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Social Participation Program for Older Adults with Dementia Residing in Long Term Care Facilities

Keri McClelland
University of St. Augustine for Health Sciences

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**Social Participation Program for Older Adults with Dementia Residing in Long Term Care
Facilities**

Keri D. McClelland

Department of Occupational Therapy, University of St. Augustine for Health Sciences

A Capstone Presented in Partial Fulfillment
of the Requirement for the Degree of
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University of St. Augustine for Health Sciences

April, 2024

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Keri D. McClelland

Department of Occupational Therapy, University of St. Augustine for Health Sciences

has been approved.

April, 2024

APPROVED:

Cassandra Nelson, OTD, MBA, OTR, CNS, CEAS I

Keith McWilliams, OTD, OTR, DRS, Doctoral Director

ACCEPTED AND SIGNED:

Cassandra M Nelson, OTD, MBA, OTR, CNS, CEAS I

Cassandra Nelson, OTD, MBA, OTR, CNS, CEAS I

Keith McWilliams, OTD, OTR, DRS, Doctoral Director

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Chapter 1: Introduction

Social participation is characterized by activities that involve social interaction with others and supports social interdependence; individuals engage in this occupation through a variety of contexts including with their community, family, friends, and peers (American Occupational Therapy Association, 2020). Social participation has been discovered to influence general health and well-being, cognitive health, risk of dementia, and stress (Sommerlad et al., 2023). Dementia is a prevalent disease affecting approximately 50 million individuals worldwide (Sommerlad et al., 2023) causing increased dependence and disability among the older adult population and is shown to be growing as the aging population increases in number (Wang et al., 2023). The aim of this capstone project is to create a program to promote social participation between older adults with dementia in long term care (LTC) settings to improve occupational engagement and quality of life. Through the implementation of this capstone program, older adults with dementia residing in LTC settings will engage in structured group activities in familiar social contexts to improve their occupational engagement and further improve their quality of life through this experience.

Background

Older adults with dementia have been observed to demonstrate decreased interest and participation in social engagements prior to and following diagnosis; notably, social contact has been found to decrease by half amongst nursing home residents following admission (Hackett et al., 2019). Theories for this marked decrease in social participation among LTC residents propose that the physiological effects of dementia cause patients to forget how to engage in social activities and relationships, lose their sense of self, or as a result of a loss of their immediate social circle following the transition to the novel environment of the LTC (Hackett et

al., 2019). Engagement in meaningful social participation activities has been found to be one of the most commonly unmet needs of this population (Janke & Walter, 2022). It is essential for healthcare workers to find manageable ways to mitigate these negative outcomes and provide opportunities for social participation.

A variety of activities including art, music, and physical exercise have been found to improve cognitive skills among this population (Hansdottir, 2022). This capstone project aims to provide a structured activity program to engage LTC residents with dementia in valued and meaningful social contexts in order to improve cognitive and emotional well-being through the lens of occupational therapy. The Model of Social Interaction is a guiding model for the program activities and principles. Drawing on concepts from the Model of Human Occupation, this model provides a conceptual structure on which occupational therapists can base social interaction observations within the individuals' contexts and interpret their occupational performance based on these observations (Doble & Magill-Evans, 1992). The model illustrates that deficits in an individual's sensory processing skills, cognitive skills, volition, and emotional well-being affect their ability to receive, interpret, and plan social interactions (Doble & Magill-Evans, 1992).

Statement of the Problem

Patients with dementia living in LTC settings are not engaged in meaningful activities for the majority of their days and are often placed in community spaces with little regard for their ability to engage in structured social participation; on average, residents of LTC settings spend over 60% of their time not engaged in meaningful activities either individually or with peers while seated in community spaces (Janke & Walter, 2022; Morgan et al., 2019). Observational research indicates that the staff of LTC settings have a great impact on the amount and quality of residents' engagement in meaningful occupations (Morgan et al., 2019). Additionally, the effects

of dementia on an individual symptomatically must be considered, as the deteriorating nature of this disease can lead to individuals becoming more vulnerable to social isolation due to impaired cognitive processes required for social participation (Hackett et al., 2019). Due to the deteriorating nature of the disease, patients with dementia typically lose their autonomy regarding how and when they engage in valued occupations over time and are therefore deprived of those meaningful experiences (Morgan et al., 2019). The overall problem is that residents of LTC settings with dementia have few opportunities and resources to engage meaningfully in social participation, which can be detrimental to their emotional well-being and overall quality of life.

Purpose Statement

The purpose of this capstone project is to implement a structured program to be provided to LTC facilities to promote meaningful engagement in social activities among residents with dementia using readily available and cost-effective supplies. This program will benefit the residents' occupational engagement in social participation which will improve their well-being and quality of life. Engagement in social participation is considered to be an innate need for individuals, and providing opportunities for this population, who typically lack the cognitive skills to engage independently, is considered to be an issue of occupational justice and equity (Morgan et al., 2019).

Project Rationale

It is critical for healthcare providers in LTC settings to help residents maintain meaningful social connections and engage in social activities due to the link between loneliness and social isolation to diminished quality of life (Huang, 2022). Motivation to engage in occupations has been shown to be positively related to verbal encouragement from staff, family,

and friends among this population (Resnick, 2002); prioritizing motivational aspects of intervention for occupation improves self-efficacy and engagement in desired activities and occupations (Yang et al., 2021).

Project Significance

There is an unmet need for older adults living in LTC settings regarding engagement in social participation, yet it is essential for healthcare providers in this setting to find ways to engage this population in meaningful social activities to elicit positive emotions and behaviors and improve their overall well-being (Janke & Walter, 2022). Researchers report that there is a gap in the literature regarding how to engage this population in meaningful social participation interventions and how to enrich their experience in this occupation through activities (Janke & Walter, 2022). This indicates the significance of a project to explore and implement activities that will foster social ties and involvement among this population to promote the social health of these individuals.

Capstone Objectives

Learning Objectives

- Varying symptoms and presentation of mild to moderate stages of dementia will be researched and documented prior to arrival at the capstone site.
- The role of various healthcare providers working with residents with dementia in LTC facilities will be examined prior to arrival at the capstone site.
- Literature regarding successful group therapy activities for social participation and exercise programs for older adults in LTC facilities will be analyzed and summarized prior to arrival at the capstone site.

