





**TIME REQUIRED:** This module takes about one (1) hour or less

**SUPPLIES NEEDED:**

LCD / Laptop

Screen

Flip Chart/ Markers

2 – ( 4X4 inch pieces of paper for each participant)

**Video - "One Thousand Tomorrows"**

**BEST PRACTICE** – Points to make during the session or as a review at the end.

### **MEANINGFUL ACTIVITIES ARE PROVIDED TO**

- provide a sense of **value and accomplishment**  
(e.g. *Deliver the mail, set the table.*)
- offer a range of opportunities for clients to experience a successful accomplishment of tasks
- support **normalized living**


### **MEANINGFUL ACTIVITIES ARE**

- responsive to **individual's abilities** and needs.
- **relevant and age appropriate** (toys may or may not be offensive)
- timely
- purposeful e.g. picking flowers for someone
- broken down into **simple steps** when appropriate
- enjoyable (as per verbal/non-verbal cues or feedback)
- **dignified** (able to accomplish activity without embarrassment)
- designed to **support success** e.g. minimal number of steps
- sensitive to the stress threshold of individuals.

### **PLANS FOR MEANINGFUL ACTIVITY CONSIDER**

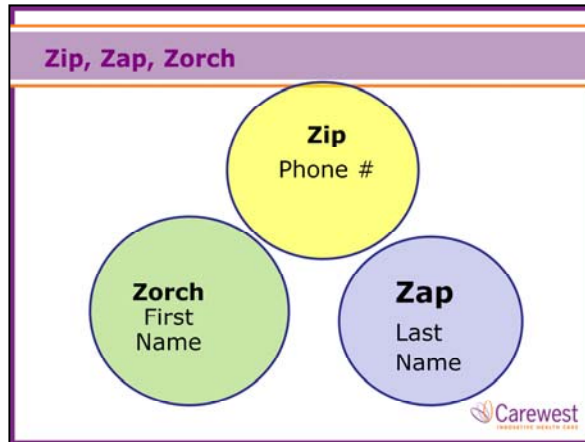
- **voluntary involvement** in activities (clients have a right to choose to participate)
- providing a **mix of group and individual** activities
- obtaining commitment from all staff, family, community, etc.
- that over stimulating activities are not effective or comforting
- time is required to return to a sense of calm at the end of the activity
- the benefits of knowing and sharing individual client's interests and abilities
- that personal care activities are just as important as individual and group recreation type activities
- the need to be flexible

Objectives
To recognize the importance of providing meaning to each person's day.
To discuss factors to consider when trying to help people feel useful and occupied.
To understand the different needs of individuals with early, middle and late stages of dementia.



## Objective

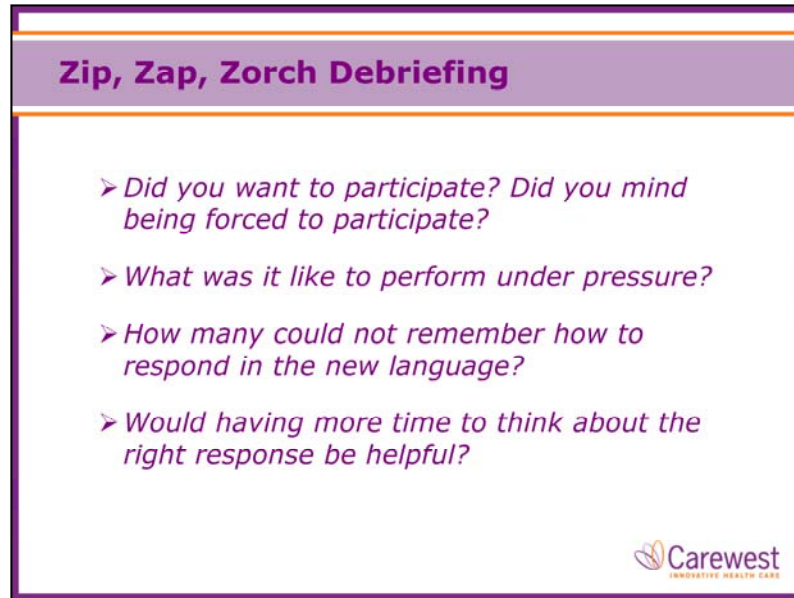
The trainer briefly reviews the objectives aloud.



**Trainer's notes:**

**Optional Exercise:** but explain the exercise even if you don't do it. Can be done as a group or just by quickly approaching someone and asking them to respond to 'zip' (phone #), someone else to 'zap' (last name) and a third person 'zorch' (first name) - without this slide up

- The trainer announces all participants will be playing a game.
- Also tell them, "These are the rules and it's really fun!!"
- No real lead in... debrief purpose at the end of the session)
- Have everyone sit or stand in a circle (depending on the room).
- The trainer act as the leader.
- Explain to the participants that we are creating a new form of communication and they will be learning a new language.
- Read aloud: "In our new language if someone says to you:
  - ❖ "Zip" - **you state your** phone number.
  - ❖ "Zap" - **you state your** last name.
  - ❖ "Zorch" - **you state your** first name
- Tell them "If you do not **reply properly within the count of three** you will be asked to sit down. The last person standing is the winner."
- **Remove the slide after explaining the 'rules' so staff do NOT have the visual reference**
- After explaining the 'new language' the leader stands in front of a staff (in their space) or points and randomly says one of the words
- Wait only three seconds for the person to respond then either exclude them (if they get the answer wrong) or quickly move on to the next person.
- The game is fast and intended to make the staff feel pressured and tested.
- How this makes the staff feel or would have made them feel will be included in the debriefing of the game.



