enjoying the finished product, thus promoting a sense of comradery, pride, and self-esteem.

## **WEEK 1: Introduction and overview of course**

### **Handouts**

- Personal information sheet, including likes, dislikes, food allergies (to be handed back to instructor by the start of the next class) – check for food allergies prior to participants leaving
- Kitchen/cooking safety awareness: in-class worksheets
- Food safety: in-class worksheets
- How to read and follow a recipe
- Setting daily nutritional goals
- Shopping tips, list making, determining what to buy
- Shopping outing – areas covered:
  - o In-home/online shopping service
  - o Asking for assistance, where to get help
  - o Shopping the perimeter of the store, locating all the ingredients used in the course
  - o Produce: how to choose fresh produce; fresh vs. frozen vs. canned food, and their nutritional value
  - o Meat and alternatives: selecting cuts, lean vs. fatty cuts
  - o Grains: variety, choice, how to read a food label
  - o Milk and alternatives: best-before dates and quantities

**WEEK 2:**

- Meal #1
- Topic – four basic food groups and serving size, examples of balanced meals

**WEEK 3:**

- Meal #2
- Topic – the importance of breakfast, breakfast ideas

**WEEK 4:**

- Meal #3
- Topic – fats, good and bad, salt and alternate seasonings, marinades

**WEEK 5:**

- Meal #4
- Topic – basics in the pantry, freezer food, nutritious snacks, the importance of hydration
- Compile a booklet of recipes for participants to take home, including websites for additional easy recipes

**Goals and objectives****1. To increase knowledge.**

1.1 In the kitchen, participants will be able to demonstrate knowledge of:

- Proper handwashing techniques
- General kitchen safety procedures
- Safe food handling methods, food preparation, and storage
- How to use kitchen tools, the stove, and oven
- How to plan a meal, follow a recipe, and prepare a meal
- Food portion size and nutritional value of food

1.2 At the grocery store, participants will be able to demonstrate knowledge of:

- How to select fresh fruit and vegetables
- How to shop for cuts of meat
- Tips for wise shopping and budgeting
- How to access and use online shopping and home delivery services

## 2. To build confidence interacting with others.

2.1 By the end of the program participants, will be able to identify that they made at least one new friendship.

2.1 By the end of the program participants, will be able to explain using the tools/tips provided, how to host a dinner for friends or family.

## 3. To develop conversation skills.

3.1 Throughout the program, participants will able to demonstrate the ability to comfortably network with peers independently or with support from the facilitator.

### Problems/deficits the program addresses

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boredom                                  | <input type="checkbox"/> Low leisure awareness        | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input checked="" type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy  | <input type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation                | <input checked="" type="checkbox"/> Low self-esteem   | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                         | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input checked="" type="checkbox"/> Stress            | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                    |  |

### Interventions and facilitation techniques of the leader

The facilitator should be knowledgeable in nutrition and diet and have a good understanding of basic cooking skills.

- Guest speakers – Dieticians
- Ice breakers
- Hands-on participation
- Surveys
- Handouts

### Risk management considerations

#### Risk factors include:

**Accidents** – the facilitator is required to have a current First Aid Certificate and is able to deal with minor cuts and burns, as well as be prepared to deal with choking or food allergies.

**Fire** – if dealing with a gas stove, there is a possibility of a fire – prior to the class, locate the nearest fire extinguisher and be familiar with evacuation procedures in the event of an emergency.

**Food Safe procedure** – the facilitator is required to have a Food Safe Certification – follow Food Safe guidelines and ensure a safe and clean working environment including cross contamination and food prep, cooking, and storage.

**911 and emergency procedures** – in the event of a life-threatening incident, the facilitator should have a fully charged phone available to call 911.

**Expected program outcomes**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Improved cognition                    |
| <input checked="" type="checkbox"/> Sense of belonging   | <input checked="" type="checkbox"/> Stress management              | <input type="checkbox"/> Decreased confusion                   |
| <input type="checkbox"/> Leisure awareness               | <input checked="" type="checkbox"/> Reduced anxiety                | <input type="checkbox"/> Improved balance                      |
| <input type="checkbox"/> Social skills                   | <input checked="" type="checkbox"/> Coping skills                  | <input type="checkbox"/> Improved mobility                     |
| <input checked="" type="checkbox"/> Feeling useful       | <input checked="" type="checkbox"/> Social engagement              | <input checked="" type="checkbox"/> Increased functional skill |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Improved fitness                          | <input type="checkbox"/> Hope                                  |
| <input checked="" type="checkbox"/> Improved mood        | <input type="checkbox"/> Decreased agitation                       | <input type="checkbox"/> Sense of peace                        |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Reduced Pain                              | <input type="checkbox"/> Improved circulation                  |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input checked="" type="checkbox"/> Mastery                        | <input type="checkbox"/> Improved cardio                       |
| <input type="checkbox"/> Free expression                 | <input type="checkbox"/> Experience enjoyment                      | <input type="checkbox"/> Increased endurance                   |

**Evaluation methods/frequency**

Formative evaluation will take place during each session through observation and self-reflection by the facilitator.

Summative evaluation will take place in the form of post-session report forms and a participant survey after the final session.

# Hi There, What's New?

by Ken Biehl

## Target population

60+ male and female adults. For individuals who are not familiar with, or are somewhat afraid of technology and computers, and who possibly do not get out much and need some guidance. Perhaps they are recently widowed and find themselves in unfamiliar waters. For example, someone who has recently lost a spouse who used to take care of all the finances for the home.

## Purpose

This program is designed to increase social connections and help newcomers, immigrants, widowed people, and lonely/isolated older adults feel welcome and a part of the community.

## Rationale

Friendships help people cope with life events and changes, provide informal support networks and contribute to higher life satisfaction (Novak, Northcott & Campbell, 2018). People learn by sharing experiences, and collaboration plays a huge part in seniors' learning, since the experience of the group is a rich resource. Group members work together, with or without a designated facilitator, seeking to utilize the contributions of each person to achieve common goals – so everyone becomes both teacher and learner (Thompson & Cusack, 1991). Volunteering and contributing to community increases esteem and it is a great way to meet people and build social connection (Novak et al., 2018). Providing a meeting place for older adults; an opportunity to evaluate and discuss the local services/resources; and creating a master resource list to share, will increase knowledge and encourage community belonging.

## Program description

This is a 6-week program with weekly sessions. This program will increase participants' leisure knowledge through group discussions, brainstorming, guest speakers, and interactive partner activities such as a community scavenger hunt. Social interaction and connection will be the focus in all sessions.

Instead of randomly searching the Yellow Pages (for older folks) or Google for the computer savvy, this will be a resource program for seniors to learn about what is available and how to access it. They will learn how to find reliable, trusted, and honest businesses that would not take advantage of seniors (or at least minimize the risk). By the end of the program, they will compile a senior-friendly resource directory with reviews.

**Session 1** – Introducing participants to the community – possibilities and opportunities.

**Sessions 2 & 3** – Participants will learn (about senior-friendly businesses, how to evaluate risk, new ways to use technology to search and find local resources) from a variety of guest speakers.

**Sessions 4 & 5** – Participants will demonstrate their knowledge of the community by going in pairs to the new business of their choice (anything from where to go for financial, legal, automobile, medical, or emotional support to using the latest electronic gadget) and bringing back literature to share with the group.

**Session 6** – Participants will use their newfound knowledge and resources to compile the new findings in a brochure and in an excel document.

The work of all the groups completing this program in a calendar year will be compiled to create a master resource directory.

## **Goals and objectives**

### **1. Increase social interaction.**

- 1.1 Clients will attend a class once per week for 4 weeks and actively participate in group discussions where they share experiences of what they know or what they have learned since starting the class.
- 1.2 During all sessions, participants will get into buddy groups and work collaboratively with their leisure buddy.

### **2. Increase leisure knowledge.**

- 2.1 By the end of the program, participants will be able to share general information about the community, current events, and/or how to use new technology.
- 2.2 Participants will work collaboratively in pairs to visit local businesses and community centres, fill out evaluation cards, and create reviews on various leisure resources.
- 2.3 Throughout the program, participants will maintain a journal listing their weekly routines and challenges; compile new resources; comment on their social interactions.

### **Problems/deficits the program may address**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness         | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem                  | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                | <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                        |  |

### **Interventions and facilitation techniques of the leader**

The instructor will facilitate group discussions, brainstorming sessions, and feedback from participants. The hope is to get older adults excited about sharing information, and enthusiastic about learning. This will be a great resource area for finding diverse activities that have not been obvious or accessible to some older adults.

### **Risk management considerations**

Because we are working with older adults with the possibility of health issues, participants will buddy up ensuring that at least one of the pair has a cell phone and knows how to use it, and who to contact if they require assistance. Participants will travel using public transportation.

### **Expected program outcomes**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Increased confidence           | <input type="checkbox"/> Stress management          | <input type="checkbox"/> Improved cognition     |
| <input checked="" type="checkbox"/> Sense of belonging  | <input type="checkbox"/> Reduced anxiety            | <input type="checkbox"/> Decreased confusion    |
| <input type="checkbox"/> Leisure awareness              | <input type="checkbox"/> Coping skills              | <input type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Social interaction  | <input type="checkbox"/> Social engagement          | <input type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Improved fitness           | <input type="checkbox"/> Increased independence |
| <input type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Sense of control           | <input type="checkbox"/> Hope                   |
| <input type="checkbox"/> Improved mood                  | <input type="checkbox"/> Decreased agitation        | <input type="checkbox"/> Sense of peace         |
| <input type="checkbox"/> Independence                   | <input type="checkbox"/> Reduced pain               | <input type="checkbox"/> Improved circulation   |
| <input type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Free expression                | <input type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Increased endurance    |
| <input type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased strength     |
|   | <input type="checkbox"/> Increased sense of purpose |   |

### **Evaluation Methods/frequency**

Success of the program will depend on the satisfaction of the class members.

Summative evaluation will be used considering participants have learned something about the community? Are they willing and eager about coming back to the next class?

Provide a quick and easy “how did you like your class” cue card questionnaire to fill out.

# Happy Hour-Techie Hour

by Kristal Amar M. de Castro

## Target population

“Happy Hour-Techie Hour” targets independent seniors (65 and above) living in various levels of residential care facilities.

## Purpose

Because of the loneliness among seniors in residential care centres, I am proposing a program that would help them increase their awareness about gaining new knowledge about the internet and in building connection with their co-residents and with their loved ones outside the facility. This program will boost their self-esteem as they realize that they can also do/use what our youths can do/use. Also, this can develop their self-confidence and increase social connection as a result of using the new technology.

## Rationale

Social support and social integration have important roles in the health of our seniors in terms of their physical, social, and mental development. Entering older adulthood could be stressful to them, which can lead to isolation and depression caused by separation from their family, relatives, and friends (Santrock et al., 2014; Patton & Thibodeau, 2014). Discrimination and ageism can lead to stress and depression among seniors due to the people who are stereotyping them as “grouchy, unproductive, simple (not very intelligent), and slow” (Sorrentino et al., 2013 p. 269). As a result, seniors experience low self-esteem, and they isolate themselves from the society. Internet also plays a role in the society. Its role is to inform people, not only the youth, but also the adults. It also allows people to connect with one another. Although older adults may find accessing the internet very challenging, statistics show that 45% of the senior population is using the internet in 2007 compared to 11% in 2000. This means that the segment of older adult users is growing vastly. Intervention between this social problem among seniors and the internet use can result in social engagement and self-actualization (Santrock et al., 2014).

## Program description

Happy hour-Techie hour is a four-session program that will be ideally run once per month – giving participants time to practise with family and in between sessions. This program provides seniors the opportunity to feel happy about themselves as they learn how to use and navigate through the different technology platforms of this new generation – specifically the internet – which can help them in bridging the gap. The more they are connected to other people, the more they will feel that they are still

part of the society, thus acknowledging they still exist and are valued. Seniors are invited to come to the recreation room to meet our young volunteers who are willing to share their knowledge about the usage of some basic sites of the internet such as Facebook, Twitter, YouTube, and Skype. They will have the opportunity to learn about how to manage stress – that is to use social network connections for support and comfort (Heart & Stroke Foundation of Canada, n.d.). The facilitator will first discuss about the different internet etiquettes, some backgrounds about terms and conditions, and the topic about fraud, very common on the internet. This topic would also include ways on how to avoid it. It is highly recommended that the family members will also be there to personally teach their loved ones, so the target group will be easily reached, and the learning process will be smooth (Lis, Reichert, Cosack, Billings & Brown, 2008). Family members bring their own laptops, tablets, or iPads so each of their participants will have the means to navigate the internet. This program also serves as a great time for bonding between the seniors and their families.

**Session 1 – Facebook.** At the end of each session, there will be an activity wherein the participants must send a friend request to someone outside the facility, that they want to talk to. If accepted, seniors will be encouraged to send a chat or make a video call with those people so they can reconnect with them once again.

**Session 2 – Twitter.** At the end of each session, the seniors will be asked to tweet their thoughts, ideas, or mood on Twitter and they can do it at any time of the day. This will be a way of expressing themselves.

**Session 3 – YouTube and Skype.** At the end of each session, seniors will be asked to make a video of themselves while singing, dancing, or anything they want to do. These videos will be posted on YouTube to let other people view them. Let's hope their videos will be viral! The scope is to increase their self-esteem and confidence.

**Session 4 – Skype.** At the end of the session, seniors will be asked to Skype with family/ friends and have a conversation where they can see each other.

### **Goals and objectives**

1. To increase awareness of the impact social connection has on health and wellness.
2. To increase functional mental skills.
3. To increase social interaction.

### **Problems/deficits the program may address**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness        | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input checked="" type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem              | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                               | <input checked="" type="checkbox"/> Lack of autonomy  | <input type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation                | <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                         | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input type="checkbox"/> Stress                       | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                    |  |

### **Interventions and facilitation techniques of the leader**

This program will use the Show & Tell teaching strategy to transfer the information, so seniors will have a better understanding about the benefits of learning new technology that are related to their health. This strategy is effective to use in this program because the family members will not only tell them the information about the internet, but also show and demonstrate to them how to navigate the web.

Brainstorming and group work will be used as teaching strategies in this program. Checking participants' understanding before moving onto the next part of their lesson is a great way to recognize whether the seniors are still following and keeping up with the teaching process.

### **Risk management considerations**

**Fall** – Health care assistants are available to attend to the emergency needs of seniors. Wheelchairs are also available in time of need.

**Electric shock** – Because the seniors will be using electronic devices such as laptops, tablets, and iPads, they need to have chargers to recharge the battery so they can use their devices for the entire period of the program. Before handing the devices to the seniors, facilitators of the program will check the battery status of devices making sure that they are not drained. If the battery runs low or empty, the device should be given to the facilitator and they will plug it in instead of the seniors.

**Fraud** – The facilitator will be knowledgeable about this issue. There are reading materials, books, and research papers that will be the used for the discussion.

### **Expected program outcomes**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Increased confidence | <input type="checkbox"/> Reduced anxiety                       | <input type="checkbox"/> Increased cognitive stimulation |
| <input type="checkbox"/> Sense of belonging              | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion             |
| <input type="checkbox"/> Leisure awareness               | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance                |
| <input checked="" type="checkbox"/> Social interaction   | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility               |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence          |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                            |
| <input type="checkbox"/> Improved mood                   | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                  |
| <input checked="" type="checkbox"/> Independence         | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation            |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input checked="" type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Improved cardio                 |
| <input checked="" type="checkbox"/> Free expression      | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance             |
| <input type="checkbox"/> Increase in social connections  | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength              |
| <input type="checkbox"/> Stress management               |  |  |

### **Evaluation methods/frequency**

**Formative evaluation** – participants will be asked about the success of each session informally and staff will provide feedback based on their observations/evaluations during each session.

**Summative evaluation** – as per facility/department policy.

# **You've Got a Friend (social skills to overcome loneliness)**

by Linda Weatherly

## **Target population**

This program will support 60+ seniors that need to improve social interactions and knowledge regarding the benefits of social interactions. Seniors who live alone or in supportive and assisted living (single, widowed, or married).

## **Purpose**

The purpose of this program is to provide education and opportunity for participants to decrease barriers, increase social connections, reduce social isolation, and increase involvement in activities and hobbies of interest.

## **Rationale**

As seniors age, their connections with friends or social contacts start to decrease. More emphasis is put on relationships with family and close friends. There is an increased feeling of loneliness in older adults as they become selective and narrow their social circle. Loneliness and a low level of social interaction does create a health risk in older adults. Poor social connections, less frequent social interactions, or social disengagement can cause cognitive decline. Social support and relationships have been shown to reduce symptoms of disease and increase the ability to cope with personal health care needs (Santrock, Mackenzie-Rivers, Malcolmson, Leung & Pangman, 2014). People aged 60–69 have an average of 7.5 hours per day of leisure time. Many spend a lot of time reading, watching TV, volunteering, or socializing (Novak, Campbell & Northcott, 2014), while others are inclined to reduce their participation as they age, thus reducing the social interaction they have. Encouraging seniors to learn a new activity supports the lifespan development perspective. Learning a new skill will support seniors in making better use of their leisure time. Improved leisure time improves psychological well-being (Novak et al., 2014). The importance of social interactions, friendships, and social connections have many positive health advantages. This program will provide information that increases awareness about the benefits of social interactions and regular leisure participation.

## **Program description**

This program has six weekly sessions followed by monthly check-in/reconnect sessions. The program will begin by educating participants about the benefits of social connection; increasing awareness about loneliness and isolation; and teaching strategies

for increasing social engagement, and decreasing loneliness and isolation. Recreation participation in activities and hobbies will be introduced and continue after completion of the program. The monthly check-in/connect sessions will be breakout sessions of hobby clubs, monthly gatherings of original group to discuss progress, new ideas and reconnect with each other. Each session will start with an icebreaker and close with a review, processing, and wrap-up.

### **Session 1**

- Education on loneliness, social isolation, and how to prevent it.
- Group discussion – what are the barriers for making new friends and becoming involved in social activities or groups?
- Processing – solutions to reduce or remove barriers.

### **Session 2**

- Social interaction and friends workshop – pair off the group into different sets and do an interview with a friend (10 questions).
- Topic of the day is friendship etiquette, communication styles, the importance of social connections, and making personal goals (e.g., I will connect with one friend that I have not seen in over a month or I will go to one new social activity this week).
- Introduce the personal journal to everyone. Each day they must log either a person they reached out to, an activity they participated in, or a barrier that prevented them from making a social contact.

### **Session 3**

- Resources and activities in the community – this can be within the community or within the assisted living environment. Share activities and information about clubs, senior living event calendar, and community senior resources. Have someone from the volunteer community speak about volunteer opportunities and how anyone can get involved. Share local magazines and publications related to activities in the community. Group share of activities that each person is currently interested in or participates in.
- Journal breakout sessions – divide the group into 3+ groups and have everyone share some of their wins from their journal entries. Did the seniors reconnect with old friends? Find new activities? On the flip side, discuss their barriers and share possible solutions.
- Hobbies, crafts, games, and dances – leisure resource discussion will be focused on interests and finding shared interests. Everyone will have to research their favourite hobby and if there is a social club that they can join?

## Session 4

- Share everyone's homework – what are some of the activities available for their favourite hobbies or groups? How can they become involved?
- Workshop – “conversation starters,” how to overcome barriers to talking to new people. Discussion with role-playing exercises. Tips to engaging in conversations with new people.
- Phone buddies – everyone to select a partner and commit to two phone conversations over the week. (Each person to call their partner once). Document the conversation in their journal to share with the group the week after. What did they find difficult? Easy? Did they enjoy the interaction?
- Role-play – good phone conversation vs. bad phone conversation. Have participants in the group act out a scripted role-play.
- Next week – bring the name and address of a friend or family member for the exercise next week.

## Session 5

- Phone buddy discussion – how did that feel to connect with your phone buddy? What went well? What would you do differently? Next week, call an old friend and document in your journal.
- Write a letter to a friend – a secret “postcard” exercise. Each person will receive a postcard with another person's name on it. Everyone is to take 15 minutes and write a small message to the person whose name is on the card. Share something you appreciate about them, what they did well in the meeting, and one tip for them to stay connected with friends. Once everyone has completed, they will be distributed to the recipients. Process results.
- Send a postcard to a friend – provide a pre-stamped postcard to each person. Homework – write a message and mail it next week.
- Homework – call your class buddy during the week and determine a game or hobby you would like to do together for the next class – (cards, crafts). Bring your activity and teach your partner how to play the game or do the craft.

## Session 6

- Postcard follow-up – did everyone mail their postcard? Any responses or phone calls from friends? Keep updates in the journal. Commit to contact friend or family every week.
- Review original flipchart of barriers and obstacles to making social connections – have all the barriers been covered? Did the skills they learned support them in overcoming obstacles? Review goals that everyone wrote in Session 2 – what is the progress? Set date for follow-up with the group in one week.
- Hobby and game exchange – everyone to enjoy an hour of social activity, sharing their knowledge with a coffee and tea social.

- Feedback sheet on the program for participants to fill out.
- Wrap-up and set date for monthly follow-up meeting – bring a friend to the next meeting.

## Goals and objectives

### 1. Increase knowledge of the importance of social interactions.

- 1.1 By the end of each session, participants will be able to summarize the main points from the topics discussed each week related to social interaction, loneliness, and resources in the community.
- 1.2 By the end of the program, participants can articulate the importance of social connection and identify at least one strategy they will employ in their life to increase their social engagement.

### 2. Increase awareness of the impact of social interactions.

- 2.1 By the end of each session, participants will be able to share one example/ reflection from their journal about social engagement in their life.

### 3. Increase social interaction.

- 3.1 By the end of each session, participants will be able to identify one social activity/ interaction they participated in that week (including the program).
- 3.2 By the end of the program, each participant can introduce the facilitator to at least one new friend they are now connected to, and/or one old friend they have reconnected with.

## Problems/deficits the program may address

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Boredom               | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness | <input type="checkbox"/> Lack of knowledge                | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness | <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression | <input type="checkbox"/> Lack of autonomy                 | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation        | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness    | <input type="checkbox"/> Stress                           | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation             | <input type="checkbox"/> Wandering                        | <input type="checkbox"/> Other – list        |

## Interventions and facilitation techniques of the leader

Each session will have many components that promote involvement.

Icebreakers – at the beginning of each session.

Group breakout sessions to discuss selected topics or questions, share experiences, or homework assignments.

Handouts – provide community information regarding activities in their neighbourhood.

Guest speaker from local organizations looking for volunteers.

Hands-on exercises – working on exercises in the workshop or homework requirements for the next session.

Active learning is a key theme throughout each session.

Feedback – giving everyone the opportunity to share what they liked or did not like.

### **Risk management considerations**

Accidents and falls – instructor to have First Aid and CPR Certificate, and phone available to call 911. Ensure room is set-up with minimal clutter and furniture so there is easy access to and from the room.

### **Expected program outcomes**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Increased confidence | <input type="checkbox"/> Reduced anxiety                           | <input type="checkbox"/> Improved cognition         |
| <input checked="" type="checkbox"/> Sense of belonging   | <input checked="" type="checkbox"/> Coping skills                  | <input type="checkbox"/> Decreased confusion        |
| <input checked="" type="checkbox"/> Leisure awareness    | <input checked="" type="checkbox"/> Social engagement              | <input type="checkbox"/> Improved balance           |
| <input checked="" type="checkbox"/> Social skills        | <input type="checkbox"/> Improved fitness                          | <input type="checkbox"/> Improved mobility          |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control                          | <input type="checkbox"/> Increased functional skill |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Decreased agitation                       | <input type="checkbox"/> Hope                       |
| <input type="checkbox"/> Improved mood                   | <input type="checkbox"/> Reduced pain                              | <input type="checkbox"/> Sense of peace             |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Mastery                                   | <input type="checkbox"/> Improved circulation       |
| <input type="checkbox"/> Sense of autonomy               | <input checked="" type="checkbox"/> Experience enjoyment           | <input type="checkbox"/> Improved cardio            |
| <input type="checkbox"/> Free expression                 | <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased endurance        |
| <input type="checkbox"/> Stress management               |  |   |

### **Evaluation methods/frequency**

Formative evaluation will take place during each session informally by observation and reflection by the facilitator. Summative evaluation will take place formally with participant surveys and a post-session evaluation report.

# Song and Social – Harmonizing Your Health

by Sarah Evans

## Target population

Older adults living in either independent or assisted living, who do not have social network support from family or friends, and who wish to extend their social network as well as learn ways to manage their stress level to increase their mental well-being. The client group would include those who are clinically depressed or showing depressive symptoms; individuals with anxiety or symptoms of chronic stress; those who have been recently widowed and are having difficulty adjusting; individuals who show signs of social withdrawal and/or social isolation; new residents having difficulties adjusting to their new environment.

## Purpose

To educate senior residents on how to relieve and manage the stress in their lives, make new and meaningful social contacts, and recognize the mental health benefits of recreation and social engagement.

## Rationale

Social isolation and stress can occur as a result of many determinants of health: a lack of informal support from family and friends, recent widowhood, lack of coping skills to changes in health and living environment, and lack of knowledge of how to manage stress or engage in making new social contacts (determinants of health). Social isolation and stress can also severely affect the health of an older adult. This can even lead to depression and social support can help. “Individuals living alone appeared to be more vulnerable to depression, however, good social support and being socially integrated into the community helped to buffer the effects of declining health in these individuals” (Santrock, Mackenzie-Rivers, Malcomson, Leung & Pangman, 2014). Social interaction and discussion groups amongst like-minded individuals finding themselves in similar situations can improve symptoms of depression. “A recent study found that when older adults helped each other following the death of a spouse, they experienced an accelerated decline in depressive symptoms” (Santrock et al., 2014). Stress can take over your life and can hold you back from doing the things you enjoy doing. “Chronic stress can lead to mental health issues such as anxiety, rage, severe panic attacks, or even depression” (Heart & Stroke, n.d.). Participation in group singing helps lower stress levels, relieve anxiety, and bring people with a similar interest together to share something exciting and motivating. “Creative expression leads to shared awareness, increased self-esteem, and good social relations” (Novak & Campbell, 2010). Using

group singing as a recreational tool helps clients re-create themselves as well as restore their minds, bodies, and spirits. “In recreation, clients are motivated by the fun and enjoyment of the participation” (Austin, 2013, p. 203). “As people experience the positive feelings associated with leisure engagement (in this program: singing and socializing) such as sense of self-control, competence, relaxation, and excitement, they will be intrinsically motivated to participate” (Dattilo, 2012). “Leisure participants can share information, skills, techniques, and related past experiences. These acts of sharing can lead to positive social interactions that become the foundation for more intimate relationships” (Dattilo, 2012).

## **Program description**

### **Session 1**

Meet and greet – participants can share their personal circumstances and/or reasons for being in the program, if they wish to, and thus start the process of group discussion. Discuss any specific song requests or dislikes.

The facilitator will give each resident a handout explaining the goals of the program centering on the relevancy of singing to stress reduction and the connection between mental well-being and social connectedness. In addition, each participant will be presented with a journal for recording stress levels, song reflection, and to record peer telephone numbers and unit numbers for after-session contact. A guest speaker, a senior resident who is well established, active, and engaged in the community of the facility, will reinforce the information in the handout by telling their story and how the program helped them get back on track with their mental well-being and development of extensive social network and leisure interests.

### **All Sessions (except session 10)**

At the beginning of each session the participants will identify their own stress level on a scale of 1 to 10. At the end of each session, each participant will identify their level of stress again to allow them to recognize the benefits of the program for reducing their stress level. Each stress rating will be logged in the journal. Each session will include singing old-time favourites with a song sheet of lyrics for each participant. After the singing part of the session, the facilitator will lead group discussion directed at the singing, specifically by asking how that made each person feel, which they will record in their journal and then discuss with the group. The facilitator will then encourage reflection by asking each senior to connect the song to a happy memory they have, which again will be journaled. Each session will end with refreshments and casual discussion about other interests and hobbies with the goal of connecting like-minded individuals who share the same likes and desires. The facilitator will encourage the participants to swap telephone numbers and room numbers, writing them in their journals for easy reference to make a positive step to connecting with one another.

## **Sessions 5 & 8**

In addition to singing and journaling, guest speakers, either residents or other program facilitators, will come and talk to the group to provide information about other programs available at the facility and be available during refreshments at the end of the session to answer residents' questions about specific group activities.

## **Session 9**

At the end of this session, the facilitator will lead a group discussion about how everybody is feeling after having experienced the program, and encouraging them to review their journals to see how much progress they have made with stress reduction and social connections. The facilitator will also get paperwork completed for the final session's social outing.

## **Session 10**

Group outing to watch a local senior choir performance. This will be off site, so the home's buses will be used to transport the participants to and from the venue. There are many rules and regulations to be followed for participant and staff safety, and these are outlined in the risk management section.

## **Goals and objectives**

1. Increase client knowledge about the importance of stress management with regard to their mental well-being.
2. Increase awareness on how to manage stress through singing and social interaction with others.
3. Increase the participants' social network for future support in coping with stress and healthier living.
4. Increase motivation and awareness of seniors on the mental health benefits of socializing and maintaining a good social network.
5. Reduce the effects of loneliness, feelings of social isolation and disconnectedness by encouraging peer support and interaction.
6. Expand the participants' knowledge of group activities available to them to further develop their interests and social engagement.

### **Problems/deficits the program may address**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness         | <input type="checkbox"/> Lack of knowledge                | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem                  | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression         | <input type="checkbox"/> Lack of autonomy                 | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                | <input checked="" type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness            | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                        |  |

### **Interventions and facilitation techniques of the leader**

The first teaching method is facilitator-led group discussion, brain storming, and teaching each other through “collaborative learning.” Already having a wealth of knowledge and wisdom, seniors engaging in social interaction will be able to share other ideas of relieving stress, what works for them, thus educating each other during conversation. The group will feel more comfortable with sharing their thoughts and concerns between each other; being of the same age group and living together in the same facility, thus realizing that they are all in a similar situation; how they can all help each other to identify stressors, and how to deal with them in a positive way. They will also get to know each other throughout the program and identify individuals with whom they wish to continue to have a relationship after the program, therefore promoting more social contact.