- Commonly used assessments for the indicated population will be assessed for application in the project prior to arrival at the capstone site.

Project Objectives

- A needs assessment will be conducted on site based on information collected during weeks 1-2 at the capstone site.
- A program based on the needs assessment results will be outlined prior to completing work at the capstone site.
- The deliverable capstone program will be analyzed and evaluated for efficacy at the capstone site prior to completing the required number of onsite hours.
- A sustainability piece will be generated through the enactment of the social participation program for older adults with dementia in LTC.

Definition of Terms

- Dementia is a progressive and degenerative disease that affects cognition and causes psychiatric symptoms including apathy and depression; dementia can cause increased dependence and disability among the older adult population (Hugenschmidt et al., 2023; Sommerlad et al., 2023).
- Long term care (LTC) facilities are those in which residents reside within the facility and receive care from a variety of healthcare professions (Block et al., 2022)
- Mild to moderate stage dementia diagnoses were focused on in this capstone project because patients typically exhibit fewer cognitive and behavioral symptoms, require less intensive cuing and guiding, and have higher activity tolerance than those in the severe stage (Reiger et al., 2017).

- The Model of Social Interaction is a theoretical model used by occupational therapists to guide interventions and assessment of an individual's ability to engage in social participation (Doble & Magill-Evans, 1992).
- Social participation is characterized by activities that involve social interactions with others; individuals engage in these occupations through a variety of contexts including with their family, friends, and peers (American Occupational Therapy Association, 2020).

Assumptions

Social participation is assumed to be an important occupational therapy domain and is within the scope of occupational therapy practice (American Occupational Therapy Association, 2020). An additional assumption is that dementia limits an individual's ability to engage in social participation as exhibited by decrease in social activities and relationships, loss of sense of self, and decrease in cognitive function (Hackett et al., 2019).

Limitations

Limitations identified in this capstone proposal include financial barriers and the research methods chosen for use with the identified population. Budgetary restrictions often affect the ability of healthcare providers in LTC facilities from obtaining the desired equipment and material to provide certain services and interventions to residents. This may serve as a limitation when planning activities to implement in the capstone program. Additionally, a significant portion of data collected throughout the capstone program will include oral reports and surveys from participants. It is important to note that the severity of their condition may limit the quality and participation in data collection methods. The length of time on site available to conduct the

capstone program is an additional limitation. Time is limited to 14 weeks, which limits an in-depth application of the program.

Delimitations

The delimitations of this capstone proposal include the population and setting chosen and the gap in the literature regarding solutions for the inhibited occupational engagement for the chosen population. Older adults with dementia residing in LTC facilities are among a number of populations who have decreased occupational engagement in social participation. This population was chosen due to the institutional barriers which make occupational engagement difficult and the lack of occupational therapy intervention identified in the literature to resolve this issue.

Conclusion

Meaningful engagement in social participation is one of the most commonly unmet needs of this population in LTC settings, which leads to a decline in their overall well-being, physical function, and emotional health (Janke & Walter, 2022). The benefits of this program will include decrease in symptoms of social isolation and loneliness, improvement in negative behavioral symptoms, and increased LTC staff awareness of environmental barriers to social participation. The use of the Model of Social Interaction will enable the identification of specific deficits in required skills and other barriers to occupational engagement. The proposed social participation program will utilize intervention approaches such as environmental modification to promote social inclusion and engagement as well as familiar contexts for the participants; these familiar contexts may include physical activities, games, or creative activities such as music or crafting.

Chapter 2: Literature Review

A review of the current literature yielded six common themes which guide the project formation. Examining the prevalence, course, and effects of dementia was priority in researching this population and setting. Further research centered on the occupation of social participation, the motivation and value of this occupation for the population, the positive effects of social engagement, and the barriers of social participation to gain better insight into the necessity of occupation therapy involvement in this issue. Additionally, research on existing interventions and activities were examined to identify the gap that exists of an occupation centered approach to social participation intervention.

Dementia

Dementia is a progressive and degenerative disease that affects cognition and causes psychiatric symptoms including apathy and depression (Hugenschmidt et al., 2023). The symptoms of dementia have a significant impact on an individual's ability to engage in social activities and contexts (Janke & Walter, 2022). Felix et al. (2021) reports that greater social engagement is strongly related to greater grey matter microstructural integrity within the brain, indicating that regions responsible for social cognitive skills are bolstered by social participation. Research reported by Sommerlad et al. (2023) and Hackett et al. (2019) depicts the link between diminished social participation and increased risk for development of dementia, as well as the further decrease in engagement following diagnosis due to loss of social cognitive skills.

Social participation for individuals with moderate dementia is attainable despite the change in their cognitive skills regarding communication and social contexts and can be promoted using various aspects of positive communication (Walmsley & McCormack, 2018). The loss of the cognitive skills required to engage in social participation due to the course of

dementia leads to reduced autonomy and initiation in social experiences within LTC residences (Morgan et al., 2019). Psychosocial intervention can positively influence the effect that dementia has on memory, emotions, self-expression, and interaction (Mabire et al., 2022).

Social Participation

The overall focus of this capstone program revolves around social participation as an occupation and how older adults with dementia living in LTC settings can be assisted in improving social engagement. Research illustrates that this population demonstrates a decreased ability to engage in social participation (Janke & Walter, 2022). There is an established correlation between poor social participation and worsening behavioral symptoms and general well-being for patients with dementia (Janke & Walter, 2022). Decreased social engagement can lead to social isolation, which is an inherent risk in the dementia population due to gradual loss of social cognitive skills (Hackett et al., 2019). The Model of Social Participation is a guideline for occupational therapists to view how individuals engage in this occupation and how to use observations of social interactions to influence interventions to improve occupational performance (Doble & Magill-Evans, 1992).

