ENGAGEMENT IN ACTIVITY FOR PERSONS WITH DEMENTIA

THE 5 STAR MODEL

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5-STAR MODEL IS BASED IN PERSON – CENTERED APPROACH

- Person-Centered refers to an approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals.

- Developed by Tom Kitwood

A PERSON-CENTERED APPROACH PROMOTES:

Personal Worth & Uniqueness
Social Confidence
Respect
Dignity
Truthfulness
Independence
Engagement
Hope

WHAT MAKES ACTIVITY MEANINGFUL?

- Reflect a person’s beliefs, culture, lifestyle
- Provide sense of accomplishment, value and purpose
- Express our inner life, emotions
- Contribute to life satisfaction
- Provide structure to our day
- Are enjoyable
HOW DO YOU SPEND YOUR DAY?

LIST SOME DAILY ACTIVITIES

DAILY ACTIVITIES

- Getting dressed
- Eating
- Making coffee
- Shopping
- Exercising
- Going for walk
- Going to work
- Reading
- Knitting
- Meditation
- Watching TV
- Going to church or synagogue
- Napping
- Listening to music
- Playing video games
- Facebook
- Gardening
- Playing music
- Taking care of family
- Bathing / showering
- Playing games

These activities hold meaning for us

- Productive (work / self-care)
- Leisure (entertain; relax)
- Creative (self-expression)
- Spiritual

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!!!
**5 STAR MODEL**

**Study and understand the disease:**
- Take time to connect: know the person
  1. Conversation starters
  2. Leisure Interest Survey

**Assess the level of function (stage of dementia)**
- Cognitive Check list
- Focus on Strengths

**Recap and set up:**
- Summary of the information
- Set up and adapt activity
- Adapt the environment

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**IMPACT OF DEMENTIA**

- Alzheimer’s begins in the area of the brain called the hippocampus and gradually spreads to other areas.
- Physical abilities
- Emotionally
- Intellectual
- Normal daily tasks
- Memory
- Understanding
- Problem solving
- Speech / language

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**STUDY THE DISEASE**

**TAKE TIME TO CONNECT**

**TOOL: CONVERSATION STARTERS**
LEISURE INTEREST SURVEY

<table>
<thead>
<tr>
<th>PRODUCTIVE WORK</th>
<th>N</th>
<th>I</th>
<th>C</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Care (wash, wax, mechanics)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer</td>
<td></td>
<td>X</td>
<td></td>
<td>Needs help</td>
</tr>
<tr>
<td>Cooking</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishes – washing / drying</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusting</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical work</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farm Work</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing papers, office organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixing things</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garden work, yard work</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry – wash, fold</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mopping floors</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painting – house, indoor, outdoor</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pet Care</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polishing – shoes, silver, etc</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewing / mending</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweeping</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tools / shop / woodworking / sanding</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSESS LEVEL OF FUNCTION

- Cognitive Check List
- Or, other Assessment

COGNITIVE CHECKLIST DR. B
FOCUS ON STRENGTHS

SYMPTOMS AND STRENGTHS CHART (from Connections book)

<table>
<thead>
<tr>
<th>EARLY STAGE</th>
<th>COMMON SYMPTOMS CHART A</th>
<th>COMMON STRENGTHS CHART B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Problems coming up with right words</td>
<td>• Able to express oneself verbally</td>
<td>• Ability to express some thoughts, feelings or ideas</td>
</tr>
<tr>
<td>• Trouble remembering names</td>
<td>• Able to converse intellectually</td>
<td>• Able to engage in conversation</td>
</tr>
<tr>
<td>• Trouble with performing tasks</td>
<td>• Understands spoken language</td>
<td>• Visual awareness</td>
</tr>
<tr>
<td>• Forgetting material one has just read</td>
<td>• Able to engage in work</td>
<td>• May be able to write</td>
</tr>
<tr>
<td>• Trouble planning and organizing</td>
<td>• Able to self advocate</td>
<td>• May be able to read some words</td>
</tr>
<tr>
<td>• Forget recent events</td>
<td>• Able to write</td>
<td>• Able to enjoy some physical activity</td>
</tr>
<tr>
<td>• Mood changes</td>
<td>• Able to use memory strategies</td>
<td>• Able to recall some past memories</td>
</tr>
<tr>
<td></td>
<td>• Long term memory in tact</td>
<td>• Able to engage in modified work</td>
</tr>
<tr>
<td></td>
<td>• Emotions in tact</td>
<td>• Able to recall familiar songs</td>
</tr>
<tr>
<td></td>
<td>• Imagination, desires</td>
<td>• Able to gain pleasure from activity</td>
</tr>
<tr>
<td></td>
<td>• Spiritual being</td>
<td>• Emotions in tact</td>
</tr>
</tbody>
</table>

