

Activities and Engagement in a Person-Directed Environment

Texas Culture Change Coalition

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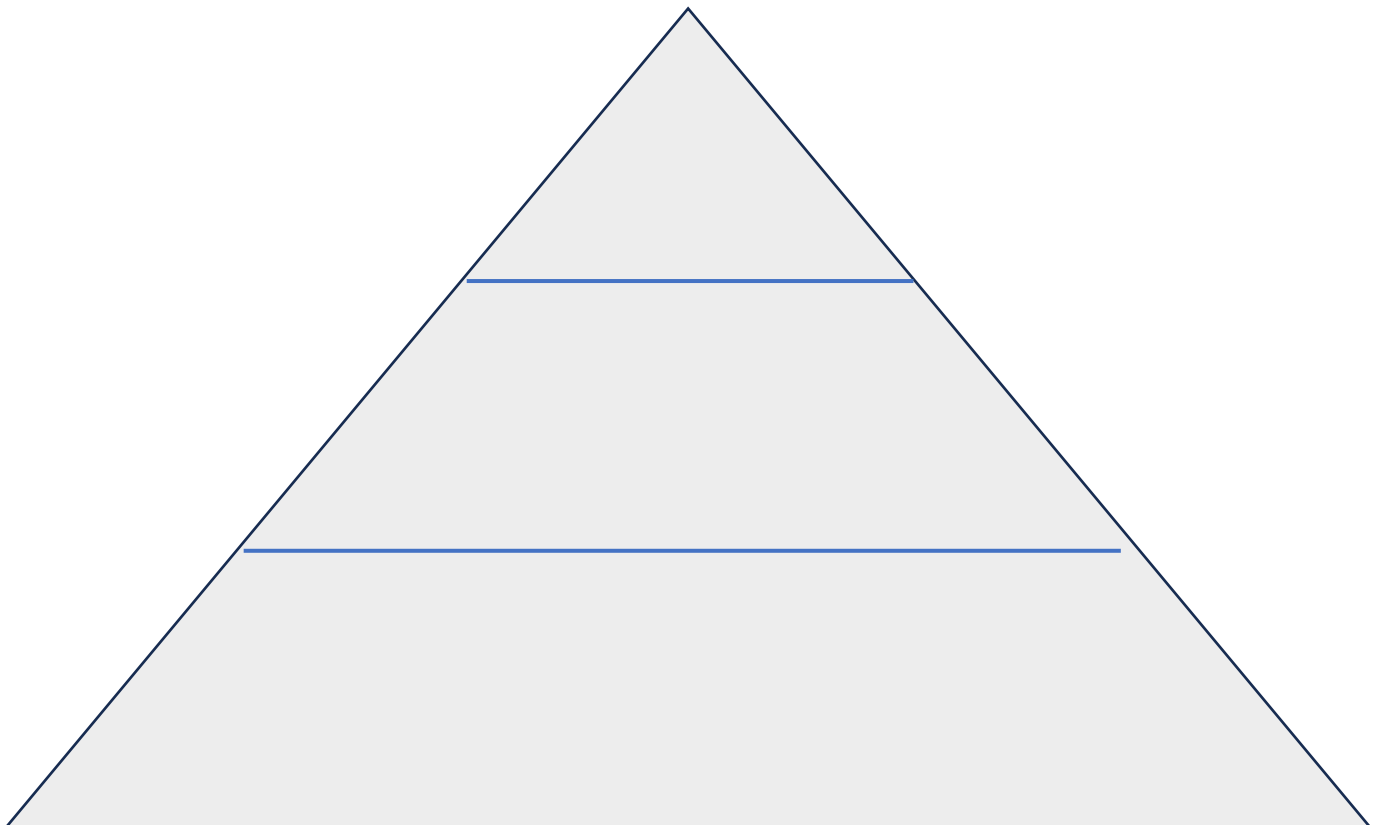
Session Objectives

- Compare and contrast the traditional and the PDC models of delivery of activity and engagement services in the long-term care setting.
- Discuss the impact of social isolation and loneliness on health outcomes.
- Describe the benefits of an “engaged environment.”
- Discuss components of a person-directed environment in the long-term care settings.
- Identify steps for the implementation of a PDC model of engagement and activity services to meet the psychosocial needs of diverse residents.
 - Redefine Activities/Engagement Services
 - Redesign
 - Restructure

Define Engagement

How is engagement defined?
What do residents want?
What is most important for quality of life?
How do we measure engagement?

