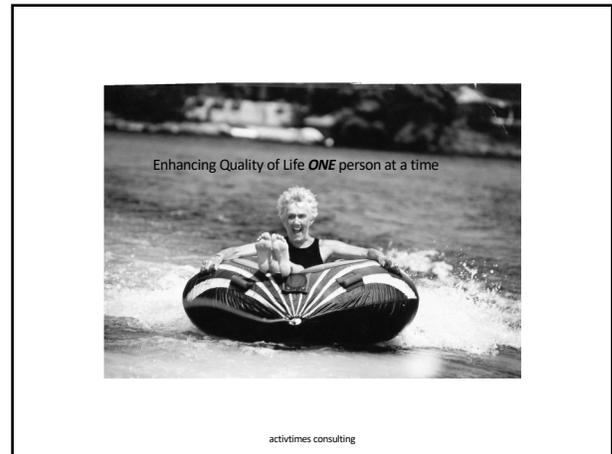




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Activities and Engagement in a Person-Directed Environment

Texas Culture Change Coalition
 November 2, 2023
 Natalie B. Davis ACC/EDU CDP CADDCT CMDCT
 Brain Health Coach

3

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

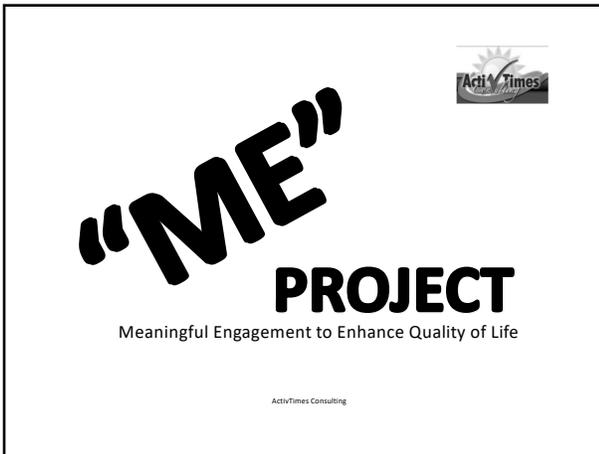
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“How does the change in focus from *keeping residents busy or distracted* to *engaging residents in meaningful, challenging and purposeful pursuits* impact activity program design?”

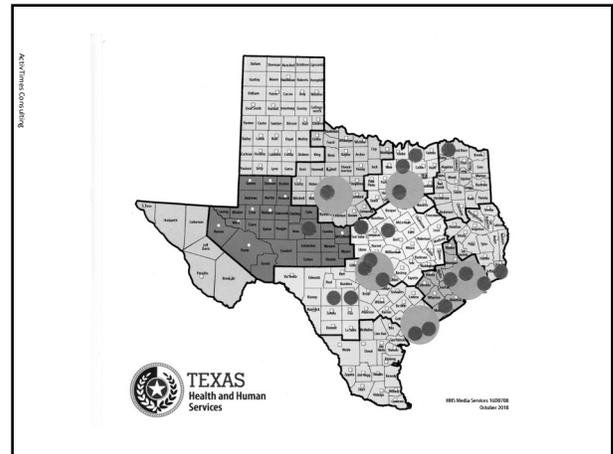
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Is there a better way?