The second teaching strategy is active learning. By “practising by doing” and journaling their progress, the participants will start to see and feel the benefits of singing and engaging in a social activity. This will address the characteristics of adult learners being “goal oriented, relevancy oriented, and practical.” The goals of relieving stress, learning how to manage it, and becoming more socially oriented will become a reality for the group as they experience the improvements both physically and mentally.

### **Risk management considerations**

**Environmental conditions** – ensure the lounge is clutter free to avoid tripping and falling hazards with sufficient room and accessibility for wheelchair users. Verify that the social outing venue is also wheelchair accessible and suitable for client participation.

**Programming** – ensure sufficient staff member to participant ratio. This is of particular importance during the social outing in Session 10. There must be sufficient staff to provide a stress-free, safe, and comfortable learning environment and to adequately address an emergency situation. All facilitators must be suitably qualified to lead the program – to provide quality learning for the participants.

**Client participation** – clients will complete a sign-up sheet for consent to be a part of the program and have any medical assessment approval prior to participating. Each participant must be fit and well enough for each session.

**Emergency care** – staff should have an emergency plan in place. Participants may wander off, fall, or become ill during the regular sessions and the outing. Staff members should all be aware of their responsibilities. For example, who calls the emergency services, who administers first aid, who looks after the other residents? There should be a first aid and CPR-certified staff member on site at all times as well as a first aid kit, which must be checked and maintained with adequate supplies. All staff members should have each other's cell phone numbers pre-programmed in their phones, and must be carried with them at all times. Staff will have the telephone numbers for management, security personnel, and front desk personnel, including onsite emergency contact at the outing venue, in their phone directory. Participants will also provide emergency family contact numbers on the participation forms in case of need.

**Transportation of clients** – the bus for the outing in Session 10 should be checked and regularly maintained for safety and reliability. At least one staff member must have training in the safe operation of the wheelchair lift – in and out of the bus – as well as knowledge of wheelchair floor restraints and safety belts for wheelchair users. All participants must be safely seatbelted on the bus. The driver must have a Class 4 licence and ensure that all insurance documents are up to date and readily accessible on the bus. Participants must be suitably dressed for the outing according to the weather, and wear safe outdoor footwear to avoid risk of falling. Staff must ensure that all walking aids, including walkers and canes are readily accessible to the participant at all times.

**Dietary requirements and Food Safe** – all client dietary restrictions and allergies should be noted on client sign-up forms so that staff are aware of potential risks and dangers. When serving, refreshments be sure to adhere to these requirements. All staff handling food must be fully trained and accredited in Food Safe procedures.

### **Expected program outcomes**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Increased confidence                      | <input checked="" type="checkbox"/> Reduced anxiety            | <input type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion             |
| <input checked="" type="checkbox"/> Leisure awareness              | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance                |
| <input type="checkbox"/> Social interaction                        | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility               |
| <input type="checkbox"/> Feeling useful                            | <input checked="" type="checkbox"/> Sense of control           | <input type="checkbox"/> Increased independence          |
| <input type="checkbox"/> Increased knowledge                       | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                            |
| <input type="checkbox"/> Improved mood                             | <input checked="" type="checkbox"/> Reduced pain               | <input type="checkbox"/> Sense of peace                  |
| <input type="checkbox"/> Independence                              | <input type="checkbox"/> Mastery                               | <input type="checkbox"/> Improved circulation            |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input checked="" type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Improved cardio                 |
| <input type="checkbox"/> Free expression                           | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance             |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength              |
| <input type="checkbox"/> Stress management                         |  |  |

### **Evaluation methods/frequency**

Formative evaluation will occur informally through observation, feedback from staff/volunteers and participants, and reflection.

Summative evaluation will occur as per facility/department policy.



Artwork: **Charanjit Gill**, an Elder at Kinsmen Lodge

## Physical Domain

Canada's population is aging, which means the risk of falls is increasing (Health Canada, 2016; Novak, Northcott & Campbell, 2018) due to poor balance and decreased muscle and bone strength (Health Canada, 2016). Extensive research proves that increased physical strength and balance via exercise can reduce the risk of falling, increase muscle and bone mass, and decrease bone fragility (Santrock, MacKenzie-Rivers & Pangman 2017). Weight-bearing exercise increases muscle strength and balance, which is directly linked to higher levels of function and independence for seniors at home (Novak, et al., 2018).

Research shows exercise also improves cognitive and psychological well-being, including people with chronic illness (Dattilo & McKenney, 2016; Edelman, Kudzma & Mandle, 2014; Novak et al., 2018; Santrock, et al., 2017). New research found aerobic activity has a strong positive relationship to cognitive functioning by improving the flow of freshly oxygenated blood to the brain to increase cognition (Santrock et al., 2017). Cognitive capacity to make decisions and the physical ability to manage transfers, mobility, and engage in self-care in the residential care setting is connected to autonomy. The more physically able people are, the more independence they enjoy. Recreation Therapy Assistants help people achieve these goals by designing and facilitating programs to produce these outcomes.

# Seated Cardio, Strength, and Stretch

by Boni Randall

## Target population

This program is designed to benefit older adults in complex care with limited mobility.

## Purpose

This program is designed for older adults who would want to (or need to, and have been referred by the care team) increase: balance, flexibility, muscle strength, endurance, and cardio fitness. It will also benefit anyone who would like to decrease stiffness and joint pain, control weight, improve sleep, and increase energy levels.

## Rationale

The benefits of exercise are well documented. Physical exercise is mood boosting and stress relieving. When we exercise, natural pain-relieving chemicals like endorphins and serotonin are released (Patton & Thibodeau, 2014). Benefits of regular exercise include reduction and prevention of chronic illness such as high blood pressure, heart disease, obesity, and loss of bone density; increased self-efficacy, perceived freedom, and intrinsic motivation; and a reduction in depression and anxiety (Stumbo & Peterson, 2009). The population in Canada is aging and as they age, the risk of falls increases (Health Canada, 2016; Novak, Northcott & Campbell, 2018). Factors that can increase the risk of falling include poor balance as well as decreased muscle and bone strength (Health Canada, 2016). Research shows that some physical risk factors can be modified and improved including muscle strength, flexibility, balance, and mobility (Health Canada, 2016; Novak et al., 2018). Research shows that Canadian seniors feel the need to take responsibility for aging well and that self-efficacy and control over the environment improve with being active (Santrock et al., 2017; Novak, et al., 2018). Healthy aging includes physical, mental, social, and spiritual well-being. Group exercise can positively impact all of the domains “group exercise provides us with an opportunity to feel young again and be physically active with others” (American College of Sports Medicine, 2016).

## Program description

This is a 40-minute fun fitness program that includes a combination of cardio fitness, strength, and flexibility. With the use of the Wellness log, this program focuses on self-awareness and positive changes that can result from adopting a regular fitness schedule.

## **Opening**

- 5-minute check-in with everyone.
- Ask participants how they are feeling: physically, emotionally, spiritually, mentally, and in terms of energy, if there are any concerns?
- Ask participants to rate themselves overall on a scale of 1–10.
- Anything that the staff should be aware of (changes to health) prior to starting?
- In one or two words, ask them to describe how they are feeling (well/unwell, happy/sad, fatigued/energetic, stiff/sore/pain). Record in the Wellness log as baseline for comparison at the end of the session (ask them again at the end). Use the difference to evaluate goals.
- Begin by asking everyone to take their resting pulse rate (this can also be done before the program starts). Facilitate if needed – help them find and count out their pulse. Explain the health benefits in doing this. (See risk management).

## **30-minute cardio/strength/stretch program overview**

- For program details, use a modified fitness program i.e., bonefit; osteofit.

## **Warm-up**

- Breathing.
- Light 3-minute warm-up, to loosen stiff muscles and joints and prepare for workout. Stress on light stretching to avoid overstretching/straining of cold muscles.

## **Strength/cardio**

- 15 minutes of exercises to work main large muscle groups: chest, back, hips, legs, shoulders, and arms.
- This section also focuses on some balance during standing segment. Adaptations to standing exercises can be given for those who wish to remain seated.
- 5 minutes will be higher intensity cardio. This segment elevates heart rate higher through seated marching combined with arms.
- Do a target heart rate pulse check here.

## **Cool-down/stretch**

- Focus on bringing heart rate/breathing down and stretching warm muscles.

## **Conclusion**

- Serve water and remind participants of the importance of proper hydration.
- Take resting pulse as group. Record participants' scores on Wellness logs.
- Ask participants to self-rate (scale of 1–10), describe how they are feeling: (stronger, weaker, energized, fatigued, happier, mentally alert, ready to seize the day!) Record data on Wellness logs. Discuss findings.
- If anyone is feeling light-headed, they should remain seated. Attend to them.
- Remind everyone to smile and hug each other for a job well done.
- Thank the participants for coming.

## **Goals and objectives**

### **1. Increase flexibility.**

- 1.1 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate touching their mid-shins while seated as witnessed by the Therapeutic Recreation Assistant (TRA).
- 1.2 After 8 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate touching their feet while seated as witnessed by the TRA.

### **2. Increase balance.**

- 2.1 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate standing on one foot for 5 seconds with minimal support (two fingers touching the chair).
- 2.2 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate standing on one foot for 10 seconds with minimal support (two fingers touching the chair).

### **3. Improve muscle strength.**

- 3.1 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate the ability to successfully rise unassisted from a seated position to a standing position in 2 of 5 consecutive attempts.
- 3.2 After 8 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate the ability to successfully rise unassisted from a seated position to a standing position in 8 of 10 consecutive attempts.

### **4. Increase cardiovascular endurance.**

- 4.1 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will complete 2 minutes of the cardio portion of the exercise program without stopping to catch their breath.

4.2 After 8 weeks of regular participation (attending two 30-minute classes per week minimum), the client will demonstrate the ability to talk comfortably while exercising, throughout the 30-minute program.

## 5. Increased perceived feeling of wellness.

5.1 After 4 weeks of regular participation (attending two 30-minute classes per week minimum), the client will verbally state one improvement in health, when asked by the TRA.

5.2 After 8 weeks of regular participation (attending two 30-minute classes per week minimum), the Wellness log scores will show the client has an improved self-rated score (1–10) from their baseline score in week one.

### Problems/deficits the program may address

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Boredom                          | <input type="checkbox"/> Low leisure awareness       | <input checked="" type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                       | <input type="checkbox"/> Lack of knowledge           | <input checked="" type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness | <input type="checkbox"/> Low self-esteem             | <input checked="" type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression            | <input checked="" type="checkbox"/> Lack of autonomy | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                   | <input checked="" type="checkbox"/> Anxiety          | <input checked="" type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                          | <input checked="" type="checkbox"/> Pain             | <input checked="" type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                        | <input type="checkbox"/> Stress                      | <input type="checkbox"/> Other – list                   |
| <input type="checkbox"/> Lack of cognitive stimulation    | <input type="checkbox"/> Wandering                   |   |

### Interventions and facilitation techniques of the leader

#### Directing

- The leader must have knowledge of chair exercise programs (ideally be trained in Osteofit or Bonefit), chronic illness (contraindications for exercise in senior population), and make adaptations to exercises to accommodate the needs of the participants.
- Arrange appropriate seating – visually/hearing impaired near the front.
- Clear line of sight for all.

#### Teaching

- Giving clear verbal instruction.
- Demonstrate movements.
- Explain pulse rate.
- Explain benefits of each exercise, area of body it targets.

## Facilitating

- Encourage participation.
- Encourage doing their best.
- Use participants' names.

## Risk management considerations

Health and safety are the top priorities:

**Contraindications:** Awareness of most common exercises to avoid for chronic health conditions.

**Injury:** Ensure proper warm-up and watch for overexertion.

**Osteoporosis:** Participants will need to modify and avoid forward folding, twists, and backward bending.

**Overexertion:** Remind participants to use talk test (they should be able to talk during cardio to ensure safe level of exercise). Shortness of breath – call for help immediately.

**Resting pulse:** Demonstrate how to find pulse. Use radial (wrist) or carotid (neck) pulse. Normal resting heart rate for adults: 60–100 bpm. Target heart rate keeps participants in a safe workout zone. Record scores on Wellness log prior to session and after cool-down.

## Expected program outcomes

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety     | <input type="checkbox"/> Decreased confusion               |
| <input type="checkbox"/> Sense of belonging              | <input type="checkbox"/> Coping skills                  | <input checked="" type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Leisure awareness               | <input type="checkbox"/> Social engagement              | <input checked="" type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Social interaction              | <input checked="" type="checkbox"/> Improved fitness    | <input checked="" type="checkbox"/> Increased independence |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control               | <input type="checkbox"/> Hope                              |
| <input type="checkbox"/> Increased knowledge             | <input checked="" type="checkbox"/> Decreased agitation | <input type="checkbox"/> Sense of peace                    |
| <input checked="" type="checkbox"/> Improved mood        | <input checked="" type="checkbox"/> Reduced pain        | <input checked="" type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Mastery                        | <input checked="" type="checkbox"/> Improved cardio        |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input type="checkbox"/> Increased enjoyment            | <input checked="" type="checkbox"/> Increased endurance    |
| <input type="checkbox"/> Free expression                 | <input type="checkbox"/> Increased self-esteem          | <input checked="" type="checkbox"/> Increased strength     |
| <input type="checkbox"/> Increase in social connections  | <input type="checkbox"/> Increased sense of purpose     |  |
| <input type="checkbox"/> Stress management               | <input type="checkbox"/> Improved cognition             |  |

## **Evaluation methods/frequency**

**After every session assess individual Wellness logs:**

- Compare baseline scores to scores at the end of session.
- Use data from resting heart rate, 1–10 self-evaluation, and participant description of wellness/feeling.
- Address concerns with participants and other staff members.
- Communicate progress to participants.

**Summative evaluation:**

- Record data from participation logs after each session and evaluate after 4 weeks, 8 weeks, then in 4 months.

# Dancing Dialogues

by Bozena Gawerska-Panfil

## Target population

Independent and semi-independent/older adults living in residential settings. This program can be modified to support residents in the residential care environment with dementia.

## Purpose

This program is designed to encourage social engagement, physical activity, creativity, and volunteerism. This program uses dance to provide an opportunity to acquire, improve, and utilize communication skills to increase social engagement and mastery. It has an intergenerational component.

## Rationale

Dance/Movement Therapy (DMT) is a holistic approach to healing, based on the empirically supported claim that mind, body, and spirit are interconnected; changes in the body affect the mind and vice versa; changes on body level can change a person's total functioning; movement reflects human personality, i.e., shows how people feel and how they hold their body (Kornbrun, 2012). What is significant is that DMT is related to the art form of dance, which supports and encourages creativity through the use of time and space – using the body and oneself in an active way. Improvising movements that emerge from inner impulses and that connect to rhythms natural to the mover, lead to self-expression that may or may not be cognitively understood, but at the same time have meaning in people's lives. Improvisations are mostly self-directed and come from the unconscious. In this way, the movement of the dance takes on a symbolic meaning. Patterns may be repeated, new ways of moving may emerge, and connections to behaviours and relationships may be uncovered. This material becomes part of the process through which change may occur. Verbal interactions are used to clarify, question, and support (Chaniklin & Wengower, 2009). The development of self-awareness is associated with the awareness of others. This seems crucial for older adults who often participate less in social life. Dancing shows a preventive effect against dementia (Verghese, et al., 2003), a salutary effect in improving cognitive functioning, and of reducing aphasia and agnosia (Dayanim, 2009). DMT has been found to improve general well-being, mood, concentration, and communication in people with dementia (Hamill, Smith & Röhricht, 2012).

Volunteering and staying connected to the community can have a tremendous positive impact on a person's social, physical, and emotional well-being. Studies show volunteering provides people with a sense of purpose and increased psychological

well-being; reduces stress; increases self-esteem; decreases feelings of isolation (Santrock, et al., 2017; Volunteer Canada, n.d.).

## **Program description**

To build the feeling of safety among participants, sessions will have a similarity or rhythm, that is, the structure of the sessions will be repeated. Every session will have three parts: warm-up, theme development, and closure.

### **Session 1**

#### **Physical activity**

*Materials – experimentation with variety of mediums such as props, fabric, songs, music, percussion instruments, drums, balls, balloons, or parachute*

#### **1. Warm-up in the circle:**

- Starting with initiating certain simple rhythmic movements to develop trust and encouraging participants to engage in total body activity with simple rhythmic movements.
- Passing proposed movement from one person to another around the circle to encourage participants to communicate: giving and receiving; the person will receive movement, transform it, and give it to another person.

#### **2. Theme development:**

- Theme “Ways of Seeing” prepares participants to more conscious physical activity by learning how to observe others’ movements and give feedback with respect and acceptance; in pairs: one person is a mover, another person is a follower.
- Circle dance to integrate the group.

#### **3. Closure:**

- Supportive closure that leaves participants with a sense of enjoyment and satisfaction; in the circle: participants give feedback using movements, words, phrases that provide a sense of connection, support, and wellness.

### **Session 2**

#### **Social engagement**

*Materials – props, fabric, music, parachute*

#### **1. Warm-up in the circle – same as Session 1:**

- Movement + name passing around the circle from one person to another to integrate participants; movement + name can be sent to chosen person to create natural dialogue.

## 2. Theme development:

- Teaching three circle dances proposed by the group from the senior centre.
- In the circle – the participant presents the steps of segments of the dance and the rest of the group repeats after the loud counting of the leader.
- After learning all elements of the dance, the group tries to dance the whole dance with music.
- The same with the remaining two dances, but the leader who teaches the steps changes with another dance.

## 3. Closure – same as Session 1.

### Session 3

#### Intergenerational connections/volunteering

*Materials – props, fabric, music, parachute*

## 1. Warm-up in the circle – same as Session 2

## 2. Theme development:

- Teaching children one simple circle dance which is also a song.
- In the circle – the senior presents the steps of segments of the dance and the rest of the group repeats after the loud counting of the leader. After learning all elements of the dance, the group tries to dance the whole dance with music and sing the song while dancing.
- Moving with the stories – the participants (seniors and children alternately) tell the imaginary story and the group follows the plot reflecting the story in their movements.
- Movement of adults gives support to children who are shy about moving; children appreciate when adults do things with them, rather than talking to them.

## 3. Closure:

- Participants build the “sculpture” of the group to close joint creative activity.
- In the circle – participants share movements, gestures, words, phrases they want to put into the circle to say goodbye.

### Session 4

#### Physical activity

*Materials – props, fabric, music, drums, balls, balloons, parachute*

## 1. Warm-up in the circle – same as Session 1:

- Movement explorations with focus on breathing – participants choose the comfortable place in the room and consciously observe the body while moving

and breathing; where their stability comes from while moving; how deep is their breath when they stop breathing while moving.

## 2. Theme development:

- From the point focused on breathing, participants are engaged to explore four categories (time, space, weight, and flow) that reflect four different qualities of movement.
- Participants explore two extremes of each category:
  - Time: quick/sustained
  - Space: direct/indirect
  - Weight: light/heavy
  - Flow: bound/free (Adrian, 2008)
- After experiencing four qualities, participants can choose which quality of movement is preferred in that moment.
- In pairs – participants try to communicate using the chosen qualities of movement.

## 3. Closure:

- Participants share their favourite movement with others.
- Sharing thoughts and feelings about their discoveries in communication through movement, especially when people in pair presented two opposite extremes – what type of difficulties they met during this dialogue.
- To close – participants choose one circle dance to thank others for joint creative activity.

## Session 5

### Social engagement

*Materials – fabric, music, parachute*

#### 1. Warm-up in the circle – same as Session 2

#### 2. Theme development:

- Teaching one of the ballroom dancing proposed by the senior dance group.
- Participants learn basic steps of the tango dance; after learning steps and experiencing the character of specific movements, participants dance with music.
- The group repeats dancing tango a few times to master steps and movement expression.

### 3. Closure:

- Supportive closure – same as Session 1.
- Verbal reflections of participants on the character of the tango dance and how they can communicate through this dance.
- In closure – participants dance one of the circle dances learned in the previous Wednesday’s session.

## Session 6

### Intergenerational connections/volunteering

*Materials – props, fabric, music, parachute*

#### 1. Warm-up – same as Session 2

#### 2. Theme development:

- Teaching children one simple circle dance which is also a song.
- Mirrors – in pairs (children and adults): participants try to mirror one another; one person is a mover, another person is mirroring the movement or quality of movement of the mover; “mirrors” can help children become sensitive to others and improve their communication.
- In the circle – the group try to mirror movement or the quality of movement of the mover.

#### 3. Closure:

- All participants build the “sculpture” of the group to close joint creative activity.
- In the circle – participants share movements, gestures, words, phrases they want to put into the circle to say goodbye.
- In closure – participants dance one of the circle dances learned in the previous Friday’s session or the new one.

## Goals and objectives

### 1. Increase ability to express thoughts and feelings through movement.

- 1.1 At the end of the program, participants will be able to demonstrate how to move consciously and name their feelings connected with specific movements.
- 1.2 By the end of the program, participants can share at least one example of improved body awareness, movement mastery, physical strength, and expansion of range of movement.
- 2.1 By the end of the program, participants will be able to identify basic concepts of movement such as rhythmic and arrhythmic; quick and sustained; heavy and light; and explain how each concept increases the body’s flexibility and strength.

### 3. Increase social engagement.

3.1 With guidance from the facilitator, participants can explain movement categories and qualities that are important for understanding each other's behaviour and build relationships based on movement.

### 4. During movement sessions, participants will express their thoughts and feelings, and share their experience with the other participants verbally or nonverbally.

4.1 During guided dance sessions, participants will be able to use the mirroring technique to enhance communication skills.

### 5. Participants will become mentors/friends/teachers for children.

5.1 Through the use of play and moving stories, participants will share their wisdom with children.

5.2 At the end of each intergenerational session, participants will be able to share an example of how this program contributes to a sense of purpose, self-confidence, and/or a sense of fun and enjoyment.

5.3 Participants will demonstrate mastery and wisdom as they teach children choreography of circle dances, songs, and creative ways of communication through dance and movement.

### Problems/deficits the program may address

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boredom                                  | <input type="checkbox"/> Low leisure awareness        | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input checked="" type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input checked="" type="checkbox"/> Low self-esteem   | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy             | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety           | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                         | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input type="checkbox"/> Stress                       | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                    |  |

### Interventions and facilitation techniques of the leader

**Mirroring** – mirroring or observing other participants' movements; it can be used in groups as well as in pairs.

**Movement improvisations** – movement starts when the impulse from the body or the thought appear; it can be realized as a group or an individual improvisation; spontaneous movement increases a range of movement and flexibility of the body, develops creative thinking and self-expression, and reinforces the feeling of control and strength.

**Circle dances** – participants stand in the circle and dance following very simple choreography, which is based on different folklore; dancing together and following the same steps and music strengthen group bonding and togetherness as well as a person's confidence and sense of community.

**Leisure education** – teaching activity skills (“hands-on” approach) such as communicating through movement, learning steps of circle dances; it can enable the decision-making process, creative expression, feeling of freedom, and self-determination.

**Group reflections** – sharing knowledge and experience with others; it can increase social engagement of older adults and a sense of competence and belonging.

### **Risk management considerations**

Risks that will be considered and addressed in session plans are: falls, injury, and frustration.

### **Expected program outcomes**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Increased confidence           | <input type="checkbox"/> Reduced anxiety                       | <input type="checkbox"/> Decreased confusion             |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input checked="" type="checkbox"/> Improved balance     |
| <input type="checkbox"/> Leisure awareness                         | <input checked="" type="checkbox"/> Social engagement          | <input type="checkbox"/> Improved mobility               |
| <input type="checkbox"/> Social interaction                        | <input checked="" type="checkbox"/> Improved fitness           | <input type="checkbox"/> Increased independence          |
| <input checked="" type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Hope                            |
| <input checked="" type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Sense of peace                  |
| <input type="checkbox"/> Improved mood                             | <input type="checkbox"/> Reduced pain                          | <input checked="" type="checkbox"/> Improved circulation |
| <input type="checkbox"/> Independence                              | <input checked="" type="checkbox"/> Mastery                    | <input checked="" type="checkbox"/> Improved cardio      |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input checked="" type="checkbox"/> Increased enjoyment        | <input checked="" type="checkbox"/> Increased endurance  |
| <input checked="" type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased self-esteem      | <input checked="" type="checkbox"/> Increased strength   |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose |  |
| <input type="checkbox"/> Stress management                         | <input type="checkbox"/> Improved cognition                    |  |

### **Evaluation methods/frequency**

**Formative evaluation** – observation and informal feedback from participants during/after each session.

**Summative evaluation** – as per facility/department policy.

# New Sports and Old Memories

by Candice Paras

## Target population

People (and their caregivers) with early-to-moderate dementia who live with a spouse or family caregiver in the community.

## Purpose

The purpose of this program is to provide opportunities and activities that improve physical health, decrease stress, and increase social connections.

## Rationale

Research shows that physical health is improved by participating in sports (Datillo & McKenney, 2011). Several randomized clinical trials have shown that physical activity is a beneficial intervention for older people with dementia because it may increase their functional capacity and control for cardiovascular risk factors (Rodriguez-Sanchez, et al., 2014). Caregivers, due to the burden of caregiving and having little time to exercise, have an increased risk of cardiovascular disease. Regular physical exercise can reduce cardiometabolic risk and cardiovascular disease problems (Von Kanel, Mausbach, et al., 2012).

Sports have been shown to improve mood, improve concentration, reduce stress and depression, and boost self-confidence (Datillo & McKenney, 2011). Sport classes may assist with removing the psychosocial barriers to participation such as sadness, loneliness, or depression (Fern, 2009). Keeping people with dementia active in hobbies will stimulate memories, encourage self-expression, and lessen anxiety and irritability (Yatzak, 2011).

Dementia can cause seniors to withdraw from friends, family, and activities. Studies show that maintaining those relationships and interests, can reduce the effects of severe cognitive impairment (Yatzak, 2011). The formation of a social support group through exercise not only provides motivation for the person with dementia, but also can cultivate a network of friends with whom they can regularly confide in and interact with (Fern, 2009).

People with cognitive limitations are often best served by including them in sports with their peers without disabilities (Datillo & McKenney, 2011). It is difficult for caregivers to carry out rewarding activities for themselves because they cannot separate themselves from the person they care for and they feel guilty participating in pleasant activities that do not directly improve the status of their loved one (Rodriguez-Sanchez, et al., 2014). A recreational program for caregivers providing the opportunity to participate

alongside their spouse with dementia allows caregivers the possibility of a rewarding activity (Hawkins, 2012).

Chronic caregiver stress increases vulnerability to disease and diminishes ability to provide optimal care (Fonareva & Oken, 2014). Caregivers often find it helpful to meet other people experiencing similar challenges. They learn that although challenges and coping styles may differ from person to person, they are not alone. Safe social spaces allow the caregiver to talk freely without feeling judged or worrying about how others perceived their spouse with dementia (Hawkins, 2012).

### **Program description**

This program will run twice per week at the community centre, for a duration of six months. Participants will join a team during the first week of the program and thereafter will remain on the same team. The first week will include getting to know the team, making a team name and cheer, and developing trust and rapport. Spouses will be on the same team. People are encouraged to come regardless of spouse or family member. They will remain on the team with the other people. Each week, teams will compete against each other in a specific sport. Each month a new sport will be introduced, taught, and practised, thus encouraging learning of new skills required for the sport. Scores will be kept during the game, but not kept after. Sports will include bocce ball, Frisbee golf, mini golf, Viking chess, pickle ball, and ladder ball. Upon arrival, participants will get in their team, reminisce about the sport, or memories of sports that are similar. Time will be taken to acknowledge everyone's memories. Spouses or caregivers are given the opportunity to share and perhaps record these memories in a book. One team will re-explain the rules to everyone. Once understanding is clear, teams will disperse to playing grounds where play will take place for 45 minutes. After the sport has been played, tea, coffee, and a healthy snack will be served to the participants. Group time to talk and socialize will be encouraged to promote creation of support networks.

### **Goals and objectives**

1. To increase weekly physical activity to at least twice per week for participants and caregivers.
2. To increase leisure repertoire.
3. To improve physical health through mild exercise for participants and caregivers.
4. To increase memory retention of past sport and non-sport memories.
5. To reduce perceived stress levels of caregivers.
6. To reduce anxiety in participants.
7. To connect caregivers to other caregivers to share similar stories and experiences.
8. To increase integration of participants and caregivers outside of the program.
9. To increase sense of belonging and social engagement.

### **Problems/deficits the program may address**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Boredom                                  | <input checked="" type="checkbox"/> Low leisure awareness | <input checked="" type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge                | <input checked="" type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input checked="" type="checkbox"/> Low self-esteem       | <input checked="" type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy                 | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation                | <input type="checkbox"/> Anxiety                          | <input checked="" type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness                      |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list                   |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering             |   |

### **Interventions and facilitation techniques of the leader**

The teaching part of the program is teaching a new sport with adapted rules for the targeted clients and what benefits it will have on the mind and body.

Adult learners have a foundation of life experiences and knowledge which will be recognized by leading group discussion in the way of reflection. Participants have the opportunity to reminisce and share their past with their team and the whole group. Group discussion stimulates memory, reduces stress, and builds networks.

Teaching others is another tool that will be used to facilitate learning. Teams will continually teach each other the sport every day they come to the activity, by going over the rules, scoring, and outlining the guidelines for the given sport.

### **Risk management considerations**

**Physical injury** – staff must be first aid trained; automated external defibrillator (AED) and first aid kit must be available. Participants will complete a PARQ and must inform the staff of current injuries, ailments, or reasons why they may not be fully functional for a given sport. Participants will be encouraged to only participate in activities they are physically comfortable with.

**Responsive behaviours** – awareness of clients with responsive behaviours is crucial. Understanding the causes and triggers as well as how to prevent and de-escalate situations is important.

**Wandering** – staff and caregivers will be part of the group at all times. Name tags will be worn to make sure everyone is called by name, thus minimizing the risks of someone wandering. A missing person plan will be in place in the event someone does go missing, such as emergency contact info, police phone number, and search staff if needed. Use of cell phone to take current pictures of all participants.

