Busy Doing Nothing?
How to Foster Purpose and Meaning for Seniors in Long-Term Care

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Objectives

1. Identify the elements of the PEO Model of Care and ways to structure activities for active engagement
2. Describe the elements of a successful activity program to provide purpose and meaning for residents
3. Identify tools to measure client preferences and staff use of client-centered practices related to meaningful engagement

“There are certain things that are fundamental to human fulfillment. The essence of these needs is captured in the phrase ‘to live, to love, to learn, to leave a legacy.’ The need to live is our physical need for such things as food, clothing, shelter, economic well-being, health. The need to love is our social need to relate to other people, to belong, to love and to be loved. The need to learn is our mental need to develop and grow. And the need to leave a personal legacy is our spiritual need to have a sense of meaning, purpose, personal congruence, and contribution.” -- Stephen Covey
Why Foster Purpose?

- Protect against ill health
- Prevent decline in occupational performance (Spirduso & Gilliam-MacRae, 1991)
- Fewer disturbing behaviors and less help with self-care (Green & Cooper, 2000)
- Boosts mood
- Reduces depression

At a Crossroad

- As we age, do we continue our roles? Or find new roles?
- Older people prefer active engagement
  - Purposeful occupation remains important across all phases of the life span (Green & Cooper, 2000)

Consider This …

- What activities do you enjoy?
- What are your roles, values, interests, occupations?
- How does this compare to what you offer at your facility?
- Are your activities organic or are they contrived?
Fostering Engagement
• Connect people to their environment
  ○ Make it more than just a place to sleep and eat
  ○ Include residents in decisions and events within the environment
  ○ Creating and modeling purpose

Fostering Engagement
• Set up daily activities that:
  ○ Stimulate the mind and body
  ○ Culturally and socially relevant
  ○ Match interests
  ○ Age-appropriate

Fostering Engagement
• Involvement in local community
  ○ Tutoring, teaching, intergenerational mentoring
  ○ Promotes feelings of self-worth
Fostering Engagement

- Help residents to lead
  - Leadership opportunities in the facility.
  - Resident committees
  - Fosters a sense of purpose

Fostering Engagement

One size does not fit all -- purpose is individualized

Practical Ideas

- Caring opportunities (e.g., a pet)
- Lifelong learning
- Encourage participation
- Foster sense of community – everyone has a role in the activity
What Makes a Successful Activity?

- Client-centered and individualized
  - Based on preferences
  - Meaningful versus rote
  - Graded to abilities
- Volume and content
- Staff attitude
- Nursing support

Client-Centered and Individualized

- Continue to support the 5 domains of life: recreation, social, community activities, civic activities, and personal development (Green & Cooper, 2000)
- Offer meaningful activities that reflect preferences (Port et al., 2011)
- Offer choice and control over activities (Port et al., 2011)

Soliciting Preferences (Port et al., 2011)

- Systematic narrative history of activities enjoyed prior to admission
- Directly interview residents about activity preferences and available choices
- Identify health-related or contextual obstacles
- Develop novel interventions to re-engage residents
Consider these Activity Groups

“If your health was not an issue, is there anything special that you would want to do in the next 6 months?”

- Games
- Reading
- Arts and crafts
- Gardening
- Culinary arts
- Religious activities
- Cultural activities
- New technology
- Communications
- Shopping
- Music
- Pets
- Exercise
- Television/movies
- Sports
- Travel/excursions
- Driving
- Socializing
- Dancing
- Photography
- Volunteering
- Classes

Perceived Barriers

- Staffing
- Budget
- Supplies
- Schedules
- Education
- Creative activity choices

Soliciting Preferences

- Modified Interest Checklist
  - Gathers information on a client's strength of interest and engagement in 68 activities in the past, currently, and in the future
  - Focus on leisure interests
Soliciting Preferences

- Role Checklist
  - Obtain information on client's perceptions of their participation in 10 occupational roles throughout their life
  - Assesses value placed on occupational roles

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### Soliciting Preferences Table

<table>
<thead>
<tr>
<th>Activity</th>
<th>What have been your level of interest</th>
<th>Do you currently do this activity?</th>
<th>Would you like to do this activity in the future?</th>
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<tr>
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<td>Orbit</td>
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<td>Gardening</td>
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<td>Reading</td>
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<td>Music</td>
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<td></td>
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<tr>
<td>Holiday activities</td>
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### Role Checklist

- **Student**: Attending school on a part-time or full-time basis.
- **Worker**: Part-time or full-time paid employment.
- **Volunteer**: Volunteering, at least once a week, in a hospital, church, community, political campaign, and so forth.
- **Caregiver**: Responsibility, at least once a week, for the care of someone such as a child, spouse, relative, or friend.
- **House Maintainer**: Responsibility, at least once a week, for the upkeep of the home such as housecleaning or yard work.
- **Friend**: Spending time or doing something, at least once a week, with a friend.
- **Family Member**: Spending time or doing something, at least once a week, with a family member, child, spouse, or other relative.
- **Religious Participant**: Participation, at least once a week, in groups or activities affiliated with a religious organization.
Soliciting Preferences

- Canadian Occupational Performance Measure (COPM)
  - Identifies issues of personal importance to the client
  - Detect changes in performance over time
  - Outcome measure as well as basis for intervention