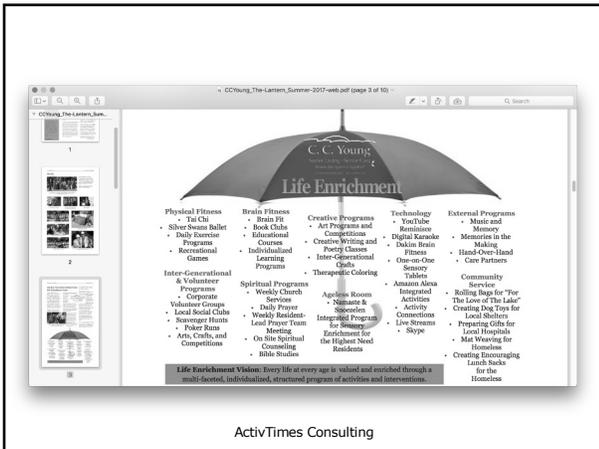
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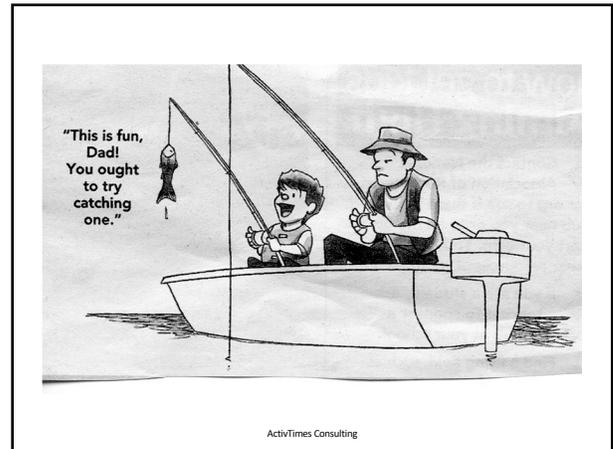
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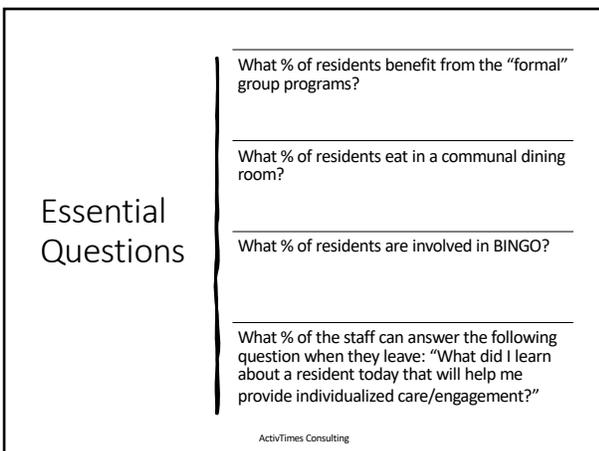
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10



11

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

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Barriers to Meaningful Engagement

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

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History

- C'mon, It will be FUN!



BINGO





14

Define and redefine

10 things-triangle

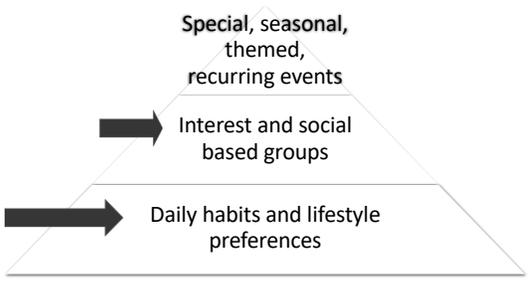
Index cards

Ask me about

Find Someone Who

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3 Dimensions of Life Enrichment

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Voices

Quality of Life Interview Questions

- 1) What makes life in this care community enjoyable and meaningful?
- 2) What are some simple pleasures that you have enjoyed in life?
- 3) What do others do to make you feel cared for and respected?
- 4) How does sharing in meaningful conversation make you feel?
- 5) Is it easy to make friends here?
- 6) Do you feel any of the staff members are your friends?
- 7) Do you consider any of the residents to be a close friend?
- 8) Do you feel the staff here (all staff) know your likes and interests?
- 9) Do you feel the people working here are interested in knowing your life experiences and stories?
- 10) Do you feel others here (staff and residents) know you as a person?
- 11) What could others here do to make your stay more meaningful?
- 12) What would be a special way to celebrate your birthday?

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Quality of Life

- "I want to be independent, I want to make choices"
- "I want to be somebody, I want to be ME"
- "I want to have and be a friend, I want to belong"
- "I want to be useful, I want a purpose."
- "I want to share my knowledge and wisdom with others"
- "Don't mess with my BINGO!"



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Culture Change and Activities/Engagement

<p>Individual choice and control</p> <ul style="list-style-type: none"> • Meaningful use of leisure time • Implementation of daily schedules of life-long habits and routines • Recognition of individual lifestyle patterns • Promotion of dignity, purpose and contribution 	<p>A home environment or appropriate "activity environment"</p> <ul style="list-style-type: none"> • Small interactive environments, both formal and informal • Spontaneous involvement • Resident and family hosted events • Authentic environments using meaningful artifacts 	<p>Nurturing relationships</p> <ul style="list-style-type: none"> • Know the person, reinforce identify • Build rapport and trust • Validate life patterns and themes • Engage staff, residents and families to "build community"
---	---	---

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The Engagement Connection

- The importance of the team in engagement
 - Training
 - Staff
 - Families
 - Tools
 - Assessment
 - Supplies
 - Environment
 - Dining
 - Outdoors
 - Hallways
 - Visitation areas
 - Communication-Systems
 - Leadership support



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Why?