**Trainer's Notes:** Ask the participants for their feedback related to these questions even if they didn't do the zip/zap/zorch exercise but have a sense of what it would have been like

Share the following:

- That our clients may experience some of the same difficulties we did during the game to process and respond appropriately when we don't give them time to process it.

**Ask the participants to relate to how a person with dementia might feel in a similar situation – i.e. unable to understand/remember the instructions/unable to come up with an answer quickly and under pressure**

### Activities or Being Occupied?

**Being Occupied** - "filling the day with things that are meaningful to us - they can be spontaneous, singular, needing little skill, take seconds, minutes or hours. "

**Activities** - organized, more than one person, set time, need someone to coordinate and run them.

David Sheard- Dementia Care Matters



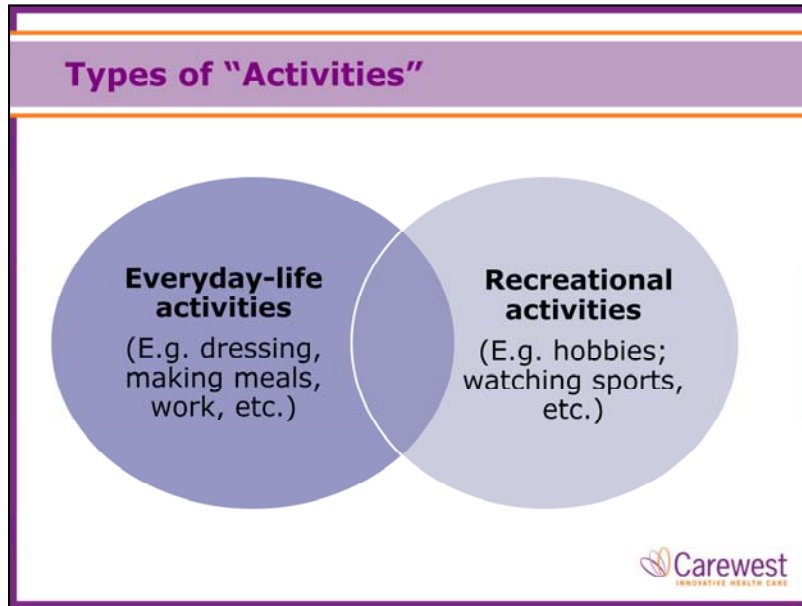
As we go through our discussions we are using "activities" to mean both formal organized activities by Recreation Therapy as well as spontaneous activities.

**Both have value and add to the lives of our clients.**

For those clients at home the caregiver needs to be aware of how to enrich the person's life with everyday activities.

In facility care, staff can use small interactions to include and stimulate the person.

Examples: hugs, smiles, familiar music, greeting the person using their name



**MEANINGFUL ACTIVITIES** Can GIVE ENJOYMENT to life.

We have divided these into two (2) categories.

As we discussed in Module Two (2) what gives us interest and pleasure is highly individual.



### Activity Exercise

#### Recreation Activities

On one piece of paper **list the recreational activities you enjoy doing or observing**  
(E.g. sports, hobbies, watching movies)

#### "Everyday" Activities

On second piece of paper **list "everyday" activities" that help you feel good about yourself**  
(E.g. making meals, reading the paper, grooming)



Distribute 2 - 4x4 scrap blank paper to each participant (2 each)

Instruct the group to follow the instructions on the slide.

**After a few minutes state:**

"Now imagine you are walking down the street with each of these two pieces of paper in your pocket.

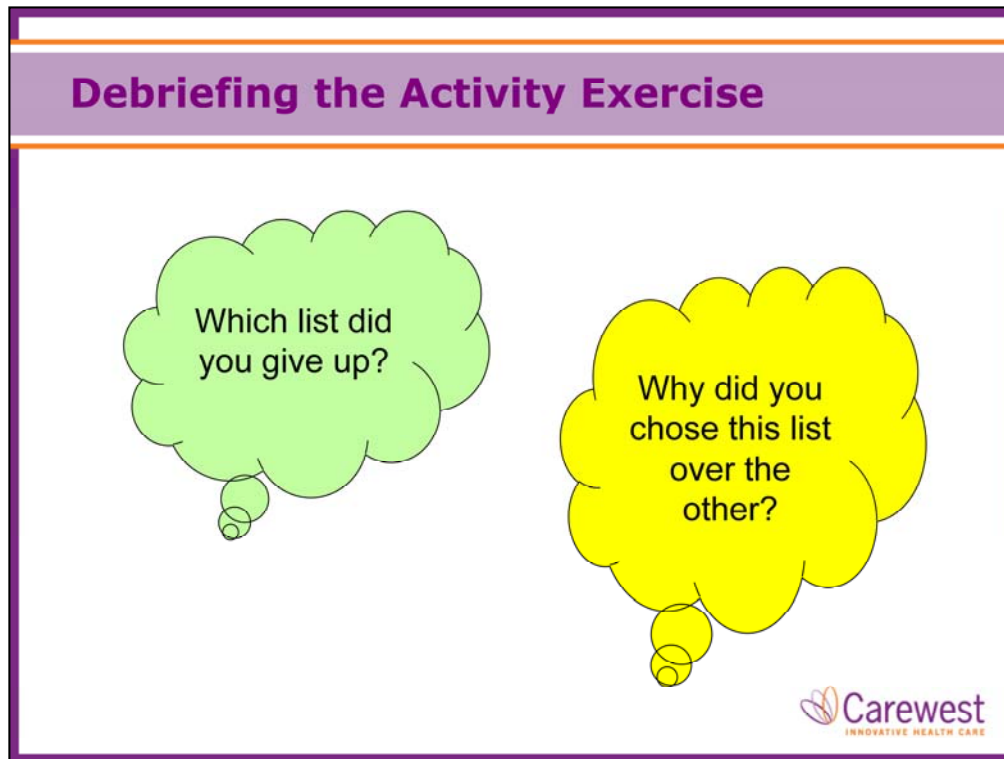
All of a sudden, someone appears and says: *"My friend, your time is up, but, I will grant you 20 more years if you give me one, and only one, of those lists you have in your pocket."*

