

## ABSTRACT

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Few studies have examined the social interaction of individuals with dementia while they visit with family and friends. This exploratory field study used participant observation interviews and three questionnaire forms to analyze how a leisure activity training program for visitors would increase social and life satisfaction for residents in two group homes. The questionnaires were administered to visitors, staff, and residents. Data were collected by observing visiting behaviors and postvisit emotions of residents. Results of analyses indicated significant importance of family and friends utilizing leisure activities during their visits to improve social interaction and satisfaction for the residents with dementia. The findings also suggest that family and friend involvement with individuals with dementia is an important factor for the maintenance of independence and abilities of the person.

THE EFFECTS OF A LEISURE ACTIVITY VISITATION TRAINING  
PROGRAM ON THE SOCIAL INTERACTION  
OF RESIDENTS WITH DEMENTIA

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JACKIE CORDS WAALEN

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THESIS FINAL ORAL DEFENSE FORM

Candidate: Jackie M. Cords Waalen

We recommend acceptance of this thesis in partial fulfillment of this candidate's requirements for the degree:

Master of Science in Therapeutic Recreation

The candidate has successfully completed her final oral examination.

Nancy H. Navar  
Thesis Committee Chairperson Signature

7-8-94  
Date

Dana Mc Fall Sullivan  
Thesis Committee Member Signature

7-8-94  
Date

Susanne Desnick-Emas  
Thesis Committee Member Signature

7-8-94  
Date

This thesis is approved by the College of Health, Physical Education, and Recreation.

Larry Tyness  
Associate Dean, College of Health  
Physical Education, and Recreation

7-26-94  
Date

Jeff Paul  
Dean of UW-L Graduate Studies

9-16-94  
Date

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## INTRODUCTION AND BACKGROUND

Dementia is a chronic disabling disease characterized by a global deterioration of various functions including memory, attention span, judgment, personality, and behavior. Because of these dramatic changes, the individual with dementia related diseases including Alzheimer's disease (DRD-AD) may experience problems with social interaction. Socialization skills vary for each individual with DRD-AD but at times the ability to access words, maintain concentration, sequence thoughts, and express needs are diminished to the point of muteness (Hellen, 1992).

A significant approach to help ease the frustrations and stresses of the individual with DRD-AD would be to make visits with a family member worthwhile and satisfying (i.e., residential facilities). As the DRD-AD population increases, concern for their quality of life will continue to be an issue, and research is needed to identify factors to improve life satisfaction for individuals with DRD-AD.

Furthermore, when visiting, it is important for individuals close to a person with DRD-AD to incorporate leisure activities that may encourage maintenance of life satisfaction and increase social interaction. The activity theory proposed by sociologists Havighurst, Neugarten, and

Tobin (1968) rests on the assumption that the elderly prefer to resist preoccupation with the self and do not want to psychologically distance themselves from society. This theory suggests a strong link between continued involvement in activities and a person's feelings of satisfaction and happiness (Havighurst et al., 1968; Lemon, Bengston, & Peterson, 1972; MacNeil & Teague, 1987).

As dementia progresses for the individual, there is decreased functional independence. Fortunately, it has been reported that increased activity is beneficial to the individual with dementia in a variety of ways: improving the individual's mood, diminishing disruptive behaviors, improving self-esteem, and providing the individual with a feeling of success and accomplishment (Hendy, 1987; Teri, 1991).

The impact of dementia on close relationships between visitors and the person with dementia has been largely ignored. As the loss of ability to interact with others progresses, there is tremendous strain on relationships and their interactions become frustrating and painful (Blieszner & Shifflett, 1990; Hansen, Patterson, & Wilson, 1988; Hellen, 1992). Because of the strains and discomforting feelings, the chance for the resident to express his or her emotions is diminished (Hellen, 1992).

Visiting with a person with dementia is not an easy process. The person with DRD-AD may express upsetting

feelings or lack the communication skills to converse. Frequently, the visiting period becomes a chore. Visitors may quit going to see the person with DRD-AD altogether because the visits are too difficult for the visitor to cope (Manning, 1992).

Very little research has been done to determine if leisure activities would help alleviate the tensions that arise during visits. Teri and Logsdon (1991) state that family and friends who are aware of leisure needs and engage their loved one in a leisure activity have reported an improved sense of efficacy and a reduction of hopelessness in their loved one and themselves. There is a need to inform and educate visitors about the benefits and techniques of utilizing leisure activities when visiting with the resident.

#### NEED FOR THE STUDY

Karr (1991) states that "visiting is not 'just' visiting." Visiting is the opportunity to touch deeply the life of another. Providing satisfying leisure activities while visiting may strengthen resident's ability to retain his or her sense of power, focus, and self-esteem.

There has been limited research on issues that focus on individuals with DRD-AD. Much of the relevant information focused on the caregiver roles and their coping interventions while adjusting to a family member's dementia. Likewise, researchers have usually examined the duration and

frequency of visits and not the satisfaction with the visits for the family member or the resident (Hansen, et al., 1988). Unfortunately, researchers have skirted the areas of the interpersonal relationships. As a result, there is a need to determine whether an educational training program and the use of leisure activities will improve the quality of life for persons with DRD-AD.

This research project reports the results of an exploratory leisure activity training program for family and friends of persons with DRD-AD and analyzes the leisure participation and social interaction of the person with DRD-AD. The study addressed the following research questions:

1. Will utilizing leisure activities while visiting increase positive affect of individuals with DRD-AD?
2. Will an educational leisure activity training program for visitors improve the quality of life for individuals with DRD-AD?
3. Will an educational leisure activity training program encourage purposeful and meaningful visiting periods with the resident and visitors?

#### METHODOLOGY

Participant observations were used to gain an indepth understanding of the residents. Descriptive data were gathered through qualitative methods to both explore visiting patterns and design the training program.

### Setting

The study was conducted at two group homes for persons with DRD-AD; Hearten House I and II, located in La Crosse, WI. Services offered include: planned activities that accentuated the resident's abilities, a home-like atmosphere, secure and restraint-free environment, private bedrooms with half bath, quiet and scenic setting, and a screened patio and fenced courtyard. Each resident had the freedom to design and furnish a private bedroom with all personal belongings. Furthermore, the setting had good physical space in which the residents may interact and enjoy leisurely pursuits.

### Participants

Drawing from a population of 24 residents, this study was based on a sample of 3 residents, 2 females and 1 male. Residents were diagnosed as having a dementia related disease that may include Alzheimer's disease.

Although there were more residents ( $N = 18$ ) observed during the baseline, only 3 residents had the complete range of data available. Because of the small number of individuals attending the training program and the extensive data procedure schedule, the researcher focused on three residents. To select the sample of residents, the researcher examined the extensive amount of data from continuous observations, patterns of visiting periods, and

additional information sources (see Figure 1). Visitors participating in the training program included family members, friends, and volunteers.

#### Data Collection Methods

The researcher utilized four sources of data to help diminish biases: researcher observations, visitor perceptions, staff perceptions, and resident responses. Through a 4 month observation period, the researcher was trained to objectively determine themes, patterns, and outliers by observing the residents. Additionally, written observations and assessments of residents' behaviors were reviewed by a panel of three CTRS' to find themes and patterns (see Appendix A). Combining data and extensive observation periods, gave the researcher a greater understanding of the resident. Figure 1 represents the timeline and sources of data collected over a 7 month period.

### Timeline

- Nov - Feb: Researcher observes and assesses residents behaviors using Activity Interaction Evaluation Form and Individualized Assessment Form.
- Feb: A. Researcher completes narrative assessment on residents using the Individualized Leisure Assessment Form and records oral responses of residents after family/friend visits.  
 B. Staff observe visits and report findings to researcher.
- Mar: Pre observation of visits  
 A. Researcher designs and pilots the LAVTR program  
 B. Researcher observes visiting patterns, completes Researcher's Observation Recording Form, and administers the Visit Satisfaction Form to residents.  
 C. Visitors complete Visitor Questionnaire Form after the visit.  
 D. Staff completes Staff Observation Recording Form before, during, and after the visit.  
 E. Residents are interviewed by the researcher and complete the Visit Satisfaction Form.
- Apr: Researcher implements the LAVTR program twice. Researcher evaluates LAVTR program with CTRSS.
- Apr-May: Post observation of visits  
 A. Researcher completes Researcher Observation Recording Form and administers the Visit Satisfaction Form to residents.  
 B. Visitors complete Visitor Questionnaire Form after the visit.  
 C. Staff completes Staff Observation Recording Form before, during and after the visit.  
 D. Residents are interviewed by the researcher and complete the Visit Satisfaction Form.
- May: Researcher completes the summary assessment of residents.  
 CTRSS analyze visiting patterns and observations of visits.
- 

Figure 1. Timeline for data collection

There is limited instrumentation to measure visiting. Therefore, four innovative forms were developed: Visitor Questionnaire Form (VQF), Staff Observation Recording Form (SORF), Researcher Observation Recording Form (RORF), and Visit Satisfaction Form (VSF) (see Appendix A). The visitors completed the VQF to determine the social interaction and success of the visits. To help determine the emotional state of the resident before, during, and after the visit, the staff completed the SORF. The researcher also interviewed each resident concerning his/her satisfaction with the visit. The combination of these four sources of data provided more valid and reliable information.

