Activation Techniques in Long Term Care

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Activation Techniques

Activation Coordinator, Recreational Coordinator, Social Service Coordinator, Adjuvant: these are but a few of the many titles we have to encapsulate what our position does, which is to enhance our seniors quality of life in Long Term Care. Over the years it has been difficult to put the proper title to the career. In essence all the titles do the same job but how does that title really explain what we do? With most titles it is self-explanatory; Administrator is the person at the top of the scale overlooking the complete facility, Director of Care is the person in charge of nursing and care of residents and deals with staffing issues. As Activation Coordinators we activate people, but we do much more then that. According to the Activity Professionals of Ontario the title recommended for this position is Recreational Professionals. A Recreational Professional is defined as a qualified individual who has successfully completed the required education and training to implement and evaluate recreation services for individuals living in Long Term Care. The title Recreational Professional also reflects terminology provided by the Ministry of Health and Long Term Care.

The Ministry of Health states under section E:
There shall be recreation and leisure services organized to provide age appropriate recreation, leisure and educational opportunities based on and responsive to the abilities, strength, needs, interests and former lifestyle of the residents.

“Best Practices” defines this role as one that restores or recreates the individual. Neumeyer 1958, defines recreation, as any activity pursued during leisure, either individually or collectively, that is free and pleasurable, having its own immediate appeal, not impelled by a delayed reward beyond itself or by any immediate necessity.

In relation to Long Term Care and Retirement Homes the philosophy of recreation and leisure can be as follows according to the Best Practices of Activity Professionals of Ontario:

- Seniors have the right to pursue recreation and leisure interests.
- Recreation programs should understand the interests, needs, desires and expectations of the individual in relation to the recreation experience.
- Programs should be provided that appeal to a full spectrum of individuals and make Long Term Care or Retirement Care feel like home.
- Every individual should have the equal opportunity to participate in and pursue recreation/leisure that is designed for his or her ability of participation.
- Recreation and leisure should offer the concept of joy and meaningfulness.
- All programs and events should be accessible, safe, affordable and enjoyable.
- All individuals will be treated with respect and in a dignified manner no matter their heritage, age, gender, religion, or condition of life or ability.

The Ministry of Health Standards Section E 1003-01 states:
E1.1 The variety and scope of recreational programming shall be planned with the residents and/or representatives.
E1.2 Each recreation and leisure program shall be clearly defined by a program description, which outlines the purpose, goals, and objectives of the program.
E1.3 Information about recreation programs and services shall be readily available to the residents, their representatives and others who are interested.
E1.4 Assistance or adaptation shall be provided to facilitate residents’ participation in activities they wish to attend.
E1.5 Small groups and individualized activities shall be provided for those residents who are not interested or are not able to participate in larger groups.
E1.6 Residents shall be provided opportunities and assistance to participate in social and community programs that are compatible with their interests and abilities, both within the facility and in the community.
The Importance of Documentation:
Documentation is the law. The Ministry of Health and Long Term Care requires documentation. MHLTC asks for written policies and procedures for recreation and leisure services, social services, spiritual and religious program therapy services and volunteer services. Facilities will have their own type of documentation to follow. It is the responsibility of the Activation Coordinator to create and evaluate new programs as well as to create proper documentation to represent their department’s mission and goals. Documentation is a key part of an activity professional’s job and one that is often considered the most tedious and time consuming. Documentation demonstrates how important programs are, how efficient the recreational/leisure/restorative services are and how effective they are for the resident’s enjoyment. Most facilities do have their own documentation that must be followed, but it is the responsibility of the recreation or activation professional to create new programs and follow the administration procedures. Documentation should reflect and identify the resident’s leisure and recreation needs, identify the challenges and help minimize those challenges to enable the resident to participate in said programs. Documentation should also be made to identify the individual’s strengths and potential, provide proper program planning to assist the resident to achieve their recreation/leisure goals, provide interdisciplinary support through team support and care plans, monitor and evaluate residents participation level and attendance. Care plans should cover a statement of problem areas, needs and a person’s strengths and weakness, offer realistic goals and interventions for the resident and also for the staff to use and manage. Always put in dates and times and your signature in blue ink. Document the evaluation and follow up to show the entire overview of the resident. Target areas such as cognitive change, communication style and change, mood, palliative care needs, activity attending, recreation goals, and pain behavior if any.