The voice cautions you further and states, *"Consider your decision carefully, because you will never again be able to do the things on the list that you give me".*

*Suggest they* **"Think about this situation and decide: what list would you give up?"**

**Ask them to turn it over.**

Debriefing follows on the next slide



Discuss the questions on the slide with the participants

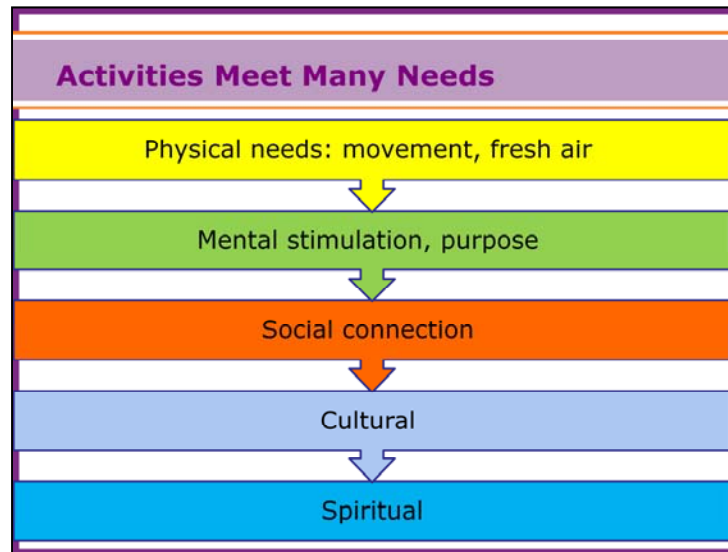
Examples may have included:

Recreational Activities

1. Yoga
2. Running
3. Dancing
4. Swimming
5. Walking
6. Watching movies

Everyday Activities

1. Laundry
2. Cleaning
3. Having Baths
4. Reading Newspaper
5. Having Coffee with Partner
6. Patting the dog/cat



The client should be involved in a variety of activities throughout the day to address their needs (e.g. as noted on the slide).

Discuss examples of activities that might meet the each of these needs:

**PHYSICAL NEEDS** - movement, fresh air (walk; gardening; exercise class; swimming, dancing etc.)

**MENTAL STIMULATION, PURPOSE** - (puzzles, games, books, discussions; reminiscing, videos, helping activities-set table, peel vegetables, sweep floor)

**SOCIAL CONNECTION** - (tea time, group activities, hugs)

**CULTURAL** - (music, special meals, dancing, special holiday activities)

**SPIRITUAL** - (church, music, art, nature)

## Meaningful Life Roles

- 'Everyone needs to feel needed'
- Our clients need meaning/purpose in their life
  - a job, activity or role



- Differs from basic need and leisure activities
- May connect to past interests/roles
- May be a new opportunity



**Meaningful Life Roles** refers to an activity, job or role that a client takes part in as an individual or group. It may connect to a past interest, responsibility or be a new opportunity

This is different from activities the person normally performs to meet their basic needs (getting dressed, eating meals,) and from recreation therapy, which is focused on an enjoyable way to spend time in a leisure pursuit (playing a game, practicing a hobby.)

Think of those tasks that could normally be filled by someone as an occupation, in a volunteer or paid role - care of animals, providing a service like working in a store, cleaning an area, doing yard work, or delivering mail/papers/supplies. These roles have a value to others, and therefore have more satisfaction for the person completing them.

**It is most important that this is voluntary, and provides engagement and satisfaction to the client**

It may be something that allows them to use past interests, skills or training or can be in a completely new area. This is often linked to our sense of identity as an adult; "I am a groundskeeper/cleaner/dog walker," or "I deliver the supplies/I work in the store."

## Meaningful Life Roles

### The role must:

- be flexible and match the person's comfort level
- be set up for success
- have a clear agreement on the reward
- meet legal or regulatory restrictions
- have full team support/understanding (all departments)



### Meaningful Life Roles – keep in mind:

- a person can have good days and bad days, so the role must be flexible
- It should be set up for success, which may mean there is a gradual shift from dependence on a staff member to complete the role to increasing independence
- the level of social interaction must match the individual's comfort level
- there must be clear agreement on the reward for filling this role (small item, thank you card, recognition, pay) or trust can be lost when resident's or family's expectations are not met
- the team must have understanding of legal or regulatory restrictions (ie. health and safety, IP&C, handling of money) before you begin the activity. If you are willing to problem solve through the process, you may be able to find a creative way to allow a resident to fill a role not previously thought possible
- there must be full team support, including those of other departments (Food Services, Physical Plant Services) to provide a variety of roles and ensure there is understanding and support of the person in the role