FOCUS ON STRENGTHS and REMAINING ABILITIES

- Often in care planning we focus on the deficits
- Looking closer, for example, at the stages in Alzheimer’s we note common strengths as well
- The mind and cognitive function do not equal the person (Bowlby)

SYMPTOMS AND STRENGTHS CHART MIDDLE STAGE (from Connections book)

<table>
<thead>
<tr>
<th>COMMON SYMPTOMS CHART A</th>
<th>COMMON STRENGTHS CHART B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Problems recalling current address, telephone number</td>
<td>• Ability to express some thoughts, feelings or ideas</td>
</tr>
<tr>
<td>• Confusion with date, time</td>
<td>• Difficulty choosing appropriate clothing</td>
</tr>
<tr>
<td>• Difficulty choosing appropriate clothing</td>
<td>• Loss of recent experiences and surroundings</td>
</tr>
<tr>
<td>• Loss of recent experiences and surroundings</td>
<td>• Changes in sleep patterns</td>
</tr>
<tr>
<td>• Changes in sleep patterns</td>
<td>• Wandering or becoming lost</td>
</tr>
<tr>
<td>• Wandering or becoming lost</td>
<td>• Ability to recall familiar songs</td>
</tr>
<tr>
<td>• Ability to recall familiar songs</td>
<td>• Able to gain pleasure from activity</td>
</tr>
<tr>
<td>• Able to enjoy some physical activity</td>
<td>• Emotions in tact</td>
</tr>
<tr>
<td>• Able to engage in modified work</td>
<td>• Desires, imagination</td>
</tr>
<tr>
<td>• Desires, imagination</td>
<td>• Spiritual being</td>
</tr>
</tbody>
</table>
SYMPTOMS AND STRENGTHS CHART LATE STAGE (From Connections book)

**COMMON SYMPTOMS CHART A**
- Trouble with bowel and bladder control
- Significant personality and behavior changes
- Decreased ability to respond to environment
- Need total assistance for ADLs

**COMMON STRENGTHS CHART B**
- May be aware of the presence of others
- May respond to touch
- Able to hear
- May be communicating through facial expressions
- Able to gain pleasure from activity
- Emotions
- Desires
- Spiritual being

**CONSIDER ENVIRONMENT**
- Noise level: type; intensity?
- Light: type; intensity?
- Temperature: comfortable; extreme?
- Space: open; soft/hard? Confined / outdoor space?
- Atmosphere: cozy; business-like?
- Arrangement: cluttered; orderly?
- Comfort: home-like; institutional?
- Interaction: inviting; forbidding?

**RECAP AND SET UP**
- Summarize background information – culture, childhood, family, occupation
- Consider needs and strengths
- Consider current level of function
- Set up and adapt activities
- Adapt environment

**CASE STUDY: MEET DOCTOR DAVE**
SAMPLE INFORMATION SUMMARY: DR. DAVE

Dr. Dave, a male resident of the assisted living facility is 85 years old. He was born in Brooklyn, NY one of three sons. Family is very important to him and he has an excellent relationship with his four children and 9 grandchildren, though only one child lives nearby. His wife of nearly 60 years died a few years ago. He has always enjoyed going for walks and discussing politics. As a child he played the trombone and in fact, his music teacher was well known. He enjoys the music of 1920’s and 30’s. He is a retired physician and loves to reminisce about his work. He spends much of his free time painting but he also sleeps during the day and complains of feeling bored. He has never enjoyed group activity and refuses to attend the activity groups at the facility. He is in the middle stages of Alzheimer’s disease, and requires cuing. He is still able to engage in conversation though the details are fuzzy. His vision and hearing are good. He can read. He also has good manual dexterity and mobility.

What are his strengths?
What are his needs?
What is his past occupation?
What are his hobbies?
What is his current level of function?
Activity ideas? Adaptations?