Client-Centered Care Delivery in LTC Settings

Dementia is a prevalent diagnosis in the older adult population frequently requiring transition to LTC healthcare settings for more comprehensive medical care (Block et al., 2022). Functional decline and mortality are closely linked in LTC settings more so than other common settings for older adults (Yeh et al., 2014). Quality, client-centered care in LTC settings is strongly affected by the healthcare staff that care for this population (Midje et al., 2022). Staff education regarding prioritization and factors of delivery of client-centered care is shown to be an effective approach to resolving this issue (Berglund et al., 2019). Concerns are evident of

widespread decline in delivery of client-centered care in LTC settings for individuals with dementia, these patients often experience poor care throughout the course of their treatment (Gordon et al., 2018). Common issues determined to present a barrier to quality, client-centered care in LTC settings include staffing turnover and burnout as well as lack of resources for patient emotional support and mental health (Chen et al., 2023). Staff of LTC facilities can utilize occupational therapy techniques of environmental modification to promote social participation among residents with dementia by manipulating physical structures, spaces, and conversational positioning (de Medeiros, 2023).

Motivation and Barriers to Social Participation

There are numerous motivators and barriers to engagement in activity programs among older adults which affect how effective program implementation can be in achieving positive outcome measures (Baert et al., 2011). Understanding the motives for occupational engagement for older adults and how motivation is affected by dementia symptoms can help practitioners engage individuals in social activity programs with greater efficacy (Box et al., 2021). Physical activity programs for older adults have been researched and reported, although none addressed older adults with dementia; the positive effects of physical activity programs for the general population of older adults are outlined in said studies. Motivators to engagement in physical exercise group activities among this population have been reported to include satisfaction with social group interaction and with program activities, encouragement from others, and organized programs that can be tailored to their needs (Biedenweg et al., 2014). Common barriers to successful occupational participation for older adults includes health issues and lack of social support; physical activity programs designed for older adults have been found to promote engagement in social contexts (Mathews et al., 2010). Understanding how social participation

can serve to motivate older adults in physical activity programs lends insight into how this type of activity intervention can aid this capstone project.

Methods of Social Participation

The literature describes benefits in utilizing physical exercise, dance, games, music, and art to promote improved social participation for the older adult population, which can be used to address the more specific population of older adults with dementia living in LTC settings. Promoting physical exercise activities within programs for this population is more successful when considering participants' motivation, preferences, and providing encouragement (de Souto Barreto, 2016). Breaking up bouts of physical inactivity can substantially improve adherence to exercise program interventions for sedentary older adults in LTC settings (Parry et al., 2019); finding ways to help engage this population in physical activities with peers can improve social participation and general well-being (Biedenweg et al., 2014). Skinner et al. (2013) report higher success of activity engagement in groups as opposed to individual participation. Emotional well-being and social engagement have been addressed through the use of a life-storytelling board game activity with good success (Niedderer et al., 2022). Music-based interventions have been shown to improve behavioral symptoms in individuals with dementia (Schafer et al., 2022), and music-based activities may improve emotional regulation and further improve participants' willingness to engage in capstone program group activities. A study by Reel et al. (2022) discussed the implementation of an art-based activity to promote social engagement in older adults with dementia which led to greater social interaction among the group members.

Model of Social Interaction

The model guiding the formation of this program is the Model of Social Interaction which focuses on providing a structure on which to base observations of social interactions

within an individual's context (Doble & Magill-Evans, 1992). This model is useful in determining how to plan activities within the program because it examines the deficits in a variety of skills and processes required for successful social participation (Doble & Magill-Evans, 1992). Utilizing the principles of the Model of Social Interaction throughout observations of social participation activities among program participants will help to guide program delivery to ensure client-centered care and successful outcomes.

Conclusion

The themes outlined in the literature review indicate the importance of social participation as an occupation for older adults living in LTC facilities, how dementia affects the occupation, and how there is room to grow in delivering client-centered care in this manner to this population. Understanding the motivations and barriers involved in engagement of social participation for this population lends valuable insight which can make the program more successful upon implementation. The literature review indicates the need for an occupational therapy-based program to improve social participation for older adults with dementia residing in LTC.

Chapter 3: Project Description

Introduction

This capstone project entails a program to promote social participation between older adults with dementia in LTC settings to improve the occupational engagement in social participation of older adults with dementia to improve their quality of life. Through the implementation of this capstone program, older adults with dementia residing in LTC settings will engage in structured group activities in familiar social contexts to improve their occupational engagement and further improve their quality of life through this experience. Engagement in social participation in meaningful ways can help combat feelings of loneliness and social isolation and significantly improve quality of life for older adults with dementia (Huang, 2022). This project can provide an attainable method for meeting the need for improved social participation engagement in this population and setting. There is great potential for interprofessional collaboration, increased involvement and motivation in social activities, and improved mental and social well-being through the application of the program. Objectives for this capstone project include completing a thorough needs assessment at the capstone site, collaborating with the healthcare staff at the capstone site, and creation of a written protocol for social participation activities which can be applied to a variety of budgets and resources.

Process and Methods

Participant Description

Participants will include those diagnosed with mild to moderate stage dementia residing at the LTC facility chosen. Participants may primarily consist of those housed in the memory unit of the site. Residents with mild to moderate dementia are to be selected due to the severity

of the disease symptoms associated with advanced cases and the ability to obtain informed consent from participants or family members, if applicable.

Setting

This capstone project will take place in a long-term care facility with a memory unit. The facility chosen is located in north-central Louisiana and has moderate resources available compared to other facilities within the area. There are a variety of healthcare disciplines at this facility including occupational, physical, and speech therapy as well as nursing and respiratory services.

Recruitment

During the initial phase of program development, the OTD student will collaborate with the rehab director, nursing staff, and activities director to determine residents who would be willing and able to participate. Interviews and initial assessments may be conducted after determining a preliminary list of candidates to determine if residents are interested and meet criteria. After residents are determined to meet criteria and express desire to participate, informed consent will be gained from either the resident or a family member.

Design

This capstone project will employ a mixed methods design. Both qualitative and quantitative methods will be utilized to collect data throughout the capstone experience. A needs assessment will be completed in the initial weeks of the capstone experience to determine specific areas of need for the program to target. The capstone program will be developed based on the information gathered during the literature review phase, needs assessment, and through information gleaned from patient and LTC staff interviews. The program will be implemented weekly at the capstone site with the gathered participants. The capstone student will gather

participants using an informal interest interview and with suggestions from LTC staff. Each week, the capstone student will assist and guide program participants through the program activity to help facilitate engagement in social participation. Quantitative data will be collected before and after with the use of a survey based on the Life Satisfaction Questionnaire-9 (LISAT-9) assessment. Qualitative data will be collected throughout using participant interviews and clinical observations.