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T or F

A lack of social relationships, social roles or infrequent social interactions is a social determinant of health.

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Loneliness=SIL

- Loneliness is a subjective unpleasant or distressing feeling of isolation. A **perceived discrepancy** between one's actual and desired level of social connection. Social isolation is having objectively **few social relationships, social roles, group memberships and infrequent social interactions**. Both have been linked to poor health outcomes.

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Evidenced based Approach to Resident Engagement

- Socialization Research
 - John Hopkins/NASEM
 - Mather Institute
 - Resident Engagement Institute
 - Altarum
 - CDC
 - Argentum-Senior Living Executive
- SDOH-Social Determinants of Health
 - Section D 0700 Social Isolation
- F-Tag 679 and F-Tag 740-744



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Loneliness is a subjective unpleasant or distressing feeling of isolation. A perceived discrepancy between one's actual and desired level of social connection. Social isolation is having objectively few social relationships, social roles, group memberships and infrequent social interactions. Both have been linked to poor health outcomes.

The connection between SIL and SDOH
Source: United Healthcare

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Fact Check

26

Social Isolation

- “Long term effect of social isolation can be devastating, even deadly to the aging population.”
Rendever
- “Loneliness is an emotional, cognitive and physical Trifecta”
- “Loneliness and isolation increase the risk for chronic conditions including:
 - Dementia (64% increase)
 - Stroke (32% increase)
 - Coronary artery disease (29% increase)

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“The Habits of Loneliness”

Klaatch.com

- The impact of loneliness on personality and behavior
 - Self-protective
 - Self-centered
 - Distrusting
- What does “loneliness” look like?
 - Verbal outpouring
 - Surly or grumpy affect
 - Constantly speaking about yourself
 - Dominating a conversation with no empathy for the other people
 - A distrust about the motivations and actions of others
 - Defeated body language
 - Almost always rejecting an invitation to participate
 - Holding a person's hand or arm for a prolonged length of time
 - Regularly claiming to prefer one's own company over that of others
 - Lack of confidence
 - Keeping busy with solitary activity (i.e., the TV on all day)

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The impact of loneliness on staff

- “If you deal with lonely, difficult, distrusting people all day, that might make you want to change jobs.”
- “Fixing the loneliness situation has the ability to transform a community in profound ways, including staffing level, length of stay and occupancy level.”
 - Adam C. Greene CEO Founder of Klaatch
 - An informal gathering to socialize and gossip.
 - <https://www.klaatch.com/what-we-do>

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Technology and Loneliness

- “This was a wakeup call for senior living providers”
- “Many technologies will continue to be integral parts of senior living communities.”
- “Basic communications technology is a great tool to combat social isolation,” says Mfon Umoh, M.D., Ph.D., postdoctoral fellow in geriatric medicine at the Johns Hopkins University School of Medicine. “This study shows that access and use of simple technologies are important factors that protect older adults against social isolation, which is associated with significant health risks. This is encouraging because it means simple interventions may be meaningful.”

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Definition

“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.”

Requirements of Participation F-Tag 679

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Definition



“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.”



Requirements of Participation F-Tag 679 Approaches for dementia

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Definition

“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

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The Impact of Socialization

Benefits of Nurturing Relationships

- 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

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Benefits of Socialization/Engagement

- Social engagement has been associated with preserving memory and thinking abilities. In one study of more than 1,000 older adults, the 10% with the highest level of social activity had 70% less cognitive decline than those in the lowest 10%. (Mather Institute)
- “Shared experiences are the foundation of relationship building”
- “Learning is a popular form of engagement activity”
- “If I could only ask a patient one question to determine how they are doing it would be “How involved are you with others and in the community.” Successful Aging: Rowe
- “Having a supportive relationships is one of the strongest predictors of well-being, having a notably positive effect.” <https://www.cdc.gov/hraql/wellbeing.htm>

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Creating the Vision

Expectations: Redefine, Redesign, and Restructure

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Research Panel | About Us
Free Industry Information | Person-Centric Wellness Model

Home > In the News > Prepare Now for the Coming Shift in Resident Engagement

PREPARE NOW FOR THE COMING SHIFT IN RESIDENT ENGAGEMENT

If offering an extensive variety of activities to residents on your life plan community (often known as continuing care retirement community) campus is your idea of resident engagement think again.

Notions around what resident engagement looks like these days varies widely. New findings however, just released from Holleran, a research and consulting firm serving the senior life field, identifies four key dimensions of engagement:

1. having a voice,
2. well-being and security,
3. purpose and fulfillment and
4. inclusion and acceptance.

