

Activities for Persons Living with Cognitive Impairment

Presenter: Ellen Phipps, CTRS, MSG
VP, Programs and Public Policy, Alzheimer's Association Central and Western Virginia

Developed by: Ellen Phipps, CTRS, MSG, Judy Hennessey, MEd, RN and
Jay White, MSG

Host: Alexa van Aartrijk, MS
Community Education Coordinator, Virginia Commonwealth University

Series Outline

Part I

- Building a Person-centered Foundation

Today's webinar

Part II

- Building a Strength-based Program

Part III

- Adaptation and Communication through the stages of AD

Recorded and available online

Part IV

- Regulations and Additional Resources
 - A, or
 - B

Participation in this workshop will enable you to gain understanding in the concepts of:



A Person-centered
Approach



Cognitive Impairment
and the impact on daily
function



Quality of Life



Meaningful and
Purposeful Activity



VCU

Gerontology

College of Health Professions



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

VCU Department of Gerontology

<https://gerontology.chp.vcu.edu/>

Virginia Department for Social Services

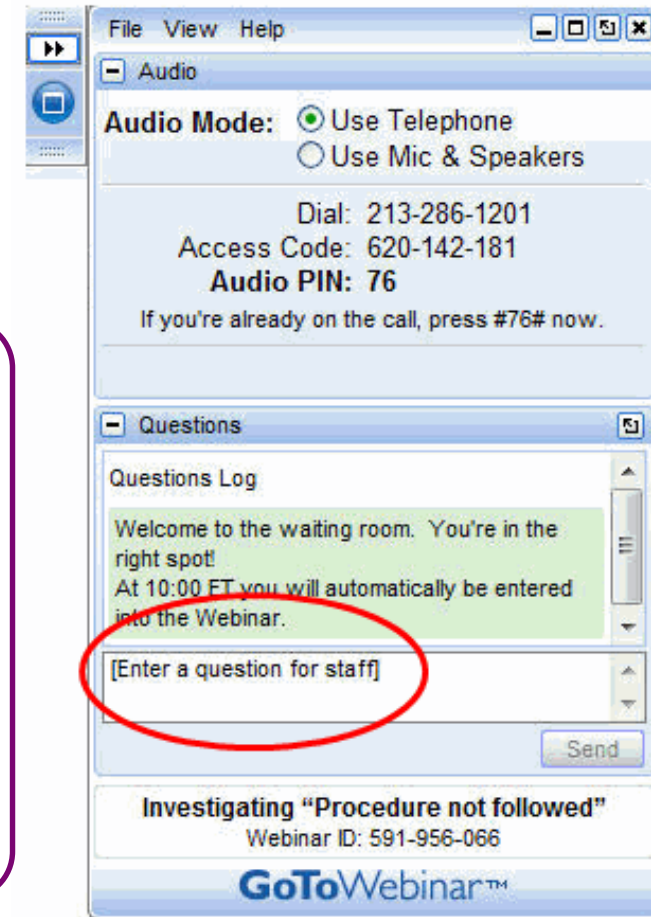
www.dss.virginia.gov/

HOUSEKEEPING

“Certificates of Attendance” will be made available upon completion of **all four parts of this series** – to receive your certificate, you will have to complete a certificate request form and final evaluation. Additional information is on the series’ website.

QUESTIONS CAN BE POSTED AT ALL TIMES
by using the webinar control panel’s “QUESTIONS” TAB

THE SESSION WILL BE INTERACTIVE
so be prepared to enter your responses in the questions tab of your control panel.



Four-part Series: Activities for Persons Living with Cognitive Impairment

Presenter:



Ellen Phipps, MS

Gerontologist

Vice President of Programs & Services

The Alzheimer's Association, Central & Western Virginia Chapter

Adjunct Faculty, VCU Department of Gerontology

Host and Moderator:



Alexa van Aartrijk, MS

Gerontologist

Community Education Coordinator,

Virginia Commonwealth University



PART I: **Building A Person-centered Foundation**

PERSON-CENTERED CARE is an approach to care that respects and values the uniqueness of individuals, and seeks to maintain, even restore, the personhood of individuals.