Define Activities



The Traditional versus a PDC Framework of an Activity Program

Attribute	Traditional	Person Centered/Directed
Assessment	Checklist of past pursuits and general interests	Life Story, a profile of habits, routines, individual preferences, lifestyle choices and experiences, VALUES, specific pursuits
Care Plan	Problem oriented and attendance based	Strength based "I CAN" Interest and preference based, and daily routines incorporated
Purpose	Time filler, attendance=BIG	Outcome based focus on relationships, identity, mood
Organization	Centralized location and supplies	Decentralization of groups and supplies
Structure	Planned around staff schedules/time oriented	Planned and spontaneous, accommodation of alternate schedules
Leadership	Activity staff lead "programs" "sitting circle"	Facilitation by staff of all departments, resident-led and family involvement
Calendar Design	Format based on monthly activities-mainstream focus	Community based model/focus on daily pleasures and events, alternate daily patterns, specialty calendars (night-owl, special events, religious/cultural)
Size	Large group/multi-level	Small group inclusion and "belongingness"
Planning	Planned for the resident	Planned with the resident, community meetings, R/C, staff, personalized opportunities and increased choices
Communication	Announcements in dining, intercom, activity department	Team responsibility, personalized invites, invitations, escorts, use of technology
Activity names	Medical and communal	Adult, community, home
Assistance and support	Activity department, volunteers	Team responsible for escort, functional assistance, leadership
Activity Environment	"School like" décor, bulletin boards and food	Hospitality focused, HOME, specific décor, decoration committee

Barriers

1. New employee orientation frequently does not include the role of life enrichment/engagement.
2. Activities are viewed as a "time filler" not an as outcome-based intervention.
3. The direct care staff lacks the knowledge and skills to apply life story information.
4. These are ineffective systems to communicate individual lifestyle preferences to direct care staff and provide individualized materials.
5. There is frequently a lack of support/understanding from management and the care plan team to address the psychosocial needs of residents.
6. The tools to gather the appropriate knowledge of lifestyle preferences, interests and habits and routines are frequently outdated.
7. Stereotyping residents (usually negative) by the staff that results in underestimating abilities, taking away functional competence, roles and identity.

Socialization/Social Isolation Research

The need for a social revolution in residential care. Kristine Theurer. Journal of Aging Studies, December, 2015.

The article addresses the serious mental health concerns on loneliness and depression throughout residential care options in senior living. Even though some residents may attend “light social events,” many still report lack of meaning in their lives. The REAP (Resident Engagement and Peer Support) model is described to better meet the psychosocial needs of the residents.

<https://pubmed.ncbi.nlm.nih.gov/26568229/>

Center for Disease Control

Loneliness and Social Isolation Linked to Serious Health Conditions a report from the National Academies of Sciences, Engineering and Medicine

- Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.¹
- Social isolation was associated with about a 50% increased risk of dementia.¹
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.¹
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System.* Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>.

<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

John Hopkins Medicine Newsroom

New Studies Suggest Social Isolation is a Risk Factor for Dementia in Older Adults

<https://www.hopkinsmedicine.org/news/newsroom/news-releases/new-studies-suggest-social-isolation-is-a-risk-factor-for-dementia-in-older-adults-point-to-ways-to-reduce-risk>

Altarum Research Report

Experiences of Nursing Home Residents During the Covid-19 Pandemic Altarum Report Oct 1, 2020
Recommendations: Mitigating Social Isolation and Loneliness

Among Nursing Home Residents

Each resident’s autonomy, and their individual understanding of what makes their life worth living, are foundational elements in assuring their well-being. This has not changed during Covid-19. Residents’ individual goals and preferences must be taken into account and documented in their personalized care plans. Loneliness and social isolation are not currently assessed—but the more restrictive circumstances of Covid-19 underscore that we must examine these issues more forthrightly.