These four dimensions have been uncovered over the past two years by Holleran qualitative and quantitative research experts.

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Continuum of Person Directed Culture and Applying the Continuum of Person Directed Culture.

PROVIDER DIRECTED	STAFF CENTERED	PERSON CENTERED	PERSON DIRECTED	CITIZENSHIP
Management makes most of the decisions with little conscious consideration of the impact on elders or staff.	Staff consult elders or put themselves in elders' place while making the decisions.	Elder preferences or past patterns form basis of decision making about some routines.	Elders make decisions every day about their individual routines. When not capable of articulating needs, staff honor observed preferences and lifelong habits	Elders have influence on their community, they are problem solvers, they share responsibility for each other, they are expected to contribute. The organization, leadership, management and staff support people to exercise autonomy, connection and well-being, and work to remove systemic barriers.
Elders accommodate staff preferences; are expected to follow existing routines.	Elders accommodate staff much of the time—but have some choices within existing routines and options.	Staff begin to organize routines in order to accommodate elder preferences — articulated or observed.	Staff organize their hours, patterns and assignments to meet elder preferences.	

LOW CONTINUUM OF PERSON-DIRECTEDNESS HIGH

Developed by Coffy, Bales, and Muroski, 2005. Adapted by Christian Living Communities, 2021.

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Creating the Vision

What are the components of PDC model of delivery?

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- The "day room"
- Restraints
- Bingo, Birthdays and Bible

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Definition of Person-Centered Care

Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

Locus-PCC

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Award Winning Program

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Components of PDC Engaged Environment

- Relationships
 - Staff to Resident
 - Peer to Peer
 - Companion Volunteers
- Identity
 - Programs based on life stories
- Purpose
 - Resident driven and led
- Connection to Community
- Partnerships
- Family Engagement Tools and Strategies
- Technology
- Dignity

43

44

I CAN HEAR!
 I CAN listen to the news!
 I CAN HEAR my favorite songs and symphonies
 I CAN listen to "TED talks" about what's going on in my profession...
 I CAN type with my arthritic fingers
 I CAN swipe the screen to see the photos of the grandkids
 I CAN read with the large font
 I CAN turn the pages with a "swipe"
 I CAN paint
 I CAN visit my childhood home and see pictures to remind me of "things" I have forgotten
 I CAN order pizza online!
 I CAN be "ME" once again

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Engagement Technology

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Steps and Strategies

Implementation of engagement and activity services in a PDC Environment

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Challenges-Care Giver Support

Lack of confidence, lack of knowledge of what constitutes an activity.

Lack of communication in the process of design

Lack of understanding about what is possible

Lack of understanding about the positive outcomes "what are we trying to do?"

What does engagement look like?

"I can't do anymore!" "It's not my job."

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The Engagement Connection

- The importance of the team in engagement
 1. Training
 - Staff
 - Families
 2. Tools
 - Assessment
 - Supplies
 3. Environment
 - Dining
 - Outdoors
 - Hallways
 - Visitation areas
 4. Communication-Systems
 5. Community support



Memory Care: Residential Unit Plan

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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 _____



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Training

Step 1

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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 life enrichment and direct care personnel to share successful approaches using life story information

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Refer to pages

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Management Staff	Support Staff
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Needs model. ○ Outcome based approach. ○ "It's not about the circles." • Identify the role of all staff in engagement throughout the facility. <ul style="list-style-type: none"> ○ Benefits of nurturing relationships ○ Developing a "nurturing relationship" <ul style="list-style-type: none"> ▪ Care versus treatment ▪ Trust ▪ Opportunities to be the giver. ▪ Directing resident to resident communication 	<ul style="list-style-type: none"> • Describe the process of implementing care approaches based on lifestyle preferences. <ul style="list-style-type: none"> ○ Case studies • Identify examples of relational activities ○ Create opportunities for engagement through relational activities <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ Communication systems ○ Evaluation <ul style="list-style-type: none"> ▪ "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?"