Terms and Definitions:
Manual: A system of approved policy statements and corresponding procedural guidelines and supporting forms that direct an organizational goal.
Policy: A stated course of action with a defined purpose and scope to guide decision making under a given set of circumstances within the framework of the facility – to state the objectives, goals, and management philosophies.
Procedure: A series of prescribed steps followed in a definite regular order, which ensures adherence to the guidelines set forth in the policy to which the procedure applies.
Plan of Action: The action, element or decision representing a prescribed step in the procedure process.
Task: A detailed component of the activity/program/services specifying the required procedure to complete the activity.
Form: A preformatted document containing instructions, progress notes, evaluations and attendance. This document also monitors the progress of a resident and the program he/she is involved in through a particular procedure to ensure proper record keeping.

Policies and Procedures should include program planning, assessment, community integration and involvement, required documentation, professional accountability, quality management and risk management procedures. Each department is expected to have written direction that explains how the staff is to carry out various parts of their employment. A policy is a decision made by management, which states what should be done. The procedure is what follows the management statement and lists the steps that need to be taken to fulfill the intent of the management and requirements of the policy. The procedure usually covers who is to do what, when they are to do it, and how they are to do it.

Content of documentation should cover:
- A realistic and comprehensive picture of the resident
- Identification of the person’s interests, needs, previous lifestyle and customary routine
- A description of a person’s behaviors (not labeling the resident)
- Specific, measurable and attainable goals that refer to a challenge area or need that was identified in their assessment
- Approaches that are appropriate for the goals set with the involvement of the resident
- Indications that the resident’s challenges were considered in the setting of the goals and in the action plan of implementation
- The input and involvement of the resident and their family/supporting person in the goal setting and care plan design
### Activity Program Suggestions

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<td>spiritual journeys</td>
<td>card sharks</td>
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<td>strawberry social</td>
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<td>after 4 club</td>
<td>spiritual music/video</td>
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<td>baby visits daycare</td>
<td>inspirational readings</td>
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<td>meditations</td>
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<td>name that sound</td>
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<td>nature sensory video</td>
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<td>colour sensory</td>
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<td>taste and see</td>
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<tr>
<th>Recreation Station</th>
<th>Home Tasks Station</th>
<th>Word Games</th>
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<tr>
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<td>folding laundry</td>
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<td>exercise finds x 5 games</td>
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<td>wooden puzzles</td>
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<td>locks and ties</td>
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<td>definition bee</td>
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<td>kitchen surprise</td>
<td>pairing socks</td>
<td>pictionary</td>
<td>tai-chi</td>
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<td>baby time</td>
<td>dusting/sweeping</td>
<td>scrabble</td>
<td>dancing</td>
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<td>memory box</td>
<td>book arranging (library)</td>
<td>music trivia</td>
<td>line dancing</td>
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<td>sorting beads</td>
<td>daily carts of needs</td>
<td>20 questions</td>
<td>sittercise</td>
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<td>sorting materials</td>
<td>ie: tooth brushes, tissues,</td>
<td>scattergories a-z</td>
<td>arm chair waltz</td>
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<td>sorting yarns</td>
<td>tooth paste, hair brushes</td>
<td>cross words</td>
<td>wheel chair aerobics</td>
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<td>etc.</td>
<td>price is right</td>
<td>chair dance</td>
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<td>deal or no deal</td>
<td>rhythm stick and exercise</td>
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<td>hang man</td>
<td>scarves and ribbons</td>
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<td>word search</td>
<td>dance</td>
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<td>name that ?</td>
<td>baton exercise</td>
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<td>take a word make a word</td>
<td>parachute float</td>
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Definition of Therapeutic Programming: healing, curative, remedial, restorative, health giving tonic, corrective, beneficial and good.

Recreation: activity done for enjoyment when one is not working, create something new again, the action or process of something new.

Activation: to make something active, convert into action or reactive.

Leisure: use of free time for enjoyment, opportunity afforded by free time to do something.

Activation, recreation and leisure services are regarded as necessary components to a person’s life. They offer the opportunity to build self-esteem, offer a life purpose, enhance friendships, maintain a social circle, recreate past knowledge and create new learning opportunities: all of which contribute to the well-being of one’s life.