Meaningful Activities

- Based on reality orientation, environmental modification, sensory stimulation, reminiscence, cognitive interventions, caregiver education (Ting et al., 2013)
- Social context and regular social contact (McAuley & Rudolph, 1995)
- Materials–based activity elicits more engagement than rote exercise (Lang, Nelson, & Bush article, 1992)
Task Grading

• Changing the complexity of what is to be performed to make it more or less challenging
• To arrange or position in a scale of size, quality, or intensity
• To eliminate some of the performance skills required

Task Grading Considerations

• Performing the task or activity is the end goal
• Number of steps in the task
• Amount of time to be given to each step
• Must be appropriate to the client’s abilities
• Utilize occupational history as a resource

General Rules

• Grade up when the client can successfully perform the activity and further mastery is needed
• Grade down when the client is having difficulty with successful performance
Task Adaptation

• Something that makes doing an activity easier
  o Adapt the design or restructure environment, tools, or task
  o Instruction and education
  o Will not change the end goal of the activity, but does provide a means to task accomplishment

Volume and Diversity

• Intensity, frequency, and duration are not as important to our clients as volume and diversity (Riddoch, 2000)
• Social and productive activities are just as effective as fitness (Molineux, 2000)

Staff Attitude

• Attitudes of the staff have a significant impact on the success of an activities program (Ting, et al., 2013)
• Participation in activities of interest reduces caregiver burden
• Positive outcomes when staff were positive, had ability to grade tasks to meet varying group needs, and had activity resource kits
Activity Requirements

- Gross motor
- Repetitive
- Uses familiar motions
- Involves 1 or 2 steps
- Observable effect on the environment
- Non-competitive
- Involves few or no rules

Meaningful Activity

Every activity must . . .

- Have a purpose that is obvious to the participant
- Be voluntary
- Be pleasurable
- Be socially and age appropriate
- Be failure proof

Tailored Activity Programs/Kits

- Tailored Activity Programs reduce behaviors and increase engagement (Gitlin et al., 2008)
- Activity kits improve quality of visits and QOL (Crispi & Heitner, 2004)
- Individualized and meaningful activities show positive results (Pool, 2001)
Errorless Learning (DeWerd et al., 2013)

- No guessing.
- Stepwise approach
- Modeling
- Verbal instruction
- Visual instruction
- Vanishing cues
- Spaced retrieval

Considerations When Adapting Activities (Warchol, Copeland, & Ebell, 2002)

- Attention span
- Environmental scanning
- Awareness of purpose/goal
- Communication
- Physical attributes
- Quality of work
- Problem solving
- Sequencing
- Social factors
- Environment
- Ability to initiate
- Ability to choose
- New learning ability
- Direction following
- Response time

Successful Activities

1. Assess cognitive function
2. Learn about past habits and interests
3. Choose activities based on past interests
4. Adapt the activity to match physical and cognitive abilities
5. Assess success of the activity
Staff Feedback

• "I can see they are much happier after the group. I thought they were slow and irreponsive, now I know I was wrong."
• "I would not have thought to give them that activity before."
• "Now I know that if we give them a chance, they can achieve something after all."

Trends in Nursing Care

• Amount of social interaction is limited
• Emphasize a task-based work system despite acceptance of person-centered care
• Most nursing communication focuses on caregiving
• Some patients are more "popular" or well-liked than others
• Engagement is an issue of therapy/activities and not within the role of nursing

Nursing Engagement and Support (Nolan, 1995)

• Many residents are inactive/passive and the TV is a popular activity offering no socialization
• When nurses incorporated meaningful activity and socialization into their day-to-day role and professional values, a hope-fostering environment develops
• Hope-fostering environment: where meaningful and empathic relationships involve active listening, and affirmation of the person’s dignity and self-worth despite functional limitations.
Consider for a Moment …

- How does your facility address occupational needs of its residents?
- Do you have a formal philosophy of care?
- Do your schedules for resident care take precedence over other activities?
- What are your popular activities? Are they formal or informal?
- Think about your morning routine … what do you do?

Trends and Themes

- The philosophy of care was not always reflected in the way that activities were completed.
- Basic care needs were always addressed before occupations and activities.
- The nurse holds the key to how the residents’ schedules are structured and to the activities that were provided and attended.
- Nursing programs do not prepare the nurse to enact this type of program focused on occupations and activities.

Models of Care

- Quality of Life Model (Hughes, 1990)
  - Relationship between QOL, purposeful activity, and the quality of the environment.
- Person-Environment-Occupation (PEO) Model (Law et al., 1996)
PEO Model

- Person possesses unique attributes, abilities, and skills
- Environment consists of cultural, physical, institutional, social, economic factors
- Occupation is nested to form higher levels of complexity

PEO Model

- P = residents
  - Characterized by declining health, value control and choice
- E = Organization/Facility
  - Controlled by nurse. Important for nursing to be pro-activities, flexible, creative, empathic, resourceful
- O = Activities
  - Individualized, broad range, varied, familiar, both formal and informal
Key Take Aways

- As individuals needs change, the flexible environment and a wide interpretation of activities are required
- OTs can work as consultants to your program
  - Staff training, environmental modification, ID client needs, support groups, and community resources
- Occupation remains critical for everyone through the life span
  - Needs must be met in non-traditional ways

Thank You!