Under current CMS guidance featured in the [State Operations Manual](#), social isolation is identified as a possible risk for some residents in the context of falls, PTSD, urinary and fecal incontinence, mental disorders, placement of a feeding tube, side effects of certain medications (i.e. antipsychotics) and disturbances in the physical environment—as possible sequelae which, if it occurs, must then be mitigated. Social isolation is not, however, discussed as a possible cause of morbidity, and/or a contributing factor to premature mortality.

Loneliness is discussed as a factor to be addressed if noticed and documented as part of a pattern of citations of actual harm. It is also mentioned in the context of activities, where if loneliness is identified, it can be included in a person’s care plan as part of their psychosocial needs, along with fear, anxiety and depression. If identified, interventions would then be included in the plan of care. However, care planning currently stops short of forthrightly requiring that the risk of loneliness must be assessed.

<https://altarum.org/publications/experiences-nursing-home-residents-during-covid-19-pandemic>

Lifeloop/iN2L

New iN2L research Demonstrates Vital role of Social Connection and Engagement for Older Adults “Bridging the Loneliness Gap”

https://info.lifeloop.com/bridging-the-loneliness-gap?utm_campaign=Content%20Lead%20Gen&utm_source=press%20release&utm_medium=pr

Senior Living 2022: the State of Engagement and Technology-A survey of senior living community leaders before and during Covid-19

Argentum Reports

Resident Engagement and Socialization During Covid-19

Study Highlights Methods of Encouraging Resident Social Engagement

<https://www.argentum.org/study-highlights-methods-for-encouraging-resident-social-engagement/>

Senior Living Executive Magazine

The Engagement Issue, September/October 2021

Putting the Engagement Back in Dining

Resident Engagement Institute/Linked Senior

Resident Engagement Whitepaper 2020

A New Decade of Authentic Resident Engagement

https://www.ipfcc.org/resources/A_New_Decade_in_Resident_Engagement_Whitepaper2020.pdf

Resident Elder Engagement Performance Improvement Tool (EEPI)

<https://activitiesstrong.com/eepe-tool/>

Igniting Purpose for Older Adults through Engagement and Technology Support

Linked Senior, Responsive Health management and Western Oregon University

The study showed that being engaged in recreational activity is associated with increased cognitive functioning, social engagement, and decreased aggression.

<https://www.linkedsenior.com/the-science/current-research/>

RAI Manual version 1.18.11 October 2023

Social isolation refers to an actual or perceived lack of contact with other people and tends to increase with age. It is a risk factor for physical and mental illness, is a predictor of mortality, and is important to assess in order to identify engagement strategies.

The MDS 3.0 has a new item (D0700) for social isolation. Social isolation refers to the actual or perceived lack of contact with other people. Social isolation is critical to assess since it predicts mortality and worse health outcomes such as risk for re-hospitalization. Aug 7, 20

Q: Social isolation is being added to the MDS this Oct. 1. How should we care plan this new item?

A: Social isolation is a self-reported social determinant of health item coming to the Minimum Data Set this October. Section D responses range from “never” to “always,” with options if the resident is unwilling or unable to respond.

Social isolation refers to lack of social contact with others. One-fourth of adults over 65 are socially isolated, according to NASEM. Loneliness is the feeling of being alone, regardless of social contact.

Requirements of Participation F-Tag 679 and 740-744

“Activities are meaningful when they reflect a person’s interests and lifestyle, are enjoyable to the person, help the person to feel useful, and provide a sense of belonging.” *F-Tag 679*

“Activities must be individualized and customized based on the resident’s previous lifestyle (occupation, family, hobbies), preferences and comforts.”

“All residents have a need for engagement in meaningful activities. For residents with dementia, the lack of engaging activities can cause boredom, loneliness and frustration, resulting in distress and agitation.” *F-Tag 679 Approaches for Dementia*

“Supporting the resident through **meaningful activities** that match his/her individual abilities (e.g., simplifying or segmenting tasks for a resident who has trouble following complex directions), interests, and needs, based upon the comprehensive assessment, and that may be reminiscent of lifelong work or activity patterns (e.g., providing an early morning activity for a farmer used to waking up early)”

“Utilizing techniques such as music, art, massage, aromatherapy, reminiscing; and... “

Requirements of Participation F-Tag 740

What is the impact of socialization?

- Reinforces our identity and self-worth.
- Increases our ability to cope-resiliency.
- Increase feelings of trust and security
- Improves our mood.
- Impacts daily intellectual performance and memory.
- Increases participation in “care”
- Promotes humor and hope.

