

4-15-2021

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### Recommended Citation

Menard, N., Cohill, B., MacDermott, S., & Park, K. (2021, April 15). Incorporating Reminiscence Therapy into Traditional OT Practice for Adults with ADRD Residing in a SNF/LTC. Poster presented at the Virtual OTD Capstone Symposium, University of St Augustine for Health Sciences. Retrieved from <https://soar.usa.edu/otdcapstonesspring2021/9>

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# Incorporating Reminiscence Therapy into Traditional OT Practice for Adults with ADRD Residing in a SNF/LTC

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## BACKGROUND

5.3 million Americans over the age 65 are diagnosed with Alzheimer's disease or related dementias (ADRD) (Atchinson & Drette, 2017). Traditional care primarily focuses on the medical condition and safety; however, functional activities are provided as well, but it does not consistently reduce the negative side effects of ADRD (Kok et al., 2013; Lepore et al., 2017; Mayo Clinic, 2019). Butler first coined life review in 1963, which developed into reminiscence therapy (Bluck & Levine, 1998). The first study using reminiscence therapy with the ADRD population was conducted in 1977 (Bornat, 1989). There are three forms: planned, spontaneous, and immersive (Kirk et al., 2019; Rainbow, 2003; Stinson, 2009). Occupational therapy practitioners (OTPs) work with adults with ADRD to promote function in ADLs, IADLs, modify the environment, and more (Giles, 2017; Johnson & Dickie, 2019). This can be done through maintenance and modifications of occupations (Smallfield, 2017).

## PROBLEM STATEMENT

There is evidence supporting both OT and the use of reminiscence therapy with the ADRD population, but there is limited evidence of the combined approach and use in clinical practice.

## PURPOSE STATEMENT

The purpose of this project was to identify OT's role in incorporating reminiscence therapy into traditional OT practice for older adults with ADRD in SNF/LTCs.

## THEORY INFLUENCE

Cognitive Disabilities Model (Allen, 1985); Ecology of Human Performance (Dunn et al., 1994); Model of Human Occupation (Kielhofner & Burke, 1980); & Intentional Relationship Model (Taylor, 2008)

## RESULTS

### Interviews with OTPs:

THEMES IDENTIFIED	SUBTHEMES	QUOTES
Perceived Barriers to the Use of Reminiscence Therapy	<ul style="list-style-type: none"> <li>Reimbursement</li> <li>Productivity/Time</li> <li>Scope of OT</li> <li>Unskilled</li> </ul>	"It's easier to finance biomechanical work than it is [reminiscence], this is very difficult to measure, you know, how much did somebody enjoy doing something?" (Participant 3)
Perceived Supports to the Use of Reminiscence Therapy	<ul style="list-style-type: none"> <li>Positive emotional effect</li> <li>Embrace previous occupations</li> <li>Increased engagement</li> <li>Increase rapport</li> </ul>	"It is therapeutic use of self, it is building rapport, it is establishing relationships, it is finding out what the client's interest and goals are and that's all part of therapy." (Participant 2) "Meaningful activities promote engagement. If it isn't meaningful, then why be involved?" (Participant 1)
Lack of and Desire for Education		"People just don't really know what it is or how to incorporate it. Having an education and training on it. We hear about it; you know but nobody really actually takes the time to learn what it is and how it benefits the patient." (Participant 13)
Perception and Misconceptions of Reminiscence Therapy	<ul style="list-style-type: none"> <li>Used but not called "reminiscence therapy"</li> <li>Incorrect/stereotyped personal definitions</li> </ul>	"Think practitioners already engage in reminiscence without thinking about it. If one is an OTR or OTA, odds are it is a tool sitting in her or his toolbox of strategies/techniques [...]. I think it is used spontaneously by the therapist. It isn't a structured program. ... It just comes up in the conversation when you're working with somebody." (Participant 4)
Holistic and Client-Centered Approach		"By using reminiscence as a foundation for acquiring an individual's life story and profile, treatment interventions can be created in the manner such that the individual's cultural, spiritual, social and personal contexts can be catalysts for providing patient-centered care and promoting quality of life." (Participant 14)

### Interviews with fieldwork students:

THEMES IDENTIFIED	KEY TAKEAWAYS
Education	<ul style="list-style-type: none"> <li>Varying levels of recall from school courses</li> <li>Limited to no training for ADRD clients from CIs</li> <li>Largely similar treatments/assessments for ADRD clients and general population</li> </ul>
Environmental Impact	<ul style="list-style-type: none"> <li>Limited incorporation of environment into treatments</li> <li>Due to COVID-19, largely isolated in their rooms or in therapy room, but limited socialization</li> <li>Some students incorporated personal items available around room into treatments</li> </ul>
Patient Autonomy	<ul style="list-style-type: none"> <li>Students desired more allowance for patient autonomy by other professions</li> <li>One CI said to "not expect too much, there is poor carryover anyways" (Participant 9).</li> </ul>

### Developed program:

Goal:	Increase knowledge and education of OTPs use of reminiscence in practice. Increase engagement using previously enjoyed occupations during OT sessions.
Vision:	Increasing occupational engagement, through one memory at a time.
Mission:	There is more to each person, than what meets the eye. This is no different for a person with Alzheimer's disease or related Dementia. Treatment for this population should be as unique as they are.

## METHODS

### Part 1: Needs Assessment

- IRB-Approved Interviews with OTPs
  - Qualitative study
  - Recruitment: Social media, email, OTAC, snowball sampling
  - 1-hour long interviews completed remotely
  - Interviewed regarding current perceptions of the use of reminiscence therapy in OT practice
- Interviews with Fieldwork Students
  - Recruitment: Convenience sampling
  - 1-2-hour long interviews completed remotely
  - Interviewed regarding personal experiences, use of the environment, and education
- Facility Observations and 1:1 Interactions
  - Immersive reminiscence-based adult day facility
  - Used MPES (Camp et al., 2015 to assess engagement during observations
  - 1:1 interactions used to identify how to implement reminiscence with an OT lens

### Part 2: Program Development

- Based on gap identified in literature review and needs assessments
- Consists of a website and presentation that can be provided to facilities and practitioners
- Website Link: [www.CreatingMeaningfulMoments.org](http://www.CreatingMeaningfulMoments.org)

## IMPLICATIONS FOR OT

This program was developed based on the gap identified in the literature and through the needs assessments. There was a need for more education and examples of the use of reminiscence therapy in a traditional OT session. The program and website serves as a living resource, which can be accessed to promote understanding when implementing this approach. The combined approach has the possibility of increasing engagement during an OT session.