Timeline

Weeks 1-4 will entail becoming familiar with the capstone site, residents, and staff, completing a needs assessment, and determining a list of participants. During weeks 4-7, program development will occur focusing on organizing activities based on commonly available resources in LTC settings, analyzing current group activities at the capstone site, and conducting pretest assessments and interviews. At this time, the OTD student will also begin writing chapters 4-5. Weeks 8-9 will entail evaluating various aspects of the program based on the collected data and observations. During weeks 10-13, collected data will be analyzed and chapters 4-5 will be edited and finalized. Lastly, week 14 will entail presentation of the capstone program and findings.

Conceptual Framework

Engaging participants in social participation activities through the application of this capstone program will positively affect their occupational engagement and quality of life. Feelings of social isolation will be decreased by encouraging participants to engage with the program activities to form meaningful relationships with other residents.

Data Collection

The needs assessment will be completed before finalizing the design of the weekly capstone program activities. This will help to indicate any resources available for use in the program, specific aspects of social participation the participants are unable to engage in, environmental barriers to social participation, and any other relevant information which may affect the implementation of the program. Objective measures which will be used to track values before program participation and after including the LISAT-9. Subjective data will include participant interviews before, during, and after program implementation to track various factors. Additionally, simple pre- and post-surveys including binary and ranking question styles will be used to collect data on various program activities to determine if participants are motivated during the activities, feel that they are able to engage in them, and feel that they are better engaging in social participation throughout.

Measures/ Instrumentation

Data Analysis

Descriptive analysis will be used to analyze the qualitative data from interviews and clinical observations recorded throughout the capstone program. This method will allow trends to be identified in the qualitative data. Statistical analysis will be used to analyze quantitative data from objective measures.

Conclusion

Organized timing of the capstone project will enable participants to engage in a variety of activities to determine effective activities to include in the finalized social participation program. Data collection will occur throughout the project to ensure that all relevant information is recorded and analyzed. By engaging in a needs assessment, the capstone program will be more targeted to the issues experienced by the residents of this LTC facility with dementia. Through

the use of meaningful and therapeutic activities, the program participants will engage in social participation to form meaningful relationships within their LTC environment. The capstone program has potential to positively impact mental well-being, social participation, and overall quality of life for the population.

Chapter 4: Results and Analysis

The capstone program was implemented to address the problem of residents with dementia residing in long-term care facilities having few opportunities to meaningfully engage in the occupation of social participation. The project's aim was to improve occupational engagement and quality of life for residents with dementia who experience barriers to social participation. The project sought opportunities for interprofessional collaboration, increased involvement and motivation in social activities for participants, and improved mental and social well-being of participants.

Needs Assessment

A thorough needs assessment was conducted in weeks one through four to determine areas of specific opportunity for program impact. The capstone site has resources available through the activities department. Resources available for the use of the capstone program included crafting supplies, access to snack foods and beverages, bingo sets, board and card games, a radio, a karaoke machine, balloons, and nail polish supplies. Program activities were planned and executed with minimal supplies to improve the sustainability of the program to similar sites and for future use at the current site. There is a large common space available to conduct program activities in a central location at the capstone site.

Opportunities for improvement in social participation engagement at the capstone site include low attendance to activities, limited staff inclusion, and limited opportunity for social participation opportunity in many current activities. The pre-program survey revealed the participants' preferred activities which were included in the program plan. Additionally, strategies were provided to allow staff to facilitate social participation. Activities were planned in the program to facilitate further socialization during activity. The needs assessment indicated that

the capstone program would be appropriate and necessary to implement at the capstone site. The learning and project objectives outlined in chapter one were met throughout the implementation of this capstone program.

Program Summary & Implementation

The capstone program plan was established as an eight-week long activity program with one group activity to implement per week. Residents were screened using a survey and based on outlined inclusion and exclusion criteria. Following screening, if residents were interested in participating, informed consent was obtained either from the participant or family members. Participants were asked a series of questions to determine the preferred time and day to schedule activities and activities to include in the program. Participants were provided with a schedule of program activities. Each week, the program activities were implemented with the participants and their reactions were noted. LTC staff were included in program activities as much as possible and provided with strategies to promote social participation among residents. Environmental changes including seating participants in small groups and playing music were performed throughout activities. The program plan was adjusted as needed to improve participation and engagement in activities as well as number of participants, adjustments to the program plan included changes to inclusion criteria and addition of new participants in weeks two through three.

Program Participants

Inclusion criteria initially included only participants with mild to moderate dementia and those who were permanent residents of the facility. Temporary residents with mild to moderate dementia were allowed to participate in the program after changing this aspect of the inclusion criteria; the addition of temporary participants occurred in weeks two through three following

suggestions from both therapy and activities team members for their appropriateness for program participation. Exclusion criteria was outlined to prohibit those without confirmed diagnoses of dementia regardless of whether cognitive deficits were present. Additionally, residents with severe dementia were excluded from the sample; exclusion criteria was not changed.

Weekly Program Activities

Weekly group activities were planned to encourage participants to build social relationships with each other. An arts and crafts activity was conducted during week one of the program. Participants were engaged in arts and crafts while seated together at a group table and prompted with conversation topics. Participants were engaged in a nostalgic snack activity together during week two with prompts for conversation as needed. In week three, participants engaged in a music activity to take turns requesting preferred music in the common area. Participants were split into teams to play balloon volleyball during week four. In week five, participants were engaged in a nail salon activity. Participants engaged in playing dominoes and a conversation-focused card game with guidance in week six. Coffee and light snacks were served as the week seven activity and conversation between participants were facilitated as needed. Lastly, participants were engaged in bingo during week eight. Details regarding each activity and program deliverables can be found in Appendix A.

Marketing

The plan to promote the program was to print up calendars with the time, date, and weekly activity and place them in participants' rooms. Each participant received this calendar, although some had difficulty with remembering to check the calendar and some expressed confusion with the time and date. To adjust for these barriers, staff were notified of who was participating in the program and when the activities were occurring so that they could provide

reminders and assistance to participants as needed. Often, the capstone student or staff retrieved participants and helped them reach common areas to engage in program activities. Therapy and activities team members each provided insight and suggestions for possible candidates for participation in the program.