1. Care is driven by the care recipient – we understand from *their* perspective
2. Recognizes the individuality of each person
3. Honors respect and dignity by connecting with each individual



Person-centered Care Approach to Activity Programming

- Offer a variety of activities that address a persons needs
- Opportunity for independence
- Are strength-based
- Offer respect, dignity - appropriate
- Are meaningful to the person
- Are enjoyable



What Makes You Unique?

Consider 3 qualities you would like to be remembered by after you are gone.

- 1.
- 2.
- 3.

Essential Terms

Cognition

Impairment

**Quality of
Life**

Activities

It is essential that staff team members have similar views about the meanings of these terms.



Cognition = the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses.

- Learning; understanding
- Capacity for learning; intelligence
- Paying attention; concentrating
- Thinking; having ideas
- Problem-solving
- Using language
- Remembering
- Using judgment
- Performing actions
- Sensing and perceiving



Normal Changes in Cognition with Age

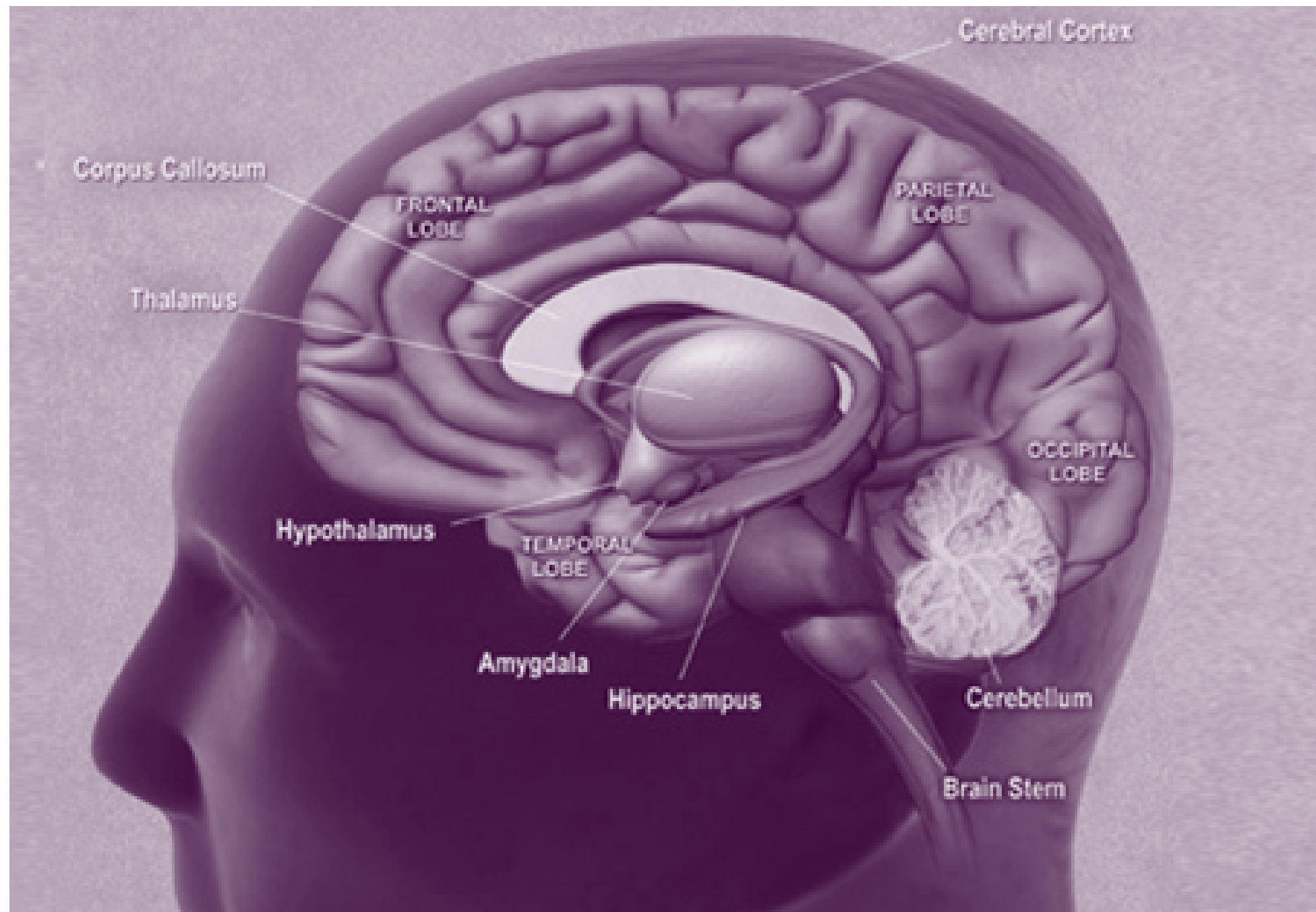
- No significant loss associated with age alone
- Gains in crystallized intelligence
- Some decrease in fluid intelligence
- Experience/Wisdom