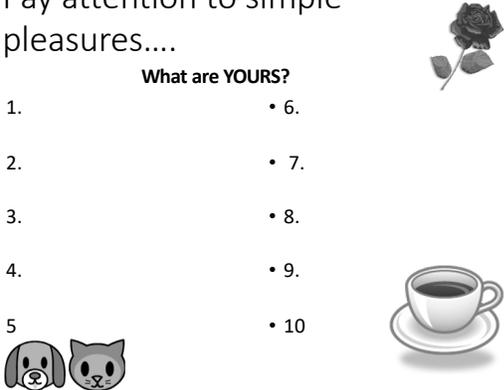
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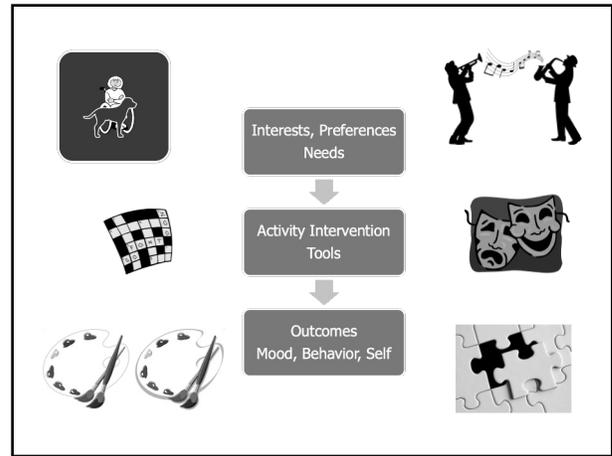
Pay attention to simple pleasures....

What are YOURS?

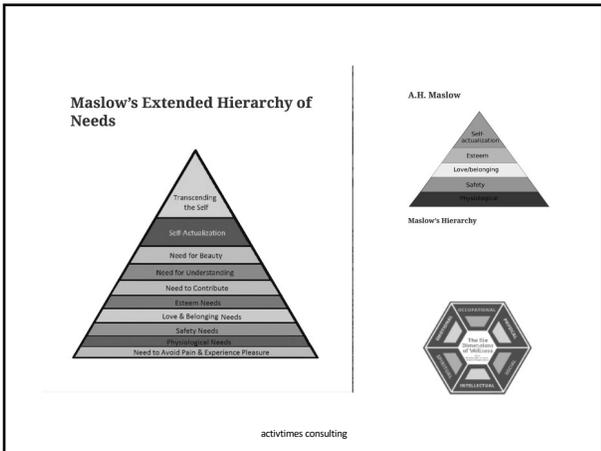
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Elder Needs-Psychosocial

- Autonomy
- Self-determination
- Self-esteem
- Identity
- Independence
- Status
- Socialization/Inclusion/Belongingness

Spirituality

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It's not about the circles

- It's about the "outcomes"



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Tools

Step 2

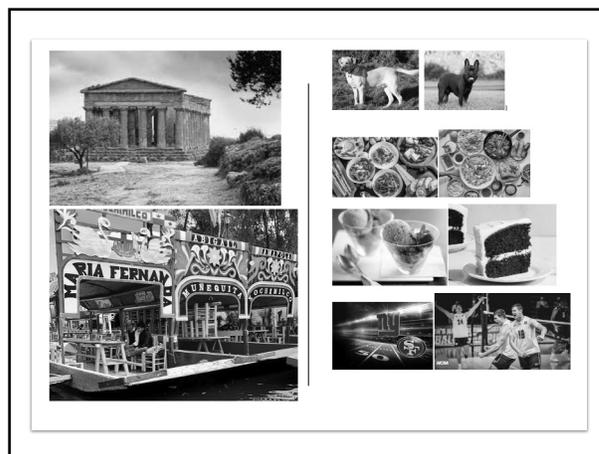
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Assessment Tools

- 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

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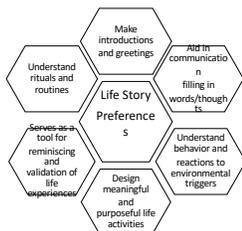
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Remembering Yesterday-Caring Today

Applying our knowledge of life habits, patterns and preferences



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Individual Resident Engagement

- Tools
 - Life story poster/collage
 - Life story book
 - Memory boxes
 - Personalized activity preference scrapbook
 - Themed reflection or reminiscing basket/kit
 - Rummaging or "passion" box
 - Interest "book"
 - Basket of memories-socialization triggers
 - Roles
 - Music and Memory

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Engagement Tools-Photo Reminiscence

National Institute for Dementia Education 2021

We noticed that word structure formation and narrative storytelling were more vivid and took place more organically when students used personal photos.

Residents were more successful at remembering specific details during and after the session when they related to their own personal photos.

The team noted that residents smiled more frequently and engaged in deeper conversation when photos were recognizable.