Challenges and Supports of Carrying out the Program

Challenges of carrying out the program included rescheduling around when participants were sick or out of the facility and symptoms of dementia limiting social participation skills. Scheduling conflicts arose during the initial planning phase and throughout program implementation. Frequent contact with participants and staff members allowed for scheduling information to be determined and adjusted as necessary. Participants' activity tolerance and mood provided challenges. Due to the symptoms of dementia experienced by many of the participants, they often expressed fatigue, frustration, and decreased motivation with both verbal and nonverbal communication, making it difficult to facilitate engagement in activities at times.

Resources at the capstone site along with staff engagement and the facility's flexibility facilitated implementing the program. Because the capstone project is intended to support the LTC facility's activities program, the activity director at the capstone site shared resources and materials that were readily available to them. Additionally, members of the LTC staff were willing to provide background information on long-term participants and utilized provided strategies for successful facilitation of social participation. The nature of the LTC setting is such that all participants were typically on site and there was a large common area to gather for program activities.

Program Outcomes and Analysis

Data collection was conducted with a digital survey through Google Forms. The capstone student created the survey utilizing relevant parts of the LISAT-9 Questionnaire with additional questions tailored to the capstone site and program. The full LISAT-9 form was not utilized, as it was too lengthy for most participants to tolerate when attempted and contained questions that were not relevant to the issues being addressed through this capstone program. An example of excluded information from the LISAT-9 is participant satisfaction with their vocational situation. The ranking style scoring was kept the same and all questions utilized from the form were worded exactly the same. The survey was taken by each participant before engaging in their first program activity and after completing their final program activity. The capstone student manually entered answers in the digital form for participants according to their responses to questions. Additionally, the capstone student provided brief explanations and simplifications of the numerical response scale and questions to participants as needed.

Descriptive analysis of survey data was conducted after conclusion of the eighth week of the capstone program. Graphic representations of both pre-and post-program data from all ten participants were created using Google Forms. The data is depicted in pie chart format indicating a percentage for each response option in the survey. Data was compared side-by-side from pre-and post-program surveys to determine changes in reported satisfaction levels.

Data analysis revealed that there are overall positive increases in reported outcomes in each area represented by the survey questions. The numerical difference of the most common response per question between pre-and post-program results varies between 10% and 40%. Results indicate that there is a clinical significance in the effect of a social participation program on quality of life in multiple aspects for this population.

Results

The survey results of the program after eight weeks indicate an overall improvement in multiple areas. The participants were asked survey questions by the capstone student both at the beginning of the program and after. Participants could rank responses on a numerical scale with values equating from one being very dissatisfying, two being dissatisfying, three being rather dissatisfying, four being rather satisfying, five being satisfying, and six being very satisfying. The results for each response per question from both pre-and post-survey are listed below, additionally, a tally of the responses are listed in Table 1 below and the graphic representations for each can be found in Appendix A.

Survey results indicate that at pre-program survey collection 10% reported it very dissatisfying, 40% reported dissatisfying, 40% reported it being rather dissatisfying, and 10% reported it rather satisfying for overall satisfaction of life as a whole; at post-program survey collection 10% reported very dissatisfying, 40% reported rather dissatisfying, and 50% reported rather satisfying. When asked about satisfaction with self-care activities 30% reported this being dissatisfying, 60% reported rather dissatisfying, and 10% reported rather satisfying before the program; after the program, 20% reported dissatisfying, 70% reported rather dissatisfying, and 10% reported rather satisfying. At pre-program survey, 20% reported very dissatisfying, 70% reported dissatisfying, and 10% reported rather dissatisfying with regard to their leisure situation; at post-program survey, 20% reported dissatisfying, 50% reported rather dissatisfying, and 30% reported rather satisfying. Participants reported the following regarding their financial situation: 30% reported dissatisfying, 20% reported dissatisfying, 40% reported rather dissatisfying, and 10% reported rather satisfying; after the program, 20% reported dissatisfying, 40% reported dissatisfying, 30% reported rather dissatisfying, and 10% reported rather satisfying. Satisfaction with friends and acquaintances was reported at pre-program survey as 10% reported very

dissatisfying, 60% reported dissatisfying, 30% reported rather dissatisfying; after the program, 10% reported dissatisfying, 40% reported rather dissatisfying, and 50% reported rather satisfying. At pre-program survey, 10% reported very dissatisfying, 80% reported dissatisfying, and 10% reported rather dissatisfying with regard to their family life; at post-program survey, 40% reported dissatisfying, 40% reported rather dissatisfying, and 20% reported rather satisfying. When asked about satisfaction with their partnership situation 10% reported very dissatisfying, 50% reported dissatisfying, 40% reported rather dissatisfying; after the program, 20% reported very dissatisfying, 30% reported dissatisfying, 40% reported rather dissatisfying, and 10% reported rather satisfying.

Survey Results (Table 1)

Response Key: very dissatisfying (1), dissatisfying (2), rather dissatisfying (3), rather satisfying (4), satisfying (5), very satisfying (6)

Question	Pre-Program Responses	Post-Program Responses
My life as a whole is...	1 = very dissatisfying (1) 4 = dissatisfying (2) 4 = rather dissatisfying (3) 1 = rather satisfying (4)	1 = very dissatisfying (1) 4 = rather dissatisfying (3) 5 = rather satisfying (4)
My ability to manage my self-care (dressing, hygiene, transfers, etc.)...	3 = dissatisfying (2) 6 = rather dissatisfying (3) 1 = rather satisfying (4)	2 = dissatisfying (2) 7 = rather dissatisfying (3) 1 = rather satisfying (4)
My leisure situation is...	2 = very dissatisfying (1) 7 = dissatisfying (2) 1 = rather dissatisfying (3)	2 = dissatisfying (2) 5 = rather dissatisfying (3) 3 = rather satisfying (4)
My financial situation is...	3 = very dissatisfying (1) 2 = dissatisfying (2) 4 = rather dissatisfying (3) 1 = rather satisfying (4)	2 = very dissatisfying (1) 4 = dissatisfying (2) 3 = rather dissatisfying (3) 1 = rather satisfying (4)
My contacts with friends and acquaintances are...	1 = very dissatisfying (1) 6 = dissatisfying (2) 3 = rather dissatisfying (3)	1 = dissatisfying (2) 4 = rather dissatisfying (3) 5 = rather satisfying (4)
My family life is...	1 = very dissatisfying (1) 8 = dissatisfying (2) 1 = rather dissatisfying (3)	4 = dissatisfying (2) 4 = rather dissatisfying (3) 2 = rather satisfying (4)
My partnership relation is...	1 = very dissatisfying (1) 5 = dissatisfying (2)	2 = very dissatisfying (1) 3 = dissatisfying (2)