#### Leisure Activity Visitation Training Program

The leisure activity visitation training program (LAVTR) is an educational program designed to enhance the visitors' awareness and knowledge about the utilization of leisure activities during visits (see Appendix B). Validity of the LAVTR was improved by the implementation of a pilot study with 14 family and friends of residents living at a similar group home. Peterson and Gunn's (1984) program design model and format were used to document the LAVTR program. Goals are written as Terminal Performance Objectives (TPO) and Enabling Objectives (EO) and are presented in Figure 2.

- 
- TPO #1: To demonstrate an understanding of difficulties during visiting
- EO #1: To identify characteristics of dementia
  - EO #2: To identify changes in roles of the relationships between the resident and visitors
- TPO #2: To demonstrate the knowledge to utilize leisure activities during visiting
- EO #1: To identify benefits of using leisure activities during visits
  - EO #2: To identify skills required to use leisure activities during visits
- 

Figure 2. Terminal program objectives and enabling objectives of the LAVTR program

This 3 hour training program was offered by the two researchers who are Certified Therapeutic Recreation Specialists for visitors of residents at Hearten House I and II.

### RESULTS

Case study analyses and baseline data provided qualitative information that yielded insight into some myths and assumptions of persons with dementia. The following is a discussion of the case studies of the three residents and relevant baseline data.

## Case Study Analysis

### Case Study 1

Background. Mr. A, an 85 year old German American farmer with a strong Catholic background, retired in 1970 from his farm. During his retirement years, Mr. A did some hobby farming with sons. Mr. A has 9 children, 7 boys and 2 girls. Most of his children live in the 40 mile radius of La Crosse. He was married 62 years until his wife's recent death 9 months ago. People close to him describe him as a "hard worker, perfectionist, with creative carpentry skills."

Leisure assessment. Mr. A's past leisure interests included: hunting, fishing, watching baseball games and western movies, reading farming magazines, playing poker and euchre, and traveling. Mr. A's current leisure interests include: 1:1 conversations, cards, physical activities, woodworking, and gardening.

Interaction assessment. Regardless with whom he converses (i.e., residents, staff, or family members), Mr. A continuously displays a flat affect. In contrast, during a variety of appropriate leisure activities (cards, golf, and ring toss), Mr. A smiles, hugs, and laughs. When no appropriate leisure activity is offered he does not initiate or maintain conversation and does not display appropriate

affect. On occasion, he is able to initiate conversation when an activity is offered.

Visiting patterns before LAVTR. During a visit, Mr. A is satisfied while engaging in a task-oriented leisure activity. This is confirmed by his facial expression, communication skills, and emotional responsiveness: he smiles, laughs, and displays a sense of humor. During visiting conversations, Mr. A's son describes him as utilizing only "a little" communication and responsiveness. Furthermore, during most of a visit, he appeared restless, withdrawn, fatigued, and displayed a blank stare.

Although, when his son observed Mr. A actively engaged in group leisure activity, he noted in his comments that his father displayed "a lot" of emotional responsiveness.

Unfortunately, his son was hesitant to engage Mr. A in a leisure activity. As a result, Mr. A displayed a tired and restless attitude during his visits.

Visiting patterns after LAVTR. Following the LAVTR program his son felt that he was now able to use leisure activities. Because of the son's leisure involvement, Mr. A's communication and emotional responsiveness improved. During two visits with his son, Mr. A participated in two task-oriented leisure activities: writing Easter cards, and receiving a haircut. Mr. A displayed more communication skills through smiles, eye contact, laughing, and holding hands. Additionally, his attention span increased by 20

minutes. Displaying a relaxed and content attitude, Mr. A appeared to enjoy his visits with his family and friends supported by his comments: "This is obvious; everyone likes seeing family and doing things with them," "They (his family) mean a lot to me," "Why sure, I do enjoy it," "Sure, they're great," and "I imagine I do like activities."

Having the son participate in the LAVTR program encouraged the son to use leisure activities which resulted in improved satisfaction of the resident because of the participation in leisure activities.

Additional significant information. Mr. A verbalized repetitive questions and appeared restless during times when activities were not offered. For example, he walks throughout the house or asks 'What is there to do next?' Several staff indicated that Mr. A was restless, withdrawn, and made repeated statements before a visit, but when engaging in a leisure activity with a family member his behavior changed. He displayed a sense of humor, maintained participation in the conversation, appeared attentive, and enjoyed the activity.

### Case Study 2

Background. Mrs. B is an 83 year old German-American housewife, whose main duty was helping her husband on the farm for 53 years. Having three daughters and one son, she frequently converses about the enjoyment of her children. As a Lutheran, she loves to talk about good memories of her

religious past and her committed love toward her husband. Family and friends describe her as "strong-willed and aggressive."

Leisure assessment. Her past leisure interests included nature walks, making scrapbooks, traveling the United States, and baking. She also enjoyed socializing with friends and attending community outings. Her current leisure interests include: puzzles, reminiscing, exercising, group activities (i.e., ring toss, trivia, coverall, and Uno), and social outings. She appeared hesitant to participate when introduced to unfamiliar leisure activities.

Interaction assessment. Mrs. B initiates conversations, prefers medium group (4-6 people) interactions or one-to-one interactions, and displays disappointment (i.e., feels left out) if not initially asked to participate in a leisure activity. At times she appears impatient with other residents. She rolls her eyes and frowns at them when others are having a difficult time understanding.

Visiting patterns before LAVTR. Observations of Mrs. B indicate that she enjoys participating in leisure activities. When given the opportunity, she will participate in a familiar leisure activity at least 90% of the time. Additionally, she displays positive facial expression (smiles and laughter) and a high motivation level to continue on task. Throughout visiting periods, she

displays a high degree of social interaction: she gives positive physical touch, verbal appreciations, and appears relaxed and content during the visit.

Visiting patterns after LAVTR. There was not an obvious difference in Mrs. B's behavior before and after the training program because her daughters frequently provided her with leisure pursuits. However, her emotions after the LAVTR program increased, expanding to include: happy, excited, sad, and eager. This may be the result of an increased variety of leisure opportunities introduced by her daughters; walking, shopping, birthday party, car rides, and restaurant lunches.

On all occasions, it was observed that Mrs. B displayed "a lot" of emotional responsiveness, communication skills, and enjoyment from family visits. Two staff commented that Mrs. B displays "pride and happiness" from doing activities with family.

Additional significant information. Through interviews, Mrs. B stated 100% of the time that she enjoys seeing and doing activities with family and friends. Some significant comments included: "I enjoy seeing them very much so," "It always cheers my day seeing my girls," and "It is nice to get out of the house once in awhile."

Some of the daughters' comments about using leisure activities with Mrs. B were: "I have tried to vary activities with Mother; she loves to go somewhere,

anywhere," "Going for walks, listening to Mother as she listens to the birds, and looking at pictures with her are all important to her." These were suggested ideas the daughters used from the LAVTR program with their mother. Both daughters remarked that they "try to keep the leisure ideas in their minds when visiting because Mrs. B enjoys doing activities."

### Case Study 3

Background. Mrs. C, a 73 year old retired secretary, is of the Lutheran faith and was married to her husband, a mail carrier, for 45 years. Her family describes her as "very outgoing and involved with any and every social group." She is also described as intelligent and caring.

Leisure assessment. Her past leisure interests were traveling and camping around the United States with her husband, children, and their families. She was an avid volunteer with her church group. Her current leisure interests include: solitary activities (i.e., crossword puzzles, reading a magazine, and listening to the radio), table games (i.e., coverall, Uno, and bingo), and physical activities (i.e., domestic tasks, exercises, singing, and playing the piano). She initiates solitary activities and domestic tasks and attempts new leisure activities offered.

Interaction assessment. Although able to interact in any group size, she prefers medium group (4-6 people) interactions and one-to-one interactions. On occasion, Mrs.

C demonstrates frustration when other residents need additional assistance. She is very determined to stay occupied and uses leisure activities for this purpose. She willingly assists others so she can be engaged in the leisure activity.

Visiting patterns before LAVTR. She enjoys socializing but would prefer to actively participate in a table game, outing, or puzzle activity. As an example, her sister indicated that "Mrs. C was glad I was there, but the other residents were playing bingo and I think she wanted to finish our visit and play with the residents." Another comment made was, "Mrs. C was a bit restless towards the end of the visit as she was eager to help others get lunch ready." Mrs. C was described as being restless, withdrawn, and eager during the visits before the LAVTR program.

Visiting patterns after LAVTR. There was a significant change of emotion for Mrs. C. Following the training, she displayed an increase in happiness and excitement during visits. Because of the LAVTR program, the family was able to identify leisure activities that Mrs. C enjoyed. There were four leisure activities that the sisters were able to incorporate into the visits. During several leisure outings, the visitors responded by saying, "She was very eager to go out with us and enjoy the ride."

Additional significant information. Instead of conversations, Mrs. C prefers to be engaged in an active

leisure activity during a visit. For example, she remarked, "They (her sisters) just go and talk like I don't have to say anything. I just listen to them but would rather be involved." She also responded that she enjoys doing activities with her family. "Of course, I love it!!," she commented.

Her family remarked that, "Doing easy to do activities with her really makes the difference," "Incorporating ordinary leisure activities into our visits are helpful," and "She likes to be more active; she really seems like she would appreciate more walks and short outings with family."

#### Baseline Data

Because of the nature of the study, the researcher observed more residents during the first observation period. Unanticipated factors stand out. The residents displayed a range of at least 20 emotions, from cheerfulness to eagerness, which diminishes the myth that persons with DRD-AD have little emotions. Displaying a variety of emotions assisted the resident in expressing his/her needs and feelings to the visitor.