### **Expected program outcomes**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety            | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging             | <input checked="" type="checkbox"/> Coping skills              | <input checked="" type="checkbox"/> Decreased confusion             |
| <input checked="" type="checkbox"/> Leisure awareness              | <input checked="" type="checkbox"/> Social engagement          | <input checked="" type="checkbox"/> Improved balance                |
| <input checked="" type="checkbox"/> Social interaction             | <input checked="" type="checkbox"/> Improved fitness           | <input checked="" type="checkbox"/> Improved mobility               |
| <input checked="" type="checkbox"/> Feeling useful                 | <input checked="" type="checkbox"/> Sense of control           | <input checked="" type="checkbox"/> Increased independence          |
| <input checked="" type="checkbox"/> Increased knowledge            | <input checked="" type="checkbox"/> Decreased agitation        | <input checked="" type="checkbox"/> Hope                            |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                             |
| <input checked="" type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery                    | <input checked="" type="checkbox"/> Improved circulation            |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment                   | <input checked="" type="checkbox"/> Improved cardio                 |
| <input type="checkbox"/> Free expression                           | <input type="checkbox"/> Increased self-esteem                 | <input checked="" type="checkbox"/> Increased endurance             |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input checked="" type="checkbox"/> Increased strength              |
| <input type="checkbox"/> Stress management                         |  |   |

### **Evaluation methods/frequency**

Formative evaluation will occur each week, informally through observation, feedback from staff/volunteers and participants, and reflection.

Summative evaluation will occur at the end of the program through participant survey and staff evaluation.

# Feeding the Body, Mind, and Soul

by Jillian Hannay

## Target population

Older adults living in supportive or assisted living interested in becoming more active, socially connected, and knowledgeable about healthy eating.

## Purpose

To provide the opportunity for older adults to gain knowledge and understanding about the physical health benefits of hiking and the introduction of journaling as a method of attaining well-being and reducing stress.

## Rationale

Let's feed our body, mind, and soul! The benefits of being physically active and exercising are difficult to ignore. Regular exercise provides a myriad of health benefits for older adults including a stronger heart, a positive mental outlook, and an increased chance of remaining independent (Santrock, MacKenzie-Rivers, Malcomsen & Leung, 2014). According to the American Hiking Society, hiking delivers a remarkable range of health benefits with comparatively few risks. By engaging in hiking to stay physically active, you can potentially lose weight, reduce heart disease, reduce the chances of osteoporosis, decrease hypertension, and slow the aging process. A study published in the *Journal of the American Geriatric Society* showed that seniors who walked or hiked at least four hours per week reduced their risk of hospitalization due to cardiovascular events. Another age-related risk for older adults are falls. Balance, strength, and gait can be improved with exercise, decreasing the chances of a fall. Hiking not only builds muscle and endurance, it also builds and maintains bone mass and density. Research shows that long-term activation of your body's stress response impairs your immune system's ability to fight against disease, and increases the risk of physical and mental health problems. Some of the causes of stress in older adults are illnesses, chronic pain, retirement, loss of loved ones, and changing life situations (Santrock, et al., 2014). Participants will learn that journaling will help them sort out and clarify their thoughts and emotions. Participants will also discover that through journaling, negative thoughts and emotions can be released, moving on to a happier state of mind. Journaling is also an effective way to stay on track along with an exercise regimen as it holds accountable to oneself.

## **Program description**

This program is designed to utilize leisure time and encourage recreational participation through a series of nature-inspired hikes. Throughout the 7-week program, older adults who are living in a supportive/assisted living facility, will gain insight into the benefits of nutritious snacks and the importance of hydration; engage in social interaction and be introduced to journaling as a stress reducer. The 7-week program will consist of four in-class sessions, followed by three hiking trips, one hike per week, for three consecutive weeks.

### **Session 1 (indoors)**

**Education and discussion on some of the physical harms associated with aging:**

1. Decline in cognition
2. Loss of bone density
3. Falls
4. Heart disease

**Education and discussion on the health benefits of hiking as a form of exercise:**

1. Increased muscle strength, flexibility, and balance
2. Lower risk of heart disease
3. Improved blood pressure and blood sugar levels
4. Control of weight

### **Session 2 (indoors)**

**Education and discussion on safe hiking and preparation for hiking:**

1. Plan hikes according to fitness level and abilities
2. Comfortable walking shoes are crucial for safety and support
3. Hike with at least one buddy
4. Tell a friend or family member where you're going
5. Use an SPF of at least 30 and cover all exposed areas of your body

**Education and discussion about the health effects of journaling:**

1. Stress reducer
2. Get to know yourself better
3. Clarify thoughts and feelings
4. Solve problems more effectively
5. Record and maintain exercise goals

Participants will each be given a journal as encouragement.

### **Session 3 (indoors)**

#### **Education and discussion on:**

1. The benefits of healthy snacks
2. The four food groups and daily recommended servings from “Canada’s Food Guide”
3. Health risks associated with a poor diet
4. Benefits of healthy snacks while exercising

Participants will research and prepare a healthy snack for hiking for the first excursion. Education and discussion on hydration, the importance of water intake as a daily requirement, with emphasis on fluid intake when exercising.

1. Older adults’ susceptibility to dehydration
2. Complications arising from dehydration
3. Benefits of good hydration

### **Session 4 (indoors)**

#### **Education and discussion on social engagement:**

1. This includes the health benefits of being socially active
  - Increased self-efficiency
  - Increased self-esteem and coping skills
  - Ability to deal with adversity and problem solving
2. The health risks associated with lack of social interactions:
  - Higher rates of infection
  - Depression
  - Cognitive decline

### **Planning Session**

1. Education and discussion on hikes in nature and the positive impact on overall health and well-being.
2. Where to hike, what to bring, how to prepare. Participants will work collaboratively to come up with locations, plans, and preparations for:

### **Session 5 – a two-kilometer hike on flat terrain**

### **Sessions 6, 7 & 8**

The hiking trips will combine all that has been learned in the past week. Academic research has explored the idea that nature has positive effects on our mental state, and a recent large-scale study from the University of Michigan has further confirmed the link between nature and mental health. Senior author, Dr. Sara Warber, and her

team of researchers found that engaging in group nature walks lowered the severity of depression and reduced stress.

## **Session 6 – the hike will be on an even trail, a great beginning**

## **Sessions 7 & 8 – the hikes will gradually work up to trails with small hills and uneven terrain**

### **The hikes**

1. Participants will be picked up at the assisted living facility each week and transported to the parking lots of the determined hiking locations.
2. En-route to the specified locations, the facilitator will go over the different aspects learned about nutrition, stress management, social engagement, and physical activity.
3. On arrival to our destinations, the facilitator will demonstrate and encourage participants to join in a few stretching exercises.
4. Throughout the hike, the facilitator will ensure all participants are drinking water and showing no signs of exhaustion.
5. At the halfway point, participants will stop for a short break, where they will enjoy the trail mix that they prepared the week before.
6. The facilitator will encourage and motivate participants by complimenting their efforts.
7. The facilitator will take photographs throughout the hike to later distribute to participants. Participants will be encouraged to use the photographs in the journals.
8. The hiking session will end with stretching exercises.

### **Goals and objectives**

#### **1. Increased knowledge and understanding about the health benefits of hiking.**

- 1.1 By the end of this program, participants will possess a thorough knowledge of the health benefits that physical exercise has on their mind and body. This will be determined through a short quiz with a minimum expected outcome of at least 75%.
- 1.2 By the end of this program, participants will understand the positive impacts on disposition that hiking in nature can bring.

#### **2. Reduce anxiety and increase a sense of empowerment through journaling.**

- 2.1 Participants will be encouraged to learn the benefits of journaling as a successful strategy for reducing stress.
- 2.2 Participants will make a committed effort to incorporate journaling into their everyday lives by pledging to make entries at least twice per week in their journals.

### 3. Become more socially and physically active.

- 3.1 Participants will put knowledge to practise after completing the 7-week hiking program. Participants will hike at their own pace, with the group meeting back at the starting point upon completion of each hike.
- 3.2 Participants will monitor their heart rate by checking their pulse before and after the hike. The results will measure the intensity of the hike, so they can see how well their heart is working.
- 3.3 Participants will make a journal entry after the hike with attention to their mental and physical feelings from spending time in nature.
- 3.4 Participants will collaborate and interact socially with co-participants during the indoor sessions and during the outdoor hiking sessions.

#### **Problems/deficits the program may address**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait                  |
| <input type="checkbox"/> Loneliness                    | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM                    |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem                  | <input checked="" type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression         | <input type="checkbox"/> Lack of autonomy                 | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                | <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Poor balance                   |
| <input type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                             | <input checked="" type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                     | <input type="checkbox"/> Stress                           | <input type="checkbox"/> Other – list                   |
| <input type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                        |   |

#### **Interventions and facilitation techniques of the leader**

##### **Directing**

Know your subject.

Ensure that venues for classroom instruction are clean, comfortable, and offer a relaxing and safe environment.

## Teaching

Use handouts, as most adults are visual learners. By providing the participants with handouts they can refer to, will eventually result in greater learning retention. Ensure all handouts are printed in large font.

Quizzes, brainstorming, group discussion, and journaling will be used.

## Facilitating

Encourage participation.

Show respect – acknowledge the wealth of knowledge and experiences that everyone brings and treat participant as equals rather than subordinates.

## Risk management considerations

The following risks will be evaluated and addressed (using facility protocols) in the session plans for this program: falls, choking, injuries, etc.; environmental hazards: sun, bugs, weather; food allergies; missing participant.

## Expected program outcomes

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Increased cognitive stimulation   |
| <input checked="" type="checkbox"/> Sense of belonging             | <input checked="" type="checkbox"/> Coping skills         | <input type="checkbox"/> Decreased confusion               |
| <input checked="" type="checkbox"/> Leisure awareness              | <input checked="" type="checkbox"/> Social engagement     | <input checked="" type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Social interaction             | <input checked="" type="checkbox"/> Improved fitness      | <input checked="" type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                            | <input checked="" type="checkbox"/> Sense of control      | <input checked="" type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Decreased agitation              | <input type="checkbox"/> Hope                              |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                     | <input type="checkbox"/> Sense of peace                    |
| <input checked="" type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery               | <input checked="" type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment              | <input checked="" type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Free expression                           | <input checked="" type="checkbox"/> Increased self-esteem | <input checked="" type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased sense of purpose       | <input checked="" type="checkbox"/> Increased strength     |
| <input checked="" type="checkbox"/> Stress management              |   |  |

## Evaluation methods/frequency

Formative evaluation will occur through observation, and review of participant goal attainment. Success is measured by the enthusiasm shown by the participants, their determination to succeed, and attendance.

Summative evaluation will occur as per facility/department policy.

# Walking for the Health of It

by Sandy Kaethler

## Target population

This program is designed for older adults living in a long-term care and/or tertiary mental health program who:

- Have been diagnosed with behavioural issues
- Have minimal cognitive impairment
- Can ambulate safely

## Purpose

The walking program will provide the opportunity for clients to be outdoors in a safe, controlled environment. Security and supervision will be ensured. Access to staff/assistance will be readily available.

## Rationale

Studies have shown that walking as a form of exercise has benefits to health and well-being. Physical benefits include managing weight; lowering blood pressure; preventing osteoarthritis; lowering risk of heart disease and stroke; and controlling diabetes. Walking can also improve mood and alleviate symptoms of depression, reduce stress, reduce incidents of aggression and behavioural challenges. An increase in physical exercise can improve sleeping patterns and decrease stress (Santrock, MacKenzie-Rivers & Pangman, 2018). Walking outdoors in the fresh air increases those benefits tenfold. Natural sunlight is a free and available mood enhancer. It encourages the production of vitamin D and protects from seasonal mood changes. Getting minimal sunlight for prolonged periods of time can negatively impact mood (Livestrong Foundations, n.d.). People living in residential care settings rarely see the sun. The combination of walking and being outside will improve moods, behaviours, and sleep patterns; and exercise helps relieve constipation because it stimulates the nervous system and helps the muscles and nerves in the digestive system to work better (Austin, 2018, Livestrong Foundation, n.d.). In conjunction with walking, proper nutrition including staying hydrated aids in the overall well-being of an individual. Water cleanses the digestive system as it breaks down food in the stomach and keeps the digestive system on track. Water, along with walking, will also improve bowel movements and aid in the process of breaking down foods for smoother passage through the intestines (Medical Daily, n.d.). Walking fosters social engagement, and walking together is a great way to banish feelings of isolation and loneliness. Mark Twain said it best: “The true charm of pedestrianism does not lie in the walking, or in the scenery, but in the talking.” A survey by the charity MIND found 83% of people with mental health issues look

to exercise to help lift their mood. Considering the research on positive psychology, the evidence suggests the greatest benefit comes from being active outdoors – ideally somewhere green (Austin, 2018).

### **Program description**

“Walk for the Health of It” will meet regularly during the week. (If staff is available on the weekends it would be possible to gather seven times per week). The group would be a small group (2–4). Each session will include:

#### **Warm-up**

Stretches and deep breathing exercises which will address **stress reduction**. Initially, during the first five sessions, discussions on the topic of deep breathing as a stress-reduction technique will take place. During the first session, clients will also engage in a brainstorming exercise as to what triggers stress and anxiety. The TRA will engage clients in a short, 5-minute-deep breathing routine. Upon completion of warm-up, each client will be given a pedometer to monitor steps. The pedometers will be collected at the end of each session. The goal is to walk outdoors (weather permitting) to reap the benefits of fresh air.

#### **Walking**

Each client will walk at their own pace. A cool-down, although recommended, will not likely happen given the condition of the clients. Upon completion of their laps, it is likely that they will not be convinced to stay until all clients complete their walking. Client/s will be encouraged to stay for a cool-down breathing and stretches. If a client chooses not to stay, they will be encouraged to practise the cool-down independently. After every second or third day, clients will be encouraged to increase the number of laps they complete. Every lap and every pedometer reading (steps) will be logged into a journal by the TRA. Water will be available at the end of every program; water will be made available throughout the program. The TRA will remind each client of the importance of drinking water to stay hydrated. At the end of every week, the walking group will meet together as a group and away from the general population for morning nutrition. At this point, clients will have a chance to ask questions, discuss progress, and socialize. They will be offered healthy choices such as fruits, yogurt, and water. Once a month, the Dietician/Food Services Supervisor will be invited to join the clients during nourishments.

Once a month, the Chef/Food Services Supervisor will be available to discuss healthy options. Together with Chef/Dietician/Food Services Supervisor, clients will create one special meal for the group that supports healthy choices. Clients will be encouraged to engage in guided discussions with co-clients during weeks 1–3 and then subsequent sessions. As the group continues, clients will be encouraged to walk side by side as opposed to independently.

## **Goals and objectives**

### **1. To increase physical activity.**

- 1.1 Clients will be actively engaged in the walking program 2–5 times per week.
- 1.2 Clients will carry a pedometer to keep track of daily steps during walking program to track progress.

### **2. To reduce incidents of stress and stress-related behaviours.**

- 2.1 Clients will independently, or with support from the TRA, engage in pre- and post-walking activities which will include stretching and breathing exercises as part of the “wholeness” approach.
- 2.2 Clients will practise stress-reduction techniques alongside the TRA in a controlled, quiet environment, away from distractions and stress-causing stimuli.
- 2.3 Clients will be able to demonstrate stress-reducing techniques autonomously by the end of the second week.
- 2.4 Clients will demonstrate stress-reducing techniques in everyday living situation among co-clients with minimal cueing from staff.

### **3. To increase social engagement.**

- 3.1 Clients will engage with co-clients and work cooperatively during nutritional component in weeks 1–3 with TRA cues and prompts.
- 3.2 Clients will engage in positive discussion with co-clients while walking independently or with support from the TRA.

### **4. To increase knowledge about benefits of physical activity and healthy nutritional choices.**

- 4.1 Clients will drink one glass (or more) of water at the end of each walking program.
- 4.2 Clients will actively participate in monthly nutrition and discussion with the TRA and Dietician.
- 4.3 Clients will engage in question/answer with the Dietician, Chef, and co-clients.

## **Problems/deficits the program may address**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input checked="" type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                    | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM                    |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem                  | <input checked="" type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy      | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation     | <input checked="" type="checkbox"/> Anxiety               | <input checked="" type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness                      |
| <input checked="" type="checkbox"/> Agitation          | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list                   |
| <input type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                        |   |

## **Interventions and facilitation techniques of the leader**

### **Directing**

- Arrange participants and group based on common interests/ability/need.
- Organizing education sessions with other members of the team.

### **Teaching**

- Give clear instructions.
- Demonstrate stretching techniques; how to use pedometer.

### **Facilitating**

- Offer support and encouragement.
- Encourage social engagement, sharing of knowledge.

## **Risk management considerations**

Elopement – ensure facility policies and procedures are followed.

Falls and physical exertion – ensure proper footwear is worn; provide support and comfort; alert care staff for guidance and treatment.

Environmental concerns – evaluate and address risks such as sun exposure, bug bites/stings, and dehydration.

## **Expected program outcomes**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety            | <input type="checkbox"/> Improved cognition                |
| <input type="checkbox"/> Sense of belonging              | <input checked="" type="checkbox"/> Coping skills              | <input type="checkbox"/> Decreased confusion               |
| <input checked="" type="checkbox"/> Leisure awareness    | <input checked="" type="checkbox"/> Social engagement          | <input checked="" type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Social interaction              | <input checked="" type="checkbox"/> Improved fitness           | <input checked="" type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control                      | <input checked="" type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                              |
| <input checked="" type="checkbox"/> Improved mood        | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                    |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Mastery                               | <input checked="" type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input type="checkbox"/> Increased enjoyment                   | <input checked="" type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Free expression                 | <input checked="" type="checkbox"/> Increased self-esteem      | <input checked="" type="checkbox"/> Increased endurance    |
| <input type="checkbox"/> Increase in social connections  | <input checked="" type="checkbox"/> Increased sense of purpose | <input checked="" type="checkbox"/> Increased strength     |
| <input checked="" type="checkbox"/> Stress management    |  |  |

## **Evaluation methods/frequency**

### **Formative evaluation:**

Maintain a daily/weekly log of:

- Active participation
- Sleep patterns
- Weekly blood pressure
- Bowel movement patterns (decrease in constipation)

Results will be documented in multidisciplinary Point Click Care/Progress Notes and shared at Care Conferences.

Summative evaluation – as per facility/department policy.



Artwork: Ingrid Jackel, an Elder at Kinsmen Lodge

## Emotional Domain

Emotional health refers to the feeling component of health and life. It includes the concepts of self-esteem, self-confidence, self-efficacy, trust, love, and belonging (Austin, 2018, Wiersma & Parry, 2010). Older adults can face many challenges connected to the negative side of the emotional domain including feelings of loneliness, hopelessness, helplessness, social isolation, depression, and low self-esteem (Novak, Northcott & Campbell, 2018). Individuals often report they participate in leisure activities for the emotional benefits more than the social or physical benefits (Elavsky & Doerksen 2010; Stumbo & Peterson, 2009). Intentional goal setting in therapeutic recreation programs can achieve the outcome of increased emotional wellness.

Leisure choices, activities, and experiences play an important role in the development and maintenance of emotional health (Stumbo & Peterson, 2009; Wiersma & Parry, 2010). Emotionally healthy individuals rate their level of happiness and wellness positively and show an increased ability to cope with negative life events. Positive psychology, a new approach focusing on what is going right rather than what is going wrong, builds on human strengths and optimal functioning. It also influences and aligns well with therapeutic recreation (Austin, 2018). Therapeutic recreation programs build positive environments to make the atmosphere safe, warm, caring, and nurturing where clients can gain and practise skills leading to positive emotions and a sense of wellness.

Programs built and delivered on the positive psychology theme or a strength-based approach can create trust, build collaboration, decrease depressive symptoms, increase levels of satisfaction, gratitude, and happiness as well as empower participants to take the lead on developing their own well-being (Heyne & Anderson, 2012; Ho, Yeung & Kwok, 2014). Therapeutic recreation programs and the environments they create play an important role in the emotional domain and can help create a pathway of emotional health for participants.

# Digital Storytelling

by Bernard Balizet

## Target population

Independent aging adults, aging adults in assisted living facilities, and adults in complex care with varying degrees of cognition and acuity.

## Purpose

This program will teach participants how to design and deploy modified technologies (PowerPoint etc.) in a way which is attractive and accessible to aging adults who may have had limited experience with technology. To provide a new and exciting modality for participants to share their story; to instruct participants in the basics of narrative.

## Rationale

Erik Erikson, a German-American developmental psychologist, has proposed that adults at the latest stages in life can be aided by life review, or the process of returning to events of their history and, ideally, sharing this knowledge with others (Novak, Northcott & Campbell, 2018). And while Erikson is primarily concerned with how life review can aid those approaching death, there is evidence that the process, particularly as it relates to recollection and cognitive ordering, the gamesmanship of narrative, can help other aging adults with everything from increased mental acuity to the decrease of depression and mental illness, however distant their deaths may be or appear to be (Novak, et al., 2018; Santrock, MacKenzie-Rivers & Pangman, 2017). Many studies suggest that increased mental engagement, the sorts of which would be required for digital storytelling, can actually postpone dementia, although its specific effect on Alzheimer's disease is likely negligible (Patton & Thibodeau, 2018). Habit, fear of the new, and the sense that technology is inappropriate for the participants' cohort can discourage seniors using technology, for this or any other use (Novak et al., 2018; Renaud & van Biljon, 2008). By presenting a simplified version of available technologies and by showing examples of others in the participants' cohort who have done the same, this program will attempt to mitigate that issue and open doors to new possibilities.

## Program description

Digital storytelling is a program primarily concerned with the therapeutic strategies of life review and wisdom sharing. Participants will become acquainted with modified versions of available applications and resources such as PowerPoint, YouTube, Google Images, Wondershare, and Wikipedia among others to tell rich versions of their life stories and to impart wisdom to a semi-private audience. The program is based on the participants' creativity and interests – each session will be tailored to the specific needs,

interests, and creative ideas of the facilitators and participants. The end product is the creation and sharing of all the participants' multi-dimensional life stories. Stories may be posted on social media, presented at an artistic event, or shared by invitation only. This program lends itself well to being modified into an intergenerational project/program.

### Goals and objectives

1. To increase knowledge about modified technologies and how to use them.
2. To increase knowledge about the basics of narrative.
3. To increase self-esteem.
4. To showcase talent, wisdom, and life at various venues using a variety of modalities.
5. To increase awareness about the power social engagement has on quality of life.

### Problems/deficits the program may address

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input checked="" type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input type="checkbox"/> Stress                           | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering                        |  |

### Interventions and facilitation techniques of the leader

Because adult learners tend to be goal oriented, the instructor will introduce the topic and show samples of end products. For example, the entire presentation will take weeks or months to create, but during each lesson, the participants will learn every step of a process and how to apply it.

Because adult learners tend to prize practicality, the instructor will base the session content around the interests, needs, and lifestyles of participants, drawing connections to application to life. Participants will be given homework after each session – tasks to practise/apply/accomplish before the next session.

Because adult learners have a lifetime of knowledge and experience to share – the program will showcase each participant's accumulated wisdom and life experiences. Discussion will be stimulated/encouraged, and participants will engage in a variety of group work such as brain storming and idea trees.

## Risk management considerations

Inherent to this process are some specific risks. There is a chance that the material can be shared inappropriately, leading to identity theft. There is also the possibility that there can be a rift in the family because of “too much information.” And life review can bring a flood of emotions, some of which can be overwhelming. Risks will be addressed through a combination of Avoidance, Reduction, and Transference.

- **Avoidance:** The material will be kept off of public sites unless the participant is clear about wanting to publicize it.
- **Reduction:** The instructor will take special care to monitor the mood of the participant, ready to “pull back” at any moment when the process is getting emotional to the degree it is disruptive for the participant. And the instructor will take special care not to share with family until they have a firm grasp of the family dynamics vis-à-vis the more controversial parts of the review.
- **Transference:** The participant will be notified of the privacy risks inherent to sharing this material and will sign a waiver attesting to this knowledge.

## Expected program outcomes

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Increased confidence           | <input type="checkbox"/> Reduced anxiety                       | <input type="checkbox"/> Improved cognition     |
| <input type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion    |
| <input checked="" type="checkbox"/> Leisure awareness   | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Improved mood       | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace         |
| <input type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation   |
| <input type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment                   | <input type="checkbox"/> Improved cardio        |
| <input checked="" type="checkbox"/> Free expression     | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance    |
| <input type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength     |
| <input type="checkbox"/> Stress management              |  |   |

## Evaluation methods/frequency

Formative evaluation will take place during each session through observation by the facilitator. Summative evaluation will take place annually as per facility/department policy.

# Expanding Horizons – a Transition into a Healthy Retirement

by Boni Randall

## Target population

55+ population specifically those within 1 year of retirement.

## Purpose

Expanding Horizons is a retirement exploration program that addresses retirement opportunities for people 55+, focusing on developing awareness in three aspects of a successful retirement lifestyle; social engagement, volunteer opportunity, and participation in local physical activity and fitness programs.

## Rationale

Retirement is a complex process, characterized by shifts in identity and routines. The transition from a structured work day to a day filled with endless and unknown choices may feel overwhelming at first. “New generations of older people will define age as a time of personal growth and community enrichment” (Campbell & Novak, 2014 p. 254). Preparing financially and psychologically helps improve the transition from work to retirement. Just as people need to learn how to work, they need to learn how to relax and enjoy leisure (Santrock et al., 2018). Social and intergenerational connectivity achieved from volunteering deepens social networks, increases activity, and alleviates social isolation and loneliness (Campbell & Novak, 2014). “Volunteering is also linked to improved quality of life, increased physical activity, and lower mortality rates. It enhances life satisfaction and well-being, contributes to self-confidence and personal growth, and provides a sense of purpose by providing individuals with the opportunity to contribute to their communities and to society” (National Senior’s Council of Canada, 2010). Research also indicates that older men and women who have social interaction within their community help manage chronic illnesses, prevent poor health, and have a slower rate of memory decline (Ertel, Glymour & Berkman, 2008). “Leisure is largely a social phenomenon... social support networks are vital to an individual’s health, wellness, and quality of life” (Stumbo & Peterson, 2009, p. 9). Play keeps a person young and improves social connection with others. In retirement, leisure can be a time of mastery, competence, and self-expression as well as a time for growth and change. “Research supports the relationship between leisure activity and improved physical and psychological well-being” and this means if we continue to play, grow, and learn we can potentially remain young in old age (Campbell & Novak, 2014, p. 242). It is well known that daily physical activity and an active leisure lifestyle benefit

health directly and help buffer the influence of life events and illness. However, Ramage-Morin and colleagues (2012) point out that fewer than 20% of Canadians aged 60–79 take the required number of steps per day and that 17% of Canadians aged 55 and older show the lowest rate of participation in sports (Campbell & Novak, 2014). To create an exercise routine, Canadians need to put pen to paper, formally plan daily physical activities, and then stay accountable by following up with their plan. A successful plan will incorporate already established physical activities that people enjoy doing, and supplementing them with new interests and activities that are fun, engaging, and rewarding. People who expand their repertoire of activities and find fresh ways to enjoy life in retirement will find improved physical and psychological well-being. (Charters & Murray, 2006; Campbell & Novak, 2014).

### **Program description**

This program will educate participants and support them as they set personal goals. This program will increase autonomy, encourage self-reliance, independence, and intrinsic motivation. In a two-part program, Expanding Horizons will assist people in planning and setting goals for a successful retirement; provide options for meaningful activities to replace a person's time spent at work; and encourage participation in local community. Week 1 will be a planning education week with activities that focus on goal setting and information opportunities, while promoting social interaction of neighbours. In week 1, one component will focus entirely on volunteering opportunities and showcase local groups who need volunteers in order to run successful programs. Week 2 will be a combination of physical and social activities that will promote fitness and fun, and encourage further socialization of social connections established in week one.

### **Week 1**

The program will start off with a short welcome and 5-minute introduction of people involved (myself, volunteers, and local organizations); a brief outline of the program goals and objectives; an overview of program activities and my expectations for program outcomes. Upon arriving, each participant will be given a name tag and a small bag stuffed with an agenda, a map outlining the physical location of the area, a pen, handouts and tools for activities, and a follow-up questionnaire. Activities 1–3 will be facilitated.

#### *Activity #1: Meet your neighbour*

**Purpose:** To break the ice, make introductions, and meet new people.

#### *Activity #2: Share your knowledge*

**Purpose:** To identify at least 101 things to do in North Vancouver under \$20 in order to increase knowledge of the community and individual/group leisure or recreation activities.

### **Activity number #3: *Plan to get physical***

**Purpose:** The repetitive behaviour of scheduling exercise into daily life will create continuity in an exercise routine, leading to mastery of physical skill, competence, enjoyment, and ultimately intrinsic motivation.

### **Activity #4: *Volunteer opportunities***

**Purpose:** As people retire from work they often look to replace their work identity with an alternative that gives them a sense of purpose. This activity connects agencies with people looking for a suitable volunteer position and provides opportunities for personal growth, lifelong learning, and community participation.

## **Week 2**

The program will start off with a short welcome and 5-minute overview of the day including introduction of the two instructors who will lead the first component of the program. People will choose either “Yoga in the Park” or “Walk Through the Park Trails.” The second activity will be board games in the park.

### **Activity #5: *Yoga or group walk***

**Purpose:** To reduce boredom, physical exercise should be varied and provide choice. This activity takes the group outdoors because exercising outside and in groups provides added benefits to already established scientifically proven health benefits.

### **Activity #6: *Fun and games***

**Purpose:** To build community connections and encourage social networking through play as a leisure experience.

## **Goals and objectives**

At the end of the 2-week program each participant will:

**Have increased knowledge of affordable local community leisure opportunities.**

- Have a record of 101 activities available to them in their community
- Identify and list three new personal interests for further exploration
- Develop a weekly activity calendar and schedule current leisure interests

**Understand the importance of engaging in regular physical activity in retirement.**

- Identify weekly and daily goals for physical activity and improved fitness
- Write an outline for physical activity goals
- Use planning and education as components of a physical activity program
- Identify the health benefits of engaging in physical activity
- Identify the social benefits of engaging in group activities

**Become aware of opportunities for local volunteering.**

- Match personal skill with specific volunteer programs
- Identify the need for volunteers in the community
- Increase knowledge of the role of the volunteer
- Increase knowledge of personal benefits of community volunteering

**Grow social networks in the neighbourhood.**

- Socialize with neighbours and establish new social connections
- Equate fitness and health promotion with socializing, fun, and enjoyment

**Problems/deficits the program may address**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Boredom                       | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                    | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem                  | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy                 | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                | <input checked="" type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
|  | <input type="checkbox"/> Wandering                        |  |

**Interventions and facilitation techniques of the leader**

Name tags to help encourage sense of connection. Facilitators will prepare detailed session plans for each session, outlining the teaching strategies and material required. Facilitators will provide information and experiential learning opportunities. A key component of this program is highlighting skills and talents people have gained over the years, and help them see how it can be applied to new settings and roles. Facilitators will support, motivate, and encourage.

