Joyful Connections!

A Structured Social Club

For People with Memory Loss

By Caren Silverlieb and Audrey Albert King

About The Miriam Fund

Partial funding for Joyful Connections! and this guide was provided by The Miriam Fund of Combined Jewish Philanthropies in Boston, MA. Women of The Miriam Fund are daughters, members of our Jewish community who believe that every woman and girl can find the strength and inspiration needed to reach her full potential. They are philanthropists – investors in brighter futures. They are funders of grants that turn the greatest challenges into even greater possibilities. They are grantmakers – balanced decision makers and diverse peers united by purpose, given equal voices on a complex range of issues. And they are advocates – educators and leaders who address critical needs in our community and champion change. The Miriam Fund supports programs in the areas of economic advancement, education, health, advocacy, the arts, girls' healthy development, and safety from violence.

The views presented here are those of the authors and do not necessarily represent those of The Miriam Fund, its board of directors, officers or staff. We at JCHE express our greatest thanks to The Miriam Fund for investing in this project and the resulting guide. Our sincere hope is that staff in senior housing and other organizations that serve older adults will benefit from this information, as well as the older adults and their families, all of whom bear the terrible burden of Alzheimer's disease and other dementias. Again, we are grateful to The Miriam Fund for this opportunity.

About JCHE

Inspired by Jewish values, JCHE welcomes seniors from all backgrounds and enables aging in communities of engagement, connection and purpose by:

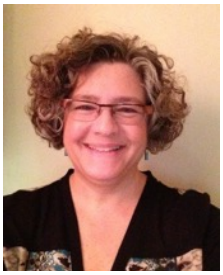
- Providing superior housing that is broadly affordable
- Continually evolving support services to meet the needs of our diverse residents as they age
- Building connections and community within our walls and in our surrounding neighborhoods
- Promoting *aging in community* as a first choice

JCHE is proud to be Greater Boston's largest provider of Jewish-sponsored, non-sectarian housing for low-income elders, with 1200 apartments and 1500 residents in six JCHE buildings (three on one campus in Brighton). JCHE is nationally and internationally recognized for offering high quality programs to encourage vibrant healthy aging enabling the majority of the residents to live out their lives in their own JCHE homes even as they face the challenges of increased frailty and the need for additional support services. JCHE provides exceptional affordable, supportive independent housing at our four sites in Brighton, Newton, and Framingham, Massachusetts. Our residents have an average annual income of approximately $14,000, with more than 93% falling into HUD's "low", "very low, or "extremely low-income" categories. The residents come from 23 countries and speak 20 languages. What makes JCHE particularly notable is its focus on providing opportunities for the residents to engage in physical, intellectual, creative and social activities, programs and services.

JCHE

JEWISH COMMUNITY HOUSING FOR THE ELDERLY

About the Authors



Caren Silverlieb, MMHS, received her Master's Degree in the Management of Human Services with a concentration in Aging from the Heller Graduate School at Brandeis University. Caren has held executive management positions in government funded, non-profit and private community-based long term care programs, affordable housing, and assisted living. She currently serves as Director of Strategic Planning and Partnerships at Jewish Community Housing for the Elderly (JCHE). Caren is a frequent presenter at state and national conferences and at private companies on working with residents with mental illness or memory impairment and has published two guides and several articles (available at no cost on JCHE's website – jche.org/guide). She serves on the Advisory and Resident Relations Committees of the Newton Community Development Foundation, the Education Committee of LeadingAge national, and the Board of Trustees of LeadingAge Massachusetts. Caren can be reached at csilverlieb@jche.org

Audrey Albert King, R – DMT, CMA, **RSME/T**, MA in Dance education. Audrey has been working in various school systems throughout her life as a dance educator and now as a Dance/movement therapist. Audrey works in the memory unit at an assisted living facility in Brookline, MA and facilitates memory cafes throughout the greater Boston area. She is also an outpatient clinician working with diverse populations. Audrey has presented at several conferences. Many of her workshops focus on the use of movement and poetry and facilitating groups for people with Alzheimer's disease and other dementias. Audrey can be reached at audirak@verizon.net

Olena Bovdur, MS in Ecology. Olena is fairly new to the world of senior services, yet she serves her role as Special Programs Manager beautifully. Olena got to know residents at JCHE's Brighton campus through the relocation process during the modernization of one of the residences. She eagerly and professionally stepped into the special programs manager role, and is doing a wonderful job with Joyful Connections! We thank Olena for all of her contributions to the creation of the program and this guide.

Why an Alzheimer's Program at JCHE?

According to the Alzheimer's Association's 2016 Facts and Figures Report, Prevalence of Alzheimer's Disease and Other Dementias in the United States, an estimated 5.4 million Americans of all ages have Alzheimer's disease. This number includes an estimated 5.2 million people age 65 and older, and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's.

- **One in nine people age 65 and older (11 percent) has Alzheimer's disease.**
- **About one-third of people age 85 and older (32 percent) have Alzheimer's disease**
- **Eighty-one percent of people who have Alzheimer's disease are age 75 or older**

When these statistics were applied to JCHE's resident population, approximately 255 residents across the JCHE portfolio had some kind of memory loss, from mild cognitive impairment (MCI), to end stage Alzheimer's. JCHE's Brighton campus includes three buildings: Ulin, Leventhal and Genesis Houses, totaling 700 apartments in which approximately 900 residents live. Of the 255 residents with memory loss, approximately 150 live on the Brighton campus. Our staff is actively involved with many of the residents with memory loss at any given time. We may only become aware of a resident's memory loss when an issue arises, such as repeated calls to maintenance, repeated questions posed to staff, rent checks either late, incorrect, or missing, calls from family members inquiring as to the whereabouts of their loved one...

JCHE's Memory Support Initiative and the Habilitation Therapy Model Training

JCHE was awarded one of four inaugural LeadingAge Innovation Award grants in 2012. The project was to learn about the Habilitation Therapy Model developed by Dr. Paul Raia and Joanne Konig-Coste, and taught by the Alzheimer's Association of Massachusetts/New Hampshire. The model is used primarily to train aides and others in nursing homes. Our task was to adapt the model to be more appropriate and accessible to staff in non-institutional settings such as independent senior housing.

Habilitation teaches us many things about Alzheimer's disease, and how to work with people who have memory loss. This guide does not review all of the aspects or modules of the Habilitation Model, but it is important to understand part of the model to understand why Joyful Connections! is designed the way it is. The next section is devoted to what is happening in the brain, to know why emotional connections are so important. If you are interested in learning more about Habilitation, the guide: **Tips and Techniques for Supporting Residents with Alzheimer's Disease Using the Habilitation Model: A Guide for Staff in Independent Senior Housing,** includes information about Alzheimer's disease, suggested methods and language for interacting with people with dementia based on the Alzheimer's Association of MA and NH Habilitation Therapy model. The guide can be found on JCHE's website and downloaded at no charge at **jche.org/guide**.

How does Habilitation differ from Rehabilitation? Rehabilitation Therapy helps a person to re-learn abilities they have lost because of an accident, injury, illness, or surgery. For example, a person falls and breaks a hip. She goes to the hospital, has surgery, and then goes to rehab to regain strength, regain muscle mass, regain range of motion, regain stamina…. With Alzheimer's disease, people are not able to relearn the things they have forgotten, or remember information they take in because of what is happening in the brain. Habilitation helps a person to maximize their functional independence and increase their positive emotions.

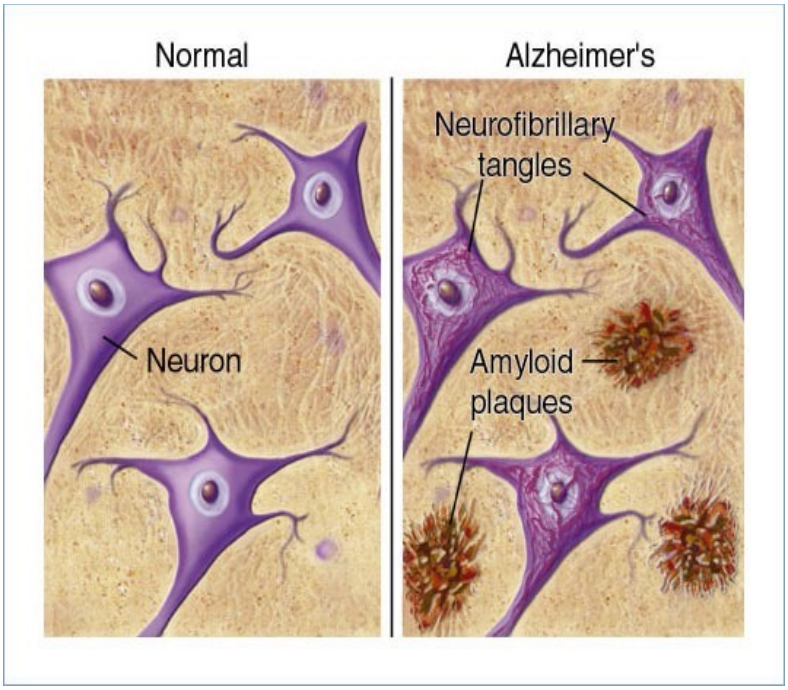
What is Happening in the Brain

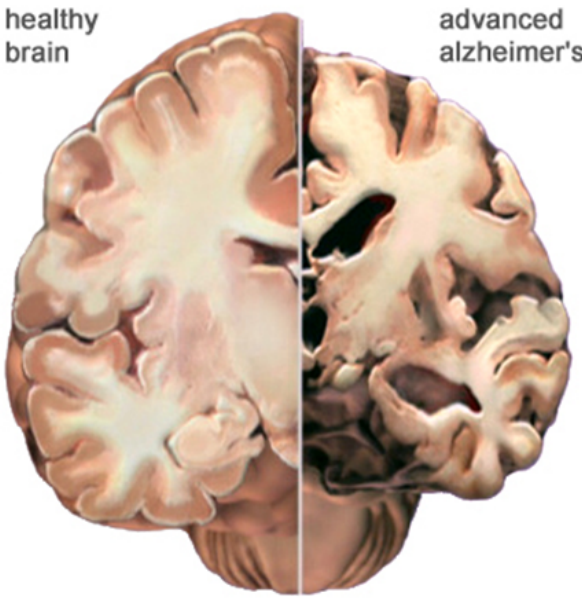
Alzheimer's is a neurological disease that affects most of the brain. While this guide does cover the basics of the culprits of the disease, it is by no means an exhaustive study. To learn more about Alzheimer's disease, check out the Alzheimer's Association's website at www.alz.org.