Additionally, the residents remembered important components of the visit. Immediately after the visit, all 18 residents remembered who visited them, the joy they received from the visit, and the sadness when the visitors left. Residents were extremely pleased when family and friends came to visit them and felt that the room in which

they visited was not important. Having the visitor to reminisce with or being with the visitor while having a cup of coffee and a cookie is very important and beneficial for the resident with DRD-AD.

Very often it is assumed that persons with dementia cannot remember much about a visit. However, these residents remembered where they had their visits and with whom they visited. The residents were able to respond to interview questions concerning the place of visit and the person who visited them. A listing of comments are included in Figure 3.

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Comments Regarding Location:

"It's where you get away from things; people can be so noisy."

"I like it in the living room better because you can see everyone."

"It's nice to get away from the noise once in awhile."

"I suppose; sometimes when you get into the bedroom you do more than visit."

"The best place is the dining room or maybe the bedroom."

Comments Regarding Visitors:

"I was just with my family."

"I don't like to be left alone."

"They should come more often, but it's nice when they get a chance."

"I was just with my family; funny that you ask me that question."

"We like to have our privacy."

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Figure 3. Resident's comments about visits

## DISCUSSION

Results of this study provide additional insight into the myths and views that many individuals have about persons with dementia. Many people believe the myth that residents do not value a family/friend visit. This study discovered that residents can enjoy many aspects of a family visit. This study further found that residents can appreciate the emotional connection, social interaction, and participation in a desired leisure activity with a visitor. Contact and closeness with family members and friends remains significant for the resident with DRD-AD. As a Certified Therapeutic Recreation Specialist (CTRS), it is important to acknowledge the role of closeness between the individual with DRD-AD and the visitor to increase leisure satisfaction for both.

Additionally, many people believe that the resident is no longer aware of enjoyment in life. This study discovered that the residents are aware of their life satisfaction. To maintain life satisfaction for the residents, there is a strong need for the family/friend visit. Residents responded 100% that they were happy after the visit. Furthermore, there is a significant difference between visiting with and without an appropriately selected leisure activity. When one visits with an appropriately selected

leisure activity, more positive social interaction and increased functional abilities are recognized.

This study also demonstrated that individuals with different levels of functioning can have a variety of needs met by leisure activities. One individual was able to participate in a social leisure pursuit through the selection of a leisure activity that enabled him to attend to a task rather than becoming restless during an unstructured conversation. Another individual still with the ability to maintain conversation, was more motivated to visit when a leisure pursuit occurred during the visit. The benefits of using leisure activities can vary with the functional abilities of each individual.

This study suggests that utilizing leisure activities, especially task-oriented (the use of props), during visits enhances and aids in the overall fulfillment of the visit. Through the LAVTR program, the CTRS helped the visitors recognize the importance of utilizing a leisure activity during a visit. The visitors observed that when they utilize a task-oriented leisure activity potentially challenging behaviors of the residents (i.e., repetitive questions) were diminished.

In addition, some participants in the LAVTR program felt that the resident appeared distressed and frustrated and did not remember when they visited. The study illustrated that visiting is more meaningful to the resident

than what family and friends expected. The CTRS can educate the family and friends regarding the meaningfulness of visiting and stress that the quality of the visit is more important than the duration or frequency.

It is also important to educate family and friends on the importance that leisure plays in their resident's life. Many visitors refused to attend the training program for a variety of reasons. Figure 4 explains two categories of visitors comments.

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Category I: Insufficient time for LAVTR

"Time is very tight for me right now."

"I work so hard; want some time to rest. Saturday's I'm with my family. It's our family day."

"We're out in the fields and milk cows. It's impossible to try to manage it."

"It's too far to drive when I am out doing my day job."

Category II: No perceived need for LAVTR

"I already have quality visits and so have a great relationship with my mother."

"We have no problems in our visiting."

"My mom and I do so much together that I did not think it would benefit me."

"My perception is that we seldom have difficulty with our time together."

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Figure 4. Visitors' comments on their explanation for not attending LAVTR program

This figure illustrates the need to educate the visitors who had a difficult time to commit to the LAVTR program on the importance of visits. Many people distance themselves from their loved one after the resident moves into a group home. It is the responsibility of a CTRS to educate family and friends about visiting. Also, the visitors that felt they already had satisfying visits could still benefit from the LAVTR program. They could learn about the importance of continuing leisure activities as functional abilities decline. They could also learn how to transition from conversationally-focused visits to activity-focused visits as functional levels change. Learning more about the meaning of leisure would also be helpful to these individuals.

#### RECOMMENDATIONS

As noted throughout this study, using leisure activities in visiting with persons with DRD-AD is a research area that is virtually untouched. In this study, many components that were explored for the first time could be further advanced through replications of this study. Three considerations for future research include: methodology, LAVTR program, and visitors' needs.

##### Methodology

Each research tool was designed by the researcher and is exploratory in nature. It would be beneficial to consider the reliability and validity more thoroughly.

Expanding the observation periods to at least a 6 week period before and after the training program would provide the researcher with additional data and resources.

Individuals presenting the training program should consider the time of the year that the program is offered to minimize seasonal or environmental concerns which may interfere with the program.

#### LAVTR Program

An estimated 65 letter invitations were sent to family and friends of the residents regarding participation in the LAVTR program. The majority of the visitors refused any training. It would be beneficial to educate new family/friends when the resident first arrives in the group home. Many times, family/friends are willing to explore more knowledge about dementia and how to cope with the disease when their resident has just arrived into the new setting. Implementing the training program during an orientation or family night would be helpful. Providing training on an on-going basis for staff, visitors, and other CTRS' could help enhance the program. Further, validation of the content and process of the LAVTR program would enhance the overall development of the training.

Initially, enrollment in the LAVTR program was perceived as insignificant to many prospective visitors. Yet for those who did enroll and participate, the knowledge

gained about using a variety of well-chosen leisure activities enhanced the quality of visits.

It is beneficial to view the care and knowledge about persons with DRD-AD from a holistic perspective. The resident is not only affected by his/her personal challenges and changes but also by the environment. Addressing the resident's needs by educating family and friends about challenging behaviors and how leisure activities can diminish them is important. Developing leisure education training programs for family and friends may increase the quality of life for the resident.

As such, the LAVTR program can be considered leisure education. Since visiting and socializing are common forms of leisure, learning more about leisure through a structured leisure education program would provide added richness and quality to the visiting experience. As a CTRS, it is important to provide leisure education for visitors. Providing leisure education would help visitors understand the meaning of leisure and the important benefits leisure has for their resident.

Professionals in therapeutic recreation should explore the prospective benefits of providing leisure education to a variety of individuals. As in the case of persons with DRD-AD, leisure education of family/friends seems to help improve the functional level of residents. It would be a service to family and friends of persons with other

disabilities to investigate whether leisure education had similar benefits. The LAVTR program could be designed to be useful to other populations: persons with developmental disabilities, persons with terminal illnesses, and individuals with mental illnesses.

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**APPENDIX A**  
**INSTRUMENTS**

# RESEARCHER'S OBSERVATION RECORDING FORM

Resident \_\_\_\_\_ Visitor/relationship to resident \_\_\_\_\_

Date \_\_\_\_\_ Length of visit \_\_\_\_\_ minutes

Room and/or rooms visit took place \_\_\_\_\_

**Narrative description of visit:**

(Reminder: Observe themes/patterns in communication, body language, affect, facial expressions. Observe behavior before and after the visit.)

## Visitor Questionnaire Form

Your name \_\_\_\_\_ Your resident's name \_\_\_\_\_

Relationship to the resident \_\_\_\_\_ Length of visit \_\_\_\_\_

Date \_\_\_\_\_ Room and/or rooms of visit \_\_\_\_\_

1. a. Circle all emotions you felt before beginning the visit.

anger    eager    nervous    happy    open minded

sadness guilty    excited    preoccupied    other \_\_\_\_\_

2. a. Circle and list all leisure activities you and your resident did during your visit.

physical activity \_\_\_\_\_ board game \_\_\_\_\_

crafts \_\_\_\_\_ music \_\_\_\_\_ outing \_\_\_\_\_

cards \_\_\_\_\_ reading \_\_\_\_\_ socializing \_\_\_\_\_

other \_\_\_\_\_

- b. Circle the level of success with each of the leisure activities.

a lot	some	a little	none
1	2	3	4

3. a. Circle all emotions you felt after the visit.

anger    eager    nervous    happy    open minded

sadness guilty    excited    preoccupied    other \_\_\_\_\_

4. Circle the degree of satisfaction you felt during the visit.

a lot	some	a little	none
1	2	3	4

Explain.

Please answer the additional questions on the back side.

Visitor Questionnaire Form Continued

5. a. Circle all emotions the resident displayed during the visit.

anger      eager      restless      withdrawn      happy  
 sad      excited      relaxed      content      aggressive  
 fatigued      other \_\_\_\_\_

- b. Circle the degree of emotional responsiveness of the resident.

a lot                      some                      a little                      none  
 1                              2                              3                              4

6. a. Circle all communication skills the resident displayed during the visit.

eye contact      hugging      holding hands      laughing  
 conversation      crying      other \_\_\_\_\_

- b. Circle the degree of communication skills used by the resident.

a lot                      some                      a little                      none  
 1                              2                              3                              4

7. a. Circle all facial expressions the resident displayed during the visit.

smiling      frowning      yawning      closing eyes      blank stare  
 other \_\_\_\_\_

- b. Circle the degree of facial expressions used by the resident.

a lot                      some                      a little                      none  
 1                              2                              3                              4

8. Circle the degree of social interaction between you and the resident.

a lot                      some                      a little                      none  
 1                              2                              3                              4

9. Circle the degree of satisfaction you believe the resident felt during the visit.

a lot                      some                      a little                      none  
 1                              2                              3                              4

Explain.