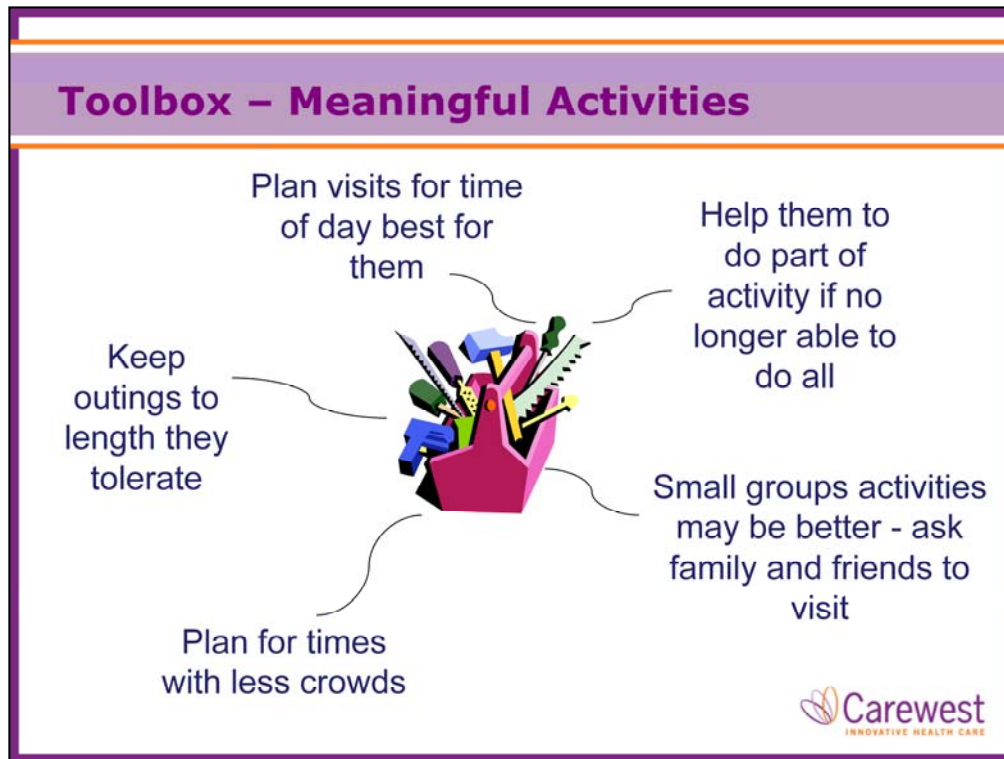
## Meaningful Life Roles

**How can we help our clients who have  
dementia find a meaningful life role at our  
work place?**

Please share your ideas/examples



Ask for a response from the whole group or ask them to talk about it with the participant beside them and then report back.



### Maintaining Social Life

- As abilities decline the person may isolate themselves due to embarrassment. Early diagnosis and sharing diagnosis with friends may maintain connections
- People with dementia may still enjoy the same kinds of outings they enjoyed in the past
- Plan outings for the time of day when the person is at his or her best. “I put off shopping trips, then when I do go it’s overwhelming.”
- Keep outings from becoming too long. You want to note how tired the person with dementia gets after a certain amount of time. “I can do two or three things, no more. The mental effort exhausts me.”
- Ask friends and family to visit. Limit the number of visitors at any one time.



***It's everybody's role to add meaning to the clients' lives!***

- Nursing staff
- Interdisciplinary Team
- Food Services
- Housekeeping
- Community support worker
- Maintenance staff
- Management
- Volunteers

**How can we support keeping life meaningful in our busy work loads**

- Even short conversations provide meaningful activity.
- Acknowledge and say "hello" to the person every time you see them.
- Include them in what you are doing
  - (e.g. "Would you like to help me set this table?"
  - "Would you like to help me by holding this pillow while I make the bed?"
- This is very important for clients at home as the caregiver may not be able to provide structured activities for them.





David Sheard advocates that staff need to know how to increase positive social interactions.

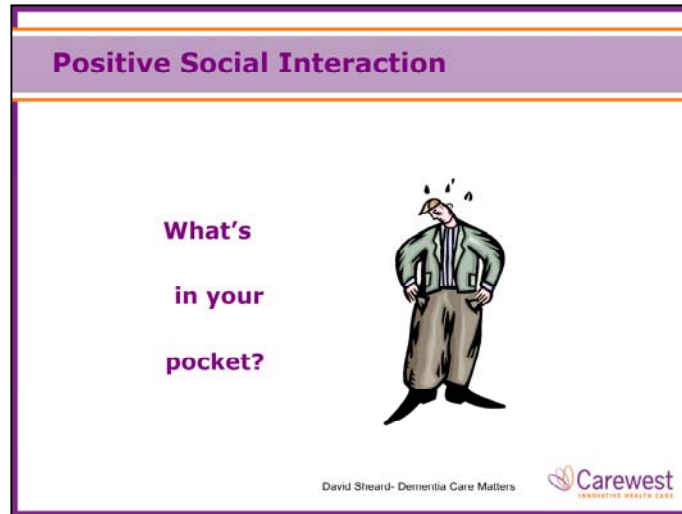
The idea is to be like a butterfly flitting from person to person initiating brief interactions throughout the day.

### **Butterfly Moment Example:**

Jean is paralyzed on one side and can no longer quilt but is still interested in it. The homecare worker comments on the quilt on her bed and asks the name of the pattern, what type of material she used, compliments the colors, asks when she made it.

**Did this take a lot of time? Did she make the client feel good?**

Pick a flower, smell it



### What's in your pocket?

David Sheard also advocates that:

- staff need “stuff” in the environment to use and staff need to “fill up their pockets” with stuff to talk about.
- staff need training to do this. This will come naturally to some, others will need to observe others and practice how to do it.