A protein called **beta amyloid** accumulates outside of neurons forming dark colored clumps, called **plaques**, which are the cells in the brain that are most involved with thinking, sensing, perceiving, feeling, planning, language, movement, and many other essential life sustaining functions. Plaques cause brain cells to die.

Imagine that the engine in a car was clogged with clumps of dirt and oil. It wouldn't run so well, right? Same is true for our brains when too much beta amyloid plaque builds up.

At the same time, another protein, called **tau,** which make up the walls of the neuron, erode and form what are called, **neurofibrillary tangles** which look like tangles of spaghetti under the microscope. This process of forming plaques and tangles, which is referred to as the neuropathology of Alzheimer's disease, starts many years before we see any outward symptoms of the disease. Some research suggests that the neuropathology of the disease begins 10 to 15 years prior to any noticeable changes in thinking and behavior.





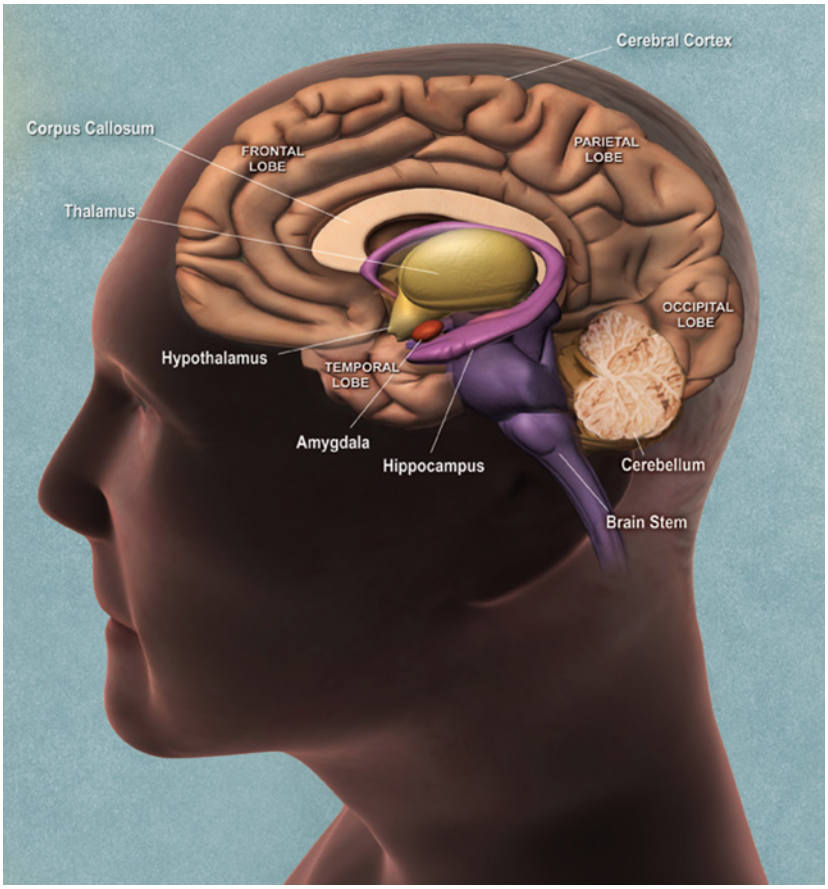
By the time the person with Alzheimer's dies from the disease, a period that takes anywhere between 3 to 18 years, he or she will have lost 2/3 of their brain weight. The normal brain weighs 3 lbs. (image on the left), and a brain ravaged by Alzheimer's disease will weigh about 1 lb. at the time of death (image on the right).

The disease starts in the **Hippocampus,** the area of the brain just above the ears on both sides of the brain. The hippocampus is responsible for processing new incoming information and putting that information that comes in through the senses in a form that the brain can use. As the disease progresses the person becomes unable to remember any new information. The disease involves most of the brain over time.

In the early stages of the disease the hippocampus is not working reliably. The person cannot always process the new incoming information or experience, and hold them in memory.

The Hippocampus is particularly involved with memory, thinking, decision making and reasoning. It is one of the first parts of our brains to "break".

For example, there are profound symptoms associated with vision. The person may lose depth perception, and the perception of certain colors may be lost, so that by mid stages of the disease the person may be only able to see the bright primary colors, red, yellow, blue, and the other colors are seen as various shades of gray. By mid-stages of the disease, the person requires 100% more light to see at the acuity as the same aged person who does not have Alzheimer's disease.



The disease also affects the front part of the brain, called the Frontal Lobe, that area that deals with planning and carrying out multiple step tasks. This part of the brain controls our judgment, especially in social situations. So, some people with Alzheimer's disease might display socially inappropriate behavior, because of damage in the front part of the brain. Experiencing paranoia (unrealistic fear), delusions (thinking something is true that is not true), hallucinations (seeing, hearing, smelling, feeling something that isn't real) can occur when the front part of the brain is damaged. Most Alzheimer's patients will have significant difficulty with planning and carrying out tasks, and at some point, require assistance with their everyday tasks of life, such as cooking, bill paying,

dressing, shopping, bathing, finding one's way in the building and getting lost, toileting, decision making, social engagement, and so on.

Due to ongoing damage in the front part of the brain the person with Alzheimer's may lose insight into their situation, and not be able to recognize that they have a problem with memory and thinking. In other cases, the affected person withdraws from family, friends and limits social involvement because they are aware of their dementias and not want to embarrass themselves in front of those people.

The disease also affects language, both the person's ability to understand language (a speed of brain processing problem) and producing language (a problem with expressing a thought, with forming the words and accessing the words you want to use). By end stages of the disease both expressive and receptive language will be lost. As the disease progresses, it compromises those areas of the brain that support how the body maintains itself.

Given all this damage in the brain, there is one area, called the **Amygdala**, which remains pretty much intact long into the progression of the disease.

Have you ever had a bad dream? When you woke up from the dream, you may or may not remember the details of the dream itself, but you still feel the feeling of the dream. That is our ability to hold an emotion. Another example is that of Mrs. R, who was in the backseat of a car with her daughter. Mrs. R was weeping. She said to her daughter, "I am so sad, and I can't stop crying, but I don't know why", as they drove away from the cemetery after having just buried her husband. She did not remember that he had died (memory), but she was holding the sadness (emotion).

The amygdala is involved with emotions: the ability to hold an emotion; the ability to perceive emotions in others; the ability to feel emotions and the need to evoke and receive emotions in others.

It is through emotion that we can build connections with the person with Alzheimer's disease because that part of the brain is still functioning. Using reasoning or trying to teach the person what he or she should or should not do may not be the best approach, because these parts of the brain (the hippocampus and the frontal lobe) are impaired early and profoundly. It is all related to which areas of the brain remain intact that we can use.

It is by establishing an emotional connection with the person that we can make the most profound changes in their emotional well-being in order to keep the resident safe, more independent, and appropriate

The Habilitation Model creates an environment around the person:

- To promote positive emotion
- To compensate for sensory losses
- To make the most of remaining skills and abilities

The following five aspects and practices, which are reviewed in depth in the Habilitation guide, provide a common language for staff and a way of addressing residents' needs for use with housing staff and families. Joyful Connections! uses these aspects of the model to best serve the participants.

1. The Physical Environment
2. Knowing and Understanding the Individual
3. Our Communication with the Resident
4. The Resident's Communication with Us
5. Purposeful Engagement

Independent Housing

Independent housing for older adults was and is now generally not physically designed to support a population of residents with moderate to advanced dementia. Senior housing, especially federally, locally or municipally funded, does not have the additional funds to support the level of staffing required to properly care for a population of significantly impaired residents. Staff usually does not have the education or experience to support this group of residents, and the communities do not have the level or type of program activity that people with dementia need.

Today, there are woefully few slots in assisted living communities set aside for low income, cognitively impaired people, leaving nursing homes as the primary option. Often there is the need for 24 hour supervision, rather than the need for 24-hour skilled nursing care. Sometimes, a resident's quality of life, as well as that of the person's care partner and family improves when that person enters a nursing home; however, the majority of low-income, cognitively impaired people move to nursing homes because of the lack of other affordable options.

This leaves an array of challenging behaviors for staff and other residents, which may create a disruption to the "peaceful enjoyment" of other residents. If the behavior is too troubling or disruptive, the resident's tenancy may even be in jeopardy. Most importantly is to remember that the residents with dementia did not ask for the diseases that cause their dementia, and we, as housing providers, need to keep in mind how difficult memory loss is for the person who has it. At the beginning of the disease process, the person generally knows something is wrong. It is a depressing, frustrating and scary time. People often withdraw from friends, neighbors and favorite activities, spend a great deal of time alone, and hasten the onset or worsening of disease symptoms. Hence – the development of Joyful Connections!

All of that having been acknowledged, people with Alzheimer's disease and other dementias already live in the buildings in which we work, they will continue to age with us in community, their dementia will continue to progress, and many of the new residents who move in will do so with memory loss.

Joyful Connections!

Creating a Joyful Connections! Program

Step by Step

Obviously, many of these steps can happen simultaneously. There is more information on these steps in the guide.

- Develop a relationship with a college or university to get interns and volunteers
- Develop relationships with Rotary and other community organizations for volunteers
- Connect with one or more expressive arts therapists (if budget allows). If the cost is prohibitive to have the therapist on a frequent basis, can he/she teach the staff some therapeutic activities?
- Hire/train staff if budget allows and/or current staff will not run the program
- Choose the right location, day and time
- Decide on the name of the program
- Create the topic headings
- Build the list of activities under each topic heading
- Build your list of healthy refreshments and food-based activities
- Build the calendar - line up the activities in advance (weekly, monthly, quarterly…)
- Purchase supplies and refreshments based on the list
- Include special activities such as entertainers, movies, special guests…
- Choose a start date
- Have a few back-up activities and refreshments if you need to plug a hole
- Create and post flyers or send invitations
- Talk it up and spread the word

Positive emotion is the

Rationale for Joyful Connections!

People with Alzheimer's disease and other dementias often need places to go and things to do to keep their minds active, keep them engaged with other people, and participate in activities that highlight their remaining skills and abilities, and most of all, they need to feel positive emotion. As a direct result of studying and applying the Habilitation Model to our work with JCHE residents, I developed Joyful Connections!, a structured, afternoon, social drop-in club for people with memory loss with or without their care partners.

Joyful Connections! operates every weekday 3 p.m.-5 p.m. in our Adult Day Health Center, when the adult day health services have finished for the day. Many JCHE residents are returning from other day programs, find it more difficult to make and maintain friendships with memory loss, or may be experiencing sundowning

There are typically three components to each Joyful Connections! gathering:

1. Exercise
2. Refreshments
3. Therapeutic Activity

Sundowning

A symptom of Alzheimer's disease and other forms of dementia marked by increased confusion and agitation that worsen in the late afternoon and evening, or as the sun goes down. Sundowning most often affects people who have mid-stage and advanced dementia. For more information and tips to reduce or avoid sundowning, see http://www.healthline.com/health-slideshow/dementia-sundowning.