## STAFF OBSERVATION RECORDING FORM

Your name \_\_\_\_\_ Resident observed \_\_\_\_\_

Date \_\_\_\_\_ Length of visit \_\_\_\_\_ minutes

Rooms and/or rooms visit took place \_\_\_\_\_

1. a. Circle all emotions the resident displayed before the visit.

angry eager restless withdrawn happy sad  
excited content aggressive fatigued other \_\_\_\_\_  
not observed

- b. Circle the degree of emotional responsiveness of the resident before the visit.

a lot some a little none

2. a. Circle all communication skills the resident displayed during the visit.

eye contact hugging holding hands  
laughing conversation crying other \_\_\_\_\_

- b. Circle the degree of communication skills used by the resident during the visit.

a lot some a little none

3. a. Circle all emotions the resident displayed during the visit.

angry eager restless withdrawn happy sad  
excited relaxed content aggressive fatigued  
other \_\_\_\_\_ not observed

- b. Circle the degree of emotional responsiveness of the resident during the visit.

a lot some a little none

Please answer the additional questions on the back side.



# VISIT SATISFACTION FORM

## GREEN SHEET

Directions: Please read each of the following statements. If you agree with it, put a check mark (X) in the space by "YES." If you do not agree with a statement, put a check mark (X) in the space by "NO." If you are not sure one way or the other, put a check mark (X) in the space by "UNSURE." Please be sure to answer every question of the list.

1. I am happy.

Yes                       No                       Unsure

2. I am sad.

Yes                       No                       Unsure

3. I enjoy seeing family and friends.

Yes                       No                       Unsure

4. I enjoy doing activities with my family and friends.

Yes                       No                       Unsure

5. I like visiting in the \_\_\_\_\_.

Yes                       No                       Unsure

**APPENDIX B**  
**CONTENT AND PROCESS OF LEISURE ACTIVITY**  
**VISITATION TRAINING PROGRAM**

**Leisure Activity Visitation Training Program****Program Objectives and Performance Measures**

**TPO #1:** To demonstrate an awareness of difficulties during visiting

**EO #1:** To identify characteristics of dementia

**PM:** During the group discussion on dementia, the participant will verbally identify at least four of the eleven listed characteristics of dementia.

**EO #2:** To identify changes in roles of the relationships between the resident and visitors

**PM #1:** During a group discussion on role changes, the participant will verbally identify at least one change in the roles of the relationship with the resident.

**PM #2:** During a group discussion on the recommendations to deal with the changes in roles, the participant will identify at least two of the five recommendations to use in their next visit.

**TPO #2:** To demonstrate the knowledge to utilize activities during visiting

**EO #1:** To identify benefits of using activities during visits

**PM #1:** During a group discussion on the components of an activity, the participant will identify all four of the behavioral components of an activity: physical, cognitive, social, and emotional.

- PM #2: After participating in the selected group activity, the participant will identify at least one benefit for each of the four behavioral components of an activity.
- EO #2: To identify skills required to use activities during visits
- PM #1: During one of the two role playing activities, the participant will identify at least one of the three appropriate communication skills and one of the three inappropriate communication skills as judged by the CTRS.
- PM #2: During a group discussion on challenges of dementia, the participant will identify at least one appropriate response to the behavior for one of the eight situations explained as judged by the CTRS.
- PM #3: During paper and pencil activity, the participant will identify at least five current and five past leisure interests of the resident.
- PM #4: During a resource awareness activity, the participant will identify at least five leisure resources located in the room within a three minute period.
- PM #5: During a group skills modification activity and given an object, the group will identify at least two ways to modify an activity within a ten minute period.

## LAVTR Content and Process Description

TPO: #1 To demonstrate an understanding of difficulties during visiting

EO: #1 To identify characteristics of dementia

CONTENT	PROCESS
<p>1. The Imagery Activity</p>	<p>1. The CTRSS lead the participants through the steps of an imagery activity. The purpose of the activity is to assist the participants in the understanding of the characteristics of dementia. The steps of this activity include:</p> <ol style="list-style-type: none"> <li>a. Before beginning the session, we want you to close your eyes for a minute.</li> <li>b. Think about the last time you visited with your resident (pause for 10 seconds).</li> <li>c. Recall all of the behaviors that the resident displayed during that visit.</li> <li>d. Think about how he/she greeted you.</li> <li>e. Think about what you talked about.</li> <li>f. Think about his/her facial expressions.</li> <li>g. Think about how the visit ended.</li> <li>h. Now put yourself in to his/her shoes.</li> <li>i. How do you think you would be reacting?</li> </ol>

## LAVTR Content and Process Description

TPO: #1

EO: #1

CONTENT	PROCESS
<p>2. Purpose of dementia knowledge component</p> <p>3. Common characteristics of dementia discussion</p> <p>Some of these characteristics include:</p> <ul style="list-style-type: none"> <li>a. Wandering</li> <li>b. Memory loss</li> <li>c. Perseveration</li> <li>d. Mood swings</li> <li>e. Aphasia</li> <li>f. Decreased attention</li> <li>g. Decreased physical skills</li> <li>h. Suspiciousness</li> <li>i. Delusions</li> <li>j. Hallucinations</li> <li>k. Hoard</li> <li>l. Decreased judgment</li> </ul>	<ul style="list-style-type: none"> <li>j. Take a few minutes to think about this scene.</li> <li>k. Now open your eyes.</li> <li>l. We wanted you to experience this situation before we began talking about the characteristics of dementia.</li> </ul> <p>2. The CTRSS emphasize the importance of an understanding of the characteristics of dementia that may interfere with visiting.</p> <p>3. The CTRSS ask the participants to list some common characteristics of dementia. The CTRSS record the responses on a posterboard labeled: "Characteristics of Dementia." If the participants do not provide examples, the CTRSS write additional characteristics on the posterboard.</p>

## LAVTR Content and Process Description

TPO: #1

EO: #1

## CONTENT

## PROCESS

When the list is complete, the CTRSS ask the participants the following question: "How do these characteristics relate to difficulties with visiting."

**LAVTR Content and Process Description**

**TPO: #1** To demonstrate an understanding of difficulties during visiting

**EO: #2** To identify changes in the roles of the relationships between the resident and visitors

CONTENT	PROCESS
<p>1. Group discussion on the changes of relationship roles because of the characteristics of dementia and how this change affects the visit.</p> <p>Examples of role changes:</p> <p>a. Financial responsibilities of the parent may now be designated to the daughter/son.</p> <p>b. Decrease in the social intimacy of the relationship.</p> <p>c. Reversal of caregiver and care receiver roles.</p>	<p>1. The participants are asked to identify any changes in the roles of the relationship between the resident and him/herself. The discussion is based on the participants input. The participants are then asked how have they been coping with these changes.</p> <p>The CTRSS continually reinforce that there are no definite techniques to cope with the changes in the relationships with the residents. The CTRSS emphasize that role changes are personal and effect each relationship differently.</p>

**LAVTR Content and Process Description**

TPO: #1

EO: #2

CONTENT	PROCESS
<p>2. Discussion on suggestions to deal with the role changes.</p> <p>Suggestions may include:</p> <ul style="list-style-type: none"> <li>a. Be realistic about your commitment to visiting</li> <li>b. Be prepared to deal with the difficulties of dementia</li> <li>c. Allow enough time to visit without feeling guilty</li> <li>d. Accept that all visits can not be perfect</li> <li>e. Be open-minded about the resident's abilities</li> </ul>	<p>2. The suggestions are reviewed and the CTRSS ask for feedback from the participants.</p> <p>The CTRSS emphasize that because of the changes in the roles in the relationships during visiting, the primary recommendation of this session is the use of leisure activities during visits. The use of leisure activities may decrease the difficulties of visiting.</p>

**LAVTR Content and Process Description**

**TPO: #2** To demonstrate the knowledge to utilize leisure activities during visiting

**EO: #1** To identify benefits of using leisure activities during visits

CONTENT	PROCESS
<p>1. Behavioral components of leisure participation discussion.</p> <p>Definitions of each component include:</p> <p>a. The physical requirements of an activity are based on the identification of the body parts and their corresponding movements. The resident's physical skills should correspond to the physical requirements of the leisure activity.</p> <p>b. The cognitive requirements of an activity are based on the mental functioning of an individual.</p>	<p>1. The CTRSS identify the four behavioral components: physical, cognitive, social, and emotional. A posterboard labeled for each component is used in the discussion.</p> <p>The CTRSS verbally provide the definitions for each component.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #1

CONTENT	PROCESS
<p>Since the mind regulates the other components of an activity, the cognitive component is essential for activity participation.</p> <p>c. The social requirement of an activity is based on the interactive skills among participants. The social component is essential when interacting during a visit.</p> <p>d. The emotional components of an activity are based on the affective responses of each individual. Because each individual reacts differently, there is no definite emotional requirement for each activity.</p> <p>2. Potential benefits of leisure participation discussion</p>	<p>2. The CTRSS lead a discussion on the potential benefits of leisure participation. The information is provided through a handout.</p>