“Practise how to keep the conversation going using touch, taste, smell, sounds, reminiscence, life history, staff’s own lives, things people including what staff are wearing, colours- the list is endless but it requires a lot of practice sessions with staff.”

“What’s in your pocket?” can mean:

- a physical item e.g a checker, a ribbon
- knowledge of their personal history (a conversation topic they will enjoy- e.g. where they lived, their birthday)

Could Recreation Therapy staff mentor others to do this at your site?



“Enjoyable now” would include “Butterfly moments” and “What’s in your pocket?”

Remind the group that one of the goals for care stresses how important it is to find opportunities to engage our clients in ‘enjoyable nows’.

Show the **video clip from “One Thousand Tomorrows”** of Everett and his wife.

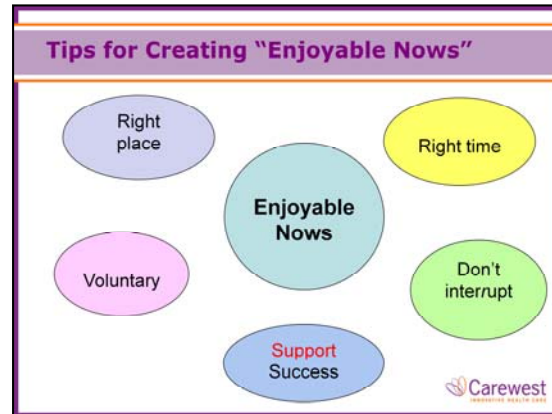
It shows how they experience “enjoyable nows”.

e.g.: folding clothes, swinging, smelling flowers

Remind staff that not everyone has an Everett in their lives. We need to do this for our clients.

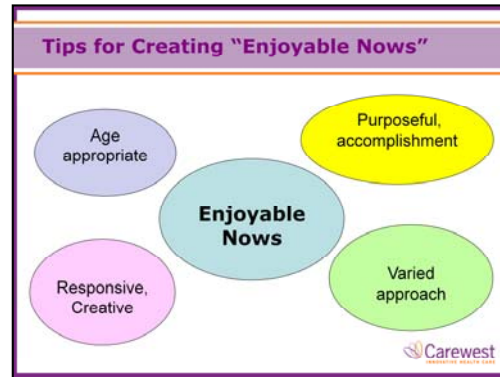
Speak to the **IMPORTANCE OF ACTIVITIES THAT GIVE ENJOYMENT** to life.

As we discussed in Module Two (2) what gives us interest and pleasure is highly individual.



**Criteria to consider when planning and implementing activities.**

- **Don't interrupt an activity** that is going well - try to delay any interruptions
- **Support Success**
  - ✓ FAIL PROOF - allow the client to succeed & aimed at the level of the person (e.g. minimal steps i.e. music, dance).
  - ✓ RELATIVELY SIMPLE -easy to set up; easy for clients to complete..
  - ✓ ENJOYABLE – **as per their response** (verbal/non-verbal cues)  
*Are they involved? Smiling? Relaxed? The “watchers “ may be enjoying the activity even if they don't join in.*
- **Voluntary**
  - ✓ Right to choose to participate eg Zip,Zap,Zorch game).
  - ✓ More effective to say “Come join us” rather than “Do you want to...”
  - ✓ Stress that some are joiners and others prefer to watch.
- **Right Time**
  - ✓ What else is happening on the unit – needs to be considered.
  - ✓ Are people tired at that time of day?
  - ✓ Could an activity help with early evening agitation problems?
  - ✓ If you only have 15 min. what can you do?
  - ✓ Use time of the year activities e.g. collect leaves, plant bulbs, Christmas decorating
  - ✓ Planning enough time for the activity
- **Right Place**
  - ✓ Be aware of stress threshold of individuals – e.g. noise, others



### ACTIVITIES NEED TO BE:

- **Responsive/ Creative**

- ✓ responsive to individual abilities and needs.
- ✓ flexible to be able to take advantage of opportunities that arise (walk outside on a really sunny day; use material that is available to you)
- ✓ responsive to signs of agitation that indicates a need to change the activity to help reduce stress.

- **Age appropriate**

- ✓ relevant to that individual (s) - or to that generation
- ✓ avoid crafts that are childlike.

Coloring may be acceptable if the picture has an adult theme – can use “velvet pictures” where ‘line overs’ are not apparent.

Consider puzzles with adult themes- there are businesses that will cut puzzles to the number pieces you want. You can use your own pictures and cut out.

Dolls may or may not be appropriate (some older adults have doll collections; if the person chooses it, then it’s okay – but staff should not be giving them dolls)

- **Purposeful**

- ✓ Provide a sense of accomplishment and ‘self-worth’  
E.g. picking flowers for someone, making tea, going for a walk, helping with housework.