"Friends are medicine for a wounded heart, and vitamins for a hopeful soul." Steve Maraboli

“The greatest medicine is a true friend” William Temple

Creating the Vision for Activities and Engagement in a Person-Directed Environment

- a. Do you want to pay particular attention to the individual habits and lifestyle choices of the residents?
- b. Do you want to develop more meaningful relationships between caregivers and residents?
- c. Do you want to strengthen the bonds between families and residents?
- d. Do you want to create purpose for the residents living in the facility?
- e. Do you want to be more a part of the outside community?
- f. Do you want more spontaneous involvement and increased small group interaction?
- g. Do you want more interaction in hallways, dining areas and social spaces?

Implementation of engagement and activity services to meet the psychosocial needs of the residents.

Create a new PROGRAM and NAME it.

Care Connections
Simple Pleasures
Engagement Throughout the Home
Get to Know Me
Remembering Yesterday-Caring Today (memory care)
Participating in LIFE together
Meaningful Engagement-It's about ME

1. Training: Objectives

To implement care approaches that apply gathered knowledge of lifelong habits and routines to

- Increase social engagement.
- Increase feelings of worth
- Increase interest in identified preferences.
- Increase decision making opportunities and abilities.
- Decrease or eliminate BPSD.
- Implement meaningful activities to validate a sense of well-being.

To empower direct care personnel to use available resources for individual and small group engagement.

To develop channels of communication between the IDT team, life enrichment and direct care personnel to share successful approaches using life story information.

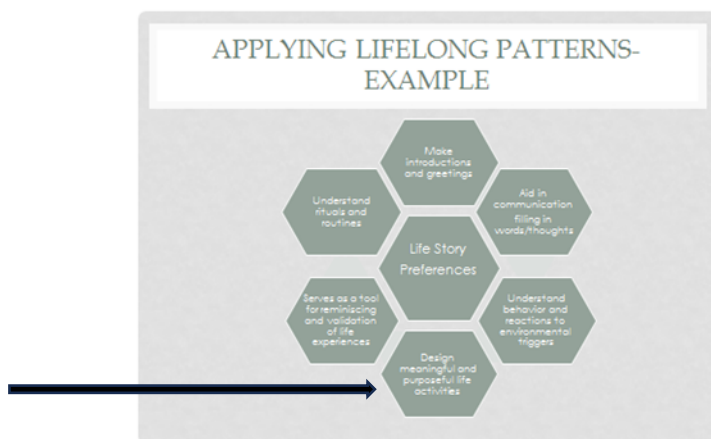
Management staff

- Define and redefine activities.
- Discuss the importance of lifestyle preferences to quality of life.
- Discuss the importance of customary habits and routines to positive psychosocial outcomes.
- Discuss the 3 steps of goal-directed planning.
 - Needs model.
 - Outcome based approach.
 - “It’s not about the circles.”
- Identify the role of all staff in engagement throughout the facility.
 - Benefits of nurturing relationships
 - Developing a “nurturing relationship”
 - Care versus treatment
 - Trust
 - Opportunities to be the giver.
 - Directing resident to resident communication

Activity professional and care staff/dietary/housekeeping (all of the above objectives)

- Describe the process of implementing care approaches based on lifestyle preferences.
 - Case studies

Demonstrate ways of applying the knowledge of lifelong habits, preferences, interests for daily activities and events.



- Identify examples of relational activities
 - Create opportunities for engagement through relational activities
 - Techniques to initiate conversation
 - Share ideas
 - Experience social sensitivity
 - Utilize routine “care” situations to promote engagement (beverage/snack carts, 2-hour rounds, evening routines and care)
 - Create opportunities to maximize socialization during dining.
 - Provide materials to trigger informal/spontaneous interactions (displays, pictures, written prompts and questions, ongoing activity)
- Discuss strategies for sharing lifestyle information between care staff, activity staff and care plan team.
 - Communication systems
 - Evaluation
 - “What did you do to honor a resident preference today?”
 - “What interaction did you have today that empowered a resident?”
 - “Did you create a “giver role” for a resident today?”
 - “Did the resident share thoughts or feelings?”