4 = rather dissatisfying (3)

4 = rather dissatisfying (3)

1 = rather satisfying (4)

Conclusion

Overall, results indicate that improvements in social participation and quality of life occurred from review of pre-program to post-program survey responses. The responses for each survey question typically were reported in the middle ranges of the scale; no participants reported a 6, which was the highest rating on the scale. Improvements were reported in the areas of overall satisfaction of life, leisure, contact with friends and family; these three areas were the main areas of focus during program activities. Data analysis indicated some clinical significance in survey areas related to quality of life following participation in the capstone program. Further research may be appropriate to determine how to achieve greater success in each area as well as data collection methods. Overall, improvements in social participation for this population were demonstrated following the implementation of the capstone program.

Chapter 5: Summary, Conclusion, and Discussion

Throughout the process of implementation, several opportunities to adjust the program to facilitate success were identified and to improve the program for future use and expansion. Additionally, opportunities for interprofessional collaboration were pursued throughout. This capstone program offers the opportunity to educate LTC staff in methods to improve social participation and modification of social group activities with a therapeutic influence. The results of this capstone program were largely positive, with areas of improvement for future application of the program.

Summary

Once residents were determined to be eligible to participate and they expressed interest, they were added to the program participant list. Recommendations on possible candidates for program participation frequently came from the therapy and activities staff due to their familiarity with the residents' strengths, weaknesses, and habits. Residents were screened using a survey created by the capstone student based on the Life Satisfaction Questionnaire-9 (LISAT-9). Participants were encouraged to express opinions regarding the type of activities to be included in the program and the time to schedule them, which likely served to improve engagement in program activities.

The capstone program first consisted of six members, composed of only long-term residents diagnosed with mild to moderate dementia. Over the 8-week program, four more residents were added to the group in weeks two and three. These additional participants were composed of three short-term residents who had recently been admitted to the facility and one long-term resident; they were screened for program participation following recommendations from therapy staff and nurse aides. LTC staff indicated that these residents had been found to

experience deficits in the social participation occupation, have limited opportunities for social contact with friends and family and social participation intervention, and had a diagnosis of mild to moderate dementia. The inclusion of additional participants during weeks two and three did not present any difficulty with data collection, however, it may serve to skew results to some degree. The decision to include additional participants was made proactively to create a better opportunity to continue to run the weekly activity if several participants were unable to attend for any reason and to increase the likelihood of participants forming multiple social relationships amongst each other. There were no observed negative behavioral issues or other difficulties with regard to merging the new participants into the original participant group. This may be due to several factors, including that residents interact with many new people each day including other residents and LTC staff, there were minimal behavioral issues observed in group members, or group members were more comfortable within the familiar common areas of the facility.

The program activities were implemented by the capstone student each week with participants. Facilitating and prompting conversation was a primary objective when conducting activities each week to help form and build social bonds between participants. Utilizing familiar and preferred activities likely allowed participants to feel more relaxed and prepared to engage in the challenge of engaging in social skills. The capstone student provided cues and assistance as needed but allowed the participants to perform activities and social interactions as independently as possible. Throughout the progression of the weekly activities, the participants were observed to require fewer conversation prompts from the capstone student. Participants grew to be more comfortable with engaging in conversation with one another as well as tolerate social group activities for greater durations throughout the weeks. The capstone program was effective in conveying strategies for staff to help improve and promote social participation, indicated by staff

engagement in these strategies. The successes demonstrated in the program activities combined with the LTC staff's appropriate use of the strategies provided indicate the potential to resolve many of the barriers to social participation for this population.

Strengths and Weaknesses

One strength of the capstone program was the flexibility of the activity schedule. The nature of the LTC setting and the group of ten participants allowed for greater opportunities to rearrange the schedule as needed. Noted reasons for rescheduling activities include participants being sick or leaving the facility to attend a medical appointment. Additionally, the new members being able to assimilate into the program at varying points due to the structure of the activities proved to be a strength of the program. Planning the program activities based on the participants' preferred activities was a strength because it helped create a sense of comfort and familiarity and increased engagement.

A weakness of the program was the data collection method. Data was collected digitally to make storing data and analysis more convenient, however, utilizing a computer to complete the Google Forms survey and interpreting the survey questions and ranking scale was above the cognitive skills of each participant to complete independently. Providing assistance as needed to interpret the questions and response scale and to note the answers is recommended; participants should be allowed to answer the questions without influence from the surveyor in order to receive the most accurate responses. The capstone student input the participants' survey answers and was required to convey the meaning of the questions, ranking scale, and provide context to participants when completing the pre- and post-surveys. This method was the most conducive to collect survey information, but may introduce interviewer bias to the data.

Limitations

The capstone project is limited by the time available to enact the program. Greater improvements may be indicated in a program of expanded length. Another limiting factor is the interference of the symptoms of dementia in program participation. Participants experienced barriers throughout the program due to the cognitive deficits associated with dementia. Additionally, the limited population to draw participants from at the capstone site served as a limiting factor. A larger facility or expanding to include multiple facilities to gain more data could result in different outcomes. The program was also limited by the resources available. While there were a variety of materials available at the capstone site for use in the program, there was allocation in the budget for materials to be purchased for project use. The activities were designed and scheduled in the program outline according to the limitations of the resources already available to the capstone student.

Discussion

Implications

The results of this capstone project support the need to initiate activities to promote social participation in the LTC setting for older adults with dementia. These findings indicate the importance of considering social participation intervention for older adults with dementia in LTC settings to improve occupational participation in this area as well as their quality of life. Future research may expand on this capstone project by including older adults without a diagnosis of dementia who reside in LTC facilities. Many residents without a diagnosis of dementia reported interest in program participation and barriers to social participation.