- **VARIED APPROACH**

- ✓ Offer a mix of group and individual activities



**Discuss with the group as a whole one item and how they could creatively use it in different stages of dementia.**

**e.g. potato, magazines, or snow**

### **Potato**

Early - Helping peel, reminiscing, cooking, talk about recipes

Middle – Reminiscing, potato stamps, hot potato, cooking

Late – Smell cooked or raw potato, feeling it, holding it, squishing mashed potatoes, eating

### **Magazine (appropriate to age and interests)**

Early – Read it, discussion of content

Middle – Read it to them, look at pictures and discuss/reminisce, collage

Late – Feel and smell the paper, perfume samples, read to them

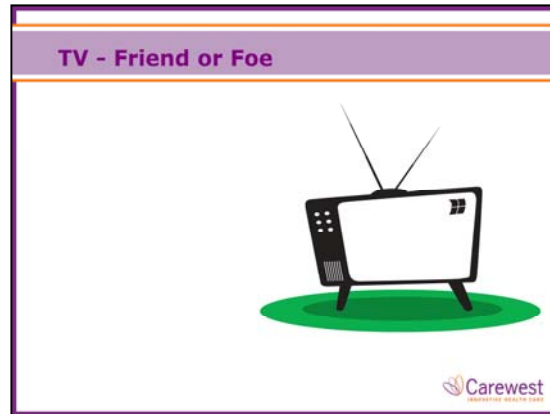
### **Snow**

Early – Help sweep or shovel, reminisce, walk outside

Middle – Reminisce, make a snowman, walk outside

Late – Watch snowfall from window, feel snow in container, make or hold a snowball

**Discuss creativity, making something with nothing, involvement of the resident.**



### **Friend**

- Use of videos to stimulate conversation or memories-see [www.enhancedmoments.com](http://www.enhancedmoments.com)
- Family can make video of family members to share with them.
- Person may have a favorite show or video. Eg I Love Lucy

### **Foe**

- Noise they can't escape
- May be agitating if perceived as real (war, murder)

### **Alternatives**

Computers- Lap top/ iPad:

- show videos
- video message from family member
- internet
- pictures
- play music/games

Advantages:

- can be brought to where the person is sitting so you don't have to bring them to the device
- short interactions
- able to personalize content- music library
- interactive

## Joy of Music



 **Carewest**  
INNOVATIVE HEALTH CARE

Music therapy has been effective for clients in all stages of dementia.

Music can be effective in a variety of formats:

- in large groups
- individual sessions with Music Therapist
- singing while providing care (“You are my Sunshine”)
- karaoke machines
- radio
- CD players

Note: musical abilities may outlast other skill sets.

Music should be used for purposeful activity – not just background noise

**See next note page for more information on music therapy**



## Music Therapy

A rewarding addition to any schedule of activities for dementia residents. Musical activities can be as stimulating or relaxing as needed. Countries of origin can be accommodated so residents are not always hearing English music. As well, the popular music of every generation can be presented; music can be tailored to suit different tastes and age-groups.

## ACTIVITIES

Music can be added to any other activity as background music.

Themed programs are easier for residents to remember. There is no shortage of songs/music that revolves around one topic. These themes can be reinforced with props that support it. For example, flowers are inexpensive and available at any dollar store and a portable indoor campfire to sit around is going to evoke memories of many a camping trip. These themes can reinforce calendar events from holidays (Canada day, Christmas) to simply special days (Mother's Day, St. Patrick's Day, Stampede) and including a change of season.

Instrument sounds can be added to enhance the music and its stimulating properties. Many of these instruments can be played by those attending the activity. For example, a triangle for the sound of a twinkling star, temple blocks for the sound of horses hooves and a thundersheet and rain stick. The sound and appearance of these instruments is stimulating and the level of this stimulation can be varied by the sound quality played.

Live performances. These can be part of a Music Therapy activity performed by a qualified music therapist or from a recording put on by any staff member or entertainers brought into the facility. Live concerts can be found on DVD at any local library and put on a TV. This is a great way to catch attention late in the afternoon as residents are waiting for dinner and struggling with the sun-downing affect. These concerts are also useful to keep residents in a room while others are being portered for an activity.

With residents that are still verbal, discussion can be initiated with music. Asking questions about the music being heard or the performer. These questions don't have to be complicated: "Do you hear the music?"; "Do you like this music?"; "Is that singer a good looking person?" The questions don't have to be about the music but can draw attention to the performance.

Music is a part of everyone's life. It may take some experimenting to discover an individual's taste and this may change on any given day. It can be a distraction to someone's anxiety no matter where that individual may be because it is portable. Music can be a friend when no one else is around thanks to CD players and MP3s/Ipods. Most residents have TVs in their rooms/dining rooms/lounges all of which can be set to a music channel or play a DVD.

Source of information provided by: *Kathryn Daniels* Music Therapist Carewest 2015

## **What Else Can We Do?**

***101 Things  
to do  
With the Person  
Who has Dementia  
(see handout)***





### Maintaining Social Life

- As abilities decline they may isolate themselves due to embarrassment. Early diagnosis and sharing diagnosis with friends may maintain connections.
- People with AD may still enjoy the same kinds of outings they enjoyed in the past.

Plan outings for the time of day when the person is at his or her best. "I put off shopping trips, then when I do go it's overwhelming."

- Keep outings from becoming too long. You want to note how tired the person with AD gets after a certain amount of time. "I can do two or three things, no more. The mental effort exhausts me."
- Ask friends and family to visit. Limit the number of visitors at any one time.