General Learning Objectives:

- Explain the process of developing a “nurturing relationship” (Maslow’s Hierarchy of Needs)
- Identify techniques to gather life story information.
- Explain the process of “triggering” reminiscence.
- Identify 3 benefits of social engagement.
- Compare and contrast the following:
 - Friendliness and friendship
 - Solitude and lonely
 - Care and treatment
- Demonstrate the ability to listen with empathy, openness, and awareness.
- Demonstrate the ability to use the NCFC approach (name, compliment, fact, conclusion)
- Give 2 examples of ways that enable the resident to be the “giver” in the relationship.
- Identify techniques to initiate conversation using life story information.
- Give 2 examples of patronizing communication.
- Give an example of “instrumental” and “affective” communication.
- Give an example of “significant touch.”
- Identify 10 examples of “simple pleasures” that provide meaning to daily life.
- Demonstrate the ability to direct conversation between residents using life story information.
- Demonstrate the ability to use person-first language.

2. Tools

Assessment

- User-friendly form to collect the right information.
 - Values
 - Social involvement patterns and personality traits
 - Interests and preferences
 - Habits and routines-rituals for comfort and security
 - Relationships that provide rootedness
 - Special accomplishments and strengths
 - Important “moments” and experiences-stories to share.
 - Objects of special value
- Alternate methods of collecting the information

Supplies: Engagement Resources

- Reminiscing supplies
- Reflection baskets
- Collages
- Family visitation kits
- Personal Activity Preference Scrapbooks
- Passion Boxes/Hobby kits
- Relational/socialization games

- *Technology resources
- Sensory enrichment tools
- Spiritual tools
- Mental/brain health tools
- Creative tools for dementia

3. Environmental Assessment-“Fresh Eyes”

- Social spaces
- Gathering times
- Pre-meal/dining engagement
- Calendar displays
- Personalized Memory Display Boxes
- Homelike artifacts and cues
- Engagement/conversation areas
- Hallway “talking points”
- Outdoor views and space
- Resident personalized rooms

4. Communication Systems

Engagement Guidelines

Care notes

Life Story posters

5. Support and Restructure

Job Descriptions?

Director of Resident Engagement or Director of Engagement Services	Life Enrichment Director/Special Events Coordinator	Care Staff as engagement coaches	Management as Preference leaders
Training Community and Family Volunteers* Engagement tools and guides	Assessments Calendar Group leadership Special events/themed/holidays	Spontaneous engagement groups 1-1 engagement	Share their talents and passions with residents



*<https://voluncheerleader.com/volunteertraining/>

Engagement Tools

Life Story Poster

Specific for an individual. This is a combination of pictures and words that portray the most important preferences/interests of a person that is used to reinforce their identity and validate their accomplishments.

Life Story Book

Specific to an individual. A collection of pictures and stories of their life. Begins with childhood and includes relatives and friends, accomplishments, travels, education, work: a visual time line.

Memory Boxes

Specific for an individual. This is a collection of meaningful objects that can be used to trigger thoughts, conversation or pleasant emotions. It can be used to engage in the room or common area.

Personalized Preference Scrapbook

Specific for an individual. This is a scrapbook of interesting pictures, stories, conversation starters, simplified activities that are created based on the individual preferences of a person. The pictures can be personal photographs or non-specific pictures (magazines or internet) of objects of meaning/value. Poems, simple word games, matching activities, specialized music activities, fun facts about the person's favorite icons, food, sports etc. can be used.

Themed Reflection or Reminiscing Baskets/Kits

These kits are designed based on a topic that is of interest to the residents. It is a multi-sensory tool that triggers thoughts, memories or emotions through the used of all the senses. The basic "kit" can be used with many levels of cognitive functioning. Developing the materials for the kit can be a service project for school or community groups. The "worksheet for preparing a themed discussion group to maximize abilities" can be used as a guide.

For use with a person with a severe cognitive impairment, the goal is to elicit a response (bright eyes, smile, head turn, eye movements) not to compare or answer questions. See "tips" for how to guide interaction.

Rummaging or Passion Project Boxes

These "boxes" are developed to provide a sense of purpose/usefulness for a resident. They can also help in promoting a sense of security and order. The items that are placed in the box can be sorted, organized, counted, touched, or commented upon. The boxes can be "themed" or "random."