**LAVTR Content and Process Description**

TPO: #2

EO: #1

CONTENT	PROCESS
<p>Potential benefits of leisure participation include the following:</p> <p>a. Potential physical benefits of a leisure activity</p> <ol style="list-style-type: none"> <li>1. Maintain coordination</li> <li>2. Maintain range of motion of joints</li> <li>3. Maintain strength</li> <li>4. Maintain hand/eye coordination</li> <li>5. Maintain endurance</li> <li>6. Maintain flexibility</li> <li>7. Maintain the use of the five senses</li> </ol> <p>b. Potential cognitive benefits of a leisure activity</p> <ol style="list-style-type: none"> <li>1. Awareness of the rules for game play</li> <li>2. Memory recall</li> <li>3. Maintain concentration skills</li> <li>4. Maintain strategy skills</li> <li>5. Maintain the use of reading, writing, spelling, and mathematical skills</li> </ol>	

**LAVTR Content and Process Description**

TPO: #2  
EO: #1

CONTENT	PROCESS
<p>c. Potential social benefit of a leisure activity</p> <ol style="list-style-type: none"> <li>1. Maintain verbal communication skills</li> <li>2. Maintain non-verbal communication skills</li> <li>3. Interpersonal interactions</li> </ol> <p>d. Potential emotional benefits of a leisure activity</p> <ol style="list-style-type: none"> <li>1. Enjoyment</li> <li>2. Contentment</li> <li>3. Excitement</li> <li>4. Satisfaction</li> </ol> <p>3. Leisure benefits identification activity (Group Sing-a-Long Activity)</p> <p>Sample songs include:</p> <ol style="list-style-type: none"> <li>a. "The Little Brown Jug"</li> <li>b. "God Bless America"</li> <li>c. "Yankee Doodle"</li> <li>d. "I've Been Working on the Railroad"</li> <li>e. "You are My Sunshine"</li> <li>f. "Bicycle Built for Two"</li> </ol>	<p>3. The CTRSS introduce the game to the participants. The participants circle their chairs around the poster board that is on the floor. Each participant is handed a bean bag. The designated participant throws the bean bag onto the posterboard that contains the titles of six songs.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #1

CONTENT	PROCESS
<p>Leisure benefits discussion</p> <p>Possible benefits from Group Sing-a-Long Activity include:</p> <ul style="list-style-type: none"> <li>a. Physical <ul style="list-style-type: none"> <li>1. Hand/eye coordination</li> <li>2. Flexibility of upper extremity</li> </ul> </li> <li>b. Cognitive <ul style="list-style-type: none"> <li>1. Attention</li> <li>2. Memory recall</li> </ul> </li> <li>c. Social skills <ul style="list-style-type: none"> <li>1. Turn-taking</li> <li>2. Communication skills</li> </ul> </li> <li>d. Emotional <ul style="list-style-type: none"> <li>1. Laughter</li> <li>2. Enjoyment</li> </ul> </li> </ul>	<p>The song that the bean bag lands on is the song that the group sings. After the song is finished, the next participant to the right throws his/her bean bag. Each participant takes a turn to throw the bean bag. Each participant is also given a song book with the words to all six of the songs.</p> <p>After the game is complete, the CTRSS identify that the residents frequently participate in this activity. The CTRSS then ask the following questions:</p> <ul style="list-style-type: none"> <li>a. What are some of the physical benefits of this activity? (The CTRSS record the responses on the posterboard labeled "Physical").</li> <li>b. What are some of the cognitive benefits of this activity? (The CTRSS record the responses).</li> </ul>

## LAVTR Content and Process Description

TPO: #2

EO: #1

CONTENT	PROCESS
	<p>c. What are some of the social benefits of this activity? (The CTRSS record the responses on the "Social" posterboard).</p> <p>d. What are some of the emotional benefits of this activity? (The CTRSS record the responses on the "Emotional" posterboard).</p> <p>e. Have you or your resident experienced any of these benefits during your visits in the past?</p> <p>f. What benefits, as a visitor, can you experience during this activity or other leisure activities during a visit?</p> <p>g. Would these benefits motivate you to use other leisure activities during visits?</p>

LAVTR Content and Process Description

TPO: #2 To demonstrate knowledge to use leisure activities during visits

EO: #2 To identify skills required to use leisure activities during visits

CONTENT	PROCESS
<p>1. Introduction to skills required to use leisure activities during visits.</p> <p>The suggested skills include the following:</p> <ul style="list-style-type: none"> <li>a. Communication skills</li> <li>b. Skills to deal with challenges associated with dementia</li> <li>c. Skills to identify the resident's leisure interests and skills</li> <li>d. Skills to identify leisure resources</li> <li>e. Skills to modify leisure activities</li> </ul>	<p>1. The CTRSS explain that they will be discussing certain skills that are needed in order to interact with their resident through the use of leisure activities.</p> <p>It is important to emphasize that these skills are suggestions when using leisure activities during visits. Because each resident is individual, not all of these skills will provide success during visits.</p>

**LAVTR Content and Process Description**

TPO: #2

EO: #2

CONTENT	PROCESS
<p>2. Discussion on the use of communication skills during visits</p> <p>The handout includes the following information:</p> <p>a. Verbal Communication Skills</p> <ol style="list-style-type: none"> <li>1. Speak to the resident as an adult</li> <li>2. Validate the resident's emotional message even if you can not understand what he/she is saying</li> <li>3. Do not argue with your resident</li> <li>4. Emphasize recognition, not recall</li> <li>5. Always introduce yourself, state your relationship to the resident, and provide other orienting information</li> <li>6. Speak slowly and clearly</li> <li>7. Use short, simple sentences</li> </ol>	<p>2. The CTRSS introduce the communication skills through the use of a handout provided for each participant.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>8. Lower your voice tone and speak loudly, but do not shout</p> <p>9. Allow time for response</p> <p>10. If repetition is necessary, repeat the comment using the same words</p> <p>11. Give instructions one step at a time</p> <p>12. Never speak in front of the resident as if he/she is not there</p> <p>b. Nonverbal communication skills</p> <p>1. Use gestures and demonstrations to get your message across</p> <p>2. When touching the resident, approach him/her gradually</p> <p>3. Use facial expressions to emphasize your message</p> <p>4. Display a relaxed posture</p> <p>5. Maintain direct eye contact</p> <p>6. Recognize proximity during interactions</p>	

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>Role play activities for communication skills</p>	<p>The CTRSS introduce the role playing activity. They role play two different situations in which there are three appropriate and three inappropriate communication skills used in each situation. After each role play, they ask to distinguish the inappropriate and appropriate skills.</p> <p>Role play #1: During the role play, one CTRS is the visitor and the other is a resident. The visitor correctly uses verbal communication skills a4, a10, and b1 (refer to 2a and 2b of CONTENT). The visitor will incorrectly use skills number a5, a12, and b2.</p> <p>Role play #2: The visitor will correctly use skills a2, a7, and b3. The visitor will incorrectly use a1, a3, and b6.</p>

**LAVTR Content and Process Description**

TPO: #2

EO: #2

CONTENT	PROCESS
<p>3. Skills needed to deal with challenges associated with dementia discussion</p> <p>Suggested skills include the following:</p> <p>a. Suggested skills to use with the resident that wanders</p> <ol style="list-style-type: none"> <li>1. Walk with the resident</li> <li>2. Bring an activity to the resident while he/she is walking</li> <li>3. Provide verbal and nonverbal communication cues to redirect the resident to a leisure activity</li> </ol> <p>b. Suggested skills to use with the resident that demonstrates memory loss</p> <ol style="list-style-type: none"> <li>1. Provide visual cues and prompts during the leisure activity</li> <li>2. Provide labeled photographs for the resident</li> <li>3. Give step by step instructions</li> </ol>	<p>3. The CTRSS discuss some challenges associated with dementia and skills to assist in dealing with these challenges. A handout is provided for each participant with the information listed under CONTENT.</p>

LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>c. Suggested skills to use with the resident displaying perseveration</p> <ol style="list-style-type: none"> <li>1. Acknowledge the resident's concern after each statement is made</li> <li>2. Ignore the statement after acknowledging it the first time</li> <li>3. Use validation techniques to verify the statement</li> </ol> <p>d. Suggested skills to use with the resident demonstrating mood swings</p> <ol style="list-style-type: none"> <li>1. Ask the resident why he/she is displaying the emotion</li> <li>2. Identify any changes in the environment that may have caused the mood swing</li> <li>3. Redirect the resident to a different environment</li> </ol> <p>e. Suggested skills to use with the resident displaying aphasia</p> <ol style="list-style-type: none"> <li>1. Respond to the message rather than the spoken word</li> </ol>	

LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>2. Use many facial expressions, gestures, and eye contact to validate his/her message</p> <p>3. Ask simple questions that can be answered with short responses</p> <p>f. Suggested skills to use with the resident demonstrating decreased attention span</p> <p>1. Provide leisure activities for short durations</p> <p>2. Use leisure activities based on leisure interests</p> <p>3. Recognize when the resident becomes distracted during a leisure activity</p> <p>g. Suggested skills to use with the resident with decreased physical skills</p> <p>1. Use adaptive equipment and techniques when available</p> <p>2. Do not limit leisure activity involvement based on decreased physical skills</p>	

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>3. Recognize environmental factors that may intensify the decreased skills</p> <p>h. Suggested skills to use with the resident with suspiciousness</p> <ol style="list-style-type: none"> <li>1. Offer assistance when searching for a lost item</li> <li>2. Validate the resident's suspiciousness</li> <li>3. Redirect attention toward another activity</li> </ol> <p>Scenarios that require identification of skills to deal with challenges associated with dementia</p>	<p>The CTRSS ask the participants to respond to the following eight questions after learning about the skills to deal with challenges associated with dementia.</p> <ol style="list-style-type: none"> <li>a. If your resident is wandering around the room, what would you do to get him/her involved in a leisure activity?</li> </ol> <p>Sample answers include:</p> <ol style="list-style-type: none"> <li>1. Go on a nature walk</li> <li>2. Walk around the room observing the environment</li> </ol>

## LAVTR Content and Process Description

TPO: #2

EO: #2

## CONTENT

## PROCESS

b. Your resident believes that someone has stolen her purse. What would you do in this situation?