Exercise

The exercise portion of the two-hour session generally last 20-30 minutes, and may involve two or even three different types of exercise to get the body moving, the blood flowing, and the mind focused in the moment. We vary the exercise, but keep them simple enough for the participants to be able to follow along, or do what comes naturally.

Imaginative and Hidden Exercise

Trips to the Imagination

Take an imaginary trip to the supermarket or mall; play a baseball or basketball game; set sail or go on a fishing trip. All you need to do this is a staff person's imagination, and/or eliciting steps from the participants who are able to contribute. For example, in order to play an imaginary game of baseball, all participants are seated, one participant can pitch, or they can take turns. The rest of the participants, while staying seated, imagine that they swing at the ball while the staff person tells everyone what happened or where the ball went (strike, foul ball, infield, outfield...). The participants, again, while remaining seated, make running motions with their legs and arms to wherever the staff person guides them (first base, second base…). If there is an avid baseball fan among the participants, she or he could also be the leader, with or without guidance from the staff person. This uses the Habilitation aspect of knowing and understanding the individual.

Another example is taking an imaginative fishing trip. Prior to boarding the imagined bus, the staff person might ask what each participant is taking in his or her bag on the fishing trip. Does the group need to make sandwiches to bring? Given that it is a group "trip", the participants would have to climb up the stairs onto a bus; maybe they would sing a song while the bus took them to the pier. Once there, they would need to climb down the stairs off the bus, and walk (doing leg lifts while seated, or holding onto a chair) and walk down the pier to the boat, climb into the boat, and store their bags under their seats. Because it is imaginative, the staff person could ask the participants what they see in the harbor or on the boat, what do they smell, what kind of fish do they think they will catch. The conversation could shift to fishing trips the participants actually took and what they caught. Are they on a sail boat? Do the sails need to be raised? Is one participant the captain? The staff person could have a lot of fun helping the participants put bait on the hooks, or participants could help one another. Casting out and reeling in is great arm exercise, particularly if it is done repeatedly.

Our group also enjoys balloon volleyball and beach ball soccer. Again, while everyone is seated in a closed circle, toss one balloon in and encourage participants to hit or kick the balloon to their neighbor. One by one, toss in up to five brightly colored balloons (remember, the primary colors are seen best by eyes and brains with Alzheimer's), and watch the smiles, even on the faces of the participants with a great deal of cognitive impairment. The more balloons in the circle the quicker each participant's chances are of hitting or kicking it. Even if the balloon hits someone in the face, they will not get hurt. One reason that balloon volleyball can be an effective form of exercise is that is reflexive in nature. Participants almost always extend an arm in effort to return the balloon, or a wrist in order to flick it back. Group members often move their bodies in ways that are different and extend their range of motion promoting effectual physical health. This exercise is a great use of two-way communication that can take place between the participants and the facilitators.

As mentioned above, discussion or cognitive exercise is equally as important as physical exercise.

The staff person should be prepared ahead of time with discussion questions about exercise, sports, home town favorites…:

- What exercise did you do as a child and/or as an adult?
- Did you play outside with your siblings or friends?
- What are your favorite sports?
- Do these movements feel familiar?
- Does anything hurt? People with Alzheimer's don't always know not to do something that others are doing. The staff person should read the faces and body language of the participants to be sure no one is exercising beyond his or her ability.

In addition to imaginative or hidden exercise, we also do more traditional exercise, such as chair aerobics, yoga, and Thai Chi. Encourage participants to do what feels comfortable and safe. Ensure that the movements are simple; do not occur in combinations that are too complicated or difficult to remember.

Refreshments

Sharing a snack with friends is a great opportunity to eat something nutritious, allow time to engage naturally in conversation and discussion, and offer encouragement to those who may need it. If you have an introvert in the group, or someone who is not able to participate due to cognitive impairment, ask that person to help with tasks like, folding napkins or passing out silverware. Not everyone participates the same way. Someone may get just as much benefit out of putting a spoon at every place setting, as participating in the activity. Again, keep in mind the "knowing and understanding the individual", as well as "highlighting the remaining skills and abilities" of each person are key aspects of the Habilitation Model.

It is worth noting here that in the later-stages of Alzheimer's, if loss of appetite is a problem, adding sugar to foods may encourage eating.

Sometimes food preparation, cooking or baking

is the therapeutic activity for the day. Participants LOVE making smoothies and fresh juices, cookies, pies, and special treats they can share with family and neighbors. They are eager to taste the smoothies with different fruits, yogurts, seltzer or diet soda. The staff person asks "what would the smoothie taste like with carrot juice as the sweetener, or grapes?"

It is important to limit fats that are highly saturated, partially hydrogenated, trans, and high in cholesterol - such as butter, solid shortening, lard and fatty cuts of meats. Also, limit refined sugars and offer fruit-sweetened or sugar free choices instead. Try to avoid foods with high sodium, or offer them infrequently.

Provide a variety of fruits, vegetables, lean protein, dairy products, whole grain foods, and some other foods, because life is too short not to have some treats. Below is a partial list of the refreshments we offer, one, two or three per day.

Fruits	Vegetables	Proteins	Carbohydrates +
Applesauce	Dried sweet potato	Cheese sticks	Crackers
Orange slices	Cherry tomatoes	Yogurt	Rice cakes
Pitted prunes	Tomato juice	Cottage cheese	Pretzels
Fruit smoothies	Cucumber slices	Hummus	Oatmeal
Fresh juice	Beets slices	Milk shakes	Cookies*
Raisins	Fresh peas	Custard	Chocolate
Fruit juices	String beans	Pudding	Salad dressing
Hot/cold cider	Sliced peppers	Ice cream	Potato salad
Banana	Edamame	Nut Butters*	Ice cream*
Berries	Veggie juices		Jello
Apple slices			
Melons			
Grapes			

*Make sure there are no allergies in the group before serving refreshments with nuts in them!

Regardless of the activity, be sure that each task is broken down to a manageable number of tasks or one step at a time. Those with cognitive impairment can still follow along. If the participants are more impaired, the staff person should prepare the ingredients ahead of time in premeasured amounts. The participants then only need to be encouraged to add the ingredients together. Everyone can take turns stirring.

Expressive Arts Therapy

Expressive Arts Therapy combines the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development. Expressive arts therapy informs communication between therapist and participant as often times verbal language and processing can become impaired. Each art has its own language that can be used to connect and externalize thoughts and feelings that otherwise would go unexpressed. Because of the grant we received to support the program, we are able to have an expressive arts therapist lead the group once or twice per week. JCHE developed a relationship with Lesley University's Expressive Arts Therapy department. Not only did we successfully write and receive a National Endowment for the Arts grant, but also executed a fantastic expressive arts program for any JCHE resident who chose to participate.

There is an abundance of evidence-based research confirming that art therapy or any of the expressive therapies is beneficial to people with Alzheimer's. While JCHE was able to engage various art therapists, the section below includes activities that anyone can do with people with memory loss. The section includes therapeutic activities in Art, Dance/Movement, and Music.

According to the American Art Therapy Association, the creative process of visual art making improves and enhances physical, mental and emotional well-being. Art therapy is used to:

- increase functionality
- resolve conflicts and problems
- develop interpersonal skills
- manage behavior
- reduce stress
- handle life adjustments
- achieve insight

At Joyful Connections! we use a variety of art projects. While we offer art activities once or twice a week, we also are able to have a trained art therapist facilitate a project a few times per month. Here are five examples of therapeutic art activities:

1. Picture Monogram

Decorate the first initial of a resident's name with pictures of themselves and their families to hang on the threshold of the door to their room/apartment, or activity space. This project is a great way for folks to help them to be able to find their rooms and maintain their identities.

You will need a fairly large wood or heavy cardboard initial (letter) of their first or last name. Mod Podge, family pictures (black & white is nice, all sizes), and paint if you choose.

Strategically pre-arrange pictures on the letter so they cover the whole front side of the letter, you might have to cut the pictures, going for a collage look and for the entire surface to be covered.

Assemble: paint a layer of mod podge onto the front of the letter. Stick a photo onto the letter and smooth it down. Brush another layer of Mod Podge on top of the photo. This layer will dry clear. Keep adding pictures and brushing Mod Podge over each picture. When finished you may want to paint the sides and/or the back of the letter with paint. This is optional.

*Tip – Depending on the thickness of the pictures and how big the letter, it may be a good idea to copy the pictures onto paper and use the paper copies of the pictures for this project.

2. Heart Map

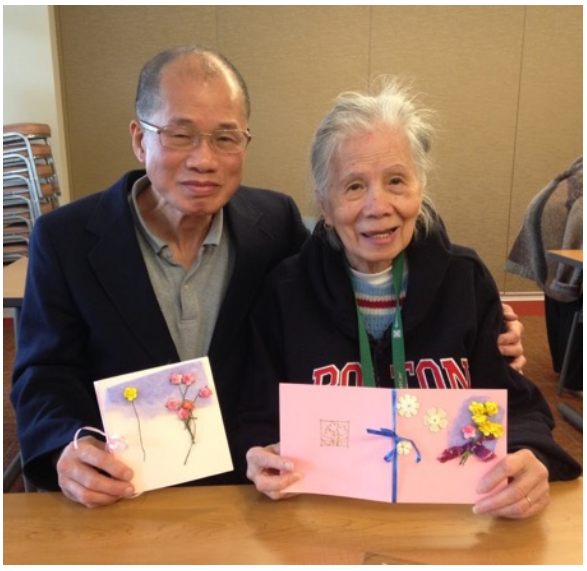
This is a group activity of up to 10 participants in which members are asked to identify a positive quality or trait that they possess (may need prompting). Group members can then choose a color to represent their positive quality. Cut out the pieces of the heart picture in Attachment 1. Have each participant color in their puzzle piece and write the attribute on it, or have staff assist. The puzzle then gets put back together with all the colors and pieces. The heart represents the good heartedness of the group.

Be creative! There are many varieties of heart maps on-line. This is just one.

3. Group Mandala

Description: Sanskrit means “essence” or “containing” so this art activity can feel very containing and safe (physically, emotionally). Working on a mandala as a group is a nice way to feel like you are working as an individual who is also an important part of a group.