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The Environment

Step 3

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Fresh Eyes

How engaging is the environment?

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

activities

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Communication Systems

Step 4

activities

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Communication Accessibility

Engagement Guidelines

Care notes

Life Story posters

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Page 16
Individualized Engagement Approaches - 11/18/23 Example for 11LST based on Life Story Circles

Intervention	Likes/Habits	Daily	Weekly	Occasionally
Movement/exercise	Athletic/sports oriented Football, tennis, shuffleboard, walking	Walks daily, walks the dog, exercise oriented and enjoys group sessions		
Music	Big Bands, Boston Pops, classical symphony, Allstate chorus, played the flute, sang in church choir	Watching Boston pops is very important, likes to help "conduct" the symphony, enjoys 15-30 minutes a day to relax	Singing, choir practice	Live performances
Reminiscing/conversation	Likes to talk about WW2 naval experiences on LST Likes to talk Red Sox, Tufts football, kids, education, Elephant mascot	Remind of favorite picture of LST. Tell stories about baseball games, sports activities, point out objects outside in nature (seasonally), manipulate collection of white rocks	Nature walks Intergenerational reading/visiting	
Creativity	Writing and words	Matching definitions, simplified scrabble, spelling using banana gram tiles		
What the hands can do	Played the flute, typed, held books and turned pages, played cards/bridge <i>Did not fix things</i>	Tapping to rhythm, patterns, clapping, using a pen/pencil with note pad (unintelligible letters)	One step, simplified card games, sorting decks, folding paper/flyers/church programs	
Relaxation/meditation	Music and reading	Books to hold/simplify reading materials/quotes/familiar sayings/headlines/sports page headlines/hearing fun facts about biography of Ted Williams/Arthur Fiedler/Barnum Bailey circus		
Occupational roles	Church service work, non-profit boards, "Janitor"	Cleaning/preparation tasks at activities		
Sensory	Flowers/gardens/birds	Smelling flowers, sitting outside, bird feeders, bird baths	Weeding the garden, watering, raking	
Normalizing/organizing	Office supplies, books, dusting and straightening (not a garage or home depot go to a bookstore go)			

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Mrs. Summers Care Map
77 year old female, dementia diagnosis

Engagement Approach Chart		
Intervention Types	Likes/Habits	Ideas/ Interventions
Physical	<ul style="list-style-type: none"> able to see 	
Emotional	<ul style="list-style-type: none"> nurturing kind comfort item - throw/blanket 	<ul style="list-style-type: none"> help w/ meal times resident welcoming committee making sure she has her blanket on or around her
Social	<ul style="list-style-type: none"> 11 conversations o can not initiate 	<ul style="list-style-type: none"> introduce her to residents and start the conversation between the two
Sensory	<ul style="list-style-type: none"> good dexterity 	<ul style="list-style-type: none"> sorting things like beads coloring
Spiritual	<ul style="list-style-type: none"> strong faith o Denomination Presbyterian 	<ul style="list-style-type: none"> attend church bible study/devotional groups hymn sing-alongs

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Cognitive 	<ul style="list-style-type: none"> knows a lot about flowers can talk about travels o especially Europe (Germany) BIMS - 10 	<ul style="list-style-type: none"> talk about diff (monthly) flowers travelogues armchair travel talk in short pl and concise q
Occupational/Roles	<ul style="list-style-type: none"> retired nurse o certificates in room gardener 	
Environmental 	<ul style="list-style-type: none"> loves outdoors comfortable sitting by nurse's station wants to go home 	<ul style="list-style-type: none"> take outside create a "home" in her room o bring in decor/t

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Leadership Support

Step 5

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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

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Ongoing 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?"

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THE GAME OF LIFE

Keeping people connected

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Keeping people connected

- To promote the *preferences of individuals living or working in* long term care settings to achieve healthy and happy outcomes for both those who live there and those who serve.
 - Connecting to lifestyle preferences and roles
 - Connecting to each other (residents and staff)
 - Connecting to the community

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Resources

- **Technology**
- <https://birdsonglife.com>
- <https://engagementbundle.com>
- <https://lifeloop.com/who-we-serve/> (IN2L)
- <https://thelearningcorp.com/constant-therapy/>
- <https://tactustherapy.com/app/srt/storelink/>
- <https://generationconnect.app/case-studies>
- <https://www.lifebio.org>
- <https://www.linkedsenior.com>
- <https://www.rendever.com>
- <https://eversoundhq.com>
- <https://www.singfit.com>

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