**Risk management considerations**

Participants will complete a PARQ at registration. Evaluate risks during the preparation for each session. Ensure participants have access to a cell phone and emergency numbers.

### **Expected program outcomes**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety               | <input type="checkbox"/> Improved cognition     |
| <input type="checkbox"/> Sense of belonging              | <input type="checkbox"/> Coping skills                            | <input type="checkbox"/> Decreased confusion    |
| <input checked="" type="checkbox"/> Leisure awareness    | <input checked="" type="checkbox"/> Social engagement             | <input type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Social interaction   | <input checked="" type="checkbox"/> Improved fitness              | <input type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control                         | <input type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Decreased agitation                      | <input type="checkbox"/> Hope                   |
| <input type="checkbox"/> Improved mood                   | <input type="checkbox"/> Mastery                                  | <input type="checkbox"/> Sense of peace         |
| <input type="checkbox"/> Independence                    | <input type="checkbox"/> Increased enjoyment                      | <input type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input type="checkbox"/> Increased self-esteem                    | <input type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Free expression                 | <input checked="" type="checkbox"/> Increased sense<br>of purpose | <input type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Stress management    |   | <input type="checkbox"/> Increased strength     |

### **Evaluation methods/ frequency**

Post-session evaluations will be conducted using a short survey for participants and a short questionnaire for staff.

# Karaoke Family Sing-Along

Shared by Jocelyn Wild

## Target population

Residents with mild-to-late stage dementia and their families.

## Purpose

To provide clients with dementia an opportunity for social interaction with family and peers, and experience a meaningful musical experience.

## Rationale

Music therapy is a very important activity for clients with dementia. Music therapy can enhance a person's quality of life, reduce stress, enhance mood, improve behaviours, benefit communication, and boost memory (Svansdottir & Snaedal, 2006). Research shows that when people with dementia participate in music-based programs they experience a significant reduction in aggressive and anxious behaviours and display fewer disturbances during the activity (Svansdottir & Snaedal, 2006). Music-based programs are a safe and effective method for preventing and reducing agitation and anxiety for people with mild-to-severe dementia. This allows the people to participate and interact more freely with family and peers, and enjoy a meaningful musical experience.

## Program description

This program is designed to provide an opportunity for enjoyable social interaction for residents and their families. This weekly program will take participants on a trip down memory lane – karaoke style. Residents and their families, staff, and volunteers participate in karaoke style music therapy program led by a Music Therapist. Recreation staff, the Music Therapist, family members, and volunteers encourage residents to participate during this sing-a-long style program. Residents, family, and staff take turns singing karaoke into the microphone while the rest of the group sings along to familiar old tunes played by the Music Therapist.

The program will be advertised in the monthly newsletter, calendar of Therapeutic Recreation (TR) programs, and invitations will be sent to family members. Families will be personally invited when they are on site, and the program is set to be promoted during lunch.

The program requires a pleasant environment, one that is inviting, where the temperature is appropriate, and the room is well lit. Chairs and tables with tablecloths should be in the room as well as all supplies needed for the sing-a-long.

## Goals and objectives

### 1. To increase social interaction among residents and family members.

- 1.1 Residents will sing one karaoke song with their family member per week during sing-a-long.
- 1.2 Residents will participate and exhibit socially appropriate behaviours during the program as noted by TRP staff.

### 2. To reduce anxiety and agitation.

- 2.1 Residents will actively participate in Karaoke Music program once per week.
- 2.2 Residents will demonstrate a decreased level of anxiety as observed during and after the program.
- 2.3 Residents will show relaxed facial expressions and calm demeanor when the family arrives as observed by staff.

### 3. To increase interaction and social engagement.

- 3.1 Residents will dance with family member/staff or volunteer at least one dance during each session.
- 3.2 During each session residents will interact with peers socially by singing/clapping/smiling/chatting independently or with gentle/support cueing by family/staff.

## Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety    | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

## Interventions and facilitation techniques of the leader

Strategies to encourage family involvement would include:

- Talking to the family members about the program in advance.
- Encourage the family to get actively involved.
- Make it fun for the family to participate in the program.
- Ask the family if they know any songs that are important to their loved one, and songs that would bring positive recall.
- Encourage family to dance with clients and/or move to the music.

## Risk management considerations

Music could stimulate inappropriate behaviours – be aware and monitor for overstimulation; have a volunteer or staff member sit with clients that do not have family members attending or have behaviours that need monitoring (e.g., wandering).

Special diets – if refreshments are being served, refer to the protocol for checking special diets and ensure residents are being served by staff that know them etc.

Clients that have hoarding inclinations may take songbooks home with them or get agitated if someone tries to take them away – have a “thank you for attending” card ready that can be traded for song books at the end.

## Expected program outcomes

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Increased confidence                      | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Decreased confusion    |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                    | <input type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Leisure awareness                         | <input checked="" type="checkbox"/> Social engagement     | <input type="checkbox"/> Improved mobility      |
| <input checked="" type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                 | <input type="checkbox"/> Increased independence |
| <input type="checkbox"/> Feeling useful                            | <input type="checkbox"/> Sense of control                 | <input type="checkbox"/> Hope                   |
| <input type="checkbox"/> Increased knowledge                       | <input type="checkbox"/> Decreased agitation              | <input type="checkbox"/> Sense of peace         |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                     | <input type="checkbox"/> Improved circulation   |
| <input type="checkbox"/> Independence                              | <input type="checkbox"/> Mastery                          | <input type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Sense of autonomy                         | <input checked="" type="checkbox"/> Increased enjoyment   | <input type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Increased strength     |
| <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased sense of purpose       |   |
| <input checked="" type="checkbox"/> Stress management              | <input type="checkbox"/> Improved cognition               |   |

## Evaluation methods/frequency

Formative evaluation will occur by getting feedback from clients, family, and staff members. Observation: Are residents exhibiting positive behaviours? Are the clients happy, smiling, and laughing? Do the residents feel free to move to the music? Are they calm and relaxed? Do they seem to be familiar with the program? Does this program contribute to a feeling of well-being? What impact does the program have on the residents? (Jones, 2007).

Does this program allow the client to engage socially with their family and peers?

Summative evaluation – annually per facility policy.

# Better with Age Book Club

by Tabitha Brubacher

## Target population

This program is designed for older adults living in an assisted living or long-term care facility. It is for anyone with moderate-to-good cognitive health, but who struggles with social isolation, boredom, stress, or loneliness. Their medical diagnosis is not relevant as long as they are able to express themselves verbally, and have at least minimally good fine motor skills for writing, and can understand and take interest in the goal of the program. The program might target people who are in long-term care because of a lack of other supports, physical disability, or chronic illness, or those who are bored and understimulated or experiencing stress and a loss of independence.

## Purpose

To provide a meaningful, creative experience for older adults that increases their positive feelings, reduces stress, and gives them a sense of community, purpose, and accomplishment through social engagement and completion of a group creative project. This program will benefit the participants by:

- Providing a social atmosphere, encouraging peer interaction
- Improving cognitive skills by guiding a practice of focusing, recalling, reflection, creativity, and organization and learning
- Providing a project with an end goal which will build a sense of purpose and ability
- Decreasing stress through laughter, story sharing, encouragement, and support
- Reducing depression through fun, creative activities, and goals that improve mood and focus on something positive
- Helping combat loneliness through peer interaction and by focusing on purposeful group-centred goals
- Building a sense of purpose and capability by working to create something concrete that is positive and benefits others

## Rationale

Engaging in creative arts can improve mood, emotional and mental health, as well as have a positive effect on physical health. Creative activities can open communication and build relationships in a supportive and “failure-free” environment (George & Houser, 2014, p. 680). Creative projects enable people to make something new that is valuable to themselves and to other people (George & Houser, 2014). This can contribute to a greater sense of well-being, self-esteem, and confidence (Novak, Northcott & Cambell, 2018). A social environment where someone feels safe,

supported, and has good working relationships has the potential to avoid many of the risks to health. “The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems” (Public health agency of Canada, 2016). It is important for people who are experiencing social isolation and loneliness to form supportive relationships and be a part of a positive, engaging recreation environment not only for health reasons, but to enhance self-confidence, improve decision-making skills, and increase feelings of control (Austin, 2018). This program can give participants a sense of continuity in life and provides a distraction from negative life circumstances. Making meaningful choices and enhancing the quality of their present life moments can help reduce anxiety, stress, and depression. People often participate in leisure activities for their mental health benefits rather than social or physical benefits (Stumbo & Peterson, 2009). Research has found that older adults can continue to increase brain health as they age, as brain cells continue to grow and respond to new information and experiences. Learning new skills, social engagement, and cognitive stimulation all improve functioning in the mind (Novak, et al., 2018). This program helps stimulate the mind of the participants by thinking about their past experiences, being creative and forming new social ties.

### **Program description**

The Better with Age Book Club is a 12-week club that meets twice weekly to create a short feel-good book of wisdom and artwork based on the group's life experiences. The book will be composed of words of wisdom or “life lessons” through short anecdotes and quotes; positive musings that would inspire the reader, give them hope or offer wisdom. The first sessions of the program will consist of simply getting to know the other participants through games and socializing, as well as a presentation of details about the project, its process and expected outcome, and a presentation about health promotion. In the second/third weeks the group will brainstorm together. They will also be given a short instructional “class” with simple tips on writing and storytelling. The following weeks, participants will begin writing a diary or journal reflecting on personal life experiences with positive outcomes, life lessons they learned, or inspirational true stories they would like to add to the inspirational book. Writing time will be given in the classes, but will also be encouraged outside class. Next, the group will begin the process of deciding what stories, anecdotes, or quotes to add to the book. There will be a lot of open discussion and sharing of thoughts, experiences, and ideas. This part of the program will involve a lot of sharing, interaction, and social support. It is meant to be a positive experience that relieves stress and encourages relationship building. Once the group decides which content to add, the process of editing the stories will begin. As soon as the writing portion of the book has been completed, the group will each illustrate or paint little pieces of artwork to be placed beside the writing on the pages. When all the writing and artwork have been completed, the instructor will then scan everything into the computer. Then with a large drop screen, all participants can discuss and choose the layout of their choice, and everyone can equally contribute to that final

digital process. This promotes personal choice and mental stimulation. The book(let) will be printed and distributed around the facility, sold at craft sales, the gift store, or given away as gifts. The group will hopefully feel that they all contributed equally to the project and walk away with a renewed sense of hope and strength in their abilities, a positive outlook, and new friendships.

### **Goals and objectives**

1. To increase peer support and social interaction.
2. Increased sense of purpose.
3. To elevate mood and increase positive feelings.
4. To minimize stress and anxiety through socializing and creating in a relaxed, fun atmosphere.
5. Decrease depression through journaling, storytelling, and making new friends.
6. Maintain and strengthen healthy cognitive ability and functioning.

### **Problems/deficits the program may address**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Boredom                          | <input type="checkbox"/> Low leisure awareness       | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness            | <input type="checkbox"/> Lack of knowledge           | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness | <input checked="" type="checkbox"/> Low self-esteem  | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression            | <input checked="" type="checkbox"/> Lack of autonomy | <input type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation        | <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness               | <input type="checkbox"/> Pain                        | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                        | <input type="checkbox"/> Stress                      | <input type="checkbox"/> Other – list        |
| <input type="checkbox"/> Lack of cognitive stimulation    | <input type="checkbox"/> Wandering                   |  |

### **Interventions and facilitation techniques of the leader**

#### **Facilitating:**

- Guide participants to stay on track and help them come up with their own ideas.
- Create an environment that encourages dialogue and active participation.

#### **Teaching:**

- Lectures – at the initial stage of the program – ask questions and encourage discussion about what the participants want out of the program regarding health, and ask for opinions as well as encourage sharing of knowledge.
- Group discussion and brainstorming – support participants to take control of their project and make sure that they are involved in leading the program by using their own thoughts and ideas.
- Journaling – participants will use journaling as a tracking and reflection tool.

## Risk management considerations

In a program that extends for a lengthy period, that includes steps intended to build on creative efforts, there is a risk of negative affect in the outcome if people drop out of the program prematurely. Making sure the participants stay interested, feel supported, and believe their contributions are respected and valued, will help prevent or reduce the likelihood of this happening. Checking in with each person one-on-one, offering help, keeping it fun and affirming their progress are ways the instructor can keep the participants from quitting.

Another risk might be disagreements and conflicting personalities which could create low morale. The instructor must be very involved and actively lead the group, creating an environment of non-judgmental acceptance and encourage discussion and positive feedback. They can do this by leading by example and “setting the ground rules” from the beginning which could include respect, patience, and keeping an open mind.

Not having enough time for project completion is a risk, the instructor must be flexible and consider each person’s limitations when starting out at the beginning of the program, adjusting it where necessary.

## Expected program outcomes

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Increased confidence           | <input type="checkbox"/> Reduced anxiety                       | <input type="checkbox"/> Improved cognition     |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion    |
| <input type="checkbox"/> Leisure awareness                         | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility      |
| <input checked="" type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence |
| <input type="checkbox"/> Increased knowledge                       | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace         |
| <input type="checkbox"/> Independence                              | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment                   | <input type="checkbox"/> Improved cardio        |
| <input checked="" type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength     |
| <input type="checkbox"/> Stress management                         |  |   |

## Evaluation methods/frequency

Formative evaluation will take place during each session through observation by the facilitator.

Summative evaluation will take place annually as per facility/department policy.





Artwork: **Jhoon Woo**, an Elder at Kinsmen Lodge

## Cognitive Domain

So much about life and aging is connected to autonomy. Being in charge of one's life is important to most of us. One of the greatest fears people express about aging – is the fear of “losing one's mind.” There is considerable support for the “use it or lose it” hypothesis of cognitive aging. Providing therapeutic recreation programs that challenge and exercise cognition is beneficial to wellness and could contribute to increased autonomy.

As we age, our brain shrinks, decreases in weight, loses neurons, and develops more abnormalities. These changes contribute to some decline in memory, processing, speed, and cognitive function (Novak, Northcott & Campbell, 2018; Santrock, MacKenzie-Rivers & Pangman, 2017). Research suggests that participating in leisure activities, particularly in cognitive training, sensory-motor training, and living in an intellectually stimulating environment leads to improved mental functioning (Novak et al., 2018; Edelman, Kudzma & Mandle, 2014; Gilhooly, 2007; Wang, 2002; Stern, 2010).

Studies show significant correlations between participating in leisure activities, mainly mentally demanding activities, and cognitive functioning (Edelman, Kudzma & Mandle, 2014; Gilhooly, 2007; Novak et al., 2018; Santrock et al., 2017). Activities can include reading, having discussions, learning new things, playing games, writing letters, doing crosswords, and more. Stimulating activities involving either mental or psychosocial components may act as stimuli to preserve cognition or hinder cognitive decline (Wang, 2002; Santrock et al., 2017; Stern, 2010).

Participating in stimulating intellectual, social, and physical activities can protect from age-related cognitive decline and lower the risk of dementia (Edelman, Kudzma & Mandle, 2014; Wang, 2002). Therapeutic recreation can increase wellness and cognitive competence and autonomy.

# Take Me Out to the Ballgame

by Candice Rempel

## Target population

The target population of the program is people with moderate-to-severe dementia living in a specialized care unit. This program is designed for men and women of any age, as the kit's contents span many years.

## Purpose

To provide an opportunity for a low-stress social group, with expression and reminiscing.

## Rationale

The benefits of reminiscing for the target population are the decrease of depression and loneliness; improvement of cognition and mood; raised self-esteem; and improved communication (Datillo & McKenney, 2016). Reminiscing benefits the population by having their identity and past discovered, which would improve the relationship of the staff to each participant.

## Program description

This themed-reminiscing program is designed to promote group setting with real-life props. It can also be implemented as a 1:1 intervention and easily modified to be intergenerational. Implementation is done through creative presentation of the props, music, video clips, reading newspaper clippings, etc.

There is no need to pass all the items. Assess the group and remain flexible. Remember the goal is to promote connection and sharing through memories and stories, not get through all the items in the box or ask all the given questions.

## Contents of the discovery kit:

- Baseball cards
- Newspaper clippings
- Baseball, baseball cap, baseball glove, jersey
- Paraphernalia from various teams
- Popcorn, Cracker Jacks, peanuts
- iPad and internet connection for googling
- Ticket stubs
- Stories, poems
- Sunglasses

- Pictures of mascots
- Baseball trivia questions
- A TV/screen to watch a ball game/part of a ball game

**Sample story:**

It was a thrill just to join the crowd waiting to buy an admission ticket. I think it cost a quarter in those days. The cement floor and the tunnel to the stands had a special smell. I think it was a mixture of people, grass, popcorn, and hot dogs.

We brought a scorecard and marked all the runs and strikes properly. We sat up in the bleachers. When I looked down, the grass seemed greener than any other grass I had ever seen. The dirt on the baseball diamond was raked to perfection. The sun shone all around us and excitement filled the air.

The organ got the fan's attention. Then an announcer called out the line-up of players for the game. When the players ran out onto the field, the whoops and shouts, and applause were fantastic. Then, all fell quiet and we stood at attention, hands over our hearts, for our national anthem. Finally the game began.

**Goals and objectives**

**1. To make connections through commonality with other participants.**

- 1.1 During the session, participants will share two memories of their life or stories they have heard about baseball.
- 1.2 During the session, participants will comment on two other participants' stories or memories.

**2. To improve quality of life by being heard and listened to.**

- 2.1 During the session, participants will show respect to other participants by not interrupting.
- 2.2 Participants will show that they felt they were listened to, evidenced by two smiles during the session or an atmosphere of lightened mood as judged by the facilitator.

### **Problems/deficits the program may address**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness      | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge          | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input checked="" type="checkbox"/> Low self-esteem | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy           | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety         | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                       | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input checked="" type="checkbox"/> Stress          | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering       |  |

### **Interventions and facilitation techniques of the leader**

**Creating a safe place to share** – the facilitator will need to monitor and continually evaluate the group dynamics and make adjustments to ensure all participants are contributing and communicating at the level they wish.

**Creating discussion** – the facilitator will ask open-ended questions that require longer answers from participants. The facilitator will use personal examples to inspire more discussion.

**Flexibility** – the facilitator will need to evaluate the group as items are pulled out of the box. Participants may want to talk at length about an item, but not a lot about another item. The facilitator should be prepared to omit some of the items in order to facilitate deeper discussion about the current item.

**Managing conflict** – the facilitator should be prepared to steer away from topics that seem to cause problems between participants in the group. The facilitator should be prepared to deal with the situation where a participant does not want to pass an item to the next group member.

### **Risk management considerations**

**Dietary restrictions** – the facilitator needs to check the dietary restrictions of each participant and talk to the care staff prior to giving out popcorn and peanuts during the session.

**Choking hazard** – the facilitator needs to be aware that popcorn and peanuts can be a choking hazard. A first aider should be close by and the facilitator should know how to call for help where the group activity is taking place. Encourage participants to chew often.

### **Expected program outcomes**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Decreased confusion    |
| <input checked="" type="checkbox"/> Sense of belonging  | <input type="checkbox"/> Coping skills                    | <input type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Leisure awareness              | <input type="checkbox"/> Social engagement                | <input type="checkbox"/> Improved mobility      |
| <input checked="" type="checkbox"/> Social interaction  | <input type="checkbox"/> Improved fitness                 | <input type="checkbox"/> Increased independence |
| <input type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Sense of control                 | <input type="checkbox"/> Hope                   |
| <input type="checkbox"/> Increased knowledge            | <input checked="" type="checkbox"/> Decreased agitation   | <input type="checkbox"/> Sense of peace         |
| <input checked="" type="checkbox"/> Improved mood       | <input type="checkbox"/> Reduced pain                     | <input type="checkbox"/> Improved circulation   |
| <input type="checkbox"/> Independence                   | <input type="checkbox"/> Mastery                          | <input type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Sense of autonomy              | <input checked="" type="checkbox"/> Increased enjoyment   | <input type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Free expression     | <input checked="" type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Increased strength     |
| <input type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased sense of purpose       |   |
| <input type="checkbox"/> Stress management              | <input type="checkbox"/> Improved cognition               |   |

### **Evaluation Methods/frequency**

Formative evaluation will take place informally using observation and feedback from participants and staff on duty.

Summative evaluation will be conducted as per facility/department policy.

# Diabetes Self-Management Strategies

by Gurjit Johal

## Target population

Adults living in independent or semi-independent living environments. Adults with a diagnosis of diabetes type 1 or 2 and adults that have been told by their doctors they are at risk of developing diabetes.

## Purpose

To provide a health-promotion program based on experiential learning activities that will improve clients' ability to manage diabetes and improve quality of life.

## Rationale

Diabetes is one of the most common non-contagious diseases, and is considered a health crisis. If uncontrolled it can cause kidney failure, heart attack, stroke, blindness, amputations, and an early death. Diabetes is a self-managed condition that has the highest levels of success when strategies to promote and maintain improved self-care behaviour are used (Taylor, Piatt, Hill & Malcom, 2011). Self-management includes daily attention to healthy eating, exercise, medications, blood glucose monitoring, and foot care. The world's first diabetes specialist, Elliott P. Joslin (1869–1962) dedicated his life to studying diabetes. He treated thousands of people with diabetes using diet, exercise, and insulin to help them have control over their diabetes. Moderate glucose control achieved by daily insulin, a healthy diet, and compliance with a regular exercise program is required for proper management of type 1 diabetes (T1D). (Taylor et al., 2011; Lorig et al., 2013; World Health Organization, 2013). Health-promotion initiatives and exercises programs aimed at increasing people's knowledge of health and wellness translates into significant self-care (Novak & Campbell, 2010). Programs should include self-care and self-help education to support and educate around symptom management of chronic conditions and adaptations (Novak & Campbell, 2010).

## Program description

This is a 4-week – 4-session program. The program will educate participants and teach strategies to overcome the physical, mental, and emotional problems caused by diabetes. The program includes brainstorming exercises which makes learning active and engaging, provides clients with cognitive exercise, encourages socialization, and creativity. During the 4 weeks, participants will get a better understanding of self-management strategies to control their diabetes and set personal goals by making action

plans. One step at a time, they can have a positive impact on their health. The sessions will include active learning strategies and cover the following topics, and will use guest speakers such as a Dietician and a staff nurse.

- Managing your diabetes, developing personal strategies for your lifestyle
- Nutrition/healthy eating
- Fitness/exercise
- Managing stress
- Monitoring blood glucose
- Preventing complication
- Social support
- Making an action plan

This program will be guided by the Diabetes Self-Management Program Leader's Manual (Stanford University).

### **Session 1**

- To introduce the group members to each other
- Inform the group about the general principles of self-management
- Provide basic information about diabetes and how to manage blood glucose
- Introduce self-management techniques for diabetes (Diabetes Self-Management Tool Box)
- Introduce action plans as a key self-management tool
- Introduce the concept of support buddies

### **Session 2**

- The basics of healthy eating
- How glucose and fats factor in
- Formula for a healthy eating plan
- Impacts of low glucose
- Prevent low blood glucose – hypoglycemia
- Make an action plan

### **Session 3**

- Introduce the benefits of exercise
- Endurance activities
- Strength-based activities
- Support physical activity with nutrition
- Provide tips for choosing appropriate exercise for a fitness program and exercising safely

- Stress and dealing with stress
- Make an action plan

#### Session 4

- The power of social connection/support
- Introduction to social activities and skills
- How social connections can help self-management
- Re-visiting the concept of support/leisure buddies
- Make an action plan
- Future plans for motivation, monitoring, and maintenance

#### Goals and objectives

##### 1. To increase health-related knowledge.

By the end of the program, participants will be able to:

- 1.1 Identify a set of problems that are common among people with diabetes.
- 1.2 State their role in the care and management of diabetes.
- 1.3 Define what diabetes is in simple terms.
- 1.4 Explain the benefits of exercise in managing diabetes.
- 1.5 Explain three ways to monitor endurance exercises.
- 1.6 Explain how healthy eating and exercise work together to improve diabetes.
- 1.7 Explain stress and the impact it has on diabetes.

##### 2. To increase awareness of the impact of self-care behaviours.

By the end of the program, participants will be able to:

- 2.1 Name the six tools needed to balance and manage diabetes well.
- 2.2 Make a self-management behaviour action plan for the coming week.
- 2.3 Explain the causes of low blood glucose and the ways to treat it.
- 2.4 Recognize the symptoms of low blood glucose and how to treat it.
- 2.5 Explain the plate method for a healthy eating plan for people with diabetes.
- 2.6 Share their action plan on how they will include physical activity to their day.
- 2.7 Share at least two strategies they will use to manage stress.

##### 3. To increase social connections.

By the end of the program, participants will be able to:

- 3.1 Explain the benefits of connecting socially with others.
- 3.2 Identify at least two areas they could work on to improve their social skills.
- 3.3 Explain the impact that a social/leisure buddy can have on their participation.
- 3.4 Identify at least one group participant they share common interests with.

3.5 Name three leisure opportunities in the community that would increase their physical activity and provide them with an opportunity for socializing.

#### 4. To increase healthy habits.

By the end of the program, participants will be able to:

4.1 Create an action plan that they are willing to follow.

4.2 Identify their support/leisure buddy and their support plan.

4.3 Explain how they will include at least one strategy from each of the four sessions to their life.

#### Problems/deficits the program may address

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boredom                          | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                       | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness | <input type="checkbox"/> Low self-esteem                  | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                       | <input checked="" type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation        | <input type="checkbox"/> Anxiety                          | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                          | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                        | <input checked="" type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |

#### Interventions and facilitation techniques of the leader

##### Directing

- Organizing guest speakers.
- Coordinating lesson/session plans.

##### Teaching

- Encouraging participants to share their knowledge/wisdom and experience.
- Brainstorming, games, think/pair/share, using tools from the tool kit.
- Helping participants make connections from class to life – applied knowledge.

##### Facilitating

- Encouraging participation and the identification of common interests, needs, histories etc.
- Maintaining an optimistic and motivating environment.

## **Risk management considerations**

Medical emergencies and falls are potential risks. The staff will have a facility phone to contact the nurse in charge. Risk management will be addressed in detail in each of the session plans.

## **Expected program outcomes**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Increased cognitive stimulation   |
| <input checked="" type="checkbox"/> Sense of belonging             | <input checked="" type="checkbox"/> Coping skills         | <input type="checkbox"/> Decreased confusion               |
| <input checked="" type="checkbox"/> Leisure awareness              | <input checked="" type="checkbox"/> Social engagement     | <input type="checkbox"/> Improved balance                  |
| <input checked="" type="checkbox"/> Social interaction             | <input checked="" type="checkbox"/> Improved fitness      | <input type="checkbox"/> Improved mobility                 |
| <input type="checkbox"/> Feeling useful                            | <input checked="" type="checkbox"/> Sense of control      | <input checked="" type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Decreased agitation              | <input checked="" type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                     | <input type="checkbox"/> Sense of peace                    |
| <input checked="" type="checkbox"/> Independence                   | <input type="checkbox"/> Mastery                          | <input type="checkbox"/> Improved circulation              |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment              | <input type="checkbox"/> Improved cardio                   |
| <input type="checkbox"/> Free expression                           | <input checked="" type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Increased endurance               |
| <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased sense of purpose       | <input type="checkbox"/> Increased strength                |
| <input checked="" type="checkbox"/> Stress management              |   |  |

## **Evaluation methods/frequency**

Formative evaluation – informal observation and reflection by the staff and gathering informal feedback from participants during/after each session.

Summative evaluation – as per facility/department policy.

# Maintaining Independence Through Fall Prevention

by Laura Federau

## Target population

Independent older adults still living in their homes, or in supportive or assisted living facilities.

## Purpose

This program is designed to educate older adults on the dangers of falls and how to prevent such falls.

## Rationale

Falls are the number one external cause of injury in Canada. Over 90% of hip fractures result from a fall. Falls can cause chronic pain, loss of independence, and death. Seniors who are most at risk for a fall are especially the ones living alone, and who take greater risks at home because they lack a social network for support (Santrock, Mackenzie-Rivers & Pangman, 2017; Novak, Northcott & Campbell, 2018). There are many risk factors that can contribute to falls. There are some risk factors that are more common than others and those are acute illness, undiagnosed disease, long-term conditions, poor nutrition, dehydration, visual problems, gait balance and mobility problems, continence, postural hypotension, medication, and environmental hazards. (Nazarko, 2015).

To reduce the risk of falls and keep older adults living independently, it is important for them to be aware of the risk factors that can contribute to a fall. Making your home safe and free of hazards as well as the use of safety aids can also help reduce the risk of falls (Santrock, et al., 2017; Nazarko, 2015; Health Canada, 2006).

## Program description

The program will encourage participation of older adults who would like to maintain their independence and continue living at home for as long as possible. The program will be offered as a 4-session course, spread out over 4 weeks. It will include healthy snacks and social interaction. The program will cover how to minimize the risk of falls throughout your home, keeping fit/increasing strength, balance and flexibility, using safety aids, knowing the effects of medications, what to do if a fall occurs. The program will be facilitated by the TR department and will use guest speakers such as an Occupational Therapist and a nurse.

## Goals and objectives

1. To increase knowledge on the risk factors for falls.
2. To decrease falls.
3. To increase independence.
4. To increase motivation.

## Problems/deficits the program may address

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Boredom                          | <input type="checkbox"/> Low leisure awareness        | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                       | <input checked="" type="checkbox"/> Lack of knowledge | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness | <input type="checkbox"/> Low self-esteem              | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                       | <input type="checkbox"/> Lack of autonomy             | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                   | <input type="checkbox"/> Anxiety                      | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                          | <input type="checkbox"/> Pain                         | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                        | <input type="checkbox"/> Stress                       | <input type="checkbox"/> Other – list        |
| <input type="checkbox"/> Lack of cognitive stimulation    | <input type="checkbox"/> Wandering                    |  |

## Interventions and facilitation techniques of the leader

The facilitator of the program must be engaging and interesting, and excel in PowerPoint presentations. These teaching strategies will be used.