ACTIVITY SET UP THROUGH THE STAGES: EARLY

Psychosocial needs
- Dignity and respect
- Acceptance
- Saving face
- Social contact
- Familiar
- Maintaining social roles and identity
- Emotional support
- Independence
- Opportunity to express emotion

Approach
- Ask permission
- Ask open-ended questions
- Call by preferred name
- Be tactful when making adaptations
- Use written notes and reminders
- Games without rules
- Discuss memory strategies together

EXAMPLES THROUGH THE STAGES
EARLY
WHAT WAS HIS PROFESSION?

Creative Expression

Walking outdoors

ACTIVITY SET UP THROUGH THE STAGES: MIDDLE

<table>
<thead>
<tr>
<th>Psychosocial needs</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>Approach from the front</td>
</tr>
<tr>
<td>Physical contact / touch</td>
<td>Break down tasks into smaller steps</td>
</tr>
<tr>
<td>Need for meaning</td>
<td>Verbal prompts and physical cues</td>
</tr>
<tr>
<td>Independence</td>
<td>Monitor body language</td>
</tr>
<tr>
<td>Self expression</td>
<td>Guided choices</td>
</tr>
<tr>
<td>Reassurance</td>
<td>Validate feelings</td>
</tr>
<tr>
<td></td>
<td>Use reminiscence</td>
</tr>
<tr>
<td></td>
<td>Use diversion</td>
</tr>
<tr>
<td></td>
<td>Music works can work wonders!</td>
</tr>
</tbody>
</table>
EXAMPLES THROUGH THE STAGES

MIDDLE

CREATIVE EXPRESSION

DAILY CHORES

Exercise bike

SHINING SHOES
**ACTIVITY SET UP THROUGH THE STAGES: LATE**

<table>
<thead>
<tr>
<th>Psychosocial needs</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory stimulation</td>
<td>Approach from the front</td>
</tr>
<tr>
<td>Interpersonal contact</td>
<td>Slow, deliberate movements</td>
</tr>
<tr>
<td>Movement</td>
<td>Face to face – eye contact</td>
</tr>
<tr>
<td>Touch</td>
<td>Music may work wonders!</td>
</tr>
<tr>
<td>Language less important</td>
<td>Language less important</td>
</tr>
<tr>
<td>Stimulation through the senses</td>
<td>Stimulation through the senses</td>
</tr>
</tbody>
</table>
MUSIC / DANCE

Sensory Aprons

MORE ACTIVITY IDEAS

DAILY CHORES
MUSIC

DID HE ENJOY FISHING?

ADAPTED GAMES

ADAPTED GAMES
DAILY CHORES

Care for the animals

Wipe off the bathroom counter with spray and cloth

THROUGH THE SENSES

DOLL THERAPY

ADDITIONAL ACTIVITIES FOR LATE STAGE

- 1:1 interactions most effective
- Hand lotion
- Listening to sounds in the garden
- Contrasting fabrics – sandpaper, velvet, stone, corduroy, fur
- Foot soaks, manicure, hair brushing
- Aroma therapy
- Video respite
ADDITIONAL TECHNIQUES FOR LATE STAGE

- Sensory Boxes – fill a box with as many things as possible related to a specific theme.
- Photo collections
- Bird feeders at the window
- Fish tanks
- Wind chimes
- Mobiles for the room

ADDITIONAL TECHNIQUES FOR LATE STAGE

- Pet therapy
- Smells of baking bread; pies
- Ice cream; ice pops – if appropriate
- Drama / role play
- Intergenerational

CONVERSATION DOS AND DON’TS

**DO**
- Approach from the front
- Smile
- Make eye contact
- Be respectful
- Be positive
- Be aware of one of voice and body language
- Limit background noise and distractions
- Respond to the feelings behind the words if the words don't seem to make sense
- Choose topics of conversation of interest to the person
- Begin with “observation”
- “Be in the moment” and focus on non-verbal interaction if conversation is difficult
- Stop if the person appears to be upset or distressed by the interaction
- Remember, memory may be confused but emotions are intact
- Enjoy the experience of getting to know the person as a unique individual

**DON’T**
- Don’t argue or correct the person
- Don’t pry or ask personal questions
- Don’t rush
- Don’t make confusing or abstract statements
- Sarcasm may not be understood
- Jokes may not be understood

5 STAR MODEL

**Study and understand the disease:**

**Take time to connect: know the person**
1. Conversation starters
2. Leisure Interest Survey

**Assess the level of function (stage of dementia)**
1. Cognitive Check list
2. Focus on Strengths

**Recap and set up:**
1. Summary of the information
2. Set up and adapt activity
3. Adapt the environment
QUESTIONS