Acknowledging the meaning of one’s life and where one is in life’s complete journey is established. It is important for the coordinator to recognize the components of past, present and future. It is essential to offer programs regardless of age, gender, mental state and/or ill health. Programs should be designed and planned with the person in question. Together the staff member and the resident/client can ensure their goals are attained. All major programs for residents should be planned and coordinated with a residents program committee when possible to ensure residents have their needs and interests met. The senior program committee should meet monthly to assist with the planning of their own calendar. This structure ensures that programs have meaning and purpose for the resident/client and offer purpose to the person and allow them to have a “say” in their present status in life.

Therapeutic programs should offer one, two or more of the following:

- To promote and enhance quality of life
- To offer meaningful activities to each resident either on a one to one basis, in a small group, or at large group events
- To enhance or support cognitive abilities
- To promote emotional and psychosocial well-being in a positive manner
- To provide opportunities to promote socialization
- To provide opportunities for creative expression
- To encourage decision making and reasoning, and offer choices
- To provide opportunities for religious and spiritual expression
- To provide opportunities for solace and relaxation for individual needs
- To encourage and offer opportunities for fun, enjoyment and pleasure
- To provide opportunities for sharing common interests and experiences, and integrating cultures
- To promote and offer opportunities to enhance personal independence and decrease learned helplessness behaviors
- To provide opportunities to learn new skills, encourage old skills, and discover new interests and leisure experiences
Basic Biological Aging:

Age-related changes are placed into two categories: usual (average) aging and successful (pure) aging. Usual aging refers to the “combined effects of the aging process, disease and adverse environmental and lifestyle factors.” Successful aging refers to “the changes due solely to the aging process uncomplicated by damage from the environment, lifestyle or disease”. By Lakeatta and Sloane 1995.

Structure and Posture: A person can lose 1 1/2 to 3 inches of height every 20 years as aging occurs. Many aged persons assume a stooped, forward bent posture, with hips and knees somewhat flexed and arms bent at the elbows raising the level of the arms. Skeletal muscular atrophy occurs because of physical inactivity. Muscle tone decreases steadily after 30 years. Ligaments, tendons and joints show the result of cellular cross linkage. Over time this results in hardened, more rigid, less flexible movement. Worn down cartilage around the joints produce slower and somewhat painful movements.

Skin, Hair and Nails: The epidermal (skin) cell renewal time increases by one third after 50 years of age. For the younger adult, renewal happens every 20 days whereas an older person requires 30 or more days. The skin will lose its healing time, skin can tear more easily, the dermis becomes thinner and pigment spots can become more numerous. Hair becomes gray because of the decrease in melanin production in hair follicles. Regardless of gender most people over the age of 50 will have some or all gray hair. Body and facial hair does become gray later. Overall scalp and body hair diminishes with advanced age. By the age of 40 hair patterns have reached their maximum and begin to recede. Nails of the fingers and toes grow 15% slower. Nail plates thicken and give a yellowish appearance and with age, cuticles may become less thick and wide also causing nails to grow slower.

Facial Changes: Facial changes occur as a result of altered subcutaneous fat, dermal thickness, decreased elasticity, loss of bone mass, particularly the mandibular bone that accentuates the size of the upper mouth, nose and forehead. Eyelids can look swollen as a result of redistribution of fat deposits. Eyes can also look sunken and ears can look elongated as a result of elasticity loss. The aged skin loses resilience and moisture, taking on a characteristic dryness. The face and neck wrinkles reflect life patterns of muscle activity in facial expression.
Family members are responsible for arranging the visitation and the funeral of their loved one. There is one exception to this rule: as an activation or public relations person, we might be called on to witness the closure of a resident’s life, due to no family or next of kin present. In this instance, our responsibility is to arrange an acknowledgement of a person’s passing by communication, a sign on the door for example: Hospice recommends a butterfly or place a candle lit in a designated area. Ensure that everyone on the contact list as well as visitors, are informed. Remembrance services can be held for staff and residents at the facility and the church affiliation can provide a service if required. It is customary for the facility to host a remembrance service once a year for those that have past away in the home. A candlelight service or an afternoon reflection is held and pictures are provided/hung up on the wall to recognize those residents. All family members, staff, volunteers, and friends of the resident are invited to attend. This would be documented in programs for palliative care or spiritual, religious services. Recommendations for bereavement support are made to family and friends by staff and volunteers, and the appropriate agencies are informed. Follow up with families and sympathy cards for the home are suggested.

Suggested Reading:

**Stages of Death and Dying:**

Dr. Kubler-Ross divides the process up in five stages of reactions: Denial, Anger, Bargaining, Depression, and Acceptance.