See Attachments 2 and 3 for sample blank mandala (or download your own at www.printmandala.com). Cut the wedges according to the number in your group. Have each participant color their wedge (colored pencils work best) until all filled in. Have a pencil sharpener handy. Reassemble until whole, glue using Mod Podge and let dry. If you are using a private space, matte, frame and hang mandala.



4. Cards with a Purpose

Part of the Habilitation Model is creating purpose and meaning with the activities for people with memory loss (see Purposeful Engagement section). Card making is an easy and fun activity that results in greeting cards participants can use. You can use a variety of supplies to decorate the front of the card including colored pencils or markers, cloth, wallpaper samples, and a huge selection of inexpensive stickers from a craft store or purchased online that include messages for the outside and inside of the cards, such as Happy Birthday, Happy Anniversary, Happy Graduation, With Sympathy…. You will need scissors, glue and card stock (one 8 ½ x 11 piece can be cut to make two cards). Staff should offer to assist with signing and addressing the envelopes, which can be purchased separately.

5. A Fall Project

This activity is a bit more complex, but very enjoyable for the participants. It can be used for a seasonal activity, fall holiday, reminiscing. It is sensory (smell, touch), about gathering, preserving beauty, can be festive, a gift, used to stimulate conversation, create a sense of cohesion.

You will need leaves (which participants or staff can gather), thin aluminum foil, spray adhesive, inexpensive Matte Black (our choice of color) spray paint, grade zero soft steel wood, a surface to mount on (wood block, cardboard, stretched canvas).

Spray adhesive on mounting surface and front of the leaves, gently press leaves down vein side up, spay another coat of adhesive on top of the leaves, place foil shiny side up over the leaves, rub over the leaves to reveal the textures of the leaves and the mounting surface, spray paint the top of the foil with the Matte Black and let dry. Very gently with the steel wool rub the surface of the foil until you get the desired amount of silver shining through (this varies from person to person). Tip - if you accidently rip the foil, spray a little more paint there or color in with a similar marker.

Props

If you have a participant who has more advanced dementia, do not leave her or him out. Even if he or she cannot participate fully in the activity, there is always something to do. For example, while our group was creating three-dimensional flower pictures, every few minutes, this gentleman was handed a few markers, colored pencils, glue sticks… He was unable t o use them for their intended purpose, but he was still participating.

Music Therapy

Music therapy is used for creative self/ group expression, and is an excellent way to communicate non-verbally, especially when words may not be available. Music directly stimulates memory and has the ability to bring participants back into specific moments in time. Music is a natural “feel good” people often spontaneously begin singing along to even if they haven’t heard the song in decades. That in itself is comforting. Rhythm-based group experiences build cohesion and stimulate the brain as well as achieve the following:

- fostering a sense of belonging, connection, and community building
- rhythm is organizing
- group energy is contagious
- decreases anxiety (staying present)
- creates calm, peace, revitalization, and joy

Do it yourself musical instruments that people can make relatively easily and with help to play and enjoy with each other.

Therapeutic Music Activities

1. Egg Shakers

All you need is plastic eggs (usually can find at crafts stores or online), filler material (rice, quinoa, beans, etc.), duck tape, which now comes in bright colors and decorative patterns.

Fill the eggs with some dry mixtures and seal them shut with duck tape (half the width should do the trick). Try filling them with different filler materials and different amounts to see if you can hear a difference. That could be done on one day, and have the group vote on which they would like to make another day. Use them to accompany music playing in the background. Group members can shake them to the beat, on different body parts, use various rhythms, switch hands, throw them up slightly and catch them, etc.

2. Drumming circle

Participants sit in a circle with home-made or professional percussion instruments and play music together. Drumming therapy is empirically proven to decrease anxiety and depression. The pulse is reminiscent of the mother's heartbeat and is extremely soothing. Members attune to each other and begin to find their own unifying beat/group expression. The unique thing about a drumming circle is that there is no emphasis on language, to be understood, to hear, make sense of or try and communicate. Members can just be and express. Drumming circles are a great place for group members to express frustration in a safe way. There are many ways to have a drumming circle. The facilitator can begin or have a participant begin with a simple beat. Each participant can join in at her or his own pace and rhythm. Or the facilitator can play a song on a CD or the radio, and the group can play along to it.

Following an African drumming activity:

"I'm not trying to change the world. I'm just trying to change myself. But you never know, I could change

3. It's a Good Day - song by Peggy Lee adapted for music therapy

This song is a model for an interactive singing experience which is theme oriented. There is a cognitive and social component. All you need is the song (https://youtu.be/g-PqM0BSmt4) and your voices.

Lyrics

Yes, it's a good day for singing a song,
and it's a good day for moving along;
Yes, it's a good day, how could anything be wrong,
A good day from morning' till night

Yes, it's a good day for shining your shoes,
and it's a good day for losing the blues;
Everything to gain and nothing' to lose,
A good day from morning' till night

Cause it's a good day for paying your bills;
And it's a good day for curing your ills,
So take a deep breath and throw away the pills;
Cause it's a good day from morning' till night.

The group can sing the song through once and present a theme. For example: what is something you like to eat/do at Thanksgiving time (or one that you or the group chooses). Someone might say “eat a pie”. You sing the last verse to the song: Cause it’s a good day for eating some pie, and it’s a good day for _____ (they fill in the blank with a rhyming phrase). For example: watching the clouds go by or wearing a tie. Then you sing that all together, “It’s a good day for eating a pie and it’s a good day to watch the clouds go by” and add…So take a deep breath and throw away the rest, Cause it’s a great day from morning till night. Then you can ask what are some other things that people like to do around Thanksgiving and repeat the format about ½ dozen times or until almost everyone has a chance to speak if they so desire.

4. Sing-a-long with Lyrics on Screen

You can find almost any song you would like to sing with a group on YouTube. And YouTube has a version of most songs with the lyrics printed across the video as it is playing. This is different from karaoke, which you can also find on YouTube and can be a fun activity, but there is no vocal accompaniment to help out with lyrics. This type of sing-a-long can be a welcome break

from using songbooks. Hands free singing allows for people to embody the song and be more social.

This requires a way for Youtube to be on a TV or projected onto a screen through laptop, ipad or iphone. Numerous playlists can be created on YouTube. Hook up is not as complicated as it may seem. Participants receive much pleasure and enjoyment from this activity.

5. **Lyric Analysis - Analyzing song lyrics using cognitive and communication skills (expressive language) in a social situation.**

   All you need are the lyrics to a song, such as “You are my Sunshine“ recorded or live on piano, guitar or other instrument. Have the group sing the song “You are my Sunshine” Discuss the lyrics and guide the group to the realization that “sunshine” in the song is someone that makes them happy when they are feeling sad. Sing the song again with/for each participant substituting their chosen person for the word “sunshine” until the very end when you insert the word “sunshine” back in for “please don’t take my sunshine away.”

Dance/Movement Therapy

The American Dance Therapy Association defines Dance/Movement therapy (DMT) as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.

Dance/Movement therapy is:

- Focused on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment. Body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy.
- Practiced in mental health, rehabilitation, medical, educational and forensic settings, and in nursing homes, day care centers, disease prevention, health promotion programs and in private practice.

- Effective for individuals with developmental, medical, social, physical and psychological impairments.
- Used with people of all ages, races and ethnic backgrounds in individual, couples, family and group therapy formats.

More information about dance/movement therapy can be found at www.adta.org

Dance/Movement Therapy (DMT) is an expressive art therapy that senior housing can provide to their residents. DMT improves the quality of life for people suffering from Alzheimer's disease and other dementias. DMT improves cognitive functioning, helps the participants to build and maintain physical conditioning, creates a sense of community and often many joy filled moments. DMT is especially vital for people with memory loss because it allows them to live in the moment, be present, and feel alive in their body/mind/spirit. When a person is fully involved in an experience that is engaging on all levels, a sense of self and purpose can be restored.

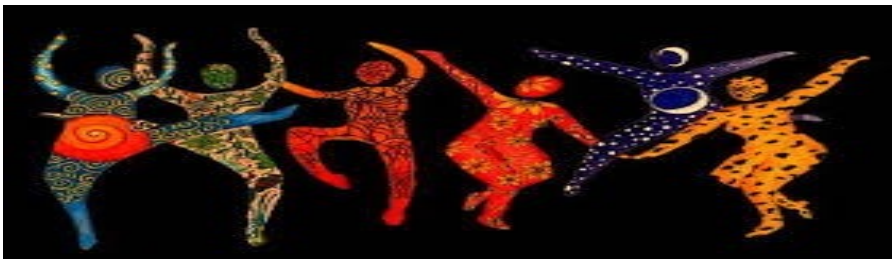
Creativity and improvised movement work enable participants to develop new ways of being in the world in themselves and in interactions with others, and to delay cognitive deterioration (Karkou V., Meekums B., 2014).

Much like music therapy, dance/movement therapy has many positive attributes:

- Creative self/group expression
- Nonverbal Communication – crucial when words are not readily available
- Be seen/heard - to be met where they are in the moment (ever-present in an ever-changing world)
- Safety – emotionally/physically
- Containment
- Trust (the therapeutic relationship)
- Movement stimulates memory/body memory/motor memory/sensory memory
- Rhythm is organizing
- Group cohesion/belonging/connection/building community

- Group energy contagious
- Decreases anxiety – staying in the present moment
- Increases calm, peace, revitalization, and joy

Dance Movement Activities



1. Mirroring

Mirroring is a form of nonverbal communication practiced by Dance/Movement Therapists (DMTs) to convey empathy. To participants this translates to: I see you, you are important, I accept you, and I value what you have to say. Natural movements in dance/movement therapy sessions generated by group members are mirrored back to individuals and/or the group by the therapist/group facilitator. This dance becomes a dialogue through which the therapeutic relationship is enhanced. In this way participants can feel understood, accepted, validated and met exactly where they are for who they are in the moment. The intent is validation, deepen the therapeutic relationship, creativity, and to improve cognitive function.

Choose lively music with a strong beat. Have the group find the beat by clapping together and sustain that rhythm until group members appear to be clapping as a unit.

At some point early on a group member will present a movement variation. The staff member then has a choice to call attention to the group member acknowledging the seen movement and inviting the group to try it, or simply stating something to the affect that we have an option to try the movement this way…

2. "You Raise Me Up" – song by Josh Groban

Music is magical for many people with Alzheimer's disease. In addition to taking one back in time, there seems to be a deep appreciation of voice, musical accompaniment, and poignant

lyrics rich with imagery. This song by Josh Groban meets the above categories. The intent is to breath and embody the emotion of the song, self - expression and moving together.

*Create movements that echo the lyrics.