Recommendations

Further research is warranted based on the positive results of this capstone project. In the future, research projects on this topic may be expanded to include additional time, more

participants, a greater range of activities, a larger budget for activities, and utilization of more sophisticated data analysis methods. In an LTC setting, this program could be implemented on quarterly rotation to continue to address the diminished social participation seen in new residents. The inclusion of residents without the diagnosis of dementia may be researched to determine efficacy of the program. Exercise activities may be included in future iterations of the program to determine whether participants remain motivated to participate and what the effects of exercise have on social participation and wellbeing in this setting and population.

Conclusion

The social participation capstone program for older adults with dementia in an LTC setting is shown to be effective for improving occupational participation in this domain as well as quality of life overall. The participants engaged in an eight-week activity program designed with regard to the resources available to an average-equipped facility with the aim of forming social relationships with others. Deficient aspects of social participation were identified through survey format and targeted with the program activities. Interprofessional collaboration opportunities were established between LTC staff members to identify residents experiencing occupational barriers and to utilize strategies to improve occupational participation. The capstone program has a high probability of sustainability at the capstone site due to the ease of application and accessibility of supplies for program activities. Overall, the capstone program was successful in within the setting of the capstone site for the chosen population.

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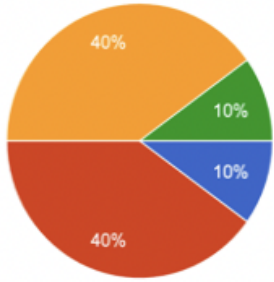
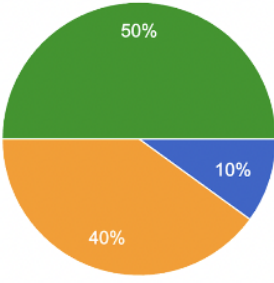
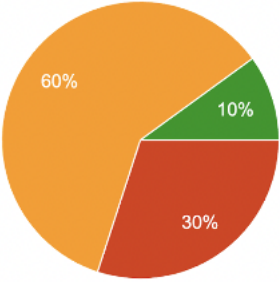
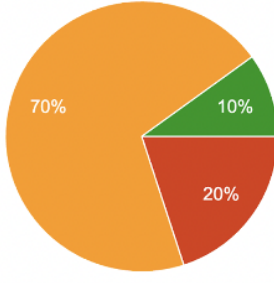
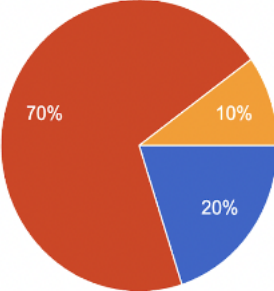
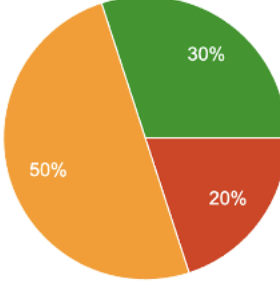
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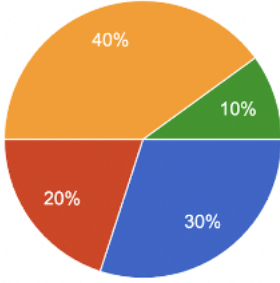
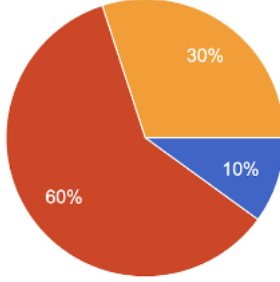
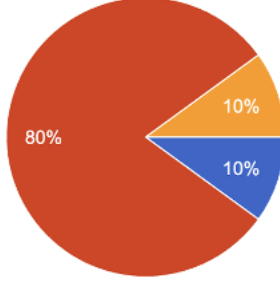
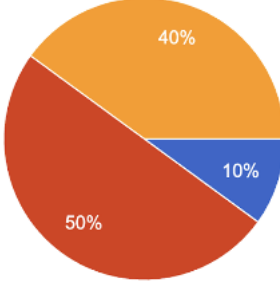
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Appendix A

Survey Results

Question Results in Figures		
Survey Question Number	Pre-Program results	Post-Program Results
1	 <p>A pie chart showing four segments: orange (40%), green (10%), blue (10%), and red (40%).</p>	 <p>A pie chart showing three segments: green (50%), blue (10%), and orange (40%).</p>
2	 <p>A pie chart showing three segments: orange (60%), green (10%), and red (30%).</p>	 <p>A pie chart showing three segments: orange (70%), green (10%), and red (20%).</p>
3	 <p>A pie chart showing three segments: red (70%), orange (10%), and blue (20%).</p>	 <p>A pie chart showing three segments: orange (50%), green (30%), and red (20%).</p>

Question Results in Figures											
4	 <table border="1"> <tr><th>Segment Color</th><th>Percentage</th></tr> <tr><td>Orange</td><td>40%</td></tr> <tr><td>Green</td><td>10%</td></tr> <tr><td>Red</td><td>20%</td></tr> <tr><td>Blue</td><td>30%</td></tr> </table>	Segment Color	Percentage	Orange	40%	Green	10%	Red	20%	Blue	30%
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Social Participation Program

An 8 Week Guide for Older Adults with Dementia in Long Term Care

Purpose

Social participation influences general health and well-being, cognitive health, risk of dementia, and stress (Sommerlad et al., 2023).

Social participation is an often-overlooked occupation in LTC settings and can lead to negative effects which include decline in physical health and function, social isolation, and worsening behavioral symptoms secondary to dementia (Kang, 2012). Engagement in meaningful social participation activities has been found to be one of the most commonly unmet needs of this population (Janke & Walter, 2022).

The aim of this program is to promote social participation between older adults with dementia in long term care (LTC) settings to improve occupational engagement and quality of life.

Methods

Through the implementation of this program, older adults with dementia residing in LTC settings will engage in structured group activities over the course of 8 weeks in familiar social contexts.

In this guide, 8 weeks of activities are outlined to be implemented with the participants.

Strategies for success and as well as adaptations for various budgets, resources, and skill levels of participants.

Strategies for Success

Break participants into smaller groups to facilitate conversation and familiarity.

Encourage participants to intermix between groups occasionally to form new social relationships.