'Impairment' = damage; weakening

Possible causes:

- Alzheimer's Related Dementia (ARD) and other dementias
- Intellectual disability
- Brain trauma
- Mental illness

Possible Cause: Dementia





SOME OF THE DEMENTIA TYPES:

Alzheimer's
Disease

Vascular
Disease

Mixed
Dementia

Frontotemporal
Dementia

Dementia with
Lewy Bodies

Parkinson's Disease
Dementia

Reversible Dementias



Poll: Understanding Dementia

Select all TRUE statements

- Alzheimer's is another word for dementia
- Alzheimer's is the most common-type of dementia
- There are about 3 different diseases that cause dementia
- Dementia is a normal part of the aging process.



**Movement,
balance**

**Memory,
language,
hearing**

**Language, Sense of
temperature, touch,
pain**

**IMPACT OF
ALZHEIMER'S
DISEASE**

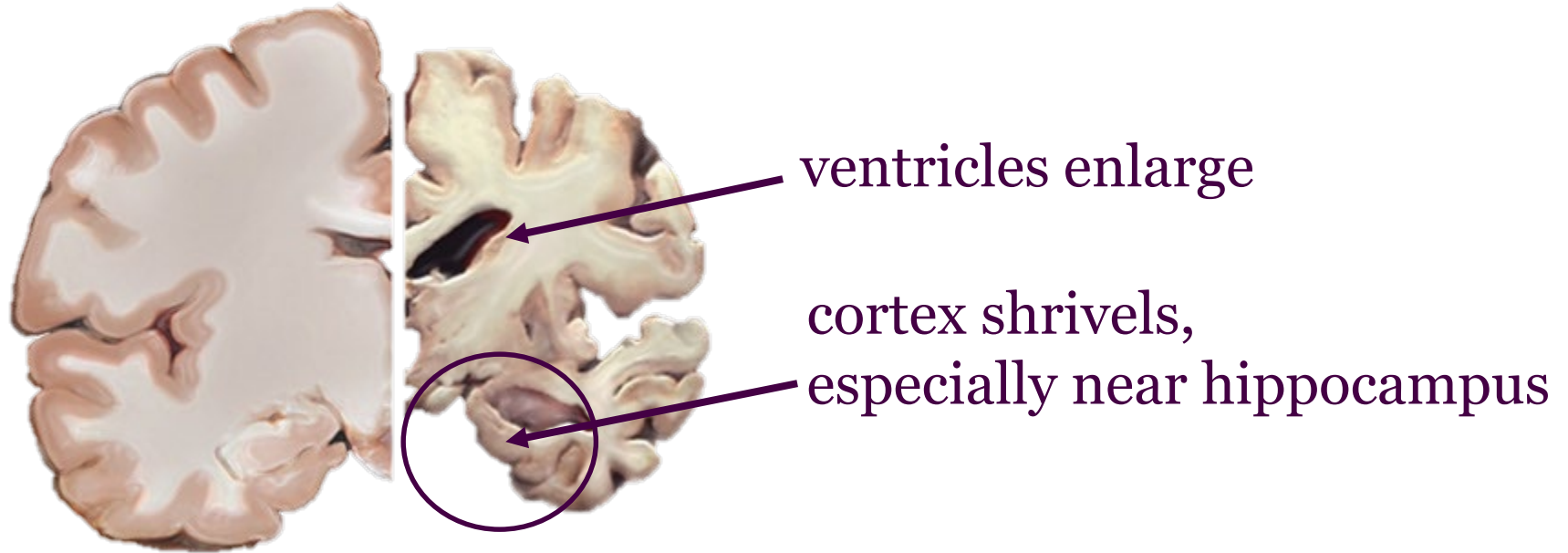
**Judgment,
reasoning**

**Basic functions,
including
breathing**

Vision

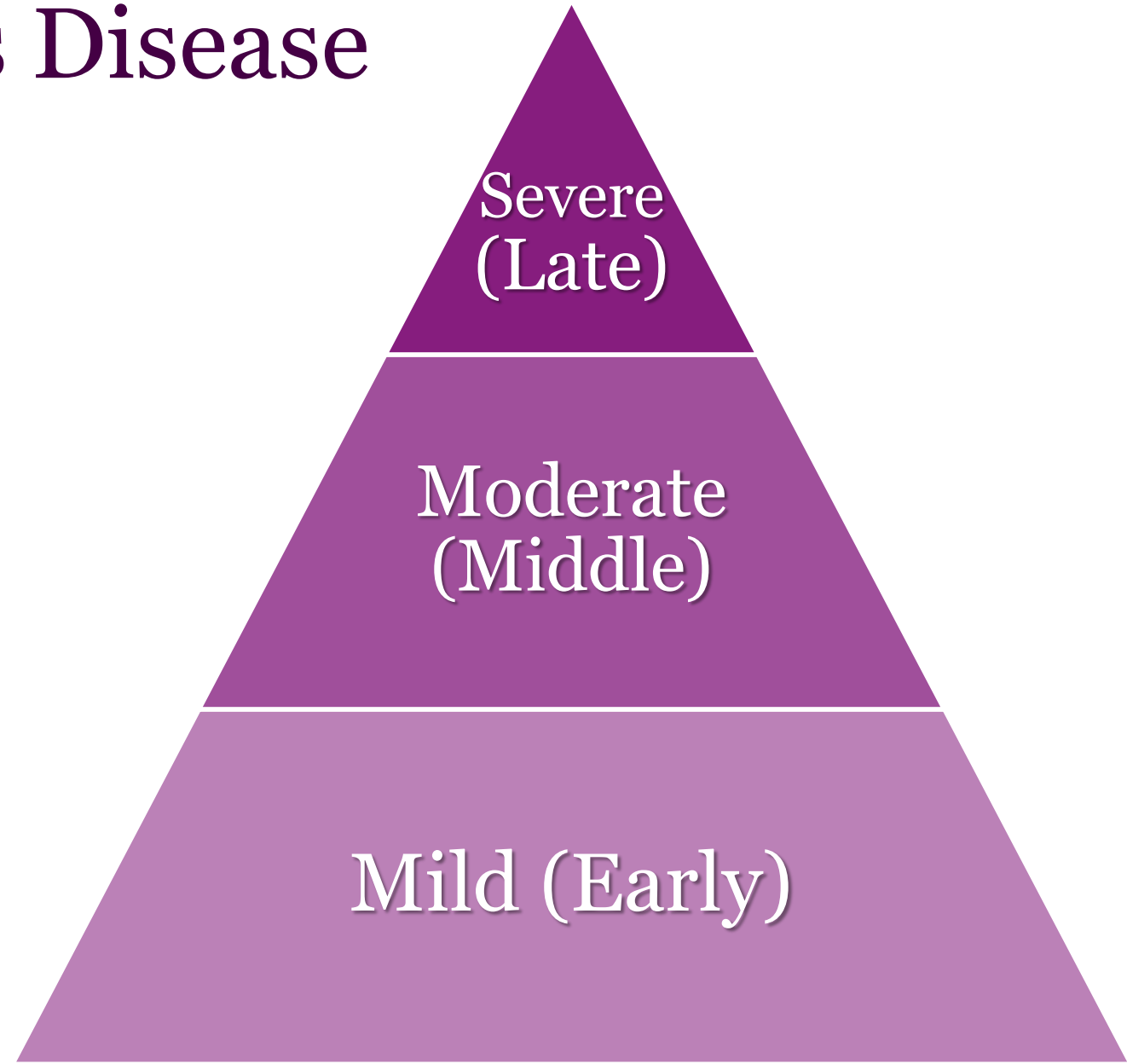
Healthy
Brain

Severe
Alzheimer's Disease



Stages of Alzheimer's Disease

Alzheimer's is a progressive,
degenerative disease





STAGES: **Early**

In the early stage of Alzheimer's, a person may function independently.



STAGES: Middle

Moderate / Middle Alzheimer's disease is typically the longest stage and can last for many years. As the disease progresses, the person with AD will require a greater level of care.