“You raise me up” - both arms reach long out to the side and sweep up high as you inhale
“So I can stand on mountains” - join hands palm to palm above head (mountain pose)
”You raise me up” - repeat line 1

“To walk on stormy seas” - a hand gesture of some sort simulating the rolling sea “I am strong” - both arms make a muscle as if you were showing off your biceps “When you are on my shoulder” - one hand crosses chest to gently pat shoulder few times
“You raise me up to more than I can be” - repeat the movement that accompanies this phase, but this time complete arm circle by crossing arms over head to come down and across the front of the body to end in a self hug and squeeze

2. Movement Choir

A Movement Choir is a group dance that evolves by participants each contributing a movement to the choreography. All participants then perform the same movement at the same time. Often, and for the purposes of this population the choir is done in a circle where participants can see each movement facilitated as the dance cycles through to the end. Moving together in this way can be energizing and lead to a greater sense of vitality, joy, a sense of safety and belonging. A Movement Choir can have a focus or a theme like: a holiday, animals, or a warm-up using different body parts, or it can be completely random. Rudolf Von Laban, a dance artist and movement theorist created the Movement Choir in the early 1900’s. The intent is individual creative expression through improvisation, community building through moving together, and memory recall.

The environment for the session should be prepared ahead of time by putting chairs in a circle. Ideally a helper should be stationed directly across from the facilitator so both are equally visible to all in the circle, feel safe and contained. Many people who have Alzheimer’s, especially depending on the stage of the disease process, have lost peripheral vision.

- Verbally introduce and briefly explain the activity (what we are going to do).

- Demonstrate by creating the first movement
- Repeat the movement you created and ask the group to mirror or echo it back to you. You may have to repeat this step in a call and response fashion a few times.
- Invite the person next to you to add on a movement. Have the group mirror that movement back.
- Add the second movement to the first movement (facilitator's movement).

Now there are two movements in the movement choir. Keep adding on to the choir in this fashion until you have reached the last person in the circle. Then you have completed the Movement Choir and are ready to perform it through. The participants will be looking toward the facilitator and helper to lead them through each movement.

Tips: If a participant is having trouble creating a movement, ask them to do the one before that with you and see what movement naturally comes after that movement. Even if it is a small gesture you can use it and make it special. As a facilitator it is crucial that you remember the sequence of movements, as you move through the circle it helps to look at the person who created the movement to jog your memory. If you as a facilitator forget or make a mistake you are human, humor is always appreciated, and improvisation is great!

3. Scarf Dancing

You will need scarves as props that can be used to stimulate movement. Scarves that DMTs use are made of chiffon and are light, airy, colorful and translucent. Scarves are easy to hold and manipulate. One can hold a scarf delicately by the fingers, which can promote graceful flowing movements. A scarf can also be firmly held by the whole hand, in the fist in order to accommodate stronger, bolder movement. In this way, a variety of emotions and creative expression can be experienced and articulated. The extension of the arms, and therefore reach space around the body, encourages flexibility to accommodate bigger movement. Scarves can be a great way to create connection, especially if words are not readily available or accessible. The intent is creative expression, hand-eye coordination, hand dexterity/strength (important as pincer grip/fine articulation of the fingers diminishes), increase range of motion in upper

extremities and spine, grace in movement, opportunity to express a broad range of emotion, deepen therapeutic relationship.

Pass out scarves and be prepared for participants to receive/explore them in different ways, i.e.: wear them, fold them like a napkin, and hide them in their clothing. Begin your session by interacting (moving with them/greeting). As a facilitator is sensitive to the movement the participants are performing with the scarves. Pick up a movement and get it going for the participants to mirror. This may either establish the beginning of the session or flow into another part of a session.

Suggestions: guide participants through levels, spatial patterns like spirals, dynamics inviting a wider range of expressive movement (light, strong, quick, etc.). The facilitator can offer images; ask about the colors of the scarves. The facilitator can walk/dance around the circle and interact with individuals briefly with one another's scarves. Group members may be able to balance them on different body parts, scrunch them up in a ball and throw them to each other. Facilitators should be sensitive to the moment and whatever arises or presents itself for opportunities in the moment for movement suggestions.

5. Movement Meditation

Movement Meditation is a form of meditation that uses movement to cultivate an awareness of the mind/body connection. Movement meditation is a mindfulness-based practice that uses the breath to initiate movement. Movements are gentle, repetitive, kept simple and to a minimum to optimize relaxation, inner peace and decrease anxiety and disrupt intrusive thoughts. The intent is mind/body connection, deep relaxation, decrease anxiety.

Inhale and raise both arms up towards the sky like you are making a snow angel

Exhale and lower both hands to heart

Inhale and press towards toward the ground, palms facing the earth

Exhale, hands meet at belly rise up to chest and open in a greeting - like gesture outward the group horizontally

Repeat the above, one movement flowing into the next, riding on the breath over and over again until the end of the song.

Zen or new age music works best for this activity.

“When the soul of a person is engaged there is aliveness, energy and presence.” ~ Gabrielle Roth

The Power of Dance/Movement Therapy - The Story of “C” by Audrey Albert King

Early on in the evolution of the group C. would often rise eagerly to join me in a dance. The way she placed her hand on my shoulder and the manner in which she held her elbow up communicated to me that she had spent time dancing with a partner in her life. C had a specific step pattern to her dance that took me a bit to pick up and then follow. In fact, I am not sure that I ever really got the footwork down! The first day I was dancing with C she was definitely leading our dance. The group seemed amused to watch my confused feet fumble along. C’s body was so regal, I was busy attuning my body with her elegant one, looking into her eyes that were searching mine and smiling that I was slowly working my way down to my feet. C’s dance was effortless. Sensing my difficulty to grasp the footwork she began to speak the phrase, “cha cha cha, cha cha cha.” The rhythm organized my feet even though they were probably not going in the right direction. Nevertheless we were able to then do a dance together, maybe a waltz, cha cha or hybrid of the two. This simply did not matter. The dance that was really important was our dance, the dance of invitation, of safety to accept, a willingness to be seen, a seeing, an accepting, a dance of validation and deep respect. There was a dance of attunement as I mirrored back the elegance I observed and experienced, her strength and refinement, which my body/mind felt was most important in that moment. There was the dance of negotiation, how we navigated space together, accommodated to each other’s bodies and where we went in space. There was the dance of empathy initiated by my partner C as she sensed my difficulty with the

steps she was performing, uttering the three simple identifiable syllables “cha cha cha” still looking into my eyes, but smiling, then both of us smiling. Now came the dance of ease and freedom where we covered more ground, spun around in space more, allowed our eyes to leave each other. It was in these moments that C seemed to be off in another time. As a dance/movement therapist these moments seemed important, and I felt my role switch from an integral dance partner and therapist to a more supportive role, so C could continue to be engaged in her experience. From a larger perspective one could say this was largely a dance of nonverbal communication or as BC-DMT Suzie Tortora would say a “Dancing Dialogue.”

C and I shared many variations of this dance. Then C wasn’t so active for a time, often falling asleep in-group or presenting with low energy. This was distressing, but also seemed like a natural cycle for her that needed to be respected/protected. About a month and a half later C emerged from her somnolence and our dancing resumed. C was and is a bit sprier; her eyes had a bit little more sparkle.

A few weeks ago C happened to be sitting next to me in the circle with my portable speaker situated behind her. I had paused my playlist for a moment and when I turn the music back on it came roaring out of the speaker. Our whole circle startled. One hand shot out to the speaker so I could turn down the volume and my other hand went to C’s ear to protect it from the sound. The group settled, some were laughing, there was a din. C placed her hand over mine that was on her ear and squeezed it. She then glanced up at me and smiled, looked away, but still kept her hand on mine. I needed to disengage to go on with my group. I was grateful that C reacted to my gesture in that way. I slid my palm down to her cheek, which was small, soft and warm before gently removing my hand. C’s hand went to the place my palm had left. Almost upon impact I saw tears begin to flow. C looked up at me and said “Thank you”. I bowed my head and smiled holding her eyes in mine before she turned away.

Octaband

For over 30 years, dance/movement therapist Donna Newman-Bluestein has gone into institutional settings and spread the joy of movement. She sings and two-steps, greeting everyone by name and shaking hands. Newman-Bluestein’s dance engagement is not just fun, but a form of psychotherapy which she has been doing since 1978 with people from 3 to 103

with mental illness, chronic pain, coronary artery disease and dementia. Since 2002, her focus has been exclusively on transforming the culture of care through dance and embodied caregiving for people with dementia whose condition fosters isolation and depression. While some may only be able to muster a nod of the head or a flitter of fingers, few leave her sessions without a smile and a greater sense of community, alertness and well-being.

To motivate a group of people with mid to late stage dementia who were challenging to engage, Donna invented the Octaband® which was so successful, she subsequently manufactured it for worldwide distribution.

Newman-Bluestein is a senior lecturer in Lesley University's graduate school, trainer, international workshop presenter and speaker, performer with the intergenerational dance company Back Pocket Dancers, and the official spokesperson for the American Dance Therapy Association. The Octaband can be purchased here: https://danceforconnection.com/octaband/, and the website includes several Octaband activities.

Creative Writing and Drama

TimeSlips

TimeSlips Creative Storytelling is an evidence-based, award-winning and person-centered activity that improves well-being by infusing creativity into the lives of people with memory loss. TimeSlips offers simple tools, training and inspiration to families, volunteers, students and staff in all settings. This method was developed by Theatre Arts Professor Anne Basting at the University of Wisconsin-Milwaukee.

I highly recommend taking the TimeSlips online course to become a certified facilitator. Find TimeSlips online at www.timeslips.org. I learned about TimeSlips from Beth Soltzberg, Director, Alzheimer's/Related Disorders Family Support Program at Jewish Family & Children's Service Boston at the JF&CS Memory Café. It was such fun; I had to include it in the guide.

This method encourages you to invent the story behind a picture. TimeSlips "replaces the pressure to remember with the freedom to imagine".

The information below was on a handout at Beth's Memory Café.

You will need an interesting photograph (available on the TimeSlips website or choose your own that really grabs you), a marker, an easel and chart paper. If you do not have these supplies, you can certainly use a pen and paper.

1. Find a photo. You can find one in a magazine, a book, or visit www.timeslips.org, and click on "Start a Story." (A personal photo may not work as well, because it can create a sense of pressure to remember the people or the event.)

2. Work together to invent details about the picture that you see. Take notes as you go.

3. Your story will be richer if you ask questions like these and include many details that involve the five senses:

    a. What could this person/people's name(s) be?
    b. Do you think s/he has a family: parents, grandparents, children, siblings, cousins?
    c. What's his/her profession?
    d. What happened just before this picture was taken?
    e. What's going to happen next?
    f. What is the person in the photo feeling?
    g. What would you hear in this picture?
    h. How does it smell?

i. How would it feel to be in this place?