Sample answers include:

1. Develop a scavenger hunt
2. Develop an activity using a different purse

c. You just came back from a trip to Texas. You visited five of your family members and would like to share this information with your resident. You are not sure if he/she will remember them. How can you share this information with him/her so he/she will know who you are talking about?

Sample answers include:

1. Label the photographs
2. Create a videotape of the family members you visited

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
	<p>d. Within the past five minutes, your resident has asked you at least nine times, "What is the weather like?" How would you respond to his/her questions?</p> <p>Sample answers include:</p> <ol style="list-style-type: none"> <li>1. Go to the window, look outside, and discuss the weather</li> <li>2. Redirect conversation by discussing or looking at pictures to identify his/her favorite weather.</li> </ol> <p>e. Within 10 minutes that you arrive at Hearten House, your resident begins to cry for no apparent reason. How would you deal with this change in emotion?</p> <p>Sample answers include:</p> <ol style="list-style-type: none"> <li>1. Validate the emotion</li> <li>2. Participate in a sensory stimulation activity (e.g., hand massage)</li> </ol>

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
	<p>f. Your resident wants to play horseshoes. He uses a wheelchair for mobility. Do you play the game with him? Why or why not?</p> <p>Sample answer includes:</p> <ol style="list-style-type: none"> <li>1. Adapt the game at wheelchair level by moving the target closer to his wheelchair and using lighter horseshoes</li> </ol> <p>g. Your resident is attempting to explain what she/he had for a snack. You are unable to understand what she/he means. How do you respond to his/her statements?</p> <p>Sample answers include:</p> <ol style="list-style-type: none"> <li>1. Have the resident look in the refrigerator</li> <li>2. Validate his/her response about the snack</li> </ol>

**LAVTR Content and Process Description**

TPO: #2

EO: #2

CONTENT	PROCESS
<p>4. Skills needed to identify the resident's leisure interests/skills discussion</p> <p>The skills needed to identify the resident's leisure interests/skills</p> <p>a. Identify the resident's past leisure interests</p> <p>b. Identify the resident's current leisure participation</p> <p>c. Identify the resident's current skills and abilities</p>	<p>h. You and your resident are playing a game of cards. Another person enters the room and the resident is not able to attend to the game. What would you do next?</p> <p>Sample answers include:</p> <ol style="list-style-type: none"> <li>1. Include the other person in the card game</li> <li>2. Initiate a different leisure activity with the new person and resident</li> </ol> <p>4. The CTRSs discuss the importance of identify the skills and interests of the residents. These skills are identify through a handout for each participant. The handout includes the information listed under CONTENT.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p data-bbox="134 539 420 594">Leisure Interests Activity</p> <p data-bbox="134 1177 468 1283">5. Skills needed to identify available leisure resources discussion</p>	<p data-bbox="627 539 1045 871">The CTRSS provide a paper and pencil to each participant. The paper is divided into two halves. One half is labeled "Past Interests" and the other half "Current Interests." They are instructed to write at least three leisure interests under each column.</p> <p data-bbox="627 903 1045 1147">A discussion of the importance of identifying leisure interests occurs after the completion of the activity. This list provides the participants with a reference for using leisure activities during visits.</p> <p data-bbox="627 1177 1045 1365">5. The CTRSS discuss the skills needed to identify leisure resources for visits. The information is provided through a handout for each participant.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>The skills needed to identify available leisure resources</p> <ol style="list-style-type: none"> <li>a. Identify where supplies and equipment are located at Hearten House</li> <li>b. When visiting, bring items to share with the resident</li> <li>c. Use the staff as a resources to identify the resident's current interests and/or mood</li> </ol> <p>Leisure resource activity</p>	<p>Each participant is given a piece of paper labeled "Leisure Resources." The participants are given three minutes to identify objects in the room that may be used for a leisure activity during a visit. Each participant writes the objects identified on the paper.</p> <p>After the three minutes, the participants voluntarily share the objects they identified.</p>

## LAVTR Content and Process Description

TPO: #2

EO: #2

CONTENT	PROCESS
<p>6. Skills needed to modify leisure activities discussion</p> <p>The skills needed to modify leisure activities</p> <ol style="list-style-type: none"> <li>a. Change the rules of the leisure activity</li> <li>b. Use adaptive equipment</li> <li>c. Consider the size of the group of the leisure activity</li> <li>d. Consider the environment in which the leisure activity is taking place</li> <li>e. Change the duration of the leisure activity</li> </ol> <p>Leisure activity modification activity</p>	<p>6. The CTRSS discuss the importance of modifying and adapting leisure activities as necessary. The information is provided to the participants through a handout. The information is listed under CONTENT.</p> <p>The group is divided into three smaller groups. Each group is given an object (e.g., book, UNO cards, and a balloon). As a group, they need to identify a way to modify the activity for a resident. After 10 minutes, each group demonstrates the activity to the other groups and explains the modifications used.</p>

## REVIEW OF RELATED LITERATURE

### Introduction

The purpose of this study was to determine if a leisure activity visitation training program (LAVTR) for visitors of individuals with dementia would have any effects on the social interaction and satisfaction for individuals with dementia. This review of related literature includes relevant research and is presented in the following sequence: (a) characteristics of individuals with DRD-AD; (b) components of activity theory; (c) visiting issues; and (d) leisure satisfaction of residents with DRD-AD.

### Individuals with DRD-AD

Alzheimer's disease is a progressive, degenerative disease of the brain and is the most common form of dementia. An estimated 4 million American adults are affected by this challenging, progressive, and irreversible disease (Alzheimer's Disease and Related Disorders Association, 1990). Dementia is a term used to describe problems ranging from forgetfulness to confusion (American Association of Retired Persons, 1993). Some symptoms of the disease may include memory loss, decline in cognitive functioning, disorientation to time and location, personality change, decline of language and communication skills, decreased attention span, and impairment of judgment.

Although there are certain common characteristics that describe DRD-AD, there is no one description of a "typical" person with dementia. Each person with DRD-AD is unique, and the severity and range of the symptoms depend on many factors (Bowlby, 1993). As a result of the symptoms, it is important that the individual with DRD-AD is involved with family and friends to make the process of the disease easier. Likewise, it is beneficial for family and friends to acknowledge the individual with DRD-AD's abilities and potentials to maintain a close and comforting relationship.

As the disease progresses, the difficulties with memory and functional abilities become more pronounced. The individual begins to need cuing and prompting for activities. Frustrations with the losses may lead to extreme emotional reactions and a role of passive involvement (Hellen, 1992). However, providing an environment that encourages participation and independence in leisure activities will enable a positive affirmation for the resident with DRD-AD (Freeman, 1987).

The process of loss for the individual with DRD-AD is difficult for him/her and his/her family and friends. The gradual progression of DRD-AD erodes the person's ability to engage in many of the activities that fulfill the basic psychosocial needs. Fortunately, having the comfort and enjoyment from social acceptance in close relationships

provides an opportunity for the resident to capitalize on his/her strengths, successes, and maintenance of abilities.

Without the family and friend support system, an increase in suffering and dependence may affect the individual during the long course of his or her illness. Although, with support from family and friends, the individual with DRD-AD may maximize his or her self-esteem and functional capabilities.

### Activity Theory

Maintenance of activity for individuals with dementia is recognized as important to the overall quality of life. The activity theory (Lemon, Bengston, & Peterson, 1972) supports the idea of utilizing activities to help the individual with dementia maintain socialization skills. MacNeil and Teague (1987) suggest that there is a strong link between continued involvement in activities and a person's feelings of satisfaction and happiness. The activity theory states that people are given the ability to substitute activities for the roles and tasks that they are forced to discontinue. The theory asserts that optimal aging is positively correlated with activity (Havighurst, Neugarten, & Tobin, 1968; Lemon et al., 1972).

In turn, leisure activities are a primary category of activity in later life and for the person with DRD-AD. Dignity and the inner sense of self-worth arise from activity, including recreation (Hellen, 1992). Gray and

Calsyn (1989) indicated that the activity theory hypothesizes that participation in leisure activities can have a positive effect on morale for the individual. Activity involvement can draw the resident into a reality with his/her level of understanding. Unfortunately, little is understood about the capacity to maintain active participation in leisure activities when illnesses occur. Research indicates that when health impairments affect activity participation the effects of psychological health and activity participation is decreased. Individuals experience more somatic symptoms, less happiness, and poorer self-esteem (Heinemann, Colorez, Frank, & Taylor, 1988).

The theoretical concept of activity promotes the belief that the individual with DRD-AD is more satisfied with his or her life if he/she displays some form of physical, social, or mental activity. Activity theorists (Lemon et al., 1972) maintained that there is a positive relationship between activity and life satisfaction regardless of age or disability. Additionally, Ragheb and Griffith (1982), found that people who have frequent leisure interactions with friends/family are more satisfied.