**Brainstorming** – participants in the program will be asked to contribute ideas throughout the class. This will keep the participants engaged and thinking.

**Group problem-solving** – participants in the program will be asked to work as a group to figure out ways to reduce the risk of falls in their home. This will socially connect with the participants as well as keeping them actively thinking and listening.

**Handouts** – information on risk factors, ways to reduce risk, safety aids, healthy diet tips, and exercise tips will be handed out throughout the class. The participants can take this information home and refer to it if they have questions or wish to share their knowledge with others.

**Quiz** – at the end of the program participants will complete a quiz to test their knowledge and understanding of the topics discussed. This will ensure participants retain the knowledge they have learned.

## Risk management considerations

Risk	Reduction strategy	Plan if incident occurs
Medical emergency	Ensure the facilitator has a current First Aid Certificate in case there is an emergency.	Have a working/charged phone handy in case the facilitator will need to call emergency crews.
Falls	The facilitator will ensure the room where the program is held is free of clutter. The facilitator will ensure seating arrangements are spaced out with enough room for participants to move freely.	Have a working/charged phone handy in case the facilitator will need to call emergency crews.
Environmental hazards	The facilitator will keep watch of the weather outside of the facility where the program is being held and what risk factors the weather could cause. If the weather causes risk factors at the entrance of the building, the facilitator will clear these risks.	Put up warning signs advising participants of dangers. If the environmental factors are too bad, call off the class for the day.

## Expected program outcomes

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety  | <input type="checkbox"/> Increased cognitive stimulation |
| <input type="checkbox"/> Sense of belonging              | <input type="checkbox"/> Coping skills               | <input checked="" type="checkbox"/> Decreased falls      |
| <input type="checkbox"/> Leisure awareness               | <input type="checkbox"/> Social engagement           | <input type="checkbox"/> Improved balance                |
| <input type="checkbox"/> Social interaction              | <input type="checkbox"/> Improved fitness            | <input type="checkbox"/> Improved mobility               |
| <input type="checkbox"/> Feeling useful                  | <input checked="" type="checkbox"/> Sense of control | <input type="checkbox"/> Increased independence          |
| <input checked="" type="checkbox"/> Increased knowledge  | <input type="checkbox"/> Decreased agitation         | <input type="checkbox"/> Hope                            |
| <input type="checkbox"/> Improved mood                   | <input type="checkbox"/> Reduced pain                | <input type="checkbox"/> Sense of peace                  |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Mastery                     | <input type="checkbox"/> Improved circulation            |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input type="checkbox"/> Increased enjoyment         | <input type="checkbox"/> Improved cardio                 |
| <input type="checkbox"/> Free expression                 | <input type="checkbox"/> Increased self-esteem       | <input type="checkbox"/> Increased endurance             |
| <input type="checkbox"/> Increase in social connections  | <input type="checkbox"/> Increased sense of purpose  | <input type="checkbox"/> Increased strength              |
| <input type="checkbox"/> Stress management               |  |  |

**Evaluation methods/frequency**

Formative evaluation – informal evaluation will take place during and after each session using observation, participant feedback, and reflection.

Summative evaluation – as per facility/department policy.

# Looks Like We Made It

by Linda Weatherly

## **Target population**

The target audience for this program are people who are retired or planning to retire in the near future.

## **Purpose**

The purpose of this plan is to share knowledge, create options, and encourage participation in various programs for those entering retirement. A proactive approach to retirement can change the face of old age and crash through retirement stereotypes. This program will help the retirees explore personal interests, develop an interest in new opportunities, share skills and knowledge, and find meaningful ways to spend leisure time.

## **Rationale**

Transition into retirement requires many types of planning. Better preparation will lead to an easier adjustment as well as greater satisfaction in the retirement years. Retirement is not only about financial planning, it is important to consider leisure activities, social support, physical health, and volunteer involvement (Stone, 2012). Retirement is a time of transitions that can bring on many changes within one's social environment. Social networks are an important way to enhance a person's well-being and sense, or personal control. People aged 60–69 have an average of 7.5 hours of leisure time per day. Many spend a lot of time reading, watching TV, volunteering, or socializing. (Novak, Campbell & Northcott, 2014). Many are inclined to reduce participation as they age which, in turn, reduces the amount of social interaction they have. Encouraging seniors to make new connections within a social environment will promote a more active involvement and support seniors in making better use of their leisure time (Novak et al., 2014). The importance of social interactions, friendships, and connections have many health advantages. This program will provide information regarding the benefits and opportunities available within the community. With more available time, volunteerism can give seniors a sense of purpose, decrease the chances of depression, create an opportunity to pursue favourite hobbies, and allow seniors to meet new people and improve their social skills (Retire at Home, 2016). The benefits of volunteering, not only benefit the volunteer, but also the community.

## **Program description**

The program will have two main components, that is, education and active learning. It will be offered as a workshop.

## **Session 1**

### **Orientation 10:00 am**

- Social meet and greet to start the morning.
- Introductions and icebreaker session.
- Review the agenda for session with a brief overview of the program.
- What does retirement mean to you? This is a discussion about what everyone thinks their retirement will be, their fears and their personal goals. Everyone to complete the interest inventory.
- Group discussion – what did you learn from this process? Does this help you see the activities you really want to do? Share ideas with each other.
- Brainstorm possible opportunities – share ideas for social involvement/fitness/volunteering. Write on flipchart for review. This will create a list of ideas that everyone can use in the future.
- Goal setting – take a few minutes to reflect on your personal assessment, the opportunities that have been presented, and set two goals you would like to strive for in your retirement planning (non-financial goals). Put these in your binder for future reference.
- Wrap-up the session – as a quick wrap-up, mention one thing that you remember about someone in the room. Everyone gets a turn, then completes feedback sheet on the session.

## **Session 2**

### **Social involvement promotion program – increase awareness**

The purpose of this day is to discuss the benefits of social involvement.

- Icebreaker to start the day (related to the topic).
- Discuss social involvement – what does that mean? Provide evidence-based facts that support the importance of staying involved with family, friends, and community.
- Group discussion – what is social isolation? Effects of being socially isolated? Barriers? List information on the flip chart (ask for a volunteer to do the writing).
- Small group breakout sessions – this will be a workshop to discuss possible ways to overcome the barriers of being socially isolated. Each group can present some of their thoughts and ideas to overcome them.
- What are the ways the group currently stays involved socially? This could be an opportunity to bring a new friend or provide transportation for someone who enjoys going to the same function or class. List ideas on the flipchart.
- Self-reflection – go back to personal goals from last week, does it include a plan to maintain or improve social involvement? What are some personal goals or aspirations for this? Add this to your sheet or select an idea from the assessment page that will help promote this plan.

- Wrap-up – review the highlights of the day by having everyone share one “lightbulb” moment they had regarding the information they received today. Feedback sheet is handed out for everyone to complete.
- Reminder for next week’s meeting – everyone to bring an old picture of themselves with a small caption under the picture.

### **Session 3**

#### **Leisure and social involvement in the community – new ways to make connections**

This session introduces everyone to the many opportunities within the community, to increase social participation. Guest speaker from the local senior centre, local art program, and community recreation will be present different options and programs to the group.

- Icebreaker session.
- Introductions to guests and agenda review.
- Guest speaker presentations – each presenter will share information and pamphlets/information with the group. This will be where opportunities are presented to the participants.
- For the last half of the meeting, the teacher from the local art program will instruct a paint class “Release Your Inner Artist.” Everyone will receive a small canvas and the class will be a step-by-step process on painting the same picture. Everyone will keep their artwork at the end of the session. The purpose is to encourage trying something different.
- Wrap it up – a review of the resources everyone is leaving with, for their binder, a piece of art and a new experience. Everyone to complete the feedback sheet on the session.

### **Session 4**

#### **Volunteering promotion program**

The purpose of this session is to create awareness of the benefits of volunteering in the community. This will be an opportunity to discuss everyone’s personal strengths and interests to match the skills with the opportunities (set-up is the same as previous days).

- Introduction with an icebreaker session.
- Slide presentation on the statistics, benefits, and opportunities within the community.
- Share personal experiences – has anyone volunteered in the past? How did they find their “fit”?
- What matters to you? Brainstorming exercise – list personal qualities and skills (e.g., people-oriented, bilingual, computer specialist), then have everyone consider the list of interests and determine possible places they could volunteer. Use a flipchart to write down all the ideas, this session should be very interactive.

- Presentation from The Beat Goes on Senior Centre. A slide presentation to discuss Better at Home Services, Recreation Volunteer Positions, and Seniors' Outreach positions available. A review of the responsibilities of a volunteer as well as code of conduct for volunteers.
- Self-reflection – participants will take 10 minutes to review the first chart they completed on the orientation day. Review their interests and abilities to see if any of these are a match with the programs discussed during the day. Pick one or two possibilities and add these to their goal sheet. Everyone to complete the feedback sheet for the session.

## **Session 5**

### **Volunteering in the community, how can you help?**

This session will be held at an organization/centre with many opportunities. It is meant to introduce everyone to different opportunities within the centre. The group will be split into groups of two and will rotate through different areas of the centre.

- Good morning introduction with an overview of the day. Everyone will get an opportunity to work in five different areas of the centre. Shifts will be 15–20 minutes long and everyone will work in pairs.
- The areas include The Tuk Shop (store and donation centre), Cafeteria, Banquet and Recreation set-up, Front-Office, and Senior Reading Program at the school across the street. Each department is expecting their volunteers and will have a task for them to complete.
- Upon completion of all five sessions, the group will meet back in the meeting room.
- Group discussion – everyone will share their experience with the group, everyone to complete feedback sheet.

## **Session 6**

### **Fitness and health promotion**

This session will be focused on the importance of health promotion. Topics will cover how physical activity can have many physical and mental benefits, barriers and solutions for physical activity, future goals, and areas of interest.

- Good morning introduction with an icebreaker to start the day.
- PowerPoint presentation on the key topics.
- Discuss personal experience and future goals, and personal barriers.
- Wrap-up session and feedback sheet.

Ensure everyone wears running shoes and comfortable clothing they can walk in for the next session.

## Session 7

### Fitness for YOU, a look at local programs

This session will cover the activities available within the senior centre, the community, and local community centres. Introduction to participants of the local bowling league, dance studio for seniors, and walking club.

- Good morning introduction and agenda review.
- Presentations to follow from all of our special guests, information will be handed out to the group.
- Upon completion of the presentations, the group will be broken into groups of four and will be able to spend time in as many of the fitness fun sessions they would like. The sessions include: Carpet Bowling, Walk-a-Block, inside around the building or outside around the block dependent on ability/weather (each person will receive a pedometer to track daily steps) and Dancing to the Oldies (includes chair dancing for modification).
- Each session will be a mini-session meant for fun and demonstrating that fitness or physical activity can be fun.
- More information regarding aerobic activity and weight training will also be shared for those that want to pursue a more structured physical activity.
- Review goal sheets to determine which physical activity interests each person, add to their goal sheet.
- Final personal reflection on individual goal sheet, discuss any changes from original goals, and future “first steps.”
- Wrap-up and share your experience. What did you like? Did not like? Feedback sheet to be completed for the session.

### Goals and objectives

- 1. Increase knowledge on the benefits of fitness, programs available, how to match programs with participant’s ability in order to increase participation.**
  - 1.1 Each person will develop their own retirement wish list through personal assessments. These assessments will link to the opportunities that best match the participant’s skills and desires.
- 2. Increase awareness and educate the participants on volunteering. Information sharing, options to support the community, and personal skill assessments will support a positive outcome.**
  - 2.2 Based on the information, resources, and presentations, each participant will have increased tools to support their decisions regarding their personal retirement plan.

**3. Improve personal connections within the community in order to grow and develop interpersonal skills (communication and social interaction).**

3.1 Increase participation (commitment to one activity per person) will support personal connections and increase commitment to fitness or volunteering.

**4. Improve the outlook on retirement through personal assessments, goals, and outcomes for each individual. Promote a personal plan for an activity wishlist which will support the desired leisure lifestyle of each participant.**

4.1 Each participant will determine three personal goals based on the presentation. These goals are personal and should work within the person's abilities and interests.

**Problems/deficits the program may address**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Boredom    | stimulation   | <input type="checkbox"/> Wandering           |
| <input checked="" type="checkbox"/> Loneliness | <input checked="" type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Sense of helplessness | <input checked="" type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Low self-esteem                  | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Low motivation        | <input type="checkbox"/> Lack of autonomy                 | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Sadness               | <input checked="" type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Agitation             | <input type="checkbox"/> Pain                             | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Lack of cognitive     | <input type="checkbox"/> Stress                           | <input type="checkbox"/> Other – list        |

**Interventions and facilitation techniques of the leader**

Each session will have many components that promote involvement.

Icebreakers at the beginning of each session.

Group breakout sessions to discuss selected topics or questions, share experiences or homework assignments.

Handouts – provide information to compile for resources.

Guest speaker from local organizations looking for volunteers.

Hands-on exercises – working.

Active learning is a key theme throughout each session.

Feedback – giving everyone the opportunity to share and reflect.

**Risk management considerations**

Risk will be evaluated prior to each session and a risk management plan will be included in the session plan. Facilitators will have First Aid and CPR Certificate, and phone available to call 911.

### **Expected program outcomes**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Increased confidence           | <input type="checkbox"/> Reduced anxiety                       | <input type="checkbox"/> Decreased confusion    |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Leisure awareness              | <input checked="" type="checkbox"/> Social engagement          | <input type="checkbox"/> Improved mobility      |
| <input checked="" type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Feeling useful                 | <input checked="" type="checkbox"/> Sense of control           | <input type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Sense of peace         |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Independence                   | <input type="checkbox"/> Mastery                               | <input type="checkbox"/> Improved cardio        |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input type="checkbox"/> Increased enjoyment                   | <input type="checkbox"/> Increased endurance    |
| <input type="checkbox"/> Free expression                           | <input type="checkbox"/> Increased self-esteem                 | <input type="checkbox"/> Increased strength     |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose |   |
| <input type="checkbox"/> Stress management                         | <input type="checkbox"/> Improved cognition                    |   |

### **Evaluation methods/frequency**

Formative evaluation will take place during each session informally by observation and reflection by the leader. Summative evaluation will take place formally with participant surveys and a post-session evaluation report.

# Air Travel Memories Discovery Kit

by Sarah Evans

## Target population

Higher functioning individuals with mild-to-moderate dementia.

Those who able to participate in small group.

Those who used to work in the travel industry.

Anyone who has/had an interest in travel.

Clients who need to increase engagement in activities, who need to increase social interaction in a group setting, and need to increase self-expression.

## Purpose

To provide an engaging and entertaining format for cognitive stimulation and themed reminiscing.

## Rationale

Discovery kits and guided/therapeutic reminiscing have the power to increase connection to identity, increase familiarity, increase comfort, decrease depressive symptoms, and aid communication (Datillo & McKenney, 2016; Dunne, 2002).

## Program description

This program is designed as a discovery kit with a twist of the creative arts.

The facilitator will lead the program dressed as an Air Host and play the role throughout. The session will begin with an introduction and explanation of the program and introductions of participants with a travel-based icebreaker.

Facilitate the program by taking out objects from the kit and encouraging each participant to share a childhood travel memory about one of the objects.

Encourage each participant to share memories about family vacations facilitated by air travel. Use the questions included in the facilitation section to stimulate discussion. Play video clips. Serve refreshments connected to the travel theme. The program will close by asking participants where each of them would like to “travel” to for the next session. Thank the participants for taking this journey with you and let them know that this is the end of the travelling for today.

## Goals and objectives

### 1. To increase engagement.

- 1.1 During the session, each participant will respond either verbally or nonverbally to one of the objects presented.
- 1.2 Participants reach for an object at least once during the session.

### 2. To increase self-expression.

- 2.1 After watching the video clip, each participant will share how it made them feel either verbally or nonverbally.
- 2.2 At the end of the session, each participant will choose which destination they would like to travel to next week – Paris or Rome?

### 3. To increase social interaction in a group setting.

- 3.1 Each participant will acknowledge the other participants' memories of the objects with either a verbal or nonverbal response at least twice during the session.
- 3.2 Each participant will instigate communication with their neighbour at least twice during the session.

## Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering             |  |

## Interventions and facilitation techniques of the leader

**Mediating** – be prepared and able to deal with any conflict that may arise during sessions.

**Moderating** – keep the group on track by focusing on reminiscing about air travel. Keep the session running as close to schedule as possible to allow for objectives to be achieved. Ensuring that everyone has an equal opportunity to share and reminisce.

**Facilitating** – lead group discussion, encouraging individual participation, ensuring that all participants feel equally respected, and that their contribution is welcomed and appreciated, thus encouraging group interaction. Ensure that any participants who require assistive devices have such devices with them. For anyone with a hearing

impairment, make sure they sit close to you and on their “good ear” side, if they have one, so they can hear you.

Allow sufficient time for memory recall. Waiting for a response instead of trying to speak for the participant may result in an “extraordinary moment” (Dunne, R. 2016).

Use open-ended questions (suggestions below) as they only require an answer that is subjective and relate to an individual’s perspective and opinion.

Do not put the person on the spot by asking a question that requires a correct answer.

Encourage the focus of the discussions to be air travel related, encouraging self-expression and social interaction among the participants. However, also remember that the participants may not engage, may wander off, or may talk off topic. That is ok.

Ensure all participants get a chance to speak; do not let one individual monopolize the session.

Focus on the emotion/feelings of vacations rather than the specific details, dates, or places.

Be a “flex thinker” (Dunne, R. 2002). Be open to any change in the schedule.

If someone becomes agitated, distressed, or starts to wander, get to the root of the issue – do they need the bathroom, are they too hot?

Remember “we have the bigger brain” and “substitution not distraction” (Snow, 2013).

At the end of the day, it is all about the “extraordinary moments, not the extravagant program” (Dunne, R. 2016). If you can make connections and feel the magic, then you have successfully delivered your program.

### **Examples of open-ended questions to ask:**

1. Let’s look at this object. What does this mean to you?
2. This brass bell is a souvenir. My grandmother used to collect them when she travelled. Some people collect spoons. Would anyone like to share what they collected?
3. How did that video make you feel?
4. When you see these pictures what are you thinking?
5. This is a picture taken in 1934 in a seaside town called Worthing. How did you feel when you travelled to the seaside for the day?
6. This is a souvenir tin. It has a very young Queen Elizabeth and Prince Phillip on it. What do you think was in this tin?
7. This is a book of all the best restaurants in London. What English food would you like to try/did you eat at home?
8. The journey to England is 9 hours long. Playing cards helps the time go by. How did you pass the time on the aeroplane?

9. I wear this when I travel. It's a Saint Christopher necklace and I believe it protects me when I travel. What did you like to have with you when you travelled?
10. This blanket and pillow help me relax and sleep on the plane. How do they make you feel? What did you take with you to help you sleep on long journeys?
11. Where would you see this?

### **Risk management considerations**

Check that surroundings are clutter free to avoid risk of falls.

Ensure you have the dietary requirements list to identify any allergies to the food/drink you are providing.

Employ Food Safe procedures for food handling.

Be prepared to address possible conflict during discussion.

Be prepared for possible imbalance of participation. Make sure all participants have an equal chance to speak.

Ensure that all participants who use walkers have them when they arrive and when they leave the session.

### **Expected program outcomes**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Increased confidence                      | <input type="checkbox"/> Stress management              | <input type="checkbox"/> Improved cognition     |
| <input type="checkbox"/> Sense of belonging                        | <input type="checkbox"/> Reduced anxiety                | <input type="checkbox"/> Decreased confusion    |
| <input type="checkbox"/> Leisure awareness                         | <input type="checkbox"/> Coping skills                  | <input type="checkbox"/> Improved balance       |
| <input checked="" type="checkbox"/> Social interaction             | <input checked="" type="checkbox"/> Social engagement   | <input type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                            | <input type="checkbox"/> Improved fitness               | <input type="checkbox"/> Increased independence |
| <input checked="" type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Sense of control               | <input type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Improved mood                  | <input checked="" type="checkbox"/> Decreased agitation | <input type="checkbox"/> Sense of peace         |
| <input type="checkbox"/> Independence                              | <input type="checkbox"/> Reduced pain                   | <input type="checkbox"/> Improved circulation   |
| <input type="checkbox"/> Sense of autonomy                         | <input type="checkbox"/> Mastery                        | <input type="checkbox"/> Improved cardio        |
| <input type="checkbox"/> Free expression                           | <input checked="" type="checkbox"/> Increased enjoyment | <input type="checkbox"/> Increased endurance    |
| <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased self-esteem          | <input type="checkbox"/> Increased strength     |
|  | <input type="checkbox"/> Increased sense of purpose     |   |

### **Evaluation methods/frequency**

**Formative evaluation** – informal evaluation will take place during and after each session using observation, participant feedback, and reflection.

**Summative evaluation** – as per facility/department policy.



Artwork: **Ronald Day**, an Elder at Kinsmen Lodge

# Spiritual Domain

Spiritual health can be defined, expressed, and practised in many ways. Spirituality includes traditional and non-traditional religious channels and can range from gardening, spending time in nature, attending religious services, practising mindfulness, yoga, tai chi, and/or prayer. It is one of the dimensions of health that needs to be in balance with the others to achieve or experience optimal wellness (Hintzman & Coleman, 2010; Novak et al., 2018). Supporting spiritual health improves the ability to cope, increases resilience, and helps people find meaning.

Older adults who derive a sense of meaning in life from religion have higher levels of life satisfaction, self-esteem, and optimism. Evidence suggests that individuals with a strong spiritual or religious orientation are more likely to live longer (Lucchetti, Lucchetti & Koenig, 2011), find and maintain a sense of meaningfulness in life, and to accept the inevitable losses of old age (George et al., 2013; Koenig, 2004; Stevens, 2016).

Recreation therapy plays several important roles in supporting this domain by providing:

- Education about the importance of making time and space for leisure activities with a spiritual dimension.
- Encouragement and support for the notion of balance in life and activities.
- Opportunities for people to experience and explore nature.
- Opportunities for a change in environment to encourage and incorporate times of solitude and reflection.

Recreation therapy also removes barriers to participating in religious practices. Most of all, it helps people improve their overall wellness.

# “Fresh Start” Chair Yoga and Meditation

by Ashley Terry

## Target population

“Fresh Start” Chair Yoga and Meditation is designed to target men and women 65 years and older who are independently mobile.

## Purpose

This program is created for clients with a clustered need of improving or maintaining balance, range of motion, flexibility, and strength. This program is also designed for clients who are interested in using positive thinking and meditation to improve mood, motivation, and self-esteem. It will benefit anyone who wants to reduce stress and anxiety. The program will give clients a fresh and positive start to their day (mind and body) right after breakfast, giving them motivation and energy throughout the day.

## Rationale

Yoga helps maintain or improve balance, range of motion, flexibility, and strength, contributing to an improvement in activities of daily living and quality of life (Paturel, 2016). It is beneficial for bone health in clients who may have varying types of arthritis or joint pain (AARP, 2016). Yoga can also be helpful in reducing body tension, stress, and symptoms of anxiety and depression. “Yoga’s combination of breathing, meditation, and movement creates an overall sense of well-being” (Paturel, 2016). Studies show yoga has a greater impact on enhancing mood and reducing anxiety than other forms of exercise. Because it boosts levels of the brain chemical GABA, which helps calm nerves (Paturel, 2016). The benefits of meditation include: stimulation of memory; improving circulation and blood oxygen levels; focusing the mind; reducing stress, anxiety, and ruminative thinking; increasing feelings of happiness; and encourages vibrancy and excitement for life. (AARP, 2016; EOC Institute, 2016; Datillo & McKenney, 2016).

## Program description

This program will run as part of the regular schedule and occur weekly after breakfast. It will be facilitated by a certified yoga instructor or can be modified by a TR staff person with training in yoga or physical fitness. Participants will be seated on a chair without arms that is placed on a yoga mat. Participants will be guided through a safe modified chair yoga practice and poses will be modified to take place in the chair or standing using the chair as a prop. Each session will be 60 minutes in duration and will include:

**Savasana/Grounding and Connection to Breath – 10 minutes**

**Yoga Practice Slow and Gentle Movements Connected to Breath – 20 minutes**

**Cool-Down/Savasana** – take out aromatherapy cloths and ring the water out of them, pass out a cloth to each participant and ask them to place anywhere on their body that they feel tension and stress – 5 minutes

**Guided meditation and breathing** – 5–10 minutes while they are using cloths somewhere on the body.

**Reflection** – 15 minutes

Pass out journals and pens, and encourage participants to write down one observation about themselves (preferably an improvement, if applicable) and have them self-reflect with their warm aromatherapy towels. Encourage sharing if participants are comfortable.

## **Goals and objectives**

### **1. To maintain and improve balance, flexibility, and strength.**

- 1.1 When invited by the TRA or by clients' own motivation, clients will attend and participate in yoga positions and exercises. Clients will demonstrate participation by closing their eyes when asked, breathing aloud, showing signs of active listening, and completing 80% of exercises when observed by the TRA during the session.
- 1.2 When invited by the TRA or by clients' own motivation, clients will share/explain at least one physical improvement they noticed in their day-to-day life since joining the yoga program.

### **2. To improve mood and sense of well-being.**

- 2.1 When invited by the TRA, clients will demonstrate participation in guided meditation by closing their eyes, breathing aloud, and following instructions of the TRA when observed throughout the session.
- 2.2 When invited by the TRA, clients will demonstrate use of a warm aromatherapy cloth when provided by the TRA, by placing it anywhere on their body where there is tension for the last 6–7 minutes of the session.
- 2.3 When invited by the TRA or by clients' own motivation, clients will share/explain at least one improvement in their mood/state of mind they noticed in their day-to-day life since joining the yoga program.

## Problems/deficits the program may address

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input checked="" type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input checked="" type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance                  |
| <input checked="" type="checkbox"/> Depression         | <input type="checkbox"/> Lack of autonomy      | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation     | <input checked="" type="checkbox"/> Anxiety    | <input checked="" type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness            | <input checked="" type="checkbox"/> Pain       | <input checked="" type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress     | <input type="checkbox"/> Other – list                   |
| <input type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering             |   |

## Interventions and facilitation techniques of the leader

### Preparation

- Study resources to prepare for sessions.

### Directing

- Arrange appropriate seating – visually/hearing impaired near the front.
- Clear line of sight for all.

### Teaching

- Give clear verbal cues for yoga and meditation.
- Demonstrate movements, work with participants.

### Facilitating

- Offer support and encouragement.
- Facilitate self-reflection journal exercise.
- Observe participants for comfort and safety.

## Risk management considerations

Participants could become uncomfortable with the temperature in the room and with the aromatherapy. Know your participants' comfort levels and ask the clients how they are feeling about the temperature before you start the class, and frequently throughout the session.

Participants could experience a medical emergency during the session. If this occurs, stay with the participant, and call for a help and a nurse over your walkie talkie. Then, call 911.

Participants could fall and/or hurt themselves during yoga exercises. Know your participants' level of ability beforehand, and always offer preventive advice on how to perform exercises safely. Explain to the participants that if they are straining to do an exercise, to not execute it, and ask for a modified version.

### Expected program outcomes

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety     | <input type="checkbox"/> Improved cognition                |
| <input type="checkbox"/> Sense of belonging              | <input checked="" type="checkbox"/> Coping skills       | <input type="checkbox"/> Decreased confusion               |
| <input type="checkbox"/> Leisure awareness               | <input type="checkbox"/> Social engagement              | <input checked="" type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Social interaction              | <input checked="" type="checkbox"/> Improved fitness    | <input checked="" type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control               | <input checked="" type="checkbox"/> Increased independence |
| <input type="checkbox"/> Increased knowledge             | <input type="checkbox"/> Decreased agitation            | <input checked="" type="checkbox"/> Hope                   |
| <input checked="" type="checkbox"/> Improved mood        | <input checked="" type="checkbox"/> Reduced pain        | <input checked="" type="checkbox"/> Sense of peace         |
| <input checked="" type="checkbox"/> Independence         | <input type="checkbox"/> Mastery                        | <input checked="" type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input checked="" type="checkbox"/> Increased enjoyment | <input type="checkbox"/> Improved cardio                   |
| <input type="checkbox"/> Free expression                 | <input type="checkbox"/> Increased self-esteem          | <input type="checkbox"/> Increased endurance               |
| <input type="checkbox"/> Increase in social connections  | <input type="checkbox"/> Increased sense of purpose     | <input type="checkbox"/> Increased strength                |
| <input checked="" type="checkbox"/> Stress management    |   |  |

### Evaluation methods/frequency

**Formative evaluation** – observe clients during the session – evaluate body language or facial expression that indicates something is not going well. Conduct informal evaluation as participants leave – asking how they felt about the session.

**Summative evaluation** – as per facility/department protocol, include a simple survey of 10 questions and a space at the bottom for comments for each participant.

# Stretch in Motion Tai Chi

by Ken Biehl

## Target population

60+ older male or female adults who would like to participate in a non-competitive, low-impact exercise. No special equipment needed. No special skill required.

## Purpose

To help older adults remain independent and healthy by improving balance, keeping muscles toned, and the mind relaxed.

## Rationale

Using the theories and practices based on T'ai Chi or tai chi, this program is ideal for individuals at all fitness levels, as they perform at a pace comfortable for them. The purpose of the Stretch & Motion class is to combine physical movement with mental awareness to promote positive energy flow (Sun & Chen, 1995) This is a co-ed class for those who are interested in physical and psychological health, and improving balance and strength.

The American Medical Association, the Centers for Disease Control and Prevention, and the National Institutes of Health have all recommended tai chi as a form of exercise for the elderly because it helps reduce falls, as well as being effective in reversing symptoms of arthritis, hypertension, and diabetes (Ross, 2013). According to Li, Hong, and Chan, the circular continuous movements of tai chi help the body shift weight back and forth while successful completion of the precise movements facilitate muscle control (Dattilo & McKenney, 2011). Wolfson and colleagues explored the effects of a three-month intense balance and strength-training program and the effects of tai chi as a maintenance intervention to sustain changes from initial training. After the tai chi phase, they found there were improvements in balance and strength. The results of the study are that tai chi is a possible low-intensity therapeutic method that can maintain improvements in balance and strength (Dattilo & McKenney, 2011). Not only is tai chi good for the body, it is beneficial for the mind and soul as well.