4. Reminiscences may come up naturally as you work together to invent your story. Try to enjoy the story as it unfolds, and to avoid a sense of pressure to remember particular people or events.

5. Pause to read through the pieces of the story out loud a few times, so that you can begin to stitch them together like a quilt.

6. Be playful! A spirit of invention will help you enjoy the process, and unlock those treasure troves of imagination.

7. Decide together when the story is done. Give it a title! If you wish, share your story with others, and at www.timeslips.org

I Am - A Collaborative Poem

This activity is from American Life in Poetry: Column 319, by Ted Kooser, U.S. Poet Laureate, 2004-2006. The poem is fill-in-the-blank based on your participants' contributions. This can be done a number of ways. For example, you may ask each participant to respond to one statement, such as "I am" and have them fill in the blank, or any two questions. You can use this exercise over and over if you change the introductory statement each time. Go around the room and have the participants respond with the first thing that comes to mind. Allow them to pass, but call on them again in case they needed the time to come up with something. Write their responses down, and after each person has had a turn, add a phrase or sentence such as "We are the people from _____", or This is how you can know me"…

I AM POEM (fill in the blacks with the directions)

I am (Two special characteristics you have)
I wonder (something you are actually be curious about)
I hear (an imaginary or actual sound)
I see (an imaginary or actual sight)

I want (a desire)
I am (the first line of the poem is repeated)

I pretend (something you actually pretend to do)
I feel (Something imaginary)
I touch (an imaginary touch)
I worry (something that really worries you)
I cry (something that makes you sad)
I am (the first line of the poem is repeated)

I understand (something you know to be true)
I say (something you believe in)
I dream (something you actually dream about)
I try (something you make an effort to do)
I hope (something you hope for)
I am (the first line of the poem repeated)

Purposeful Engagement

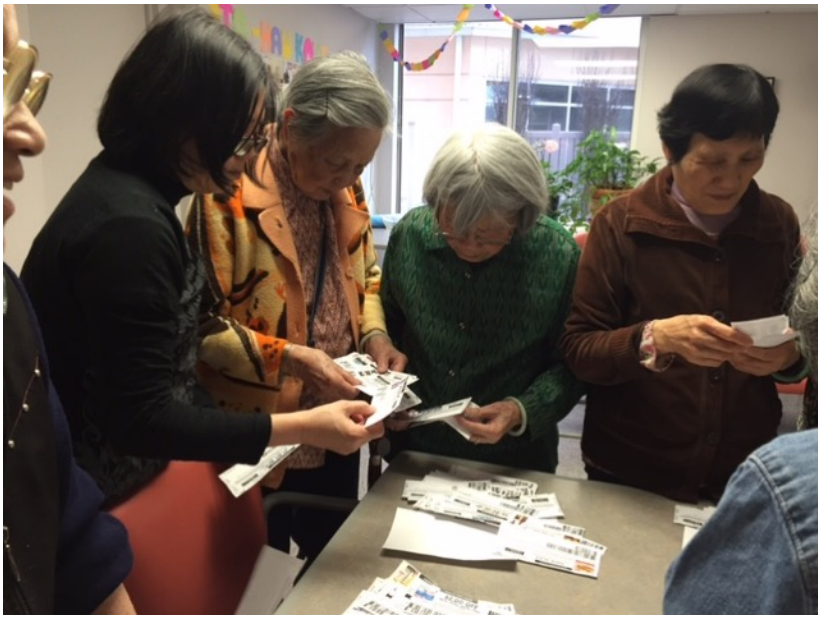
As we age, many people feel a lack of purpose. We are no longer raising children, no longer employed, perhaps no longer physically or cognitively able to care for our spouses or ourselves. Humans need to feel a sense of purpose, and the Habilitation Model teaches us ways to bring purpose and meaning into the lives of those we serve.

In general, purposeful engagement:

- ✓ Makes the participants feel a sense of purpose
- ✓ Keeps the participants engaged and active
- ✓ Physically and mentally maintains their remaining skills and abilities
- ✓ Promotes positive emotion
- ✓ Reduces withdrawal and depression
- ✓ Keeps them active in the day for a better night's sleep

For example, this photo is from our group. They are planting daffodil bulbs in small ceramic pots. They were looking forward to the activity itself, but loved it even more when we told them that their efforts were especially meaningful because we were donating the planters to a nearby children's hospital. As a group we decided what the note would say that the staff person printed and attached to each pot before bringing them to the hospital.

Another example: We printed out sheets of coupons from local stores or manufacturers. The purposeful activity was to cut out the coupons and sort them into categories such as food, toiletries, household items, over the counter medications… The group had a nice time cutting out the coupons and sorting them, but what made the activity was the music playing in the background, the conversation and laughter, and when we told the group that the file box full of the coupons they cut out would be kept on the front desk and available to all residents, families and aides. The group was proud that their efforts would result in money savings for themselves and their neighbors. Once a month or so, the activity is repeated, old coupons removed and new ones put in the coupon box.



One more example: Alice lived in one of the JCHE buildings. She had been very active in her life, and moved in because of memory loss. Alice would attend an activity until the end, then

come immediately to the front desk, and say “There is nothing to do here. I’m so bored”. The brilliant resident services coordinator, Jen Rich, knew just what to do. She collected a pile of magazines, and instructed the front desk resident volunteer to say the following when Alice did her thing: “Alice, thank goodness you are here! The elementary school down the street just dropped off these magazines, and asked if we had someone who would be willing to cut out the pretty pictures, so the children could make a collage. I sure could use your help, are you willing?”. How could Alice say no… it was for the children! So Alice sat patiently cutting out pictures for the next hour and a half. The activity was full of meaning to her, and it kept her engaged.

Keeping people with dementia involved, engaged, active, and having a daily agenda is one of the most challenging problems in independent housing. As stated early on – senior housing, especially federally, locally or municipally funded, doesn’t usually have the money to support the level of staffing required to properly care for a population of significantly impaired residents. And again, that having been acknowledged, they are already our residents, and they will likely not die or move into a nursing home on our schedule. This is the primary reason we developed and implemented Joyful Connections! The participants look forward to having a place to come (or be brought) each weekday afternoon.
Most challenging symptoms associated with Alzheimer’s disease are caused because residents become depressed, withdrawn, and bullied or shunned by the cognitively intact residents. Social isolation and loss of status among peers can cause agitation, anxiety, paranoia, disorientation, depression, anger, disinhibition, wandering, loss of appetite, sleep disturbance, etc. Finding ways to keep the person engaged in activities is a critical piece in our efforts to keep the person in senior housing longer… even if only for a few more months.

If the resident is new to your building, a good sense of his or her personal history might help in planning what activities that would interest them (see Knowing and Understanding the Resident in the Habilitation guide – jche.org/guide). It can be helpful if a staff person or another resident actually invites the new resident to participate in the activity for the first time and escort her or him to the activity and make her or him feel welcome. Almost all challenging behaviors that cause a person to leave senior housing prematurely are caused by the lack of meaningful

activities available over the course of the day and early evening. Again, this is why we developed Joyful Connections!

Tips for keeping the participants socially engaged

- Have family/ friends provide you with a good personal history of the resident and ask about how the

Other Activities

To review, each gathering of Joyful Connections! includes some form of exercise, refreshments, and an activity. For the most part, the activity is therapeutic in nature, and may be facilitated by an expressive arts therapist. However, because the program operates five days per week, there are many days on which we do other activities.

It is okay to just be entertained sometimes. People with memory loss are people first. Memory loss is just another way the body is impacted by illness. Participants in memory loss programs should join other larger activities (as appropriate) such as cultural movies, performances, theatre, bands, dancers, children, animals…

Games such as Tic Tac Toe, Ring Toss, Corn Hole (beanbag toss), Bingo and many others can be purchased online on at http://store.best-alzheimers-products.com/activities-for-alzheimers/games-for-people-with-alzheimers.html, or at https://wisernow.com/wn2/?post_type=product (especially the MindPlay Connections), or a number of other Alzheimer's-related websites. The most important thing about games for people with memory loss is that they not be too complicated. They may be games with which they are familiar from their youth, or games that take little physical effort, to larger and electronic games like Wii.

One of the activities that our group enjoys is **placemat puzzles**. Purchase a few different, colorful plastic placemats, and cut them into different shapes (10-20 pieces). Be sure to keep the pieces of each placemat in

separate plastic bags as mixing them could cause great frustration if the pieces do not fit that puzzle at all. We cut the pieces so they fit nicely in zip-top bags for flat and easy storage. Break the group into smaller groups and have them work on the puzzle together. If one participant does not easily work well with others or is too impaired to be successful in the group, try this activity just for him or her. If your budget does not allow any purchases, see Attachment 6 for a color copy of this mat, which was downloaded from an online kitchen store.

Scheduling Activities

The easiest way to create a calendar for any program like Joyful Connections! is to create topic headings first. The topic headings can have whatever activities your participants like, such as:

Nature, Travel, Art, Music, Five Senses, Animals, Food, Sports, Memories, Trivia, Favorites, Other topics

The next step is to make a list under each heading, similar to what we did in the Refreshments section. For example, under Nature we might list:

- A visiting service dog
- Look at pictures of a farm and discuss the animals
- Create artwork of a beautiful sunset
- Take a walk outdoors and look at the flowers
- Arrange flowers in a vase
- Plant seedlings in paper cups
- Create a garden on paper

Then build your spreadsheet with the topic headings and 15-20 activities under each.

Nature	**Art**	**Music**	**Five senses**
Plant seeds	Discuss a famous piece of art	Have a drumming circle	Smell essential oils and reminisce
Invite a visiting service dog	Create themed artwork for a holiday	Host a student concert	Have a taste test of one or two foods/drinks

Arrange flowers in a vase	Take a virtual museum trip online	Research a musical instrument	Guess what animal makes this sound

Be creative, know your participants, elicit ideas from the group and individuals, and as frequently as possible do an activity with purpose and meaning.

Building a Calendar

Once you have topic headings, and a list under each heading, set up a rotating schedule. For example: let's say you plan to hold your program once per week (four times per month).

Week 1	**Week 2**	**Week 3**	**Week 4**
Nature	Art	Music	Five senses
Food	Travel	Nature	Art
Music	Five senses	Food	Travel
Nature	Art	Music	Five senses

Once you have a monthly template, fill in the calendar with one of your activities each session, however often you plan to hold the program. See a sample calendar on Attachment 4.