Dr. Robert Buckman divides dying into three stages: 1. a beginning phase, as the person faces the threat of death, 2. physical decline, and 3. alter the illness phase, as the person’s pattern of living. The final phase, as the person approaches death.

These stages of dying can occur separately or simultaneously, depending on the person’s emotional and physical state. There is no right or wrong way for a person to deal with death — all feelings are legitimate.

Grief, Dying and Death by Therese A. Rando, is a complete manual on the process and understanding of death whether in LTC, hospitals or at home.

**Informed Consent:**

Every adult (in Canada) with access to health care has:

1. The right to give consent or to refuse consent on any grounds, including moral or religious, even if the refusal will result in death
2. The right to select a particular form of available health care on any grounds, including moral or religious grounds
3. The right to revoke consent
4. The right to expect that a decision to give, refuse or revoke consent will be respected
5. The right to be involved to the greatest degree possible in all case planning and decision making
Volunteers Working with Seniors

As the good old saying goes “We Need Volunteers!”

Volunteers are the right arms of activation. The first recommendation I can make is know your community resources – you will need them for numerous reasons including their support. The opportunities and tasks for volunteers are endless and recognizing those needs is only part of the volunteer programming. There are several steps to follow in organizing a volunteer program. Recommendations for creating a good strong volunteer program are as follows: determine needs and tasks for volunteers, create a job description for those jobs, research where public relations are for volunteers in your community, create policies and procedures as well as the appropriate forms for documentation of the volunteer program/s, recruit volunteers, interview volunteers, match each volunteer to a specific job, complete an orientation for facility and residents to explain the volunteer process at the facility, complete supervision and evaluation records, set up volunteer monthly or bi-monthly meetings, create a strategic plan for retention, recognition and motivation of volunteers, research and know who your volunteers are. Volunteers can be students accomplishing their 40 community hours for high school, baby boomers who would like purposeful jobs, family members who would like to give back care and gratitude to the facility, resumé builders that are trying to get ahead in their career or trying to get back in the workforce, seniors who would like to bring more meaning to their life as well as socialization, people with talents or skills that are willing to share these with another person. There are all kinds of volunteers; some stay for a long time others stay for a short duration – however much time a person can give is a gift and a benefit to the facility and activation program they choose to help.

Recruitment Tips:
As a volunteer recruiter you need to be clear on the purpose of the program and the particular volunteer job you have to fill. For example, crafts, games, planting a garden, special outings or one to one visits are a few of the jobs for which volunteers are needed. Once you have a task list, determine what is required of your volunteer and create a ‘job’ description for that particular post.

Determine what skills are needed and when they are needed. Always give a description of skills required, expectations of the facility and the time needed for that program. Design a recruitment approach based on the skills required of the potential volunteer.

Be sure to create a strategy plan and ask yourself who will be qualified and interested in this position? Who will be able to give the time required for this job? Where can I find these people? What can I do or offer to motivate these people? What is the best way I can approach them? REMEMBER: different messages will appeal to different audiences. Be specific rather than general in your recruitment whenever possible. (A) Choose appropriate audiences whose interest and priorities match your needs (B) Determine where the skills are that you need and actively seek them out (C) Be as specific and honest in your appeal as possible.

Recruit by inviting people to respond to the opportunity to volunteer, not by telling them they ought to be concerned and involved. Have a year-round recruitment plan. Utilize a variety of recruitment techniques. Be flexible and open to modifying the volunteer job to suit the time availability and location of the potential volunteer.

How to Recruit:
Arrange opportunities to host presentations and speeches for church groups, service clubs, pre-retirement groups, high schools, colleges, special interest clubs and professional organizations. Create posters and billboards. Make bumper stickers. Place the cards in cafeterias and restaurants inviting people to an open house for volunteering. Host a volunteer fair or network between local agencies and a volunteer bureau. When creating a volunteer strategy you should ask the following questions: What is the program? How can the program be meaningful to the resident/s? What kind of commitment will the program need? How can I involve staff members and presently involved volunteers as recruiters? Who should I target? Where do I look to recruit volunteers? When is the best time to recruit? What medium do I use? This will determine how to get the volunteers you need. Choosing the right technique to reach the people you need is essential. Here are some helpful hints according to the Volunteer Resource Center: Ages 14-19: change the type of language spoken around the age group. For example, instead of using the words kids or children use the young adults or youth verbage, provide opportunities for leadership and leadership development, design programs that allow youth to work together. Ages 25-40: provide flexibility in jobs and