### Clients Who Have Apathy


**These clients may have:**

- a lack of interest
- decreased initiative
- flat affect

**Why?**

- damage to frontal lobe - lack of initiating action
- damage to limbic system - emotional centre

**How can we provide meaningful interaction to help these clients?**

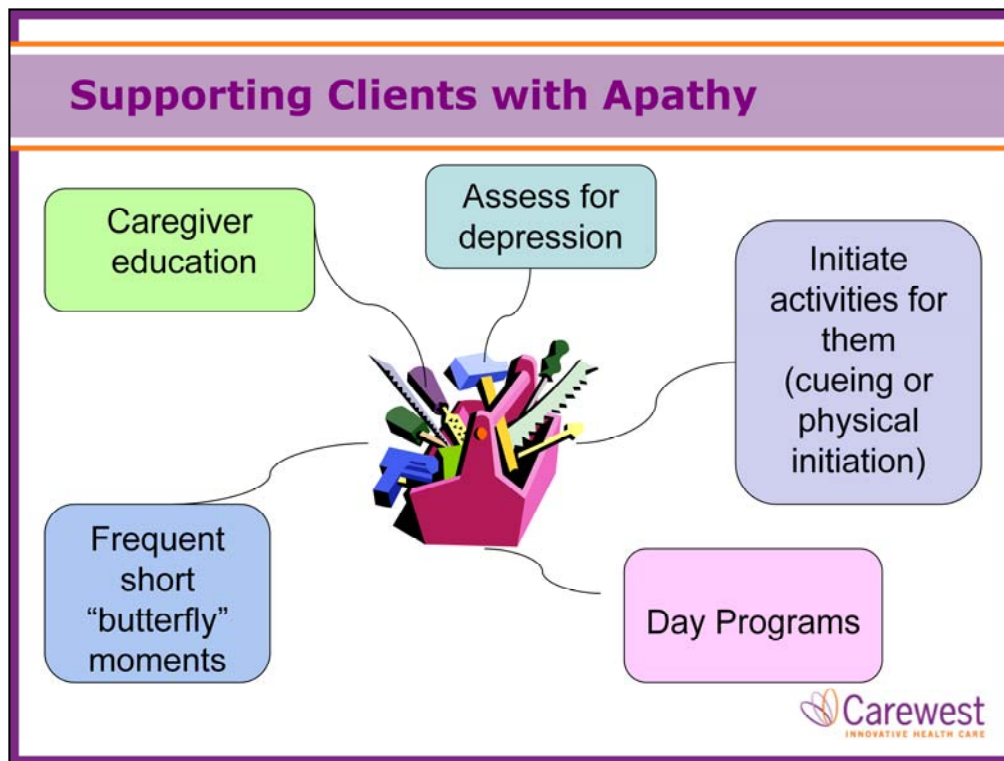


## APATHY/DECREASED INITIATIVE/ FLAT AFFECT WHY?

This is the most frequent behaviour disturbance but is often not perceived as a problem by family caregivers or staff.

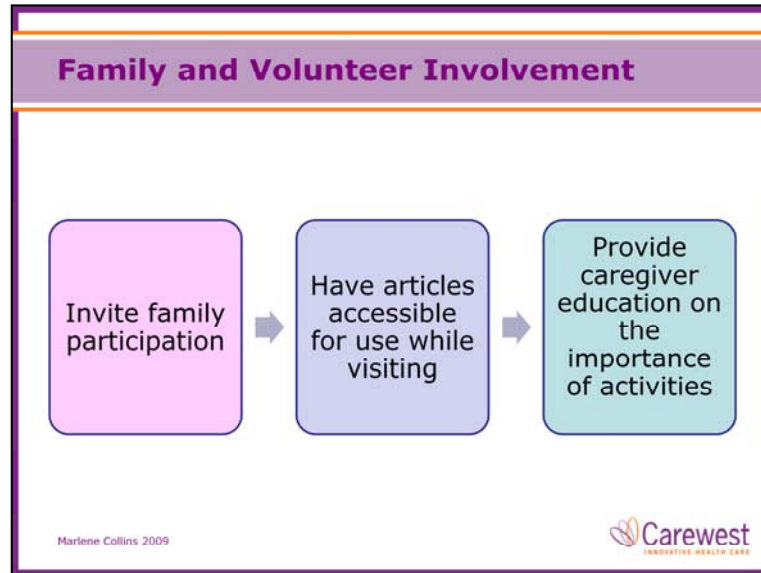
*(Apathy doesn't bother caregivers! "He is no trouble.")*

A tool box of strategies follow on the next slide



## INTERVENTIONS:

- Assess for depression
- The caregiver may need to be educated to initiate activity for the person at home who sits in a chair all day.
- Day programs give the caregiver a break and provide stimulation and activity.
- Cueing or actual physical initiation may be necessary (e.g. May need us to guide their hand for the first bite of food then they will continue)
- Short frequent "butterfly" moments



It is important that family member(s) are comfortable to participate in care centre activities.




- Ask families to suggest things they think their family member would enjoy
- Encourage family members to use materials on the unit.
- Ensure the families are aware of special occasions.
- Let families know if you have found something the person enjoys doing.

For clients living at home it is important to educate family members about the importance of activities.

- Referral to day programs may help meet some of the recreational and social needs of the person.
- If caregivers find getting the person to go to programs too stressful, discuss hiring some help or recruiting other family members to take the person for a walk, take them shopping, out for coffee etc.
- Suggest that they introduce the hired person as a volunteer if the person would object to paying someone.