Staffing

The staff person/people must be knowledge and have a clear understanding and experience working with people with memory loss. The understanding is innate in some and can be learned by others. But some people are not cut out for working with people with dementia, so be mindful of who is running and/or working on the program. The person should have appropriate activity planning for level(s) of memory loss. If possible, have a certified personal care assistant present at each session. Develop a relationship with an expressive arts therapy school if possible. Arrange for an internship, volunteers, and individual therapists. Staff to participant ratio is dependent on levels of memory loss (2 minimum, 1 staff/volunteer per five participants)

Tips on Starting the Program and Getting Participants

- Be mindful of what you name the program and how you refer to it – the name itself can entice people or turn them off. We went with Joyful Connections! because it suited our population.
- Choose the right term for dementia for your group (memory loss, brain disease, Alzheimer's, memory impairment, cognitive issues…). Ask a few people their thoughts before naming and describing the program.
- Hold the program at the same time, each day it is held, and in the same location. Consistency is extremely important, so choose a time that works best and stick with it. (10 a.m., 2 p.m., 3 p.m., daily, weekly, monthly). Having the program at the same time and in the same location each time will help people with memory loss remember it. While that sounds counterintuitive because the participants have Alzheimer's, Procedural Memory still works (see Attachment 5 for The Four Types of Memory).
- You may try creating personalized invitations for residents with memory loss whom you believe will benefit from joining.
- Elicit ideas and feedback from the participants, and have them help plan the programs.
- Get families involved – have an open house and invite families to participate.
- Get community volunteers – maybe a family member of a participant, maybe someone from the community looking to give back. Let the community know your program is happening.

More Tips For Getting the Program Off The Ground

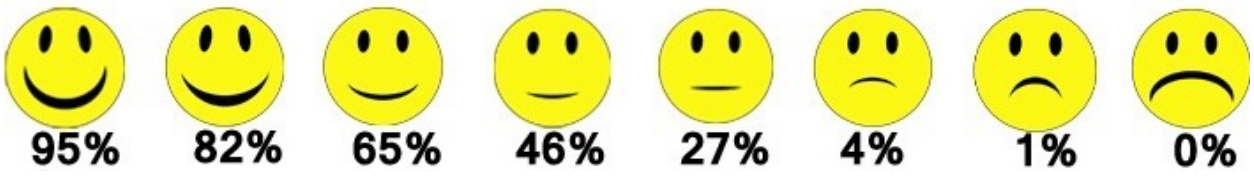
- Post flyers (be mindful of the information on the flyer)
- Invite people with memory loss, but welcome those without as well
- Call residents to remind them to come
- Provide an escort for those who need it
- Set a goal for the number of participants. Small is fine.
- Be mindful of the size of the space and limitations
- Don't be discouraged if it takes a while to catch on
- If people are having fun, word will spread

What Doesn't Work

- Anything too complicated (e.g. learning a dance)
- Having staff with the wrong approach or lack of understanding about the disease
- Projects with many steps unless they are explained slowly and each person gets to finish each step before moving on to the next
- Refreshments that require more preparation unless that is the activity
- Non-English language groups with no interpreter
- Singing with multiple language groups
- Changing the day, time, or location

Evaluation

This section is included in the guide particularly if your organization is applying for a grant to start the program. Grant makers are very interested in how the success of the program will be measured. Because we are working with people with memory loss, it is important to catch the emotions in the moment. I chose this mood scale as the way we evaluate our daily activities. Each day upon arrival and departure, Joyful Connections! staff asks participants to point to one of the faces on the mood scale:



See Attachment 7 for a sample. At the end of each month, we analyze the data to determine
1. If the program affects mood (positively or negatively)
2. If there are themes/programs that affected the participants' mood more than others.

If the participant is accompanied by a caregiver, we also collect qualitative information from those individuals.

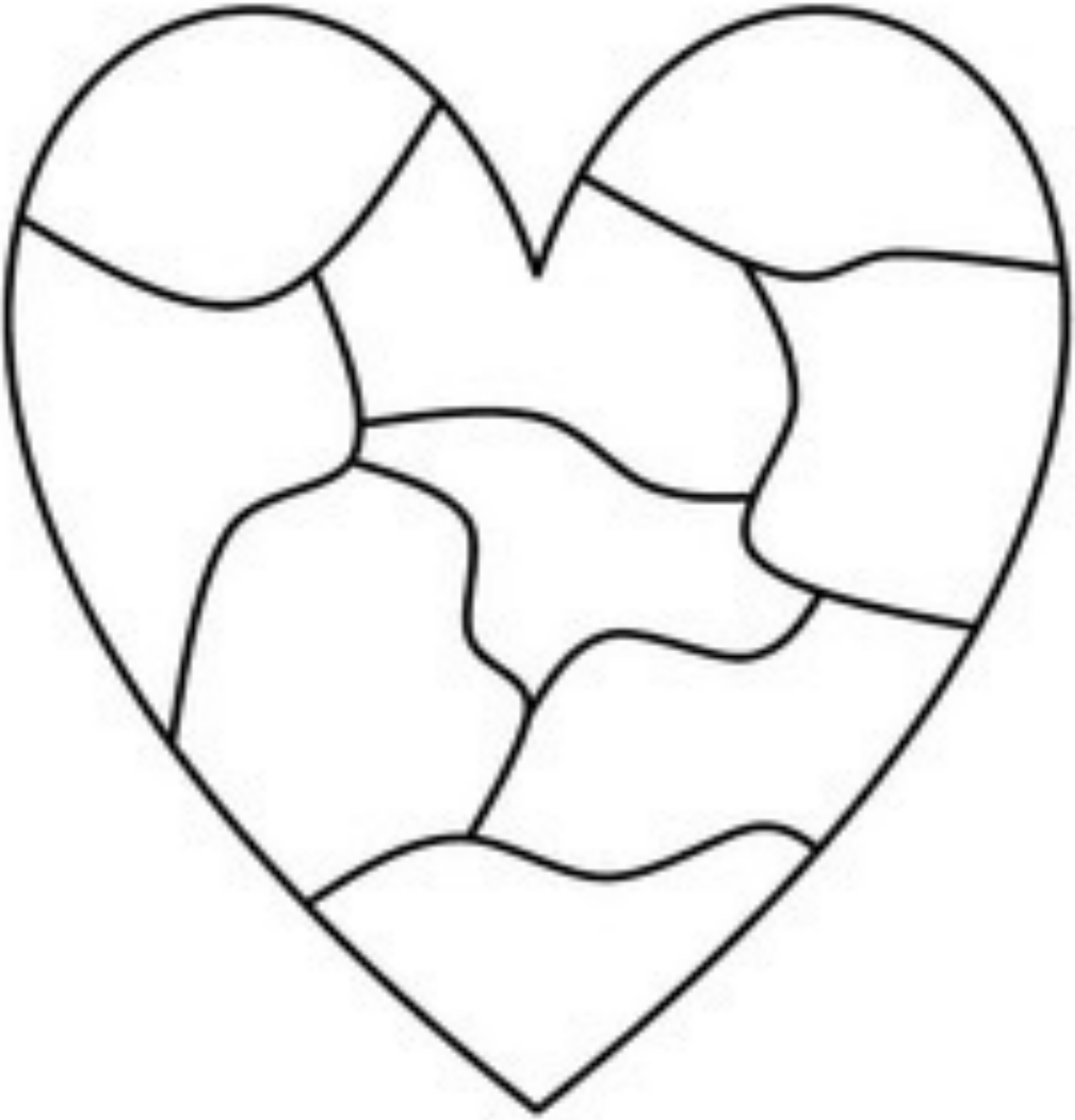
As a result of our evaluation, we found that in fact there are activities from which the participants leave the happiest. Here are the top ten:

1. Dance/movement therapy
2. Art projects - color vases, make fake flowers, decorate picture frames
3. Make fresh juice/lemonade/smoothie in a juicer or blender, taste test
4. Ring toss game
5. Travel around the world (virtual tours/slide shows)
6. Sorting and organizing activity (socks, coins, buttons, coupons)
7. Origami
8. Puzzles
9. Planting seeds, bulbs
10. Bingo

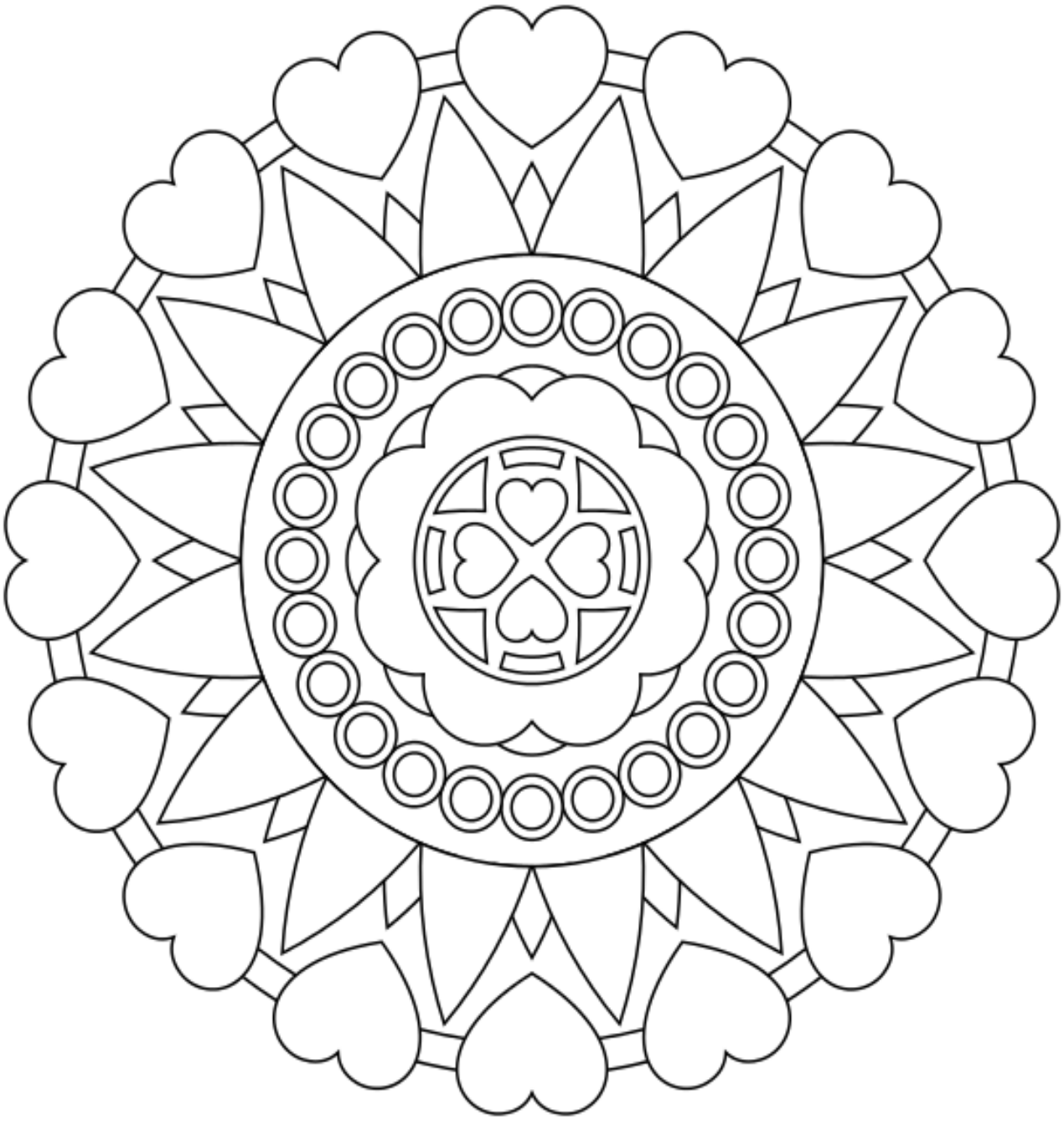
Thank you for reading this guide! We hope that the information and activity ideas will be helpful to you and your participants with memory loss. We thoroughly enjoy running Joyful Connections!, and it has served as a lifesaver for some of our residents. Please feel free to be in touch with us if you have any questions, comments or concerns.

