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where we help your ideas bear fruit!

Adapting Activities for Someone with Dementia General Guidelines



Know and respect the individual

There is great variation among individuals with Alzheimer's disease, because we have all had unique experiences in our lifetimes, and we all have different strengths and skills. Furthermore, a person in the early stages of Alzheimer's disease, for example, is likely to be able to think much more clearly than someone in the late stage of AD. That means the #1 element for success in activities you try with people who have dementia disease is to know the individual, including his personal preferences, the time of day he is most alert, his remaining strengths and his special interests.



Approach is key

The second most important element is how you approach the individual. If you say to me, "Would you like to go to exercise class?" chances are fairly strong that I will say, "No, not really." But if you invite me with enthusiasm and convince me that my presence is needed and valued, I will be putty in your hands. "Mrs. Jones, it's nearly time for exercise class and I need you there! You are always so cheerful that everyone responds to your smile." Or, "I can count on you to follow along and help lead the others." Find something to praise and encourage.

Common strengths and losses



There are exceptions to every rule, but people with Alzheimer's disease tend to lose abilities related to:

- Facility with numbers/keeping score
- Ability to perform multi-step tasks
- Verbal skills, word-finding
- Inhibitions, sense of fair play
- Balance, mobility, eye-hand coordination (Although many unsteady walkers remain fine dancers!)

They tend to retain abilities related to:

- Repetitive or rhythmic actions

- Music, singing and dancing (which tend to bring pleasure throughout the disease process)
 - Matching, sorting, organizing (colors and a limited number of objects)
 - “Over-learned” skills (daily chores, rote memorization)
 - Reading, although larger print is needed and comprehension may be diminished
 - Sensitivity to human interactions. They can usually read our non-verbal cues – tone of voice, body language, facial expressions very well and may mirror us.
 - Showing empathy, kindness – they usually appreciate hugs, holding hands and other gentle touches until the day they die – we all do!
 - Appreciating beauty; they also often stay attuned to and gain comfort from their spiritual life
 - Living in the moment; they often appreciate small things we hardly notice; they really do take time to smell the flowers
 - Residual social skills (Being a good host, small talk)
 - Keeping their sense of humor
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**Blessed are the flexible,
for they shall not get bent out of shape.**



Learn to adapt activities

Here are a few general ideas for adapting programming for people with cognitive impairment

- Substitute colors and objects for numbers
 - Simplify the rules or discard them altogether
 - Try fill-in-the-blank exercises using familiar phrases
 - As verbal skills deteriorate, use questions that can be answered with “yes” or “no” or single words and short phrases
 - Encourage reading; it feels familiar even if comprehension is diminished
 - Encourage interactions that request advice or opinions
 - Play sitting versions of standing games for those with poor balance
 - Form smaller groups or try the activity one-on-one
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**Look for retained skills,
for the parts of things the person can still do.**

A person who can't follow a recipe and bake a cake from start to finish may be able to stir the ingredients, grease the cake pan, or offer an opinion on the outcome. Look for individual strengths.

Watch for signs of discomfort

If people resist participation, look for:

- Fatigue
- Pain or physical discomfort
- Frustration
- Fear and confusion
- Environmental discomforts (which may include the people in the environment!)



Look for ways to use multiple senses.

People with hearing, vision or cognitive impairments often need extra cues.

- Touch
- Taste
- smell
- Sound
- Sight



On the other hand, avoid **sensory overload**. Sometimes, less is more. Watch out for:

- Background noises
- Clutter
- Distractions
- Too much glare or too little light
- Fidgety people who may have physical needs (bathroom break, food/drink, sweater, pain pill)

People will always stay where they feel they belong, where they are comfortable.



If a person tries to leave an activity, he is telling you (with his feet) that he is uncomfortable.

“Positive disengagement” and “passive engagement” are also activities. Some people prefer to “do their own thing.” Others are content to watch from the sidelines. If, for example, you and your daughter are visiting your mother in her assisted living community, your mother may be positively disengaged if she chooses to roll up a ball of yarn while you and your daughter straighten out her closet. Your mother is happy to have you there, but chooses not to engage in that activity – although she may offer advice and commentary.

A person is passively engaged if she is paying close attention without actively participating. She may want to attend a singalong, for example, without actually singing along. We all tend to be passively engaged while watching television or attending the theater or a sporting event.

People have the right to choose not to participate, but try to determine if the activity is:

- Something the person truly dislikes
- Something the person no longer feels able to do well enough to find it pleasurable
- Something the person finds uncomfortable for reasons which can be adjusted by adapting the activity

When interacting with residents, mind your vowels:

A = Accept the person “as s/he is”

E = Engage, Enjoy, show Enthusiasm

I = Individualize the activity for the individual

O = get Out-of-the-box; be creative

U = Understand the person and the disease



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