The boxes are meaningful when they connect to a person's preferences and have a purpose. For example "I have not had time to straighten these supplies for the next art class, can you help me?"

Themes for rummaging can include game pieces/card decks, art supplies, sewing notions, office supplies, hair care items, jewelry and accessories, cooking implements, puzzle pieces (by color or shape), baby items, craft materials, greeting cards, post cards.

Interest/Preference Books

These are books that can be made based on the person's lifelong preferences/hobbies using a combination of pictures/images and short scripts or declarative sentences. Cues and prompting questions can be added that are not content based. This encourages creative expression and there is not a "correct" answer. An example: A book of farming implements might include a prompting question such as "What might be planted in that field?" or "it's fall on this farm. What time of year is your favorite?" For a book of pets/dogs the question might be "What would be a good name for that dog?" or "What do you think they are looking at?" These can be made using 12x12 scrapbook pages and calendars. Calendars can be found for most any preference.

Basket of Memories/Share and Visit/Relational Activities

These are topic questions based on the life story of the individual. They can be kept in the room and used by care staff, families, or volunteers. The questions can be written based on the cognitive abilities of the person. They can be open-ended, forced choice or can be written as a "memory" in first person.

Occupational Roles: Tasks or jobs created to use retained skills related to prior occupations, areas purposely designed for the past roles of the residents. These are called by different names: reminiscing "rooms," lifestyle areas, life activity areas, diversional centers, hobby, and workspaces. (in the future they may be called "Coworking Spaces!"). Here is a sample list.

For each of the following Life Areas list the items that you would put out for residents to manipulate, work on, sort or rummage through.

Develop a sentence or sign to display with cuing instructions or engaging instructions for the residents that can still read. For example, at the post office area a sign could read:

Please help us stamp the envelopes for mailing, or please help put these letters into the envelopes. Thanks for your help.

- Laundry/folding area
- Kitchen
- Office/filing area
- Nursery/children's area
- Coat/hat rack
- Library
- Maps and travel
- Sewing/yarn/knitting
- Tool/workshop/garage
- Post Office/Banking
- Devotional area

Make the “In and Out” Meaningful-Staff Engagement

Say the name, talk about names, connect with names.

Find out something new about each other.

“Ask me About” name tags

“If I Could, I Would”

“If I had 20\$ extra I would..” “If I could travel anywhere, I would...”

“What is something about you many people don’t know?”

“What are 3 things you want others to know about you?”

Share something new you have learned recently.

Discuss 3 new things you would like to learn/do.

Snap or clap while spelling name (vowels clap, consonants snap)

Find something you have in common and “High 5” I like dogs, do you?

Sing together, hum, clap or tap a rhythm.

“Picture Talk”

Do something spontaneous.

“Unexpected pleasures boost the immune system and help combat depression” Dr. Bill Thomas

Discuss “gratitude” 5 per day will reduce cortisol levels.

Read a daily quotation, Bible passage, devotion.

Ask for advice.

Discuss the weather.

Discuss the menu and talk about the recipes or kitchen wisdom.

Fact of the Day or Word of the Day

Bring something to read, to share.

Bring something to show-a picture.

Select a memory from “Basket of Memories.”

Top Ten “Socialization Games” for staff

- a. Table Ball/Noodle Ball
- b. Penny Ante (cards)
- c. “I have-Have You” or If “I could, I would...”
- d. In Your Opinion: Advice
- e. What’s in the bag/trunk?
- f. Share and Visit
- g. “I brought something to (read, sing, show)”
- h. Clever Catch Ball
- i. Basket of Memories
- j. Picture Talk

Family-Based Engagement

What supportive services are available for families?

How have the expectations for family involvement changed?

How has virtual family visitation impacted our time and duties?

What is our role for residents without families?

Virtual Visits Ideas

“around the house” a tour

“dinner time” chats

Watch TV or a movie together (but apart)

Visitation Areas-Infection Control

What is the “feel” of visitation environments? What “tools” are available to enhance visits?

What suggestions are available for families to assist with visits when communication is a challenge?

- Music
- Comfort
- Plants
- Short Stories
- Jokes
- Pictures

Visitation Suggestions and Activities

Take something to the visit!