Most sincerely, Caren and Audrey

Attachment 1



Attachment 2



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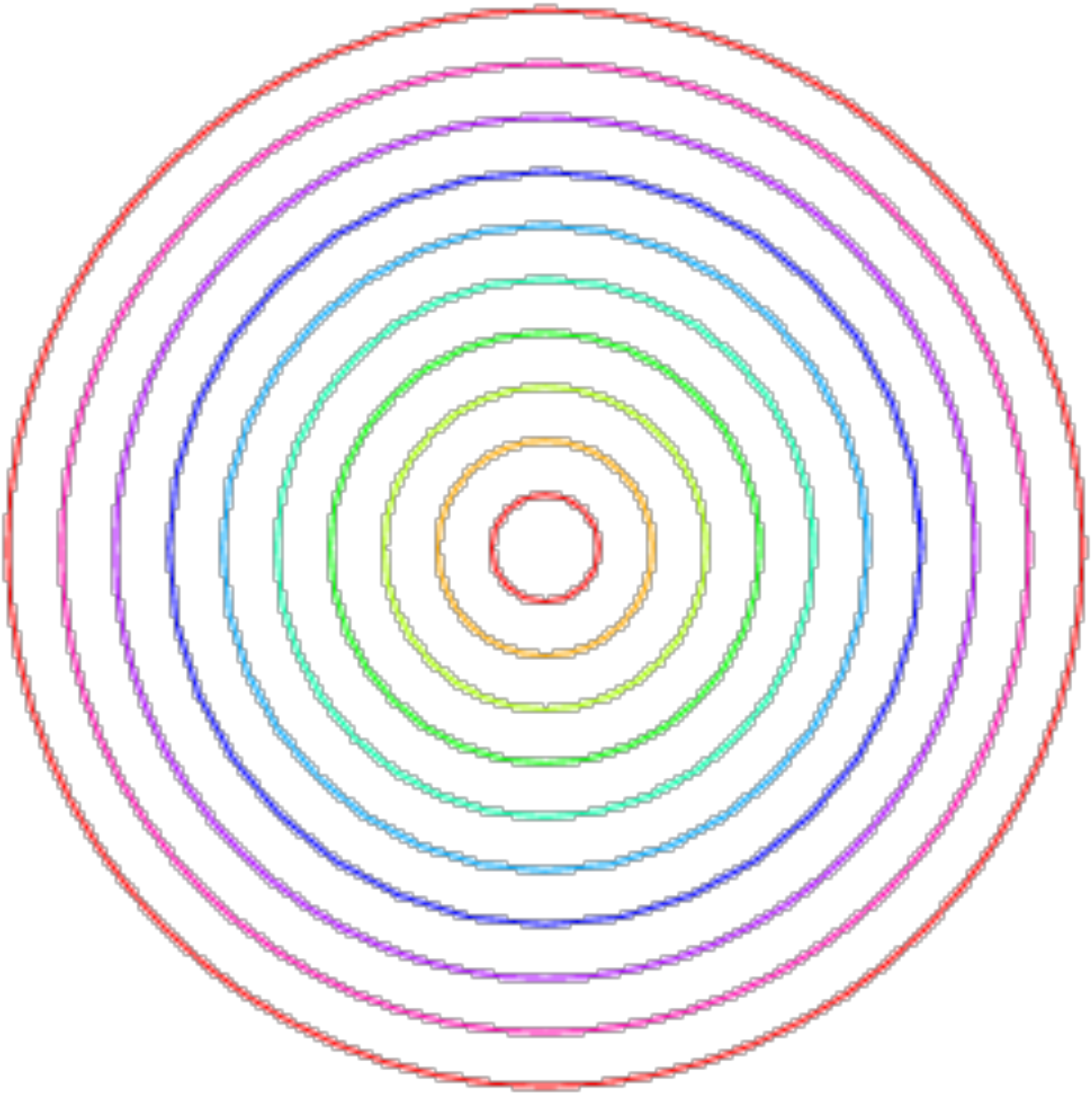

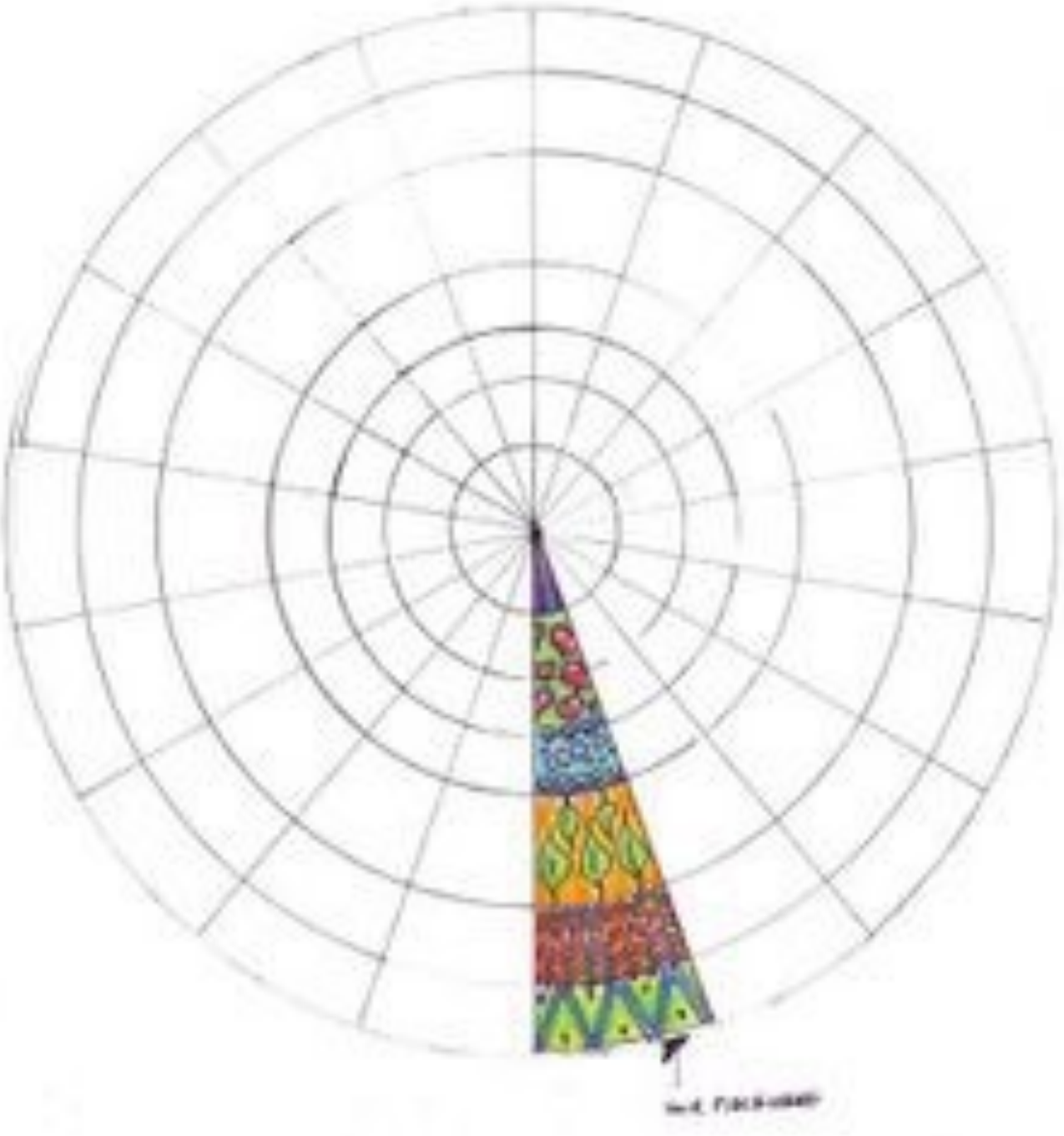

Attachment 4

Attachment 5

The Four Types of Memory

Episodic Memory

The temporal lobe, which contains the hippocampus, and the prefrontal cortex are important to episodic memory, which enables us to learn new information and remember recent events. The hippocampus is one of the first brain structures damaged in Alzheimer's disease and accounts for one hallmark of early Alzheimer's: difficulty remembering recent events, without any trouble remembering events from long ago.

Semantic Memory

Semantic memory governs general knowledge and facts, including the ability to recognize, name, and categorize objects. This system also involves the temporal lobes and, researchers suspect, multiple areas within the cortex. People with Alzheimer's disease may be unable to name a common object or to list objects in a category, such as farm animals or types of birds.

Procedural Memory

The cerebellum is one of the structures involved in procedural memory. Procedural memory is what enables people to learn skills that will then become automatic (unconscious), such as typing or skiing. This memory system typically is not damaged in Alzheimer's disease or is one of the last cognitive domains to deteriorate.

Working Memory

Working memory involves primarily the prefrontal cortex. This memory system governs attention, concentration, and the short-term retention of needed information, such as a street address or phone number. Problems with working memory can impair a person's ability to pay attention or to accomplish multi-step tasks. Numerous cognitive disorders, such as Alzheimer's, Parkinson's, and Huntington's disease as well as dementia with Lewy bodies, can affect working memory.

Attachment 6

Attachment 7

How Do You Feel Right Now?