## Program description

This program will be facilitated by a tai chi instructor and supported by a TRA. The program will include a 10-minute education lecture on the benefits of tai chi, followed by practising one posture with cueing and support from the instructor and a TRA. The instructor will lead participants through an hour of tai chi that includes a 10-min warm-up, 12–16 poses and then a cool-down. Adaptations include the availability of chairs for those requiring assistance, and an option of outdoor classes (weather permitting).

## Goals and objectives

### 1. Improve or maintain balance as a preventive measure for falls and injuries.

- 1.1 Clients will perform a “Timed Up and Go Test” (TUG) at the beginning and end of the 4-week program in order to measure improved strength and balance.
- 1.2 Clients will attend a minimum of six of the eight classes for optimum results.
- 1.3 After competing eight sessions clients TUG re-test results will show an increase in speed and balance.

### 2. Increase clients’ knowledge about how to maintain ongoing conditions of health and fitness.

- 2.1 After attending eight sessions, participants will be able to identify and briefly explain the benefits of regular health, fitness, and nutrition regimes for older adults.

### 3. Improve movement coordination, body relaxation, and mental concentration.

- 3.1 Clients will complete a brief 10-question assessment at the beginning and end of the 4-week session about overall improvements in these areas.

## Problems/deficits the program may address

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Boredom                                  | <input type="checkbox"/> Low leisure awareness | <input checked="" type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge     | <input checked="" type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance                  |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input checked="" type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input type="checkbox"/> Anxiety               | <input checked="" type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input checked="" type="checkbox"/> Pain       | <input checked="" type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress     | <input type="checkbox"/> Other – list                   |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input type="checkbox"/> Wandering             |   |

## Interventions and facilitation techniques of the leader

As this class could have a wide variance of participants of differing experience and ability, inform them that they basically have to mirror the movements performed by the instructor, and they are free to take a break if needed. If available, there will be a “spotter” to help with any issues or discomfort. Explain the benefits of “Stretch & Motion” and how regular exercise is good for all parts of the body – not only the physical aspects, to help in mobility and balance, but also for the cardiovascular, heart, and psychological benefits as well. Participants will be guided one by one through the different tai chi poses until there is fluid motion from one to another.

Speak in a loud voice, but try to keep the tone upbeat and personable. Do not talk down to the older adults. Ask if there is anyone in the class with hearing problems. If so, ask them to move to the front of the class.

### **Risk management considerations**

Because we are working with older adults with some possible health issues, always know where the nearest phone is, and know who the first aid contact is in the facility. There is always a risk of falling, so have a volunteer watching, or “spotting” from the back of the class. Have chairs available if someone cannot perform the bending portion of the class. If an older adult does have health concerns, ask for a doctor’s note prior to admission to class stating it is OK to participate.

### **Expected program outcomes**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Increased confidence | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Decreased confusion               |
| <input checked="" type="checkbox"/> Sense of belonging   | <input type="checkbox"/> Coping skills                    | <input checked="" type="checkbox"/> Improved balance       |
| <input type="checkbox"/> Leisure awareness               | <input type="checkbox"/> Social engagement                | <input checked="" type="checkbox"/> Improved mobility      |
| <input type="checkbox"/> Social interaction              | <input checked="" type="checkbox"/> Improved fitness      | <input checked="" type="checkbox"/> Increased independence |
| <input type="checkbox"/> Feeling useful                  | <input checked="" type="checkbox"/> Sense of control      | <input type="checkbox"/> Hope                              |
| <input checked="" type="checkbox"/> Increased knowledge  | <input checked="" type="checkbox"/> Decreased agitation   | <input type="checkbox"/> Sense of peace                    |
| <input checked="" type="checkbox"/> Improved mood        | <input checked="" type="checkbox"/> Reduced pain          | <input checked="" type="checkbox"/> Improved circulation   |
| <input checked="" type="checkbox"/> Independence         | <input checked="" type="checkbox"/> Mastery               | <input type="checkbox"/> Improved cardio                   |
| <input checked="" type="checkbox"/> Sense of autonomy    | <input checked="" type="checkbox"/> Increased enjoyment   | <input type="checkbox"/> Increased endurance               |
| <input type="checkbox"/> Free expression                 | <input checked="" type="checkbox"/> Increased self-esteem | <input checked="" type="checkbox"/> Increased strength     |
| <input type="checkbox"/> Increase in social connections  | <input type="checkbox"/> Increased sense of purpose       |  |
| <input checked="" type="checkbox"/> Stress management    | <input type="checkbox"/> Improved cognition               |  |

### **Evaluation methods/frequency**

Success of the program will depend on the satisfaction of the class members. Do they feel more energized, limber, or relaxed? Are they ready and excited about coming back to the next class? If someone is hesitant, remind them of the physical, cognitive, social, and emotional benefits of the program, and tell them “see you next class!” Provide a quick and easy “how did you like your class” cue card questionnaire to fill out.

# Pet Visitations

Shared by Lynette Wray

## Target population

This program is designed for individuals with memory loss and who enjoy animals.

## Purpose

To provide an opportunity for individuals with dementia to express their emotions. This program is designed to provide an opportunity for participants to rekindle past pleasures and experiences of owning pets, and to allow for new experiences of bonding with pets.

## Rationale

Society, as a whole, has positive health benefits from pets. The love they offer touches most people. For older adults living with dementia, a special magic seems to manifest when they are engaged in pet therapy. For an older adult living with dementia, pets provide comfort through their unconditional love. Animals can put an individual emotionally at ease. They do this without effort. The comfort from an animal can reduce anxiety for individuals with dementia. This also aids with “Sundowning Syndrome” for the calming effects pets have.

Pet therapy can stimulate memory of past pets, improve mood and outlook for seniors with dementia (Botek, 2018). This can be very reassuring to have a sense of familiarity when the pieces are crumbling, and memory is fading for individuals with dementia. Pet therapy can foster a sense of community by stimulating an instinct/desire to care for the animal. This creates a meaningful environment for residents to work together and care for the animal. Pet therapy increases activity for seniors with dementia. Petting the animals, throwing toys, going for walks, and grooming the pets all help with coordination and mobility. Getting the pet out even just around the residency will strengthen the body and aid in keeping individuals mobile. Animals support older adults living with dementia on so many levels. Pet therapy can bring individuals joy and laughter, a sense of normalcy and well-being (Datillo & McKenney, 2016). Animals touch us spiritually and know when individuals need comfort. They provide seniors with dementia a reason to get up and move. It is a natural love force and people may not always understand. Seniors with dementia can nevertheless connect through the heart with an animal.

## Program description

This is a weekly pet visitation program supported by volunteers and a facility policy allowing pets to visit. Each week volunteers and their dogs (that have been screened by St. John Ambulance or a similar program) visit the facility. Volunteers check in with the TR department to find out who is interested in receiving pet visits. Volunteers visit individuals in their own rooms, in the lounge, and in the courtyard. Pictures will be taken of those who would like a picture of them and the pets. Pictures of the animals and residents (with consent) will be used in creative art projects.

## Goals and objectives

### 1. To increase positive emotion.

- 1.1 While participants are surrounded by pets, they will express feelings of emotion, connection, peace, and happiness demonstrated by smiling, laughter, crying, speaking kindly, etc.

### 2. To increase social interaction and meaningful communication.

- 2.1 During pet visitation sessions, participants will display connection through joyful facial expression, and physical touch with pets and assistants supporting social interaction.

## Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety    | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input checked="" type="checkbox"/> Pain       | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress     | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

## Interventions and facilitation techniques of the leader

### Directing

- Ensure individuals with any fears, or those who feel less comfortable around animals are acknowledged. Provide reassurance if still wishing to participate.
- Monitor that pets are only fed pet food.
- Hold program at a high-energy time of the day for maximum benefit.
- Provide an area that participants can walk or wander that is closed in.

## Facilitating

- Shorten program to 30 minutes.
- Encourage personal choice level of interaction with pets.
- Recognize if participants are feeling fatigued and reassure them. Assist participants back to their rooms if they desire.
- Facilitate program in a smaller intimate room or space to create a calming environment.
- Limit noise and provide softer lighting.
- Ensure that quieter pets are only permitted for people with dementia.

## Risk management considerations

- Fears of animals.
- Allergies of animals.
- Spilled beverages or water bowls that could cause a fall.
- Sensitivity to noise (barking, chirping, etc.).
- Injuries – bites and scratches.

## Expected program outcomes

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Increased confidence                      | <input checked="" type="checkbox"/> Reduced anxiety     | <input type="checkbox"/> Decreased confusion       |
| <input type="checkbox"/> Sense of belonging                        | <input type="checkbox"/> Coping skills                  | <input type="checkbox"/> Improved balance          |
| <input type="checkbox"/> Leisure awareness                         | <input type="checkbox"/> Social engagement              | <input type="checkbox"/> Improved mobility         |
| <input type="checkbox"/> Social interaction                        | <input type="checkbox"/> Improved fitness               | <input type="checkbox"/> Increased independence    |
| <input type="checkbox"/> Feeling useful                            | <input type="checkbox"/> Sense of control               | <input checked="" type="checkbox"/> Hope           |
| <input type="checkbox"/> Increased knowledge                       | <input checked="" type="checkbox"/> Decreased agitation | <input checked="" type="checkbox"/> Sense of peace |
| <input checked="" type="checkbox"/> Improved mood                  | <input checked="" type="checkbox"/> Reduced pain        | <input type="checkbox"/> Improved circulation      |
| <input type="checkbox"/> Independence                              | <input type="checkbox"/> Mastery                        | <input type="checkbox"/> Improved cardio           |
| <input type="checkbox"/> Sense of autonomy                         | <input checked="" type="checkbox"/> Increased enjoyment | <input type="checkbox"/> Increased endurance       |
| <input checked="" type="checkbox"/> Free expression                | <input type="checkbox"/> Increased self-esteem          | <input type="checkbox"/> Increased strength        |
| <input checked="" type="checkbox"/> Increase in social connections | <input type="checkbox"/> Increased sense of purpose     |  |
| <input checked="" type="checkbox"/> Stress management              | <input type="checkbox"/> Improved cognition             |  |

## Evaluation methods/frequency

Formative evaluation will include asking participants during and after program if they enjoyed pet visitations and would like to continue running this program; asking family and friends how they enjoyed the program; asking if participants would like a picture taken and one for keepsake of the program.

Summative evaluation – as per facility/department policy.

# Painting for Fun

by Sandra Wood

## Target population

Older adults living with various forms of dementia that have an interest in art and/or would benefit from having an opportunity to express themselves freely.

## Purpose

To provide a relaxing and engaging opportunity that encourages residents to experiment with different modalities of painting. To promote the therapeutic benefits of art that will help enhance mood and social connections.

## Rationale

Creativity can be very powerful, allowing individuals to express themselves on a more artistic level. For years, art has been used in a wide array of therapeutic interventions including for those with dementia. It has the ability to improve one's quality of life while enhancing the creative mind (Alzheimer's Society, n.d.). Alzheimer's and other forms of dementia can strip an individual of their identity and zest for life, but with artistic activities, people are able to achieve a unique sense of accomplishment – and that in itself, is extremely powerful. Of course, this therapeutic activity will not reverse the effects of one's condition, but it can significantly improve quality of life (Dunne, 2002). Creativity is affected at a much later stage as dementia progresses through the brain. When words are gone, art becomes a more suitable vehicle for expression. Art can use almost any expressive medium – it does not need to be limited to painting or drawing. Sculpting in clay, dance, or creative movement are just some of the other ways to stimulate an individual's creativity. While focusing specifically on creative expression and all stages of dementia, the following outcomes have been shown to be possible:

- Reduced agitation
- Increased positive emotional responses
- Greater social interaction and level of engagement
- Functional improvements
- Increased mobility
- Improvements in verbal fluency
- Improved mood and attention (Alzheimer's Society, n.d.)

The therapeutic value of painting, drawing, or other form of artistic expression comes in part from a participant's need to concentrate, and in doing so, they may "forget" their troubles during an artistic activity. Relaxation and meditative moods often follow (*goldencarers.com*).

It is important to remember that in this context we use the word “art” as a verb; art is a creative process, not a product. If a person is enjoying their art experience, if it helps them communicate what is inside of them, if they take pride in what they are doing, it makes no difference what it looks like when it’s done.

The beauty of this program in particular is that it does not require a certified art therapist or a talented art instructor. The benefits of this program will be derived from different levels of competencies of our participants. From paint by number projects to freestyle painting, this program will allow for every level of capability of our memory care participants.

### **Program description**

This is a weekly art creation and appreciation group. Families will be invited and encouraged to attend and participate. Family members will be encouraged to bring their own paintings and other art work either done by them or their loved ones for inspiration and discussion. The program will take place outside, if weather permits, or in an area that overlooks the outdoors and nature. Residents will work one-on-one with a volunteer, a TRA, in groups no larger than three, while participating in the Painting for Fun program. Those residents with mild dementia will be encouraged to help co-residents who need assistance.

TRAs and volunteers will encourage and celebrate artistic accomplishments with the residents. The Painting for Fun program can last as little as 15 minutes to as long as an hour. There is an opportunity to socialize with each other, the staff, and visiting family or friends. The concept of “flow” – the experience of joy; being in the moment with each other; creating and sharing will be the focus of this program.

### **Goals and objectives**

#### **1. To increase self-esteem.**

- 1.1 Participants will actively participate, with assistance as needed from the TRA/volunteers, for at least 15 minutes per session.
- 1.2 Participants will make a minimum of one personal choice of painting supplies and/or subject of painting project with assistance as needed from the TRA/volunteers.

#### **2. To stimulate cognition.**

- 2.1 Participants will actively engage in painting either using templates or freestyle painting with paints provided for a minimum of 15 minutes, with guidance/assistance as needed from the TRA/volunteers.
- 2.2 Participants will show increased interest (accepting invitation independently, smiling, actively engaging) to participate when invited, to spend time experimenting with different colours, painting shapes, etc. for at least 15 minutes during each session, as observed by the TRA.

## Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness       | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge           | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input checked="" type="checkbox"/> Low self-esteem  | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety          | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                        | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress           | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering        |  |

## Interventions and facilitation techniques of the leader

### Facilitation:

- Engagement will be supported and encouraged.
- Have tape available to secure paper to tables to help assist participants who wish to paint independently.
- For those who prefer to use floor easels, have chairs available for rest time.
- Encourage free choice for participants unless client is observed to be overwhelmed or stressed by decision making – then limit options to facilitate success.
- Incorporate distractions into program – if clients want to wander around activity area – use this opportunity to discuss past art projects or pastimes.
- Recognize that concentration/focus on a project may be tiring for the client and remember to prompt them to take water or bathroom breaks.
- Redirect participants back to project to help them re-focus.
- Remain patient and encouraging with positive comments throughout session.
- If a participant is struggling but they appear to be enjoying the task; use hand-over-hand assistance with applying paints while positively encouraging to complete painting project with the individual.
- Recognize that participants may need to get up from their art station area to pace or wander; allow for this need. Ensure that participants' needs are met by checking if they require a beverage pause or to use washroom, etc.
- Welcome participants back to participate as needed, and redirect them to focus on completing their painting project, once the participant is ready to return from pacing or wandering.
- Accept that the participant may want to change from sitting to standing position often and make sure that the area is safe to do so.
- Shorten duration of activity to match participants' wellness during each session.

## **Directing**

- Hold this program at peak performance time for client success. If group works well in late morning or early afternoon – plan to hold program at best time for resident participation.
- Keep tables clear of clutter for each participant, thus helping participants focus on their individual art project.
- Simplify project if necessary by having helpers start painting with a few brush strokes, offer paint pens instead of brushes, etc.
- Limit amount of paints and other materials on table in front of each participant throughout the process to allow participants to focus and have a more simplified work area.
- Ensure pace of program is slow enough to allow participants to do as much as possible independently and consider that each participant may not complete their project at any given session.

## **Risk management considerations**

**Accidents and falls** – instructor to be CPR and first aid certified. First aid kit on hand for any injuries.

**Choking hazards** – be aware of possible choking hazards due to things other than food being put into mouths.

**Spills** – to be cleaned up promptly to avoid slips and falls. Have mop and paper towels available.

**Wandering** – proper care to be taken with this group, extra supervision and guidance to ensure residents stay safe.

**Hand sanitation** – allow time after session for proper hand and face washing.

### Expected program outcomes

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Increased confidence                      | <input checked="" type="checkbox"/> Reduced anxiety            | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness                         | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance                           |
| <input checked="" type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility                          |
| <input checked="" type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge                       | <input checked="" type="checkbox"/> Decreased agitation        | <input checked="" type="checkbox"/> Hope                            |
| <input checked="" type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                             |
| <input checked="" type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation                       |
| <input checked="" type="checkbox"/> Sense of autonomy              | <input checked="" type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Improved cardio                            |
| <input checked="" type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance                        |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength                         |
| <input type="checkbox"/> Stress management                         |  |   |

### Evaluation methods/frequency

Each session will be evaluated through verbal feedback from staff, residents, participants' families, and friends to improve the program and make necessary changes and/or adaptations. Residents' interests will be observed by the TRA, volunteers, and staff.

# Together in the Garden

by Sharon Pape

## Target population

Older adults in residential care with previous experience and interest in gardening, those struggling with depressed mood and/or anxiety, and residents with early-to-late stage dementia and families.

## Purpose

To provide a meaningful experience/intervention for individuals with early-to-mid-stage dementia. This program provides the opportunity to engage all the senses in a non-threatening environment. The aim is to promote quality of life by providing an appropriate level of stimulation using meaningful activities.

## Rationale

Horticultural therapy and exposure to gardens have been shown to have positive benefits for older adults: improvements in life satisfaction and socializing; reduction of pain; improvement in attention; lessening of stress; modulation of agitation; reduction in use of antipsychotics; and reduction of falls (Detweiler et al., 2012; Horowitz, 2012). As cognitive therapy, horticultural therapy helps clients learn new skills and regain lost skills. It is a restorative technique to improve memory, attention, sense of responsibility, and social interaction with few-to-no adverse side effects. (Detweiler et al., 2012).

The garden setting is particularly important “as a result of activities in a green setting, there was a significant improvement in self-esteem in nine out of ten case studies” (Detweiler et al., 2012, p. 101). According to Dr. Sala Horowitz, other studies have examined the potential benefits of therapeutic gardens as adjunct treatments for people with Alzheimer’s disease and post-traumatic stress disorder. Healing gardens are designed to be accessible and have shown to produce beneficial effects on all people that visit them from residents, their family members/visitors, and even staff (Horowitz, 2012).

## Program description

This program is designed to create a sense of wellness, healing, and connection with nature. Group participation as well as one-on-one opportunities, will be offered, to meet the needs of each individual resident. This program is intended to be a casual, but supported arrangement for those who wish to socialize or wander about, and those who wish to plant and tend to the gardens. It is intended to have a relaxed atmosphere, encouraging freedom and choice, no pressure and no failures. Families, volunteers, and staff will be invited to be present – assisting if necessary. Sessions will be flexible,

but will last approximately 30 minutes and be facilitated daily throughout the summer months. The TRA will coordinate the program providing guidance to residents, volunteers, staff, and family members. Depending on the participants, the session may be more structured with activities or more relaxed and focused on the experience, reminiscing, and awareness/connection with nature and surroundings.

A focus at all sessions will include sensory stimulation using the natural environment.

### **Goals and objectives**

1. To increase social interaction among residents, family, and staff.
2. To reduce agitation and anxiety, and to promote a sense of well-being.
3. To stimulate the sense of smell, sight, sound, taste, and touch.
4. To increase sense of freedom and choice; to explore the outdoors and wander about freely.
5. To increase physical activity – walking, lifting, digging, watering, carrying, bending, balance, and fine motor skills.
6. To stimulate cognitive thought processes through listening and sharing knowledge of past experiences.

### **Problems/deficits the program may address**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input checked="" type="checkbox"/> Low motivation                | <input checked="" type="checkbox"/> Anxiety    | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input checked="" type="checkbox"/> Pain       | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress     | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

### **Interventions and facilitation techniques of the leader**

#### **Directing**

- Arrange appropriate seating, equipment, and supplies.
- Evaluate risks and create plans to minimize and control.
- Arrange plans and activities for each session.

#### **Teaching**

- Point out and discuss the benefits of being outside.

- Draw participants' attention to various aspects of nature and activities.
- Demonstrate any new or different tasks.

### Facilitating

- Encourage participation.
- Highlight mastery of participants.
- Highlight and showcase wisdom of participants.
- Encourage connections among participants.
- Encourage free expression.
- Use participants' names.

### Risk management considerations

Risks include elopement; falls; environmental: weather, ground, insects, sun, etc.

Risks will be evaluated and addressed in session plans.

### Expected program outcomes

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Stress management     | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging             | <input checked="" type="checkbox"/> Reduced anxiety       | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness                         | <input type="checkbox"/> Coping skills                    | <input type="checkbox"/> Improved balance                           |
| <input checked="" type="checkbox"/> Social interaction             | <input checked="" type="checkbox"/> Social engagement     | <input type="checkbox"/> Improved mobility                          |
| <input checked="" type="checkbox"/> Feeling useful                 | <input type="checkbox"/> Improved fitness                 | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge                       | <input type="checkbox"/> Sense of control                 | <input checked="" type="checkbox"/> Hope                            |
| <input checked="" type="checkbox"/> Improved mood                  | <input checked="" type="checkbox"/> Decreased agitation   | <input checked="" type="checkbox"/> Sense of peace                  |
| <input type="checkbox"/> Independence                              | <input checked="" type="checkbox"/> Reduced pain          | <input type="checkbox"/> Improved circulation                       |
| <input type="checkbox"/> Sense of autonomy                         | <input checked="" type="checkbox"/> Mastery               | <input type="checkbox"/> Improved cardio                            |
| <input checked="" type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased enjoyment   | <input type="checkbox"/> Increased endurance                        |
| <input checked="" type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Increased strength                         |
|  | <input type="checkbox"/> Increased sense of purpose       |   |

### Evaluation methods/frequency

Formative evaluation will occur informally through observation, feedback from staff/volunteers and participants, and reflection.

- Watch for signs of discomfort.
- Are they exhibiting positive emotions (smiling, laughing, and commenting)?
- Are they participating at all?

- Did they stay to the end? Or wander back inside.
- Was there any confusion? Why? Overstimulation?
- Are there enough volunteers?

Summative evaluation will occur as per facility/department policy.





Artwork: Satwant Brar, an Elder at Kinsmen Lodge

# Dementia Care – Benefits of Therapeutic Recreation Programming

Dementia is a progressive, irreversible, degenerative, chronic disorder that results in limited functioning, impaired judgment, inability to reason, and difficulties in effectively interacting with others (Dattilo & McKenney, 2016). As the population ages, dementia cases are increasing with the Canadian Alzheimer Society calling this increase an “epidemic.” The government, experts, and community practitioners recognize dementia as currently becoming one of the greatest public health challenges (Novak, Northcott & Campbell 2018).

People living with dementia are recognized as people first. Therapeutic recreation (TR) programs are important to improve the quality of life for people living with dementia, and follow Tom Kitwood’s person-centred care philosophy, which sees each person’s subjective experience of living with dementia. Kitwood argues people with dementia have an enduring sense of self-comprising thoughts, feelings, and personality characteristics and maintains to give attention to their personhood (Manthorpe & Samsi, 2016).

TR programs understand client interests and needs, and provide a suitable and familiar environment like home, rather than a simulated one (Dunne, 2002, p.106). TR is well aligned with positive psychology, which is based on the simple strengths-based principle of focusing on positives in a person’s life. The three main elements of emotions, traits, and institutions, all influence the quality of life (Austin, 2018). TR programs contribute to positive environments by creating a safe and nurturing atmosphere (Austin, 2018) responding to specific needs. Meaningful programs are person-centred and lead to positive outcomes such as:

- Minimized responsive behaviours
- Decreased depression
- Improved sleep habits, self-esteem, and quality of life
- Increased mental and social stimulation

Programs based on needs provide a non-pharmacological intervention reducing behavioural symptoms. Growing evidence also supports individualized RT programming prevents or reduces behaviours in response to the environment and/or lack of meaningful stimulation including agitation, apathy, repetitive actions, and aggression (Kolanowski, Fick & Buettner, 2009). RT programs follow strength-based models of practice and employ a process of intervention, education, and recreation to enable people with limitations, such as dementia, to engage in many leisure interests. The programs address the social, physical, emotional, cognitive, and spiritual life domains and help clients gain and/or maintain skills, knowledge, and behaviours promoting leisure and independence. RT programs and interventions

support a broad range of needs through targeted goal setting to increase a sense of freedom, self-esteem, belonging, self-expression, and decrease fear and anxiety. The programs focus on removing barriers, facilitating participation and inclusion, and honouring the person.

Therapeutic recreation programming grounded in the humanistic perspective provide people with dementia opportunities for meeting human needs of communication, relationships, self-expression, and value. It provides a supportive and failure-free environment, and enables individuals to belong, express, and contribute to life (Austin, 2018; George & Houser, 2014).

### **Powerful quotes from Canadians living with dementia from Partnerships in Dementia Care, University of Waterloo, ON:**

“Without my involvement in the process, others cannot find a new sense of purpose that fits for me. What they begin to substitute then is activities. How many of you cannot wait to be old enough to play bingo? Somehow we believe that when you're old, you cannot wait to play bingo, not once but every day of the week. We need to work on this task together. We need to be creative together. We need to identify the elements of what I like to do. What makes me smile, feel good about myself? What is meaningful to me? How can I get and do more of this? What kind of tasks must be collected or invented to meet my newfound sense of purpose? I can still grow and learn. I can still contribute.”

“I, like all human beings, must live in today. You come and reminisce with me. You show me pictures, movies, things. We talk about the “good old days.” Then you leave and I am left in today... Reminiscing is good. Reminiscing is fun. But it is an activity that does not support living in today, nor realizing my purpose today. Use it sparingly... for a fun activity after the purpose-filling activities have ended. Use it as a means to an end; an end to help me stay in, to fully understand and appreciate today. Use it to remind me of my accomplishments and the life I have celebrated. But help me to continue to live my life today, to have accomplishments, meet my aspirations, live a future, have things to look forward to and celebrate now.”

### **Resources to support Dementia Care Programs:**

- Bell & Troxel/The Best Friends Approach – *Bestfriendsapproach.com*
- Dr. David Thomas/Eden Alternative – *Edenalt.org*
- Jolene Brachy/Creating Moments of Joy – *Enhancedmoments.com*
- Karen Tyrell/Cracking the Dementia Code – *Dementiasolutions.ca*
- Rosemary Dunne/Dementia Care Programming
- Teepa Snow/Dementia Care Educator – *Teepasnow.com*

# Forever in Love

by Ashley Singh

## Target population

This program is designed for older adults living with dementia.

## Purpose

This program addresses social engagement and interaction, loneliness, depression, and anxiety. The purpose of this discovery kit is for older adults with dementia to reminisce about love (romance, marriage, family, pet love, etc.)

## Rationale

The benefits to having a reminiscing kit is quite astounding. “Through the creation and use of discovery kits, elements of familiarity, recognition, sharing, demonstration, and enjoyment add to the concept of one-dimensional verbal reminiscence” (Dunne, 2002, p. 57).

## Program description

The discovery kit can be facilitated as a group or as a 1:1 intervention. The TRA will use the sensory contents of the kit to stimulate memories, encourage social interaction and a sense of belonging. The program will last 15–45 minutes depending on each situation.

## Kit contents:

1. Chocolate
2. Flowers (rose)
3. Candles
4. Ring
5. Necklace
6. Stuffed teddy
7. Titanic
8. Romance novel
9. Poems
10. Love card
11. Love notes
12. Wedding statue

Poem of Quotes. (n.d.). Love One Another by Khalil Gibran. Retrieved from:

<http://www.poemofquotes.com/khalilgibran/love-one-another.php>

Poem of Quotes. (n.d.). Sonnet 116 by William Shakespeare. Retrieved from:

<http://www.poemofquotes.com/williamshakespeare/sonnet-116.php>

Elvis Presley – Can't Help Falling In Love (Audio). Retrieved from:

<https://www.youtube.com/watch?v=vGJTaP6anOU>

Stand By Me, Ben E King, 1961. Retrieved from:

<https://www.youtube.com/watch?v=hwZNL7QVJjE>

Frank Sinatra – The Way You Look Tonight Original. Retrieved from:

<https://www.youtube.com/watch?v=h9ZGKALMMuc>

Percy Sledge – When a Man Loves a Woman. Retrieved from:

<https://www.youtube.com/watch?v=jHS8LAqHyHs>

### **Sample questions:**

1. How did you meet your husband/wife?
2. How long are/were you married for?
3. How old were you when you met each other?
4. What does love mean to you?
5. What songs remind you of love?
6. Do you believe in love at first sight?
7. Where was your first kiss?
8. Describe your ideal date with your loved one.
9. Share an interesting story of when you knew you met the “one.”
10. What movies remind you of love?
11. Tell us your romantic destination for love? Paris, Hawaii, etc.
12. Would you mind sharing one piece of advice about love that inspires you?

### **Goals and objectives**

#### **1. To increase social engagement.**

- 1.1 During the session, clients will interact with one another verbally or nonverbally (through gestures) independently or with prompts from the TRA or volunteer.

#### **2. To stimulate cognition.**

- 2.1 When cued by a prop from the kit, clients will share at least one memory/ thought/story/comment.
- 2.2 When handed a prop, clients will accept the prop independently or with support from the TRA and interact with it using at least one of the senses.

### **Problems/deficits the program may address**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Boredom                                  | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety    | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

### **Interventions and facilitation techniques of the leader**

#### **Facilitation**

Go with the flow of the group, if there are clients who go off topic and start to discuss something else, it is okay. Help participants connect – highlight what they have in common. Build on the strengths of the participants and their interests in the moment. Have a backup plan ready – be able to transition into another program if necessary.

#### **Risk management considerations**

Choking risks – ensure there are no obvious choking hazards (very small items). Monitor closely – allow clients to hold and touch items, but keep a very close eye. If a client does not want to give items back – distract/redirect with different item.

Increased agitation/anxiety.

Monitor, provide reassurance, and remind them there is an option of being taken back to their room.

Allergies – check dietary list and discuss with care staff.