Encourage building of relationships over the course of the program.

Enhance simple activities with positive sensory feedback, such as music, to improve tolerance to activities and enjoyment.

Stimulate conversation with open ended questions.

Provide alternatives and options for participants who have dietary or physical restrictions to improve engagement.

Week 1

Arts & Crafts

details

Simple 3-5 step craft activity
 Instructions should be clear and concise
 Activity should take 15-30 minutes

adaptations

Seasonal crafts are suggested when applicable
 Adapt the craft as needed to utilize materials that are already owned or affordable to acquire
 Coloring pages are simple and accessible for most

Week 1

Arts & Crafts



Supplies

Supplies depend on which materials are readily available at the site. Typically available or cost effective to acquire materials include:

- crayons/markers
- glue
- scissors
- paper

Some craft examples include:

- snowflakes in winter
- hearts for Valentine's Day
- shamrocks for St. Patrick's Day
- painting garden rocks
- positivity/affirmation themed coloring sheet

Instructions

1. Arrange participants in groups
2. Provide materials for craft
3. Show an example of the completed craft
4. Provide instructions and assistance throughout the duration of the craft
 - a. Simple, concise instructions are most effective
 - b. 2-5 step crafts are likely to be more approachable and engaging to participants

Week 2

Nostalgic Snacks

details

Examples include pie & ice cream or milkshakes
 Serve seasonal food items when applicable to stimulate memories of holidays
 Be sure to adhere to dietary restrictions

adaptations

Play preferred music in the background for the duration of the activity
 Offer options to stimulate decision-making and conversation skills and to adhere to dietary restrictions

Week 2

Nostalgic Snacks



Supplies

Supplies depend on what equipment is available at the site and the budget available.

Some examples of easy nostalgic snack to serve include:

- pie and ice cream
- milkshakes
- popcorn and soda

Be sure to check each participant's dietary restrictions prior to planning and executing this activity to ensure safety.

Instructions

1. Arrange participants in groups
2. Provide participants with options for flavors if applicable
3. Provide snacks for residents
4. Initiate conversation between participants throughout. Conversation prompts may include:
 - a. Favorite snacks/meals
 - b. Meals participants used to cook
 - c. Preferences of options provided

Week 3

Music

details

Set up music in a common area
 Arrange participants so that everyone can hear
 Allow for requests when appropriate

adaptations

Radio, karaoke, or live music have each been successful activities in practice
 Participants may need to be moved so that they can hear

Week 3

Music



Supplies

Supplies depend on what equipment is available at the site and the budget available

Some examples include:

- playing requested music, when appropriate, over a speaker
- engaging participants in karaoke

Play a variety of music from past decades to prompt memories

Instructions

1. Arrange participants in groups
2. Engage participants in taking turns requesting songs
3. Prompt conversation between participants with topics such as:
 - a. Favorite type of music
 - b. Favorite artists
 - c. Concert experiences
 - d. Positive memories associated with music
 - e. Instruments anyone may play

Week 4

Balloon Volleyball

details

Situate participants in a circle or two lines
Have participants hit a balloon back and forth to each team

adaptations

Add more balloons for a greater challenge or bigger groups

Week 4

Balloon Volleyball



Supplies

Balloons (1-2 balloons per small group)
Chairs (for those not in wheelchairs)

Instructions

1. Arrange participants in small groups either in a circle or in lines facing each other
 - a. Ensure that wheelchairs are locked for safety
2. Instruct participants to volley the balloon back and forth to each other using hands
3. Provide assistance to return the balloon to play if hit out of reach
4. Facilitate teamwork and communication throughout

Week 5

Nail Salon

details

Arrange participants closely
Provide a selection of nail
polish colors to choose from
Initiate conversations between
participants throughout

adaptations

Play music in the background
throughout

Week 5

Nail Salon



Supplies

Nail polish, polish remover, and cotton
balls
If available, a rolling stool is
recommended for the activity leader to
allow for better access to each
participant

Instructions

1. Arrange participants in a group
around a table
2. Provide participants with nail
polish color options
3. Remove old nail polish as
necessary
4. Initiate painting participants' nails
in turns
5. Facilitate conversation between
participants throughout
 - a. This activity is a good
opportunity for open-ended
conversation and further
building upon relationships
gained in weeks 1-4

Week 6

Games

details

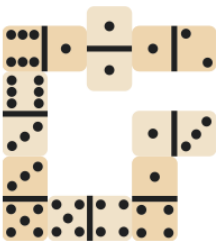
Set up a game for participants
Facilitate by explaining rules and maintaining turn system
Games should be simple and take 10-15 minutes per round for best engagement

adaptations

Games that focus on conversation, such as Take 5, can be substituted for further improvement of social participation
Allow for increased time and cues

Week 6

Games



Supplies

- Various simple games
- dominoes
 - checkers
 - large print card games (UNO, Take 5, etc.)

Instructions

1. Arrange participants in small groups or pairs according to the rules of their chosen game
2. Provide assistance to set up the game if necessary
3. Facilitate game play by explaining rules, providing assistance to manipulate game pieces, and prompting turn taking as needed

Week 7

Coffee & Conversation

details

Arrange participants in groups
 Serve coffee and cookies or light snacks
 Facilitate participants to engage in conversation independently

adaptations

Provide prompts as needed to facilitate conversation
 Schedule this activity either in the morning or after lunch according to participants' preference

Week 7

Coffee & Conversation



Supplies

Coffee
 Creamer
 Sugar
 Light snacks if available (cookies, pastries, etc).

Instructions

1. Arrange participants in groups
2. Provide residents with coffee and snacks if available
3. Assist as needed with adding creamer and sugar to coffee
4. Facilitate conversation as needed

Week 8

Bingo

details

Arrange participants in small groups and provide each with bingo cards and chips
 Engage participants in playing bingo with assistance as needed
 Prompt socialization throughout and after while choosing prizes

adaptations

Allow for increased time between calling numbers if needed

Week 8

Bingo



Supplies

Bingo set
 Bingo cards
 Chips or markers for cards

Instructions

1. Arrange participants at tables
2. Provide each participant with a card and chips
3. The activity leader calls out bingo numbers and checks cards with each bingo
4. Provide assistance as needed with increased time between calling numbers, putting chips on cards, etc.

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