## Wind -Up

- Questions?
- Refer to Handouts
- Do post test
- Fill in Evaluation



**Post test answers are on the next note pages. Go over the answers with the participants**

**Trainer: This will also be in the Module 7 notes**

**Pre / Post Participant Test Supportive Pathways ANSWER KEY**

1. Which of the following would be considered normal changes of aging? Mark T for True and F for False or "?" if unsure.

FALSE Bladder incontinence

TRUE Slower reaction time

TRUE Need for more light

FALSE Less able to hear low pitch sounds

TRUE Decrease in the amount the bladder holds

FALSE Older people are less sensitive to medications so you need higher doses

2. Which of the following changes are seen in the brain of people with Alzheimer Disease?

FALSE Decrease in dopamine

FALSE Overgrowth of tissue

TRUE Amyloid plaques

FLASE Pick bodies

3. Which of the following is a reversible cause of Dementia?

           Picks Disease

    X     Depression

           Alzheimer Disease

           Lewy Body Dementia



*Pre / Post Participant Test Supportive Pathways ANSWER KEY*

4. Please indicate "T" for true, "F" for false or "?" if you are unsure for the following statements.

- FALSE Reminiscing should be avoided with clients as it increases their depression
- FALSE It is normal for the older people to want to die so we should ignore these statements
- TRUE Aggression and resistance to care can be caused by fear
- FALSE When dealing with a resident who is looking for their mother it is best to tell them in a kind manner that their mother is dead
- FALSE Restraints keep clients safe
- TRUE Medication can be considered a restraint
- TRUE Clients with very late stage dementia are prone to choking and aspiration
- FALSE Aricept is a drug to treat depression
- TRUE Difficulty dressing may be caused by damage to the frontal lobe of the brain
- TRUE Delirium usually has a quick onset

5. Which type of dementia is caused by small strokes?

- Pick's Disease
- Lewy Body Dementia
- Alzheimer Disease
- X   Multi-infarct Dementia

6. Which of the following could be signs of pain in non-verbal clients?

- calling out for help
- aggression
- fast breathing
- furrowed brow
- X   All of the above

*Pre / Post Participant Test Supportive Pathways ANSWER KEY*

7. To keep yourself safe when dealing with aggressive older persons it is best to:

- ☐ Approach from behind so they can't hit you
- ☐ Use only non-verbal communication
- ☐ Limit eye contact so they aren't challenged
- ☒ Enter their space slowly

8. Which of the following activities would be best for a very late stage dementia client?

- ☐ Craft group
- ☒ Playing favourite music
- ☐ Setting the table
- ☐ Exercise group

9. Mr. Jones is pacing and has a stressed look on his face. Which would you do?

- ☐ Leave him alone
- ☒ Try to find out what was wrong
- ☐ Take him to the bathroom

10. Mr. Marshall's daughter stops you in the hall and asks why her father has a big bruise on his arm. You aren't his nurse today and are really busy. Which of the following would be the best response.

- ☐ "I don't know, I'm not his nurse. I think Jane is down the hall somewhere".
- ☐ "His nurse is at lunch right now. I'll get her to see you when she gets back."
- ☐ "They all have fragile skin so bruise easily."
- ☒ "Come with me and I'll check the chart and find someone who can help you".

11. Clients with dementia have altered touch sensation so don't want to be touched.

- ☐ True
- ☒ False

## REFERENCES

Ageless Design (2001) *Activities for People with Dementia*. Retrieved November 26, 2007, from

<http://www.agelessdesign.com/Library/InfoManage/Guide.asp?InfoGroup=Main&FolderID=57&SessionID={46C09613-74E8-402A-BBAA-37DB690EDC51}>

Aronstein, Z., Olsen, R., & Schulman, E. (1996). The nursing assistants use of recreational interventions for behavioral management of residents with Alzheimer's disease. *American Journal of Alzheimer's Disease*, May/June, 26-31.

Buckbee, C. (1999). Focus on caregiving: Montessori methods enhance function. *Provider*, August, 63-67.

Crispi, et al. (2002). An activity – based intervention for caregivers and residents with dementia in nursing homes. *Activities, Adaptation & Aging*, 26(4).

Freiberg Press (2006). *Alzheimers Care Guide*, 14(3).

Katz, S. (2000). Busy bodies activity, aging and the management of everyday life. *Journal of Aging Studies*, 14(2), 135.

Neumayer, R., Gattuso, S., Saw, C., & Jelinek, H. (1998). Programming home-based activities for people with dementia: Benefits and constraints. *Journal of Leisurability*. Retrieved June 1, 2003, from <http://www.lin.ca/lin/resource/html/V25N4A5.htm>

Pickles, V. (2005). Musical abilities may outlast other facilities in advanced dementia.

*Age and Aging*, 34, 655-657.

Pulsford, D. (1997). Therapeutic activities for people with dementia-what, why...and why not? *Journal of Advanced Nursing*, 26, 704-709.

Rose, M. et al., (n.d.) Family members visiting residents with dementia. *Nursing Home*.

Retrieved October 1, 2007, from [www.nursinghomemagazine.ca/article\\_3.htm](http://www.nursinghomemagazine.ca/article_3.htm)

Russen-Rondinone, T., & DesRoberts, A.M. (1996). STIR success through individual recreation: Working with the low –functioning resident with dementia or Alzheimer’s disease. *American Journal of Alzheimer’s Disease*, Jan./Feb, 32-35.

Tondrelli, (2006). Activities for elders with dementia should be designed with their interests in mind. *Alzheimer’s Care Guide*, 4-5.

Lucero et al. (Jan / Feb 2001). Products for Alzheimer’s self-stimulating wellness, America Journal of Alzheimer’s Disease and Other Dementias, Vol 16, No. 1. - ideas for self stimulation products for early, middle and late stage dementia

Lucero et al. (Nov / Dec 2000). Products for Alzheimer’s patients with “new” behaviours. America Journal of Alzheimer’s Disease and Other Dementias, Vol 15, No 6. - sensory stimulation products to increase quality of life and quality of care

Zgola (2004) – making the dining room experiences the most memorable of the day.