#### **Expected program outcomes**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Increased confidence          | <input type="checkbox"/> Sense of autonomy          | <input checked="" type="checkbox"/> Decreased agitation             |
| <input checked="" type="checkbox"/> Sense of belonging | <input type="checkbox"/> Free expression            | <input type="checkbox"/> Reduced pain                               |
| <input type="checkbox"/> Leisure awareness             | <input type="checkbox"/> Stress management          | <input type="checkbox"/> Mastery                                    |
| <input checked="" type="checkbox"/> Social interaction | <input checked="" type="checkbox"/> Reduced anxiety | <input checked="" type="checkbox"/> Increased enjoyment             |
| <input type="checkbox"/> Feeling useful                | <input type="checkbox"/> Coping skills              | <input type="checkbox"/> Increased self-esteem                      |
| <input type="checkbox"/> Increased knowledge           | <input type="checkbox"/> Social engagement          | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input type="checkbox"/> Improved mood                 | <input type="checkbox"/> Improved fitness           | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Independence                  | <input type="checkbox"/> Sense of control           |   |

- Improved balance
- Hope
- Improved cardio
- Improved mobility
- Sense of peace
- Increased endurance
- Increased independence
- Improved circulation

**Evaluation methods/frequency**

Formative evaluation will take place throughout the session, using observation. Verbal feedback will be solicited from the volunteer(s) and care staff at the end of the session, and the next day.

Summative evaluation as per facility protocol.

# Laundry Day

by Ashley Terry

## Target population

Older adults (men and women) with moderate-to-severe dementia, who may or may not be restless or looking for something purposeful to do that includes freedom to touch items in their environment.

## Purpose

“Laundry Day” is a program designed for clients with varying degrees of dementia to feel useful and needed in an environment that gives them freedom to touch, explore, and engage in automatic social chit chat, which will decrease restlessness and wandering, increase opportunities for social engagement, and decrease agitation.

## Rationale

Teepa Snow (2011) highlights that feeling needed and having meaningful activities is good for people with dementia. She explains that dementia takes away roles and responsibilities that make us who we are as people. Providing meaningful activities that instill a sense of purpose, a role, and feeling of being needed gives some of that back to people living with dementia. “Laundry Day” is designed specifically to reduce agitation, decrease restlessness and wandering, and increase opportunities for social engagement. This program is scheduled during shift change, which allows clients to be engaged and focused on a meaningful activity when they may otherwise become anxious and agitated with the chaotic experience of everything going on during shift change.

“A person with Alzheimer’s or other dementia does not have to give up the activities that he or she loves. Many activities can be modified to the person’s ability.

In addition to enhancing quality of life, activities can reduce behaviours such as wandering or agitation” (Alzheimer’s Society, 2016). “It is important to help the person remain engaged” (Alzheimer’s Society, 2016). The program only lasts for 30–45 minutes so that everyone at varying degrees of dementia can enjoy the program without it lasting too long or too short for their attention span. Clients can come and go as they please based on their level of dementia and attention span. When people with dementia are confused and disoriented, they look for things that are familiar and comfortable.

A program that provides a familiar and simple (yet also stimulating) activity, will allow for people to feel more at home and at ease. They will feel like they are engaged in the upkeep of their own home, which will enhance their sense of home within the facility.

“We choose activity that resonates for the client, that interests people, makes them feel comfortable and in control of their lives to the degree that such control is possible.”

(Alzheimer’s Association, 2016; YouTube, 2011; Jones, 2007).

## **Program description**

Laundry Day will be implemented twice per week during shift change from 2:45 pm to 3:30 pm, either by invitation from the TRA or by personal motivation. This is a program that can continue indefinitely as part of a routine for residents, reliant upon a completed positive and successful evaluation. Residents will fold actual facility laundry including towels, cloths, kitchen towels, table napkins, sheets, blankets, clothing protectors, pillow cases, and table linens. Residents will need to sort, fold, and organize the laundry. The environment of this activity will encourage automatic social chit chat, which is a component that can easily allow for people at different levels to connect with one another. For each session, residents will be encouraged to have a seat, and asked and thanked for helping with the laundry, as we would not be able to get it all done without their help. This program will help clients feel like they are engaged in the upkeep of their own home, which instills a greater sense of home, purpose, and familiarity. Residents will be free to choose where they want to sit, whom they want to sit with, what they want to work on, and they get to vote on the music for that day. Quiet music will be placed in the background to set a peaceful and focused mood. The goal is to make this feel like a casual, everyday, therapeutic, and meaningful task of daily living, like you're just doing some laundry at home. The program is casual in nature so that it can be flexible to the behaviours clients with dementia may have. Clients may come and go as they please, depending on their level of dementia and their attention span. Clients will be encouraged to socialize, and topics and questions will be suggested by the TRA. The program starts 15 minutes before shift change, and goes well into 30 minutes past shift change, which allows for clients to be engaged in a meaningful activity while a lot of things are going on that could cause anxiety and agitation. When the session ends, any client who wants to help the TRA deliver the linens and laundry to the laundry room can help push carts and come along. Volunteers can be used during this program to add to the encouragement of conversation and social engagement.

## **Goals and objectives**

### **1. Decreased restlessness and wandering.**

- 1.1 Clients will attend "Laundry Day" when invited by the TRA or by their own motivation. They may sit, stand, or move from table to table if they wish. Freedom is key here, even though sitting will be encouraged by example to promote rest from wandering (this objective can also be connected to decreased agitation).
- 1.2 Depending on each client's level of dementia, they will be invited by the TRA to fold as much laundry as they wish within a 45-minute period. Clients can either fold, touch, organize, or match laundry to be focused on a useful task to reach the goal of decreased restlessness and wandering (this objective can also be connected to decreased agitation).

## 2. Decreased agitation.

2.1 The TRA will ask each client individually to choose between two choices of music. Each client will choose which one they would like to listen to either through words, tone, body language, or hand gestures. Afterwards, clients will be able to enjoy music that is quietly being played in the background.

## 3. Increased social engagement.

3.1 Clients will be encouraged by the TRA to get to know other people in the group. Clients can meet this objective by showing any form of communication towards another person during the activity. Communication can be shown through words, sounds, body language, hand gestures, head nodding, smiling, or any other form of communication.

3.2 The TRA will engage in stimulating and maintaining conversation using questions and knowledge about clients. Clients will demonstrate participation by engaging in the interaction and/or conversation either verbally or physically.

### Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

### Interventions and facilitation techniques of the leader

#### Facilitating

- Encourage activity with hands-on experience as the residents physically engage in sorting, folding, and organizing laundry.
- Highlight and discuss contributions to support individual role fulfillment as the residents work on tasks for all the laundry to be folded.
- Encourage and support group interaction between participants (Dattilo & McKenney, 2011).

### Risk management considerations

This program is low risk. Check in with care staff prior to each session.

### Expected program outcomes

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety            | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging  | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness              | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance                           |
| <input checked="" type="checkbox"/> Social interaction  | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility                          |
| <input checked="" type="checkbox"/> Feeling useful      | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge            | <input type="checkbox"/> Decreased agitation                   | <input type="checkbox"/> Hope                                       |
| <input checked="" type="checkbox"/> Improved mood       | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                             |
| <input type="checkbox"/> Independence                   | <input type="checkbox"/> Mastery                               | <input type="checkbox"/> Improved circulation                       |
| <input checked="" type="checkbox"/> Sense of autonomy   | <input type="checkbox"/> Increased enjoyment                   | <input type="checkbox"/> Improved cardio                            |
| <input type="checkbox"/> Free expression                | <input type="checkbox"/> Increased self-esteem                 | <input type="checkbox"/> Increased endurance                        |
| <input type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength                         |
| <input type="checkbox"/> Stress management              |  |   |

### Evaluation methods/frequency

Formative evaluation will occur informally through observation, feedback from staff/volunteers/participants, and reflection. Monthly evaluation with care staff will take place to find out if there is any reduction in agitation, restlessness, or wandering.

Summative evaluation will occur as per facility/department policy.

# Many Hands Make Light Work Garden Club

by Deborah Pederson

## Target population

This program is designed for older adults with dementia – the target time for this program will be over shift change.

## Purpose

To provide residents with outdoor activities that will provide sensory stimulation and exercise cognition; to provide residents with activities that are meaningful and will give them a sense of purpose; to provide residents with a comfortable garden area in which to relax and socialize and provide rest from wandering; and to ensure residents have free access to the garden in order to provide them with a sense of freedom and choice, reduce agitation and anxiety, and improve their quality of life.

## Rationale

Studies have shown that attention span can be improved in a garden setting. Voluntary attention (when people are concentrating on a specific task) can result in fatigue, whereas involuntary attention does not. A natural setting stimulates involuntary attention with its colours, sensory stimuli, and contrasts, thus sparing voluntary attention fatigue and allowing a longer and higher level of attention (Detweiler et al., 2012). People who have dementia have a better chance of maintaining interest and involvement in an activity when it involves familiar patterns of work. Activities should be “interesting, meaningful, comfortable, and age-appropriate” maximizing their existing abilities and strengths so they may achieve success (Jones, 2007, p. 150). Activities for people with dementia should be “purposeful, independence-oriented and esteem-enhancing” (Dunne, 2002, p. 102). Needs of people with dementia are social, emotional, cognitive, physical, and spiritual (Dunne, 2002), and a gardening program can successfully meet all of these needs. Wander gardens (courtyards designed specifically for residents with dementia) are enclosed for security with a circular path that leads back to the entrance. All plant materials are safe and non-toxic. An unlocked door to the courtyard gives the residents a feeling of freedom and can improve their quality of life while also reducing agitation (Detweiler et al., 2012).

## Program description

The gardening program will be held twice weekly and sessions will be approximately 30–60 minutes long. Sessions will begin at 2:45 pm in the afternoon, in order to avoid

the disruption that occurs inside the facility at the 3:00 pm shift change. In addition to the facilitator, volunteers and/or family members will be required to direct residents into the garden area, and to help residents on a one-to-one basis, or to monitor small group activities. Special attention must be taken with the use of tools and methods of watering. For example, a resident may only water using the hose and sprayer with supervision. Socialization between residents will be encouraged in the seating areas of the garden and during group activities. The garden program will utilize productive tasks and chores that are familiar to the residents, such as weeding, raking, sweeping, watering, deadheading flowers, and harvesting vegetables and flowers as appropriate.

Seasonal activities will include planting spring bulbs, container planting and vegetable/flower gardening in the raised beds, tending to bird feeders etc.

Utilize covered area in the courtyard for potting up plants, as well as seasonal gardening activities from spring until fall. Winter activities will be moved indoors in unseasonable weather. Residents will be encouraged to rest, relax, and take in the sights, sounds, and scents of the garden area.

When the garden has been proven to be free of any toxic or harmful materials, and has been deemed secure against elopement, the door to the courtyard should be left unlocked in appropriate weather conditions, to allow residents freedom of access into the garden, give them a place of respite, and to putter about the garden on their own. The gardening program will consist of both formal and informal sessions.

## **Goals and objectives**

### **1. To increase social interaction.**

- 1.1 With encouragement from the TRA, residents will interact with at least one other resident, either by sharing a thought/story/smile or by assisting another resident in completing an activity/task.

### **2. To increase opportunity for expression of emotions.**

- 2.1 Residents will smile or laugh at least one time during the session.
- 2.2 During gardening session, the resident will independently or with assistance from the TRA, respond to at least one sensory cue in the environment.

### **3. To increase participation in activities that are familiar and meaningful; to increase sense of purpose and fulfillment.**

- 3.1 Residents will independently, or with cueing from the TRA, identify a garden task or chore that needs to be done (watering/weeding/sweeping), and begin this task with a prompt/support from the facilitator.
- 3.2 When cued by the TRA, residents will share a thought/story/memory about working in the garden.

#### 4. To reduce wandering.

4.1 When attention is drawn to the environment/tasks at hand/social interaction, residents will settle and stay with a volunteer/staff/family member for a period of 10 minutes before resuming wandering.

#### 5. To increase sense of freedom and choice.

5.1 When given two options to choose from (and enough time) by the TRA, residents will identify an interest to engage in during the session.

#### Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Boredom                                  | <input type="checkbox"/> Low leisure awareness       | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge           | <input type="checkbox"/> Limited ROM         |
| <input checked="" type="checkbox"/> Sense of helplessness         | <input type="checkbox"/> Low self-esteem             | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input checked="" type="checkbox"/> Lack of autonomy | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety          | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                        | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input checked="" type="checkbox"/> Stress           | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering        |  |

#### Interventions and facilitation techniques of the leader

##### Directing

- The facilitator will provide direction to volunteers/staff.

##### Teaching

- The facilitator will sometimes act as a teacher, breaking down tasks into small components and using verbal cueing and demonstrations to facilitate task completion. The leader must know their client and “assign tasks or steps based on the individual’s skill level, interest, desire, and potential for success” in order to create a positive and successful outcome (Dunne, 2002, p. 29).

##### Facilitating

- Assist with developing relationships between the residents, and providing a calm environment for respite, socialization, and sensory stimulation. Using the Leisure Ability Model (LAM), interventions will include promotion of independence and the maintenance of skills (Dunne, 2002). Activities should be supportive and enjoyable to the participants.
- The facilitator will follow the leisure education portion of the LAM, by consistent repetition of certain tasks and programs that will reinforce residents’ skills and abilities to complete tasks (Dunne, 2002).

- The leader/facilitator will be a source of support to all residents and will adapt programs to meet their changing needs (Dunne, 2002).
- The facilitator will respect the existing knowledge of older adults, and rather than taking on a role of “teacher,” be a facilitator – inviting the residents to offer gardening advice and wisdom.
- The role of the facilitator is to be informal and supportive. Each resident will be gently encouraged to participate. Social interaction will also be encouraged as people share their stories and discover commonalities.
- Let the session develop naturally. It may take its own direction.

### **Risk management considerations**

Falls and elopement are risks. The facilitator will ensure the courtyard is secure against elopement risks, and there are no hazards that residents may injure themselves on prior to the first gardening session.

There is a possibility of residents ingesting material. The facilitator will ensure all plant material is non-toxic by referring to the list of toxic plants resources prior to the first gardening session.

There is also a possibility that a program could provoke a negative reaction, the TRA may need to empathize with the resident or redirect them.

### **Expected program outcomes**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Increased confidence           | <input checked="" type="checkbox"/> Reduced anxiety            | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging  | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness              | <input checked="" type="checkbox"/> Social engagement          | <input type="checkbox"/> Improved balance                           |
| <input checked="" type="checkbox"/> Social interaction  | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility                          |
| <input checked="" type="checkbox"/> Feeling useful      | <input checked="" type="checkbox"/> Sense of control           | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge            | <input checked="" type="checkbox"/> Decreased agitation        | <input type="checkbox"/> Hope                                       |
| <input checked="" type="checkbox"/> Improved mood       | <input type="checkbox"/> Reduced pain                          | <input checked="" type="checkbox"/> Sense of peace                  |
| <input type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation                       |
| <input checked="" type="checkbox"/> Sense of autonomy   | <input checked="" type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Improved cardio                            |
| <input checked="" type="checkbox"/> Free expression     | <input type="checkbox"/> Increased self-esteem                 | <input type="checkbox"/> Increased endurance                        |
| <input type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength                         |
| <input type="checkbox"/> Stress management              |  |   |

**Evaluation methods/frequency**

There are a few different ways to tell if the session has been a success. Observation of the resident's attitudes and moods before and after the session is one good indicator. If family members attended the session, they can be asked to give feedback on the session. If residents engage in social conversations among one another, both during and after the session, this is a positive indication that social interactions are occurring, and perhaps a community is beginning to develop. The TRA may ask the residents how they enjoyed the session and what they enjoyed most about the session. How did the session make them feel?

The program will be evaluated monthly to determine if there is a reduction in wandering or agitation. Care staff will be consulted in this evaluation. After each session, new social connections will be noted, as well as the length of time each resident maintained attention on specific tasks. Changes in mood (before and after session) will also be noted and documented.

# “Sew – a Needle-Pulling Thread” Discovery Kit

by Linda Weatherly

## **Target population**

Everyone is welcome – residents, family members, and staff. This is an all-inclusive program.

## **Purpose**

To provide opportunities for social interaction, reminiscing, and sensory stimulation.

## **Rationale**

Reminiscence is an important way of using a structured or unstructured way to talk about one's life with another person or in a group. Natural and spontaneous reminiscence contributes to successful aging, so when a person has difficulty eliciting memories on their own, facilitating reminiscence may help enhance their quality of life (Dattilo & McKenney, 2011). Reminiscing through a discovery kit can help encourage discussion, build interpersonal relationships as well as share and explore common experiences. Reminiscing can help an individual make new friends and help increase a person's sense of control. This type of facilitation technique may help enhance a person's self-esteem, sense of self and help them deal with crises, losses, and life transitions. There are so many benefits that can arise from reminiscing, they include: a decrease in boredom, engaging in conversation, resolving bitterness, teaching and informing, and a decrease in depression and confusion (Dattilo & McKenney, 2011). Using a three-dimensional discovery kit promotes elements of familiarity, recognition, sharing, demonstration, and enjoyment for the person or group using the kit. Through the use of the themed kit, the client is given the opportunity to restore or experience adventure. In some cases, it allows them to learn and do things they may never have a chance to do (Dunne, 2002).

## **Program description**

This program can be facilitated for a group or an individual. The program consists of presenting sensory items, encouraging reminiscing, free discussion, and making connections among participants.

## **Session overview**

- Welcome the group, do introductions, share the amount of time you have today, encourage everyone to participate, and then place the discovery kit on the table in front of the group.

- Open the discussion with the topic and share a story, factual information (history), or personal memory from the kit. Encourage clients to share their memories with the use of open-ended questions (Appendix 1). Facilitate discussion, encourage everyone to participate, and ensure that each person has time to share their own memory or story.
- Share the contents of the discovery kit (Appendix 2). Slowly remove items, ask questions and pass items around so that everyone gets the chance to touch and look at the items. Be mindful of body language (smiling, crying, smelling, touching, tasting) to encourage their memory or to support them through a difficult memory.
- Share a YouTube video with the group. This can be inserted at any point of the presentation (Appendix 3).
- Take time to engage, be present. Allow for up to an hour so you have lots of time to share stories and memories. Be mindful of your clients should they become tired, adjust your time accordingly.
- As session is coming to an end, thank participants for sharing their stories and ask if they would like to do this again.

## Appendix 1

### Open-ended questions for discussion:

What are some of the sewing projects you did?

What type of things do you like to sew?

Do you prefer to sew by hand or use a sewing machine?

Describe some of the projects you worked on.

How did you learn to sew?

Please share a story about your sewing experience.

Tell me about a time when you were very proud of a project you worked on?

Did your mother or grandmother sew your clothing? What did she make for you?

What were some of the things you made for your family or for yourself?

What clubs did you belong too? Is anyone a quilter in the group? What type of quilts did you work on?

What are some needlepoint projects that you worked on?

What type of sewing machine did you use?

What clothing did you often have to repair?

When did you like to sew?

## Appendix 2

### “Sew – a needle-pulling thread” discovery kit contents:

- Large wicker basket to hold all contents
- Button jar
- Reminiscent book
- Iron and shirts
- (7) sewing patterns
- Sewing basket
- 5 wooden thread spools
- 2 thimbles
- 1 measuring tape
- 1 rivet machine + rivets
- 4 button cards
- 1 crochet hook
- Darning needles
- Embroidery cotton (1 skein)
- 2 zippers

- Pincushion
- Sewing embellishments (flowers, patch, rick rack, bra straps, elastic)
- Sock darning tool and sock
- 2 embroidery hoops with work attached
- 1 quilting patch
- Tracing paper and tracing wheel
- Safety pins
- Mini-sewing kit
- Singer sewing machine box + bobbins/sewing machine attachments
- Singer sewing machine directions (Italian)
- Crochet cotton
- “Sewing machine maintenance pamphlet”

### **Appendix 3**

#### **Web resources**

Sewing machine sounds

<https://youtu.be/EKEGrEJtBxA>

<https://youtu.be/fDOp32siqwcB>

The Sewing Machine Song by TR Kelly (video)

<https://youtu.be/03rQM7orKpE>

The Sewing Machine Song from “Annie Get Your Gun” (1950) with Betty Hutton

<https://youtu.be/999ph8iRT4o>

#### **Goals and objectives**

##### **1. Increase social interaction.**

- 1.1 During each session, the clients will be observed smiling, making eye-contact, or chatting with other residents at least 50% of the time.
- 1.2 While participating in the program, clients will talk about or share one prop with the other group members independently or with cueing from the TRA/volunteer.

##### **2. Exercise cognition.**

- 2.1 When given a choice between two objects from the discovery kit, clients will identify/choose one item.
- 2.2 Clients will demonstrate reminiscing by sharing two past experiences/memories/stories during the 60-minute session.

### 3. Stimulate senses.

3.1 Client will use two of the senses at least once each (touch/taste/smell/see/hear) during the 60-minute session.

3.2 When prompted by the TRA/volunteer, clients will touch, or hold or comment on at least three items from the discovery kit.

#### Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input checked="" type="checkbox"/> Loneliness                    | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input checked="" type="checkbox"/> Depression                    | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input checked="" type="checkbox"/> Anxiety    | <input type="checkbox"/> Poor balance        |
| <input checked="" type="checkbox"/> Sadness                       | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input checked="" type="checkbox"/> Agitation                     | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

#### Interventions and facilitation techniques of the leader

##### Directing

- Find the right place to have a quiet and uninterrupted meeting.
- Prepare meeting room (chair set-up, refreshments, temperature of room).
- Adapt the kit for the person you are sharing with. Remove any items that may cause risk or harm (sharp objects, things that can be swallowed, items that can cause injury to others, if used by the participant).
- Add other items such as pictures, books, or magazines that may help with discussion and reminiscing. iPad for YouTube videos must be charged and available for use.

##### Facilitating

- Invite clients to participate – offer assistance to/from the meeting.
- Present the kit in a pace and style that supports the needs of participants.
- Observe clients.

#### Risk management considerations

**Tripping and falling** – ensure that all clients requiring assistance are supported. Area must be free of trip hazards such as carpets and furniture blocking access. Verify that room set-up allows for movement with assistive devices.

**Cuts/Bruises/Scrapes** – discovery kits have some sharp objects (pins, tracing wheel, darning needle) that can cause injury. Adaptations to kit (remove items) will be necessary depending on clients.

**Choking** – if items are placed in mouth, they may cause choking (e.g., buttons). Adaptations to kit (place buttons in secured plastic jar). Remove any other items that pose any risk (rivets, thimbles, buttons).

### **Expected program outcomes**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Increased confidence | <input type="checkbox"/> Reduced anxiety                | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input checked="" type="checkbox"/> Sense of belonging   | <input type="checkbox"/> Coping skills                  | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness               | <input checked="" type="checkbox"/> Social engagement   | <input type="checkbox"/> Improved balance                           |
| <input checked="" type="checkbox"/> Social interaction   | <input type="checkbox"/> Improved fitness               | <input type="checkbox"/> Improved mobility                          |
| <input type="checkbox"/> Feeling useful                  | <input type="checkbox"/> Sense of control               | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge             | <input checked="" type="checkbox"/> Decreased agitation | <input type="checkbox"/> Hope                                       |
| <input checked="" type="checkbox"/> Improved mood        | <input type="checkbox"/> Reduced pain                   | <input checked="" type="checkbox"/> Sense of peace                  |
| <input type="checkbox"/> Independence                    | <input type="checkbox"/> Mastery                        | <input type="checkbox"/> Improved circulation                       |
| <input type="checkbox"/> Sense of autonomy               | <input checked="" type="checkbox"/> Increased enjoyment | <input type="checkbox"/> Improved cardio                            |
| <input checked="" type="checkbox"/> Free expression      | <input type="checkbox"/> Increased self-esteem          | <input type="checkbox"/> Increased endurance                        |
| <input type="checkbox"/> Increase in social connections  | <input type="checkbox"/> Increased sense of purpose     | <input type="checkbox"/> Increased strength                         |
| <input type="checkbox"/> Stress management               |   |   |

### **Evaluation methods/frequency**

**Observation** – during session, observe clients' interest, participation, signs of positive emotion (smiling, laughing) and interaction with the discovery kit (senses).

**Feedback** – whenever possible, ask for feedback at the end of a session. What were the likes, dislikes? Do the clients want to come to another session? What would they like done differently?

**Ask family/friends** – any other people who attend or use the kits are a good source of information. Ask all attendees, anyone using the kits and note how many times the kit actually gets used. The more a kit is used is a good indication of a successful discovery kit.

# Wood-Working Tool Box

by Samantha Lui

## Target population

Residents with dementia who have a history or interest in basic wood working; can use a screw driver and hammer with support/guidance; can follow simple instructions with support from the TRA.

## Purpose

The purpose of this kit is to encourage reminiscing and meaningful activity.

## Rationale

“Through the use of the themed kit, a person with Alzheimer’s or a related disorder now receives an opportunity to restore or experience adventure” (Dunne, 2002, p. 57). People with dementia are still people, so they have human needs just like the rest of us do in this world; “When a person loses the ability to draw from his or her personal vault of adventure experience, he or she relies on us as caregivers to stimulate them to adventure” (Dunne, 2002, p. 57). Discovery kits and reminiscing is great for people with dementia because it gives family members a simple way to make a connection with the person they love; all families are different, but providing simple sessions like this are sometimes all that is needed for the participant to have an extraordinary moment. Using props in the discovery kit increases the participants’ success because it provides them with objects that are recognizable and concrete, and using these props allow us to observe whether the client is enjoying the activity or not (Dunne, 2002). Building the bird house, putting in screws, or hammering the nails shows us that the person is engaged and comprehending the activity. Giving people with dementia enjoyable lives is so important and it is important we recognize which programs work and do not work for our residents.

## Program description

This discovery kit can be facilitated as a small group or as a 1:1 intervention. This program can be offered as a build-your-own birdhouse project – using a kit or it can be more flexible to allow participants to use their creativity. The kit contains all the required tools/props and a list of open-ended questions to encourage discussion. This program provides a great opportunity to showcase talent and support the feeling of mastery and personal accomplishment. Family participation is encouraged, the TRA can suggest this simple session to do with their loved ones.

## Inventory – (all items will be kept in a red toolbox)

- A variety of ready-to-use wood-working kits – simple projects
- Samples or pictures of what the completed product looks like
- Drawing pad and paper – for design work/doodling
- 4 screw drivers
- 1 small box of screws that fit at least one screwdriver
- 1 small box of nails
- 1 piece of a 2 x 4 with a few pre-drilled holes and a couple of nails with the tips hammered in
- 1 hammer
- 1 pair of work gloves
- 1 sanding block
- 1 carpenter's pencil
- 1 vice

## Goals and objectives

### 1. Increased stimulation of the senses.

1.1 Client will hammer or screw in a minimum of three nails or screws.

1.2 By observation of the TRA, client will show interest in the kit contents through verbal or nonverbal communication.

### 2. Increased reminiscing.

2.1 Client will verbally or nonverbally respond to at least one open-ended question by prompting from the TRA.

2.2 Client will share one memory, anecdote, or story in response to the session.

## Problems/deficits the program may address

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Boredom                       | <input type="checkbox"/> Low leisure awareness | <input type="checkbox"/> Unsteady gait       |
| <input type="checkbox"/> Loneliness                               | <input type="checkbox"/> Lack of knowledge     | <input type="checkbox"/> Limited ROM         |
| <input type="checkbox"/> Sense of helplessness                    | <input type="checkbox"/> Low self-esteem       | <input type="checkbox"/> Low endurance       |
| <input type="checkbox"/> Depression                               | <input type="checkbox"/> Lack of autonomy      | <input type="checkbox"/> Reduced muscle mass |
| <input type="checkbox"/> Low motivation                           | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Poor balance        |
| <input type="checkbox"/> Sadness                                  | <input type="checkbox"/> Pain                  | <input type="checkbox"/> Stiffness           |
| <input type="checkbox"/> Agitation                                | <input type="checkbox"/> Stress                | <input type="checkbox"/> Other – list        |
| <input checked="" type="checkbox"/> Lack of cognitive stimulation | <input checked="" type="checkbox"/> Wandering  |  |

## **Interventions and facilitation techniques of the leader**

### **Directing**

- Make sure space is uncluttered to reduce confusion.
- Make more pre-drilled holes with some screws and nails started already.
- Change the way the board is anchored (flat on top of the table or in front of them at proper arm level, for easier way to put in screws or nails) or have two different pieces of wood.
- Make screwdriver handles longer for more force.
- Find or order tools that accommodate grip abilities.

### **Teaching**

- Use the already built birdhouse for visual cue.

### **Facilitating**

- Compliment effort.
- Support sharing knowledge and wisdom from past projects.
- Ask open-ended questions to encourage engagement and reminiscing.
- Create a safe environment to share – be engaged with the clients as you go through the session – so residents are comfortable if they want to share.
- Accommodate wandering, let them do a lap, ask if they want to join you.

### **Risk management considerations**

Risks include injury due to tools/process; falls; feelings of frustration. All risks will be assessed and evaluated prior to each session (based on participants and feedback from care team) – a plan will be included to reduce possible incidents.

### Expected program outcomes

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Increased confidence           | <input type="checkbox"/> Reduced anxiety                       | <input checked="" type="checkbox"/> Increased cognitive stimulation |
| <input type="checkbox"/> Sense of belonging             | <input type="checkbox"/> Coping skills                         | <input type="checkbox"/> Decreased confusion                        |
| <input type="checkbox"/> Leisure awareness              | <input type="checkbox"/> Social engagement                     | <input type="checkbox"/> Improved balance                           |
| <input type="checkbox"/> Social interaction             | <input type="checkbox"/> Improved fitness                      | <input type="checkbox"/> Improved mobility                          |
| <input checked="" type="checkbox"/> Feeling useful      | <input type="checkbox"/> Sense of control                      | <input type="checkbox"/> Increased independence                     |
| <input type="checkbox"/> Increased knowledge            | <input checked="" type="checkbox"/> Decreased agitation        | <input type="checkbox"/> Hope                                       |
| <input type="checkbox"/> Improved mood                  | <input type="checkbox"/> Reduced pain                          | <input type="checkbox"/> Sense of peace                             |
| <input type="checkbox"/> Independence                   | <input checked="" type="checkbox"/> Mastery                    | <input type="checkbox"/> Improved circulation                       |
| <input checked="" type="checkbox"/> Sense of autonomy   | <input checked="" type="checkbox"/> Increased enjoyment        | <input type="checkbox"/> Improved cardio                            |
| <input type="checkbox"/> Free expression                | <input checked="" type="checkbox"/> Increased self-esteem      | <input type="checkbox"/> Increased endurance                        |
| <input type="checkbox"/> Increase in social connections | <input checked="" type="checkbox"/> Increased sense of purpose | <input type="checkbox"/> Increased strength                         |
| <input type="checkbox"/> Stress management              |  |   |

### Evaluation methods/frequency

Observe clients throughout the session, watch body language and how much they engage. Document observations, what went well and what did not go well.