Because of the importance of activity in one's life, increased activity can be beneficial for the individual with dementia. These benefits may include: improving the individual's mood, diminishing disruptive behaviors, and providing the individual with a feeling of success and

accomplishment (Teri, 1991). Additionally, leisure activities may help the person with DRD-AD to be restored to his/her highest level of functioning, maintain her/his present level of functioning as long as possible, and provide socialization and favorable activity (Hasselkus, 1992).

### Visiting Issues

Although it is important for the individual to have frequent social interactions, it has been reported that visits with the person with DRD-AD may become frustrating and painful (Hansen, Patterson, & Wilson, 1988). The great impact of the stress of visiting for the individual with DRD-AD has been largely ignored. The symptom of losing the ability to appropriately interact with others is embarrassing and upsetting for the person (Teri, 1991). Unfortunately, this puts tremendous strain and discomfort on the personal relationships with the visitors and resident with DRD-AD.

Visiting with a person with dementia is not an easy process. Visitors often have difficulty accepting feelings of sadness and anger that the resident expresses. The discomforting feelings of the visitor may diminish the chance for the resident to express his or her feelings (Hellen, 1992). It is beneficial for the visitors to identify that the quality of the visit, rather than the frequency, is correlated to the overall satisfaction and

well-being of the resident. Diminishing guilty and angry feelings of the visitor is helpful to improve the significant quality of the social interaction (Farber, Brod, & Feinbloom, 1991).

Research supports the notion that when a family member moves into a group home setting fewer family members and social supports visit the resident. The strength of the family ties of the resident in the group home diminishes with time (Moss & Kurland, 1989). Furthermore, the social interaction of the resident with the outside world tends to be limited to the family. There is evidence that the significance of family visits rises in relative importance to the resident over time as his/her roles and abilities fall away (Kleban, 1971; Moss & Kurland, 1989). Visitation allows past role and social relationships to continue after a person enters a group home. Engaging in pleasant activities together may enhance the family and resident visiting relationship, resulting in improved well-being for the resident (Teri & Logsdon, 1991). Fortunately, visiting for the individual with DRD-AD may become meaningful and beneficial through the use of appropriately selected leisure activities.

#### Leisure Satisfaction

Many studies have contributed a great deal toward the understanding of leisure satisfaction of older adults (Ragheb & Griffith, 1982). However, the research is limited

in the determination of leisure satisfaction of persons with DRD-AD. Beard and Ragheb (1980) define leisure satisfaction as,

The positive perception of feelings which an individual forms, elicits, or gains as a result of engaging in leisure activities and choices. It is the degree to which one is presently content or pleased with his/her general leisure experiences and situations. This positive feeling of contentment results from the satisfaction of felt or unfelt responses of the individual (p.22).

Ragheb and Griffith (1982) have also reported that there is a positive relationship between frequency of participation in leisure activities and life satisfaction for any individual. Social participation and interaction, major components of leisure, are related in the well-being of people with illnesses. Leisure is an important aspect in the life of the individual.

Unfortunately, the person with DRD-AD gradually begins to lack the ability to initiate social and leisure involvement on his/her own. The resident may need help to make valuable and satisfying use of his/her leisure time. However, individuals with DRD-AD are capable of enjoying life, laughter, and developing friendships (Beisgen, 1989). Individuals have been noted to have an increase in happiness when participating in social activities (Ragheb & Griffith, 1982). It is important to help engage the resident in leisure activity participation to promote a sense of productivity, independence, and meaning in life.

Furthermore, identifying enjoyable leisure activities in which the person with DRD-AD can participate may help alleviate depression and sadness and increase in the overall satisfaction of leisure (Teri & Logsdon, 1991).

As suggested, the higher the leisure satisfaction is the more rewarding and pleasing the opportunities for the resident with DRD-AD may have to improve her/his quality of life. The meaning and awareness of leisure of individuals is a major factor of determining the benefits and importance of visiting with family and friends.

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### INDIVIDUALIZED LEISURE ACTIVITY ASSESSMENT

THE FOLLOWING INFORMATION IS BASED ON OBSERVATIONS AND ACTIVITY INTERACTIONS DURING THE TIME PERIOD FROM OCTOBER 1993 THROUGH JANUARY 1994. FROM THE DATA COLLECTED DURING THESE OBSERVATIONS AND INTERACTIONS, WE HAVE INTERPRETED THE FOLLOWING RESULTS.

**RESIDENT:** Mrs. B

**STRENGTHS:**

- \*Initiates conversation
- \*Good fine motor coordination
- \*Prefers independence in activity participation
- \*Requires minimal prompts for participation
- \*Requires initial cues for recall of activity directions; needs only occasional reminders throughout the duration of the activity
- \*In general, needs minimal verbal cues and moderate visual

**CHALLENGES:**

- \*Displays jealousy if not initially asked to participate
- \*Requires moderate to maximum verbal assistance during 4+ step tasks
- \*Occasionally gives excuses for nonparticipation but can be redirected
- \*Does not prefer craft activities
- \*At times becomes impatient with other residents
- \*Requires specific activity identification when approached for participation

**PREFERRED STYLE OF ACTIVITY PARTICIPATION:** \*Active  
She is not hesitant to participate when introduced to unfamiliar activity.

**THREE MOST SUCCESSFUL ACTIVITY AREAS:**

- \*Puzzles
- \*Reminiscing
- \*Exercising

**PREFERRED ENVIRONMENTAL SETTINGS:**

- \*Living room
- \*Dining room

**PREFERRED GROUP SIZE:**

- \*1:1 interaction
- \*Medium group (4-6)

**MOST FREQUENT TIME OF ACTIVITY PARTICIPATION:** \*Early afternoon

## INDIVIDUALIZED ACTIVITY ASSESSMENT NARRATIVE

RESIDENT: Mrs. B

Mrs. B will participate in approximately 90% of the activities offered to her with minimal prompts. The other 10% of the time, she complains of discomfort in her right shoulder and refuses to participate in any type of activity.

She demonstrates difficulty with decision making skills when given the option of two to three activities. When a specific activity is suggested, instead of options, she appears more motivated and eager to participate. It is recommended to suggest one activity at a time.

She responds positively to physical touch and verbal praise as a motivating factor to continue activity participation. Additional communication techniques to encourage her to participate include: direct eye contact, asking her directly instead of a general prompt to the entire group, and physical contact to lead her to the activity.

During unfamiliar cognitive tasks with four or more steps, she requires moderate to maximum verbal assistance. The assistance is required for strategy identification and problem solving. When this assistance is required, she demonstrates decreased interest for continued participation. As a result, continued verbal praise is recommended during these types of activities. However, during familiar tasks of four or more steps, she requires less assistance for these skills.

She demonstrates impatience with other residents during large group activities when others try to aid her in her decision making. It is recommended that she does not sit near a resident that may distract her from completing the activity. It is also recommended to allow her to ask for assistance prior to giving it to her.

Mrs. B demonstrates difficulty in verbalizing that she would like to participate in activities during unstructured times of the day. Through observations, her physical appearance demonstrates that she is searching for a new activity to participate (e.g., walking throughout the house, initiating but not maintaining conversation with other residents, and repetitively picking up and replacing magazines). When this behavior is observed, it is recommended to initiate an activity with her.

Occasionally, Mrs. B initially declines to participate in a group activity. However, when she observes the group taking place, she demonstrates discouragement in her perception of not being asked to participate. It is recommended to have Mrs. B assist with the set up of the activity so she is initially involved.

**APPENDIX E**

**LETTERS TO THE VISITORS**

Timeline and for Informational and Procedural Letters

February 21, 1994

This letter was sent out to all family and friends of Hearten House III describing an educational and networking opportunity. As a part of the pilot study, this letter was an invitation for visitors to learn about the importance of leisure activities during visits.

February 23, 1994

The Program Director sent out a supportive letter with the initial letter to enhance the participation in the training program.

March 7, 1994

A letter to all family and friends of Hearten House I and II was sent to explain the first four week process of the study. Legal guardian and additional visitors consent forms were enclosed with the letter.

March 7, 1994

The Program Director and Program Coordinator also sent a supportive letter to promote the researcher's study.

March 28, 1994

A second letter was sent to family and friends of Hearten House I and Hearten House II. This letter explained factors about the LAVTR program and dates for participants.

May 13, 1994

The final letter was sent to the eleven individuals involved in the LAVTR program. The letter entailed thanking the participants for their involvement in the program and providing them with an evaluation form and Visitor Questionnaire Form.

February 21, 1994

Dear <Family member>,

Since <your resident> has moved into Hearten House III, there have been many new and exciting opportunities. We would like to offer you another chance to learn more about issues related to dementia. Because we know that visiting with <your resident> is important, we will be providing you with some suggestions and techniques to use while visiting.

We are two graduate assistants from the University of Wisconsin - La Crosse in the Therapeutic Recreation program. We have had the opportunity to interact with the family members and residents of Hearten House I and II during the past five months. Now we would like to learn more about the family members and residents of Hearten House III.

We would like to invite you to attend an informational program on Tuesday, March 8, 1994, from 7:00 to 9:00 pm. It will be held at Holmen Lutheran Church. This program will include steps to improve your understanding and use of activities during visiting.

We will be contacting you within the next week to verify your attendance. If you have any questions, you may reach us at Hearten House II at 784-4522. We are excited to share our information with you and hope to see you that evening. Please feel free to bring a friend or family member with you.

Thank you for your time.