Life Story Writing/Sensory Profile

Category Sort

Crossword puzzles (simplified, known information, pictures, beginning letters)

Magazine scavenger hunts/outdoor scavenger hunts

Fill in the blank stories.

Connect, sort cards, match “memory photos” postcards

I have-have you?

Roll a dice-topics-What’s your favorite, Name 3, would you rather...

Design a “Piece” together for a larger project (shape pictures, quilts, gratitude’s, family traditions)

Work together on a community service project-one each month

IPAD search “Look it up” Have a list of topics

Food for connection/you tube cooking of favorite recipes

Picture stories, art walk and talk through the building.

Collages “Things that I like” “Things that are beautiful.”

Art and colorist projects

Brain games/word games

One Read/One Movie and discuss at an event.

Conversation starters based on hobbies, interests, occupations, travel, weather, family,

Advice, wisdom-Basket of memories

List of preferred songs for the cohort

Song quizzes: name that tune, finish the first line

Paper game templates www.printableboardgames.net

Practice for upcoming facility sponsored contest or event (spelling bee, horseshoes)

Opportunities and Projects that Give Purpose and Meaning to Residents

Project SERVE (Seniors engaging, renewing, validating, empowering)

- Snack Bags for Dr. visits/trips out
- Finger puppets for hospitals/Dr. offices
- Game/survival bags for hospital waiting rooms
- Holiday decorations for community shelters
- Placemats/tray decorations for home or hospital
- Baby “programs” bibs, blankets, hats, booties, stockings
- Teddy Bear projects (Police/fire)
- Renewing/refreshing stuffed animals
- “Shoe Shine” shoes for donation
- Eyeglass Collection for Lion’s Club
- Backpack programs/school supply kits
- Bookmarks for reading programs.
- Sandwiches for shelters
- Folding church programs
- Recycling projects
- Penny drives
- Food collection/canned drives
- Toy for Tots collection center
- Labeling/stuffing/stamping for volunteer agencies
- “Letters to Santa”
- School tutor projects (picture cards)
- Fundraising for donation to community or activity program
 - Recipe books
 - Poetry books
 - Raffle of handmade items (pillow quilts, doll house)

Meaningful Engagement to Enhance Quality of Life-
The ME Project



Customary Habits and Routines for _____

The name I liked to be called is _____

Age _____

The place I call home is _____, other places I have lived _____.

My health conditions that impact my activity involvement (BIMS,PHQ-9)

The things I have difficulty with include

(I like to “do things” (activities) but I need help from others to show me what to do and get me started. Keep instructions simple.)

The things I CAN DO include:

Special things about ME include:

- My beliefs and values
- My education
- My involvement with others
- My preferences and interests throughout life
- My accomplishments that are important to ME
- My habits, routines and rituals (following chart)

Things I like to do on a daily basis (food, drink, personal habits, spirituality, pursuits)	Things I like to do occasionally (weekly or monthly)	Things I like to do for special occasions (once in a while)	Relationships that are important to me (type and frequency of socialization, names of special people)	Other things I have enjoyed/lifetime experiences that I like to remember and share Stories I like to tell
Get up at Shower/bath Drink Eat Everyday/exercise Read Clean up Go outside/look at nature Watch Go to bed at			I have strong relationships with I am very proud of Animals I like I feel most comfortable socializing (situation) and (with whom)	

Meaningful Engagement to Enhance Quality of Life-
The ME Project



- Individualized music preferences:
- Things that make me laugh:
- Things that I find relaxing, something to hold, a tune to hum:
- Aromatherapy/Scents I like:
- Things I would like in a memory box:
- Things I would like in a Personal Activity Preference Scrapbook:
- Things I like to sort or organize:
- Things that annoy me:
- My childhood years were _____
- Something I would like for my birthday (appropriate for level of function)
- My most important NEED: _____ or _____.

Staff Notes

Things that are working	Things that are not working

- What could be a possible cause of agitated behavior?
- What “trigger” could be used to stimulate a positive emotion?
- What communication approach would you use to engage him/her?
- What meaningful activities could he/she be involved with both in the room or in a group?
- What stories can we remind him of while providing care?