# About the Authors

## **Balizet, Bernard Louis**

Bernard is finishing his practicum as a Therapeutic Recreation Assistant at Rosewood Gardens in Richmond. He loves providing person-centred care to residents he has grown to truly love. Before joining Stenberg's Therapeutic Recreation program, he held many jobs from teaching to truck driving and marketing for ride-share drivers. Through all his careers he always felt an affinity for the elderly. As a kid, most of his friends were elderly neighbours, and as a cabbie, his favourite regulars were seniors. He would not want to do anything else.

## **Biehl, Kenneth (Ken) Douglas**

Ken was a small business owner and worked in the film industry for 22 years. He was looking for a change and found Stenberg's Therapeutic Recreation program when he saw an advertisement featuring Stenberg graduates stating, "I Changed Me." He graduated in 2015 and is now working at Westminster House Retirement Community as the Recreation and Volunteer Manager. He loves building connections with seniors and listening to their stories. He enjoys learning about the rich history of the residents and making their stay meaningful.

## **De Castro, Kristal Amar M.**

In 2015, Kristal moved from the Philippines and was working in an ophthalmic laboratory when she came across a newspaper advertisement for Stenberg's Therapeutic Recreation program. After researching the program, she realized it resonated with her as she loves working with older adults. She graduated from the program in 2017 and works as a Recreation Aide at Chartwell Carlton Gardens Care Residence. She loves seeing residents smile and laugh as well as creating amazing moments with activities highlighting their identities and strengths.

## **Evans, Sarah**

Sarah worked in banking when she began volunteering in a residential home and loved it. She enrolled in Stenberg's Therapeutic Recreation program and graduated in 2016. Sarah now works as a part-time Recreation Aide at Brookside Lodge and as a casual Recreation Aide at Evergreen Baptist Campus of Care, Zion Park Manor, and Chartwell Langley Gardens Retirement Residence. She loves making a difference in the lives of older adults. It is such a rewarding and enjoyable career for her.

## **Federau, Laura**

Laura graduated from Stenberg College's Therapeutic Recreation program in 2018. She used to work at a car dealership and as a server, but wanted a career where she

could go home at the end of the day knowing she made a difference. She was drawn to Therapeutic Recreation particularly because she loves both exercise and staying busy with activities. She's now able to do this and make a difference. It's rewarding for her to see the joy she can bring to the clients.

### **Gawerska-Panfil, Bozena**

Bozena has been associated with the Therapeutic Recreation field for over 10 years. She uses expressive arts and dance movement therapies with children and adults with disabilities in schools, adult day centres, and psychiatric settings to promote emotional growth and healing. She graduated in 2018 from Stenberg's Therapeutic Recreation program and is a Program Worker for the Margaret Fulton Centre. Her favourite part of her job is seeking and providing creative tools to assist older adults in their functioning.

### **Hannay, Jillian**

Jillian always had great respect for seniors and enjoyed interacting with them. After being the main caregiver for her grandmother who was suffering from Alzheimer's, it was important for Jillian to pursue a career in a Therapeutic Recreation. She knew she had the potential to make a difference in the lives of older adults. She graduated in 2015 from Stenberg's Therapeutic Recreation program and now works at Senior Activity Solutions as a Recreation Coordinator in Seattle. She loves having the opportunity to enhance their lives through recreational activities.

### **Johal, Gurjit K.**

Gurjit began volunteering at a care home after moving from Squamish. After attending an info session about Stenberg's Therapeutic Recreation program, she knew this was the career for her. She graduated from the program in 2015 and is currently working at Evergreen Baptist Campus of Care and Brookside Lodge. She loves seeing the smile on the residents' faces when she greets them and lists the day's activities. Before joining Therapeutic Recreation, she was a coordinator for South Asian Senior Women's Group, volunteered for ESL storytime programs for preschoolers, and was a settlement worker for new immigrants.

### **Joy, Tabitha**

Tabitha graduated in 2016 from Stenberg's Therapeutic Recreation program and worked at Fraser Health in the Recreational Therapy department. Before working in the Therapeutic Recreation field, she was in social services where she enjoyed working with patients with dementia. Working in Therapeutic Recreation allowed her to be creative when working with older adults with dementia. She especially loves running music programs.

**Kaethler, Sandra**

Sandra has been working in the Therapeutic Recreation field for over half her life. When she first entered the field, she had no idea what she was getting herself into, but it did not take long before she became completely engrossed in the work. After 26 years, she had the opportunity to further her education and attended Stenberg College in 2015. She is currently a Recreation Programmer at Pinegrove Place and enjoys making real connections with individuals who have lived rich lives and have so much to give. Bringing moments of joy into the lives of older adults living with dementia gives her joy. Every day is new and exciting.

**Lui, Samantha**

Samantha took a year off after graduating high school to figure out what she wanted to do with her career. She realized she enjoyed working with seniors and making a difference in their lives. In 2016, Samantha graduated from the Therapeutic Recreation program at Stenberg College and now works at Terraces on Seventh as a Recreation Assistant. She loves that she can help people and is still constantly learning on her Therapeutic Recreation journey.

**Pape, Sharon Patricia**

Sharon was a building maintenance worker at the Evergreen Baptist Campus of Care. Over the years, Sharon was inspired by the Therapeutic Recreation team and decided to join the field. In 2014, she graduated from Stenberg's Therapeutic Recreation program and joined the Evergreen team as a Recreation Coordinator. Her favourite moment is making a connection. Sometimes it's a look, a twinkle in the eye, or a single word spoken with an extreme effort by someone who can no longer speak for themselves. It tells her she's made a small difference in someone's day.

**Paras, Candice**

Candice has a degree in Marine Biology from the University of Victoria and used it to travel the world researching coral reef health and whale behaviour. When she returned from Australia, she decided to go a different direction by pursuing RT with seniors. She always enjoyed volunteering with seniors and knew that she would find happiness serving, helping, and loving them using RT. She graduated in 2016 from Stenberg's Therapeutic Recreation program and is working at Evergreen Manor as a Recreation Aide. She loves the tenants' vibrancy for life after participating in the programs she creates.

**Pederson, Deborah Gail**

Deborah was an office manager who visited her father every day at Guildford Seniors Village. She saw the positive affect Therapeutic Recreation had on his life. After he passed away, she volunteered at his care home and became a sub-contractor, running a horticultural therapy program. Deborah loved the people and the ability to make

a positive difference so much, she made Therapeutic Recreation a full-time career. She graduated from Stenberg College in 2017 and worked full-time at the Guildford Seniors Village as a Recreation Programmer. She loved to help seniors feel good about themselves and add meaning to their day. This book is dedicated to her memory.

### **Randall, Bonita**

As an administrator for a pharmacy retail chain, Bonita's passion was working with older adults. She switched careers to pursue her passion and enrolled in Stenberg's Therapeutic Recreation program, graduating in 2016. She now works as a Program Worker at Margaret Fulton Centre and loves contributing to the mental stimulation of older adults with cognitive disabilities.

### **Singh, Ashley**

Ashley volunteered in high school to make a difference in seniors' lives. When she discovered it was an actual career, she knew it was what she wanted to do. While working at a retail store, Ashley enrolled in Stenberg College's Therapeutic Recreation Diploma program and graduated in 2017. She now works at Sunridge Gardens as a Therapeutic Recreation Assistant. Her favourite part of the job is the laughter, love, and hugs from the residents. To her, the feeling of making the residents feel good and happy is what matters the most.

### **Terry, Ashley**

Ashley completed her Nurses Assistant Certificate in 2013 and worked as a dietary aide, and later as a caregiver. Shortly after, she began the Therapeutic Recreation program at Stenberg and graduated in 2017. She was always interested in dementia and the program helped her identify her path. Ashley is currently working as a Recreation Assistant at Sidney Care Home. She loves how her job allows her to celebrate people for who they are, and give them tools and opportunities to bring them closer to themselves.

### **Weatherly, Linda**

After being laid off as the Retail District Manager during a restructure, Linda found herself looking for a meaningful career. She began volunteering at the Langley Senior Resource Centre and joined the Friendly Visitor program to visit seniors living at home to reduce isolation and loneliness. This was the career she wanted and applied to Stenberg's Therapeutic Recreation program, graduating in 2017. She is currently a Recreation Coordinator and loves enhancing seniors' lives through recreation and person-centred programs.

**Wild, Jocelyn**

Jocelyn worked in a complex care community as a care aide, activity aide, and spa attendant, but her love for seniors drew her to Therapeutic Recreation. She enrolled at Stenberg College and graduated in 2015. Jocelyn now works as an Activation Program Manager at Rest Haven Lodge in Sidney, BC. She loves being with seniors and making ordinary moments extraordinary.

**Wood, Sandra Lynn**

Sandra previously worked in landscaping, but had always loved working with seniors. After graduating from Stenberg's Therapeutic Recreation program in 2017, she pursued her passion and work at Maplewood Seniors Care Society and Waverly Seniors Village as a Recreation Aide. She's finally able to help seniors find joy in life, which brings joy to her life.

**Wray, Lynette**

Growing up, Lynette's father always said, "Do a job that you love and it will not feel like work." Loving what you do is a game changer, which is why Lynette went from being a hairstylist to a wig fitter for women going through cancer treatment, and finally a Recreation Coordinator at Evergreen Baptist Campus of Care. She loves her work and seeing residents' faces light up when she greets them. It makes her happy, which then flows to them. It makes her feel like she has a purpose. Lynette's close relationship and respect for her grandparents inspired her to enrol in Stenberg's Therapeutic Recreation program from which she graduated in 2016.

# References

- Alzheimer's Association, (2016). Social engagement opportunities. Retrieved October 30, 2016 from [http://www.alz.org/sewi/in\\_my\\_community\\_63478.asp](http://www.alz.org/sewi/in_my_community_63478.asp)
- Adrian, B. (2008). *Actor training the Laban way: An Integrated approach to voice, speech, and movement*. New York, NY: Allworth Press
- AHTA, (2012) *American Horticultural Therapy Association. Definitions and Positions*, Retrieved from [www.ahta.org/horticultural-therapy](http://www.ahta.org/horticultural-therapy)
- Ambrose, A. F., Sliwinski, M., & Buschke, H. (2003). *Leisure activities and the risk of dementia in the elderly*. *New England Journal of Medicine*, 348, 2508-2516.
- American College of Sports Medicine. (2016). Retrieved April 24, 2016 from <https://www.acsm.org/public-information/articles/2012/01/20/benefits-of-group-exercise>
- Austin, D.R. (2018). *Therapeutic recreation processes and techniques: Evidence-based recreational therapy (8th ed)*. Urbana, IL: Sagamore Publishing.
- Botek, A. (2018). Canine caregivers improve the lives of people with Alzheimer's Disease. *AgingCare*, Retrieved from: <https://www.agingcare.com/Articles/guide-dogs-for-people-with-alzheimers-153469.htm>
- Bowes, A., Dawson, A., Jepson, R., & McCabe, L. (2013). Physical Activity for People with Dementia: A Scoping Study. *BMC Geriatrics*, 13, 129.
- Burkhard & Allan. (2013). *The Diabetes Prevention & Management cookbook*. Canada, published in cooperation with Canadian Diabetes Association, Robert Rose.
- Cain, A. (2018). Growing the Creative Aging Movement. Retrieved from <https://www.wcmt.org.uk/sites/default/files/reports/GrowingTheCreativeAgeingMovement%20Final%20PDE.pdf>
- Clare, M. (2014). Soothing sounds: reducing agitation with music therapy. *British Journal of Healthcare Assistants (BR J HEALTHC ASSIST)*, 8(4), 190-5.
- Chaiklin, S., & Wengower, H. (2009). We dance from the moment our feet touch the earth. In, *The art and science of dance/movement therapy: Life is dance*. NY, Routledge Taylor & Francis Group. (pp. 3-11). Retrieved from [pdfs.semanticscholar.org/aefc/b5f457a2f695d219b4040dfbe7b255f96268.pdf](https://pdfs.semanticscholar.org/aefc/b5f457a2f695d219b4040dfbe7b255f96268.pdf)
- Coaten, R. (2011). Going by the way of the body in dementia care. Retrieved from: <http://www.communitydance.org.uk/DB/case-studies/going-by-way-of-the-body-in-dementia-care.html>
- Dattilo, J., & McKenney, A. (2016). *Facilitation techniques in therapeutic recreation*. State College, PA: Venture Publishing, Inc.
- Dayanim, S. (2009). The acute effects of a specialized movement program on the verbal abilities of patients with late-stage dementia. *Alzheimer's Care Today*, 10, 93-98. Retrieved from <https://adta.wildapricot.org/Resources/Documents/Dayanim%20Alzheimers%20study.pdf>
- Detweiler, M. B., Sharma, T., Detweiler, J. G., et al. (2012). What Is the Evidence to Support the Use of Therapeutic Gardens for the Elderly? *Psychiatry Investigation*, 9(2), 100-110.
- Dunne, R. (2002). *Dementia care programming: An identity-focused approach*. State College, PA: Venture Publishing.
- Dutton, Y.C., & Zisook, S. (2005). *Death studies*. 29(10), 877-903. 27 p. 1 Chart.
- Edelman, C.L., Kudzma, E.C., Mandel, C.L. (2014). *Health promotion throughout the lifespan*. St. Louis, Missouri: Elsevier Mosby.
- Elavsky, S., & Doerksen, S. (2010). Building self-esteem and self-efficacy through leisure.
- In L. Payne, B. Ainsworth, & G. Godbey, (Eds). *Leisure, health and wellness: Making the connections* (pp. 165-176). State College, PA: Venture Publishing. EOC Institute, (2016). 141 Benefits of meditation. Retrieved December 10, 2016 from <http://eocinstitute.org/meditation/how-meditation-helps-with-senior-health/>
- Ertel, K.A., Glymour, M.M. & Berkman, L.F. (2008). Effects of social integration on preserving memory function in a nationally representative US elderly population. *American Journal of Public Health*, 98, 7.
- Fern, A.K. (2009). Benefits of physical activity in older adults. *ACSM's Health & Fitness Journal*, 13, 12-16.

- Fonareva, I., & Oken, B.S. (2014). Physiological and functional consequences of caregiving for relatives with dementia. *International psychogeriatrics*, 26, 725-747.
- George, D.R., & Houser, W.S. (2014). "I'm a Storyteller!": Exploring the benefits of TimeSlips creative expression program at a nursing home. *American Journal of Alzheimer's Disease and Other Dementias*, 29(8), 678-684.
- George, L.K., Kinghorn, W.A., Koenig H.G., et al. (2013). Why gerontologists should care about empirical research on religion and health: Transdisciplinary perspectives. *Gerontologist*, 53, 898-906.
- Gilhooly, K.J., Gilhooly, M.L., Phillips, L.H., et al. (2007). Cognitive Aging: Activity Patterns and Maintenance Intentions. *International Journal of Aging and Human Development*, 65(3), 259-280.
- Glass, T.A., Mendes de Leon, C.F., Bassuk, S.S., & Berkman L.F. (2006). Social Engagement and Depressive Symptoms in Late Life. *Journal of Ageing and Health*, 18(4) 604-628.
- Golden Carers, (n. d). (2016). Sensory stimulation for dementia care. Retrieved December 10, 2016 from <http://www.goldencarers.com/sensory-stimulation-for-dementia-care/4184/>
- Hamill, M., Smith, L., & Röhrlich, F. (2012). 'Dancing down memory lane': Circle dancing as a psychotherapeutic intervention in dementia – A pilot study. *Dementia. The International Journal of Social Research And Practice*, 11(6), 709-724. Retrieved from [https://www.researchgate.net/publication/258131836\\_'Dancing\\_down\\_memory\\_lane'\\_Circle\\_dancing\\_as\\_a\\_psychotherapeutic\\_intervention\\_in\\_dementia\\_-\\_A\\_pilot\\_study](https://www.researchgate.net/publication/258131836_'Dancing_down_memory_lane'_Circle_dancing_as_a_psychotherapeutic_intervention_in_dementia_-_A_pilot_study)
- Hawkins, S.A. (2012). The social experiences of spouses of persons with young-onset dementia. *McMaster University, Health and Aging Department*.
- Health Canada (2006). Social Capital and Health: Maximizing the Benefits. Retrieved October 12, 2016 from: <http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2006-capital-social-capital/index-eng.php#a8>
- Health Canada. (2016). Seniors and aging – Preventing falls in and around your home. Retrieved from [https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hl-vs/alt\\_formats/pacbr-dgapcr/pdf/iyh-vsv/life-vie/fp-pc-eng.pdf](https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hl-vs/alt_formats/pacbr-dgapcr/pdf/iyh-vsv/life-vie/fp-pc-eng.pdf)
- Heyne, L.A., & Anderson, L.S. (2012). Theories that support strengths-based practice in therapeutic recreation. *Therapeutic Recreation Journal XLVI2* pp. 106-128. Retrieved from: [pdfs.semanticscholar.org/76da/8ee9e4dfc3baed39f319265379420c751252.pdf](https://pdfs.semanticscholar.org/76da/8ee9e4dfc3baed39f319265379420c751252.pdf)
- Hintzman, P., & Coleman, K. M. (2010). *Leisure and spiritual health*. In L. Payne, B. Ainsworth, & G. Godbey, (Eds). *Leisure, health and wellness: Making the connections* (pp. 71-83). State College, PA: Venture Publishing.
- Ho, H.C., Yeung, D.Y., & Kwok, Y.C. (2014) Development and evaluation of the positive psychology intervention for older adults. *The Journal of Positive Psychology*, 9(3), 187-197.
- Horowitz, S., PhD (2012). Therapeutic Gardens and Horticultural Therapy Growing Roles in Health Care. *Alternative and Complementary Therapies*, 18(2), pp 78-83. Retrieved from [dx.doi.org/10.1089/act.2012.1205](https://doi.org/10.1089/act.2012.1205)
- Hughes, G., Bennett, K.,M., & Hetherington M.M. (2004). Old and alone: barriers to healthy eating in older men living on their own. *Appetite*, 43, pp. 269-276.
- Jones, M. (2007). *Gentlecare: changing the experience of Alzheimer's disease in a positive way*. (2nd, Revised ed.). New Westminster, B.C.: Moyra Jones Resources.
- Keller, H., Gibbs, A., Wong S., et al. (2004). Men can cook. *Journal of Nutrition for the Elderly*. 24(1), 71-87.
- Kershaw, K., & Heymanson, C. (2014). Circle dancing for people with dementia. Retrieved from: <http://www.circledanceindementia.com/>
- Kolanowski, A., Fick, D.M., & Buettner, L. (2009). Recreational activities to reduce symptoms in dementia. *Geriatric Aging*, 12(1), 37-42. Retrieved from National Institutes of Health Public Access <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780321/>
- Koenig, H.G. (2004). Religion, spirituality and medicine: Research findings and implications for clinical practice. *Southern Medical Journal*, 97, 1194-2000.
- Kornbrum, R. (2012). Move into social work [Streaming video]. Retrieved from <http://www.manually.youtube.com/watch?v=j3YgZiWieNk>

- Kovatch, S., & Kemp, G. (2010). Senior nutrition & the joy of eating well and aging well. Retrieved on March 16, 2010, from [www.helpguide.org/life/senior\\_nutrition.htm](http://www.helpguide.org/life/senior_nutrition.htm)
- Krueger, K.R., Wilson, R., S., Kamenetsky, J.M., et al. (2009). Social engagement and cognitive function in old age. *Experimental Aging Research: An International Journal Devoted to the Scientific Study of the Aging Process*, 35(1) 45-60.
- Langley Senior Resource Society (2015). *Orientation Training for Volunteers* [Handouts]. Langley, BC.
- Lis, K., Reichert, M., Cosack, A., et al. (Ed.) (2008). Evidence-Based Guidelines on Health Promotion for Older People. *Austrian Red Cross*, Vienna. The Diabetes Self-Management Workshop. (2013). University of Victoria Institute on Aging and Life Long Health . BC version. 4th Edition. Bull Publishing Company.
- Lorig, K., Holman, H., Sobel, D., et al. (2013). *Living a healthy life with chronic conditions* (4th Ed.). Colorado, Bull Publishing Company.
- Lucchetti, G., Lucchetti, A.L., & Koenig, H.G. (2011). Impact of spirituality/religiosity on mortality: Comparison with other health interventions. *Explore*, 7, 234-238.
- Manthorpe, J., & Samsi, K. (2016). Person-centered dementia care: current perspectives. *Clinical Interventions in Aging*, 11, 1733-1740.
- Meadows, C., What are Healing Gardens? Taking Charge of Your Health & Wellbeing. Retrieved from [www.takingcharge.csh.umn.edu/explore-healing-practices/healing-environment/what-are-healing-gardens](http://www.takingcharge.csh.umn.edu/explore-healing-practices/healing-environment/what-are-healing-gardens)
- National Research Council. (US) (2006). *Committee on aging frontiers in social psychology, personality, and adult developmental psychology; When I'm 64*. Carstensen L., L., Hartel C., R., editors. Washington (DC): National Academies Press (US).
- National Senior's Council of Canada. (2010). Report of the national senior's council on volunteering among seniors and positive and active aging. Minister of Human Resources and Skills Development of Canada. Retrieved April 23, 2016 from [http://www.seniorscouncil.gc.ca/eng/research\\_publications/volunteering.pdf](http://www.seniorscouncil.gc.ca/eng/research_publications/volunteering.pdf)
- Nazarko, L. (2015). Modifiable risk factors for falls and minimizing the risk of harm. *Nurse Prescribing*, 13(4), 192-198. Retrieved from <http://dx.doi.org/10.12968/npre.2015.13.4.192>
- Nicholson, N.R. (2012) A review of social isolation an important but underassessed condition in older adults. *The Journal of Primary Prevention*. 33(2-3), 137-152.
- Novak, M., Northcott, H., & Campbell, L. (2018). *Aging and society: a Canadian perspective*. Toronto, Ontario: Nelson Education.
- PARC (2013). Physical Activity Promotion for Older Adults. Retrieved October 12, 2016 from: [http://www.seniorscouncil.net/uploads/files/PARC\\_Best%20Practices%20Guide.pdf](http://www.seniorscouncil.net/uploads/files/PARC_Best%20Practices%20Guide.pdf)
- Patton, K.T., & Thibodeau, G. A. (2018). *The human body in health & disease* (7th ed.). St. Louis, Missouri: Elsevier Inc.
- Paturel, A., (2016). Yoga poses for your 50's, 60's, and 70's – and beyond. AARP. Retrieved December 10th, 2016 from <http://www.aarp.org/health/healthy-living/info-11-2013/health-benefits-of-yoga.html>
- Physical activity. (2011). Public Health Agency of Canada. Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/healthy-living/physical-activity.html>
- Porter, H.R., & Burlingame, J. (2006). *Recreational therapy handbook of practice: ICF based diagnosis and treatment*. Idyll Arbor: Enumclaw, WA.
- Public Health Agency of Canada (PHAC). (2010) Healthy eating and nutrition. Chapter 3: The health and well-being of Canadian seniors. Retrieved on Feb. 6, 2016 from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/cphorsphc-respcacsp-06-eng.php>
- Public Health Agency of Canada (PHAC). (2006). The human face of mental health and mental illness in Canada. Cat.: HP5-19/2006E ISBN: 0-662-43887-6 pg.24. Retrieved Feb. 6, 2016 from [http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf)
- Public Health Agency of Canada, (2016). Health Promotion, Population Health: Determinants of Health. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/indexeng.php>
- Retire at Home (2016). Helping hands: the value of volunteering for seniors. Retrieved October 10, 2016 from: <http://www.retireathome.com/helping-hands-the-value-of-volunteering-for-seniors/>

- Renaud, K., & van Biljon, J. (2008). Predicting Technology Acceptance and Adoption by the Elderly: A Qualitative study. *South African Institute of Computer Scientists and Information Technologists*, 6(8), 1-10.
- Rodriguez-Sanchez, E., Criado-Gutierrez, J.M., Mora-Simon, S., et al. (2014). Physical activity program for patients with dementia and their relative caregivers: randomized clinical trial in Primary Health Care. *BioMed Neurology*, 14, 1-10.
- Santrock, J.W., MacKenzie-Rivers, A., & Pangman, V. (2017). *Life-span development* (6th ed.). United States: McGraw-Hill Ryerson.
- Smith, N., Waller, D., Colvin, A., et al. (2012). Dance and dementia project: findings from the pilot study. Retrieved from: <http://about.brighton.ac.uk/sass/research/publications/Dance-and-Dementia-Pilot-report.pdf>
- Sorrentino, S. A., Newmaster, R., Wilk, M. J., et al. (2013). *Mosby's Canadian Textbook for the Support Worker* (3rd Canadian ed.) Toronto, CA: Elsevier, Inc.
- Stern, C., Munn, Z. (2010). Cognitive Leisure Activities and their role in Preventing Dementia: A Systematic Review. *International Journal of Evidence-Based Healthcare*, 8, 2-17
- Stevens, B.A. (2016). Mindfulness: A positive spirituality for aging? *Australasian Journal on Ageing*, 35(3), 156-158.
- Stone, D. (2012). Transition to Retirement. Retrieved October 10, 2016 from: <http://www.danielstone.org/content/973>
- Stumbo, N J., & Peterson, C.A. (2009). *Therapeutic recreation programme design: Principles and procedures*. (5th ed.). San Francisco, CA: Pearson Education, Inc.
- Svansdottir, H.B., and Snaedal, J. (2015). Music Therapy in Moderate and Severe Dementia Of Alzheimer Type. *Pubmed* NCBI, Ncbi.nlm.nih.gov. N.p., 2006. Web. 25 Jan. 2015.
- Taylor, J, Piatt, J, Hill, E., & Malcom, T. (2011). Perception of autonomy support of youth with type 1 diabetes: Medical specialty camps an intervention. *Annual in Therapeutic Recreation*, 20, 46-58.
- Thompson, W.J.A., & Cusack, S.A. (1991). Group dynamics and team building. In *Flying high: A guide to shared leadership in retirement*, 149-170. Retrieved from <http://questions.instantgrades.com/course-teaching-older-adults-answer-this-set-of-questions-in-a-written-summary-from-three-short-readings-included-this-reading-is-1-of-three-httpwww-distance-syr-eduguiding-h/>
- Van Horn, D. (2014). New roles for music. *Scientific Mind*, Vol. 25 Issue 4, pp. 20-20. 1/3p.
- Verghese, J., et al., (2003). Leisure activities and the risk of dementia in the elderly. *The New England Journal of Medicine*. 2003; 348, 2508-16.
- Volunteer Canada (2000). Volunteering... A Booming Trend. Retrieved October 12, 2016 from: <https://volunteer.ca/content/volunteering-booming-trend>
- Volunteering and healthy aging. (n.d.). Volunteer Canada. Retrieved from <https://volunteer.ca/content/volunteering-and-healthy-aging>
- Von Kanel, R., Mausbach, B.T., Dimsdale, J.E., et al. (2012). Regular physical activity moderates cardiometabolic risk in Alzheimer's caregivers. *Medical Science Sports Exercise*, 43, 181-189.
- Waldinger, R. (2015). What makes a good life. Lessons from the longest study on happiness. [Video file]. Retrieved from: [https://www.ted.com/talks/robert\\_waldinger\\_what\\_makes\\_a\\_good\\_life\\_lessons\\_from\\_the\\_longest\\_study\\_on\\_happiness](https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness)
- Wang, H., Karp, A., Winblad, B., Fratiglioni, L. (2002). Late-Life Engagement in Social and Leisure Activities is Associated with a Decreased Risk of Dementia: A Longitudinal Study from the Kungsholmen Project. *American Journal of Epidemiology*, 155, 1081-1087.
- Warchol, K. (2015). The Use of Music in Dementia Care. *Crisis Prevention*. N.p., 2012. Web. 25 Jan, 2015.
- Wiersma, E.C., & Parry, D.C. (2010). *Leisure pathways to emotional health – public health perspectives*. In L. Payne, B. Ainsworth, & G. Godbey, (Eds). *Leisure, health and wellness: Making the connections* (pp. 165-176). State College, PA: Venture Publishing.
- Wikipedia. (2014). Circle dance. Retrieved from: [http://en.wikipedia.org/wiki/Circle\\_dance](http://en.wikipedia.org/wiki/Circle_dance)
- World Health Organization (2010). Global recommendations on physical activity

for health. Retrieved from: <http://www.who.int/dietphysicalactivity/publications/9789241599979/en/>  
Yatzak, J. (2011). The power of ritual and hobbies: engaging in favourite pastimes can help people with dementia. *Generations*, 3, 71-73.

YouTube, (2011). Dementia/Alzheimer's: why activities matter. Retrieved October 29, 2016 from <https://www.youtube.com/watch?v=OWheW1MR4Q8>

YouTube, (2015). Nature therapy: relaxing full motion forestry with natural sounds. Retrieved December 10, 2016 from <https://www.youtube.com/watch?v=Kb8CW3axqRE&t=427s>

\*\*\*Note about references: the work donated by students for this book was completed over the past five years (using the most current issue of texts at the time), however we have only included the most current editions of textbooks in the references.

“The programs we design are evidence based and outcome focused, which means we take the time to research purposeful programs with leisure activities matching specific interventions and proven efficacy. Furthermore, we are assisting individuals to achieve meaningful goals and outcomes specific to these goals.”

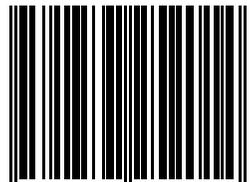
– **Dani Beauchamp**, *Stenberg College Grad & Recreation Therapist (ATRA)*

**Each of the program plans in this book were developed by Stenberg College students as part of their coursework.**



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