Sincerely,

Jackie Jords & Becky Waskiewicz  
Graduate Students/Therapeutic Recreation  
University of Wisconsin - La Crosse

February 23, 1994

Dear Families,

I am happy to invite you to a special evening of educational information presented by Jackie and Becky, graduate students at UW - La Crosse who are presently working on a grant at Hearten House I and II.

This can also be an opportunity to get acquainted with other Hearten House III families. We would like to invite you for a soup and sandwich supper at 6:00 pm on Tuesday, March 8, 1994, with the program to start at 7:00 pm.

We will be meeting at the Holmen Lutheran Church lounge at 228 Morris Street in Holmen. Use the side door on Church Street.

Looking forward to seeing you!

Sincerely,

Linda Erickson  
Program Director  
Bethany Hearten House

Marge McIlnay  
Program Coordinator  
Harten House III

March 7, 1994

Dear <Visitor>,

What do you do with <Resident> at Hearten House while visiting? Are you satisfied with your visits? We all know that it is very important to make the visit as meaningful as possible for <Resident> as well as for yourself.

We know that visiting with someone with dementia and memory loss is not always an easy experience. Family members and friends may not know what to say or what to do during the visits. Visiting requires patience and understanding, can be frustrating, and not as rewarding as you would like it to be. As a result, we would like to help family members and friends have more satisfying visits.

If you are interested in learning more about visiting and how to make your visits more meaningful, we would like your help. As part of our graduate program in Therapeutic Recreation at UW-La Crosse, we are interested in learning more about visits to Hearten House. **You do not need to change any aspect of your visiting style in order to help us with this project.** During the weeks of March 21 through April 16 we would like to gather information about visiting at Hearten House. You will be asked to complete one questionnaire after each visit. We will conduct casual observations periodically. Enclosed is a sample copy of the questionnaire that you will be completing after each visit.

Please complete the enclosed informed consent forms for yourself and 2~ and return them to Hearten House during your next visit. The informed consent forms ensure that you are in agreement with our observations of your visits.

If you would like to have more information or if you have any questions, you may contact Becky Waskiewicz or Jackie Cords at Hearten House II at 784-4522.

Thank you for your time. We look forward to your visits.

Sincerely,

Becky Waskiewicz & Jackie Cords  
Graduate students/Therapeutic Recreation  
University of Wisconsin - La Crosse

## INFORMED CONSENT FORM

Please complete the first consent statement for yourself and the second statement for your resident.

## 1. FAMILY MEMBER OR FRIEND

I, \_\_\_\_\_, consent Becky  
 (Your name)  
 Waskiewicz and Jackie Cords (two graduate assistants  
 from UW - La Crosse) to periodically observe my visits  
 with \_\_\_\_\_ at Hearten House.  
 (Your resident)

## 2. RESIDENT

As the legal guardian of \_\_\_\_\_,  
 (Your resident)  
 I, \_\_\_\_\_, consent  
 (Your name)  
 Becky Waskiewicz and Jackie Cords (two graduate  
 assistants from UW - La Crosse) to periodically observe  
 \_\_\_\_\_ visit with other family  
 (Your resident)  
 members or friends at Hearten House.

\_\_\_\_\_  
 (Your signature)

\_\_\_\_\_  
 (Date)

March 7, 1994

Dear <Visitor>,

What do you do with <resident> at Hearten House while visiting? Are you satisfied with your visits? We all know that it is very important to make the visit as meaningful as possible for <resident> as well as for yourself.

We know that visiting with someone with dementia and memory loss is not always an easy experience. Family members and friends may not know what to say or what to do during the visits. Visiting requires patience and understanding, can be frustrating, and not as rewarding as you would like it to be. As a result, we would like to help family members and friends have more satisfying visits.

If you are interested in learning more about visiting and how to make your visits more meaningful, we would like your help. As part of our graduate program in Therapeutic Recreation at UW-La Crosse, we are interested in learning more about visits to Hearten House. **You do not need to change any aspect of your visiting style in order to help us with this project.** During the weeks of March 21 through April 16 we would like to gather information about visiting at Hearten House. You will be asked to complete one questionnaire after each visit. We will conduct casual observations periodically. Enclosed is a sample copy of the questionnaire that you will be completing after each visit.

Please complete the enclosed informed consent form and return it to Hearten House during your next visit. The informed consent forms ensure that you are in agreement with our observations of your visits.

If you would like to have more information or if you have any questions, you may contact Becky Waskiewicz or Jackie Cords at Hearten House II at 784-4522.

Thank you for your time. We look forward to your visits.

Sincerely,

Becky Waskiewicz & Jackie Cords  
Graduate students/Therapeutic Recreation  
University of Wisconsin - La Crosse

## INFORMED CONSENT FORM

Please complete the consent statement and return it to Hearten House during your next visit.

I, \_\_\_\_\_, consent Becky  
(Your name)  
Waskiewicz and Jackie Cords (two graduate assistants  
from UW - La Crosse) to periodically observe my visits  
with \_\_\_\_\_ at Hearten House.  
(Your resident)

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

March 7, 1994

Dear Families and Friends,

As some of you know who have been with us over the past few years, Hearten House has been privileged to have researchers come to us from Rochester, Minnesota, the University of Michigan, and Dr. Pastelon from Washington, D.C.

Now we are privileged to have two researchers from the University of Wisconsin - La Crosse, Jackie Cords and Becky Waskiewicz, who are creating an exciting program to benefit families and friends when visiting their loved ones. I greatly encourage you to participate in their research and later to attend the workshop they will be presenting for visitors.

If you have any questions, please feel free to call me at 784-4534.

Sincerely,

Linda Erickson, Program Director  
Bethany Hearten House  
Bethany Lutheran Homes, Inc.

March 28, 1994

Dear <Visitor>,

Thank you for your continuous completion of the visiting questionnaires and for allowing us to observe your visits. As a result of our observations, we noticed a variety of visiting patterns.

Because of your input, we are offering a Leisure Activity Training Program for all visitors of Hearten House I and II. If you are interested in learning more about visiting and how to make it more meaningful, we would like to invite you to attend this training program. **If you decide to participate, you will attend a three hour session for one day.** This session will include steps to improve your understanding and use of leisure activities during visiting.

The three options for the training program are as followed:

Tuesday, April 19, 1994	6-9 p.m.
Wednesday, April 20, 1994	6-9 p.m.
Saturday, April 23, 1994	1-4 p.m.

All training programs will be held at the English Lutheran Church, 1509 King Street, La Crosse, Wisconsin.

If you choose to participate in this program, please return the enclosed form by **April 11, 1994**. A self-addressed, stamped envelope is enclosed for your convenience. You may also contact Becky Waskiewicz or Jackie Cords at Hearten House II at 784-4522 if you have any questions. Upon receiving your form, we will contact you about the details of the training program.

We appreciate the time and effort that you have given by completing the Visitor Questionnaire Form. This is an important component of our study. **Please continue to complete a Visitor Questionnaire Form after each visit.** The forms are located in the front entrance of each house. **Also, please return your Consent Forms as soon as possible.**

Thank you for your time. We look forward to your visits.

Sincerely,

Becky Waskiewicz & Jackie Cords

## Agreement for the Leisure Activity Training Program

Name \_\_\_\_\_

Resident's Name \_\_\_\_\_

Relationship to the Resident \_\_\_\_\_

The following dates and times are three options for participation in the Leisure Activity Training Program:

Tuesday, April 19, 1994 at 6-9 p.m.

Wednesday, April 20, 1994 at 6-9 p.m.

Saturday, April 23, 1994 at 1-4 p.m.

Please circle the date that is most convenient for you.

If none of the dates or times are convenient for you, please indicate a date and time that you prefer.

Please include any suggestions you would like addressed during the training session.

May 13, 1994

Dear <Visitor>,

Thank you for your participation in the leisure activity training program. We appreciate all of your assistance in our project. Because of your involvement, we received additional awareness of the challenges associated with dementia.

Since the last component of our training program will be completed on May 21, your assistance in completing the final set of forms is requested. The completion of these forms are important to the overall success of our project. Please complete the Visitor Questionnaire Form and the Miller Social Intimacy Scale and return them in the enclosed self-addressed, stamped envelope by May 27, 1994.

We have also included a form for you to evaluate the leisure activity training program. Please answer the six questions and return this form along with the other forms in the self-addressed, stamped envelope.

We greatly appreciated your participation in our program. Thank you for your support.

Sincerely,

Becky Waskiewicz & Jackie Cords  
Graduate Students/Therapeutic Recreation  
University of Wisconsin - La Crosse

Visitor Leisure Activity Training Program  
Participant Evaluation Form

Please evaluate the following components of the visitor leisure activity training program. Your cooperation will assist us in the continued improvement of the program.

---

1. A. How useful was the information presented during the program?

very useful	useful	not useful
1	2	3

- B. What information was most useful?

2. A. To what extent was the dementia knowledge helpful in improving the quality of visits?

very helpful	helpful	not helpful
1	2	3

- B. What information was most helpful?

3. A. To what extent was the information about role reversal helpful in improving the quality of visits?

very helpful	helpful	not helpful
1	2	3

- B. What information was most helpful?

4. A. To what extent was the information about the benefits of using leisure activities during visits helpful?

very helpful	helpful	not helpful
1	2	3

- B. What information was most helpful?

5. A. To what extent was the information about the skills needed to use leisure activities during visits helpful?

very helpful	helpful	not helpful
1	2	3

- B. What information was most helpful?

6. Name three things you learned at this training program.

7. A. Since the training program, which of the suggested techniques/activities/ideas have you used?

- B. Which do you plan to use in the future?