STAGES: Late

In the final stage of this disease, dementia symptoms are severe



Possible cause: Intellectual disability

- Brain development limited – ‘stalled’
- Many reasons for impairment
- Occurs before age 18
- Global effects



Alzheimer's Disease and Down's Syndrome

- AD may affect 25 % or more people with Down's over age 35
- 3-5 times greater risk of ARD than general population
- Onset as early as 30 yrs
- % affected increases with age
- Link with genes on Chromosome #21: a 'double dose'



Possible Cause: Autism

- Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.



Autism (*Continued*)

- ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art.
- Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age.



Possible cause: Brain Injury

- Occurring after brain maturity
- Affecting specific areas of function
- Widely varying differences between individuals



Possible cause: Mental Illness (MI)

- Biologically based brain disorders
- Brain chemicals, brain structure, genetics
- Disturbances in how a person relates to the world
- Thought disturbances
- Reduced capacity to cope with the demands of life
- Unique set of strengths and needs



A Vision for Quality Of Life

Persons experiencing cognitive impairment will find satisfaction and meaning in their daily lives



What is ‘Quality of Life’?

Difficult to define and hard to measure:

- Well-being – physical, emotional, social, spiritual
- Satisfaction with who you are as a person
- Being able to engage in the things that define you as a person
- Satisfaction with how you fit in with others
- The overall condition of a human life – in the person’s opinion



Quality of life

There appears to be some agreement amongst researchers that **mood and affect** are critical components of QOL as well as individuals' preserved abilities to experience **positive emotions, feelings of belonging, and enjoyment.**



“How good is your life – for you?”

Quality of Life Concepts: 3 domains of our lives

- ❑ **Being** – Who you are as a person
- ❑ **Belonging** – How you fit in with others
- ❑ **Becoming** – Things you do in your life that define you



Quality of Life Indicators

- Health and body
- Thoughts and feelings
- Beliefs
- Living situation
- Relationships
- Access to the community
- Purpose in life
- Hobbies, leisure time
- Coping strategies



Poll: Quality Of Life

SELECT ALL TRUE STATEMENTS:

- Persons with cognitive impairment are unable to experience good quality of life due to the disease process
- Quality of life is defined by each individual
- Who I am as a person, and how I fit in with others are indicators of Quality of Life
- Activities based on individual preferences might be a good way to enhance Quality of Life



Barriers to Quality of Life

THE DISEASE/
SYMPTOMS

OUR
RESPONSE TO
THE
SYMPTOMS



Satisfaction

Quality of
life is
subjective:

Sense of
purpose

Fulfillment
of needs
most
important
to person



What makes you unique?

- Think about the icebreaker we did and the core qualities you would like to be remembered by
- How do you get to know the individuals you serve?

CONNECTING

The background features a light gray field filled with numerous speech bubbles of various shapes and sizes. At the bottom, there are two dark gray silhouettes of human heads in profile, facing each other as if in conversation.

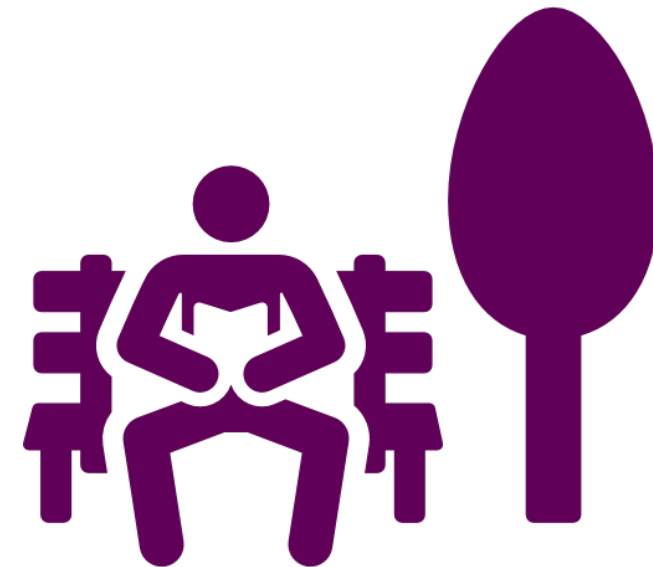
- **Where was he/she born?**
- **Urban or rural? Farm?**
- **Family background?**
- **School days?**
- **Married life?**
- **Occupation?**
- **Hobbies?**
- **Social/cultural/religious?**

POLL: Where might you get information?