All About Me: Engagement Guidelines

Resident _____ MRS. B

Interests, preferences, needs	What you (staff) can do to support ME
Music is very important to me. I like to sing, it makes me smile.	Assist me to listen to music daily for short periods of time. I like Elvis, Hymns, "singing music" Sing my favorite songs with me. Sing a tune and get me started. Loud music agitates me.
I love to drink coffee out of my special mug	Ask me to sit at the table and have a cup of coffee and conversation with me. Engage me through pictures of things I like such as dogs (all animals) John Wayne, western art or movies. (It is more familiar to me to sit and talk at a table than in a chair in a big group) No vulgar language, it upsets me.
Worship and hymns are important to me. I enjoy holding the Methodist Hymnal	Give me the hymnal to hold and make sure I am on the right page so I can read along. Offer me a choice of different books or "things" to read.
It is important to me to move about independently.	Offer me my music, coffee or remind me of the stories I like to share throughout the day to help me rest a bit. When the weather is good, take me on a walk outside. Walk and talk with me.
I am proud of my family members who have been in law enforcement and military.	Use memory triggers to help me talk about my family. I am very proud of them.
It is important to have my personal belongings around me. I need to have my purse with me at all times, it makes me feel secure	Offer me tissue, note paper or other items I might need in my purse. (It might help me sit and rummage through my purse). Wallet, pink lipstick.
I like crackers and peanut butter, chicken fried steak	Ask me if I need help organizing my clothes, personal items. My job included putting items away. Offer me crackers and peanut butter.
I get annoyed when others take my belongings	Assist me to find my "things" when lost

Notes:

Things that are working

Things that are NOT working

Mrs. B will focus and share conversation about familiar objects for security and socialization

Mrs. B will rest for short periods throughout the day listening to music, having a cup of coffee, attending a worship service or looking at meaningful pictures.

Engagement tools are highlighted in red. A Personal Activity Preference scrapbook can be developed using these.

The following actions are positive responses and indicative levels of involvement that are to be noted during an activity. These are signs of a successful “activity interaction.”

Please check the following responses that were observed today.

Name of the activity _____

Participants _____

<input type="checkbox"/> Shares long term memories with the use of memory triggers (props, pictures, sensory cues, memory boxes, reminiscing objects)
<input type="checkbox"/> Shows an increase in the recall of personal history.
<input type="checkbox"/> Shows a positive increase in mood, laughs, expresses gratitude.
<input type="checkbox"/> Shows nurturing or helping behavior towards others.
<input type="checkbox"/> Talks back and forth independently or initiates conversation with others.
<input type="checkbox"/> Exhibits a facial expression that shows joy, relaxation, focus.
<input type="checkbox"/> Shows constructive engagement-a physical, verbal, or emotional response directly related to the activity, such as
<input type="checkbox"/> Following directions
<input type="checkbox"/> Sharing answers or information at trivia
<input type="checkbox"/> Moving, singing, clapping to music
<input type="checkbox"/> Making a positive comment
Comments:

Also note an occurrence of the following:

<input type="checkbox"/> Shows frustration/agitation with the activity or has difficulty.
<input type="checkbox"/> Asks to leave the group.
<input type="checkbox"/> Focuses on “things” other than the activity.

Activity Involvement Checklist- ActivTimes Consulting 2023

Community Clusters: Life Enrichment Opportunities

Music Reminiscing, Games, Appreciation, Performance, Participatory	Movement and Exercise Classes, Sports, Games, Props, Competition Education, Yoga, Tai chi, Zumba	Games Parlor, Leisure, Active, Competition	Creative Expressions Art, Poetry, Writing, Photography, Sculpture	Mental Challenges and Learning Formal, Informal, group, Individual	Socialization Games and Mixers Small group, family, staff	Simple Pleasures Daily routine activities Cooking, gardening, pets, chats, outdoor	Serenity and Tranquility 1-1, sensory, aromatherapy, Meditation

Trips adventures	Travel Games, suitcase activities, postcard, map, virtual	Celebrations Seasonal and themed events	Community Service	Intergenerational Activities between the generations	Spiritual Reflections Memorial, worship, study, fellowship	Family	Projects Focused and time limited

- **What NEW choices have you offered this month based on resident preference assessments?**
- **What are you doing to give residents more “voice”?**
- **What are you doing to promote a home atmosphere within the activity environment?**
- **How are you involving STAFF this month?**
- **How did you incorporate technology into the program this month?**

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