Please select all of the options that would help inform you about the individuals you serve:

- The person's chart
- Family members and friends
- Speaking to the individual one-on-one
- Other staff members
- Photos and objects in the individual's room

What are “activities?”





Definition

Activities are the foundation of care –

Every encounter or exchange is an activity; every interaction with staff members, volunteers, relatives or other individuals; not only scheduled events provided by the activity staff.



**Activity philosophy
CAN:**

Be a statement of what is believed about activities for the cognitively impaired.

Describe a guiding principle behind the program.

Sum up why things are done a certain way.

Describe what is believed to be true about programming activities for the cognitively impaired.



Activity Philosophy Sample

The activities that make up a person's daily experience should reflect, as much as possible, that individual's preferred lifestyle while enabling a sense of **usefulness, pleasure, success** and as normal a level of functioning as possible.



Activity Philosophy from Insight Adult Day Program

The Day Program utilizes a person-centered care approach to provide an environment that focuses on people's strengths rather than their memory limitations, addressing the needs of the total person: physical, mental, and emotional.

Recreational Therapy activities are designed to restore motor, social and cognitive functioning, build confidence, develop coping skills, and integrate skills learned in treatment settings into community settings.



POLL

Select ALL Person Centered Activity philosophy statements:

- Activities should reflect the individuals preferred life-style
- Activities should be selected by staff based on staffing ratios
- Activities should last for at least 45 minutes
- Individuals have the right to refuse an activity



Purpose of Activities

- ❑ Give meaning to our lives
- ❑ Structure for our day, but are not necessarily “structured”
- ❑ Provide sense of accomplishment, value
- ❑ Define who we are
- ❑ Express our inner life, emotions
- ❑ Contribute to life satisfaction
- ❑ Are enjoyable

Activities meet our needs.



Diversional versus Therapeutic Activities

■ **Diversional**

Just to do it, filler, no real intent to improve, maintain, etc. Great for entertainment purposes.

■ **Therapeutic**

“purposive”...bring a change in behavior, directed by one or more goals in different areas of functioning based on plan of care

Benefits and Outcomes of Therapeutic Activity

- Reduces falls and injuries related to falls
 - Reduces disturbing behaviors exhibited by individuals with dementia which leads to decreased use of psychotropic medications and chemical restraints
 - Relieves pain
 - Decreases the symptoms of Depression and Anxiety
 - Decreases apathy
- Increases engagement
 - Improves subjective well-being and quality of life

Benefits of Meaningful Activity



Prevent frustration



Prevent boredom and challenging behaviors



Provide mental stimulation



Improve physical activity and general health



Promote social interaction which will reduce feelings of loneliness, isolation and depression



Improve sleep habits



Improve self esteem



Provide enjoyment!!!



Meaningful & Appropriate


MEANINGFUL

- **Reflects life history / work**
- **Meets needs**
- **Sense of purpose**
- **Sense of belonging**
- **Culturally appropriate**
- **Enjoyable**
- **Encourages independence**
- **Focus on process not end result**
- **No wrong answer**

APPROPRIATE

- **Safe**
- **Physical/medical needs**
- **Meets emotional needs**
- **Cognitive status**
- **Age & gender**

The essential balance!



Remember: there are things we *can* control and things we *cannot* control

***We cannot control the person's response
to the disease process***



Remember: there are things we *can* control and things we *cannot* control

We can control:

**The
Environment**

**Our Approach
(Person
Centered-
respect, dignity)**

**The type of
activity we offer**

**How we offer
activity**

**Regular staff
training**



HOMEWORK ASSIGNMENT

- Please watch: PERSON CENTERED MATTERS created by the Dementia Action Alliance (15 mins.)

<https://www.youtube.com/watch?v=5R3idioe1eg>

Series Outline

Part I

- Building a Person-centered Foundation

Today's webinar

Part II

- Building a Strength-based Program

Part III

- Adaptation and Communication through the stages of AD

Recorded and available online

Part IV

- Regulations and Additional Resources
 - A, or
 - B



Thank You for your time and attention dealing with this very important topic.

The recording of this webinar alongside the slides will be posted online by tomorrow, at which time you shall receive an email with information on accessing today's materials as well as the recording and slides of Parts II, III and IV.