**Caregiver Activities For Residents with Dementia**

*The goal is for residents to feel safe, protected, valued, in control and cared for in their home*

**Establish a trusting therapeutic relationship with each resident**

*Interact with the residents frequently throughout the day*

* + Develop trust by showing a sincere interest in the activities a resident enjoys.
  + Develop a life story for each resident so you know what activities they enjoyed in the past. They most likely will still enjoy the same or similar activities. Photos and scrapbooks are important.
  + Focus on empathizing with the distress symptoms cause rather than reality orientation. For example, help the wife who continues to look for her deceased husband. Identify with the feeling of not being able to find him rather than repeating to her that he passed away.
  + Reassure residents at each step in their daily care. Be patient. Do not rush. Validate their ideas, experiences, and thoughts.
  + Recognize residents each time you walk near them no matter how busy you are. Something as simple as a smile and a hand on a resident’s arm is all that is needed for reassurance.
  + Speak slowly, using one or two word sentences.
  + Gear activities toward each resident’s level of ability to decrease frustration.
  + Encourage, reassure and praise residents at each step in daily care.

**Provide each resident with good basic physical care**

*Encourage residents to do as much as possible for themselves before offering assistance*

Oral care is done a minimum of two times a day, preferably before meals to eliminate the bacteria that cause aspiration pneumonia. Good oral hygiene also decreases general anti-inflammation to protect the heart, lungs and other organs of the body.

Facilitate all caregivers attendance to a CE on oral hygiene.

Give residents a full shower at least twice a week.

Apply lotion each day to keep skin supple and healthy.

Facilitate grooming: make-up, hair care, men are shaved

Take resident to the toilet every two to three hours, most importantly before each meal.

Provide resident with nutritious snacks between meals and especially in the evening. Example: instant breakfast blended with milk and ice cream makes a good nutritious snack.

Allow a limited choice as to times, clothes to wear, days to shower,

Encourage resident to spend less than 8 hours in bed. Do away with the word “bed-bound”.

Residents are getting at least 8 hours of sleep daily. If not, refer to page 5 on tips for promoting a good night’s sleep.

**Multisensory Therapies offered multiple times daily**

*The process is what is important, not the outcome*

**Music Therapy**

Share “*Alive Inside”* documentary with your staff. This should be a requirement. It should be available on Netflix.

Form a kitchen Band: use kitchen utensils, pots and pans to make fun music.

Use any type of band instruments; find out if your residents played music in the past and reintroduce the instruments to them.

Try headphones with resident specific music provided (Pandora for example) or MP3 player.

Play TV station with appropriate music for the individuals (obtain music likes from family).

Have live musicians play music in the AFH such as The Old Time Fiddlers, guitar, keyboard and harp players.

**Exercise Therapy**

Encourage, at a minimum, residents walking to every meal and to the bathroom every two-three hours if ambulatory. Do not use wheelchairs in the home unless necessary.

Play with balloon/ball toss and kick.

Exercise with *Sit and Be Fit* on TV or video.

Give “high-fives” when you walk by a resident.

Walk in place while seated.

Provide nature walks outside or bus trips to see the tulip fields.

**Reminiscence Therapy** (Promotes memory and recall by reviewing past events, assisted by multimedia memory aids.)

Subscribe to *Reminiscence* magazine. Discuss the articles with the residents.

Ask a resident to read an article to the other residents.

Ask the family to make picture and scrap books for the resident. Discuss the pictures of their families and things they have enjoyed in the past.

Have families share the resident’s life story. Make sure all the caregivers read it and incorporate stories of resident’s past in the care.

**Craft Therapy** (Set up at least weekly or monthly projects to do with the residents whether or not they can fully participate. They can always observe. *Dollar Store is a great resource!)*

Make gingerbread houses near Christmas – easy to do graham cracker houses or the more fancy ones purchased.

Engage residents with cooking/stirring/reading recipe books, making menus.

Encourage folding towels/sorting silverware.

String Beads, put pegs in board, make activity aprons

Arrange flowers

Provide meaningful items to handle: a jewelry box or small chest of drawers with treasures in each compartment; purses with lots of jewelry; dolls (women especially do not lose their nurturing personalities); wood or car parts (many men worked in a shop or on cars). TIP: garage sales are a great source for these types of items.

**Social Therapy** – Group social interaction is important.

Holiday and birthday parties

Tea Party or happy hour in the afternoon

**Pet Therapy**

Interact with a dog or cat living in the home. Calm dogs and cats to pet and care for can be very therapeutic for residents.

Bring in an animal weekly to visit with the residents

Ask the dog and cat rescue facility for a big fat cat that likes to sit on laps and adopt it.

**Tactile Therapy**

Provide gardening opportunities: plant, care for raised beds; encourage deadheading; start seeds in small pots; provide a “pet” plant for resident to care for; start Amaryllis bulbs in the Winter.

Offer a basket of many different textures to touch such as the new kinetic sand, fabric swatches, safe tools, aprons, hats, etc.

**Essential Oils/Aroma Therapy**

*Essential oils must be considered medications and locked up at all times when not using*

\* Oils may be inhaled, applied to the skin, or placed in food or tea depending on the type of oil and its level of concentration. While many oils are thought to be safe, the Food and Drug Administration do not regulate essential oils, so be sure to consult with your doctor before using. If taken orally or transdermally, get a physician’s order. Here are some oils that have been shown to be effective in treating dementia behaviors:

Lavender is thought to be calming and able to balance strong emotions. It has also been used to help with depression, anger and irritability, and can help in some cases of insomnia. Lavender can be directly inhaled, used as massage oil or sprayed on linens.

Peppermint is an energizer and can be used to stimulate the mind and calm the nerves at the same time. Best used in the morning, peppermint oil can be inhaled directly, diffused in a room, used as massage oil or placed in a bath.

Rosemary is similar to peppermint. Rosemary is an uplifting oil used to stimulate the mind and body. It may even improve cognitive performance and mood. Rosemary has also been known to ease constipation, symptoms of depression and also reinvigorate the appetite. Rosemary oil can be directly inhaled, diffused through a room or used as a spray.

Lemon Oil is one of the most studied and more effective oils. It has been shown to help calm and relax people who are dealing with anxiety and insomnia, improve memory and ease indigestion. Lemon oil can be dropped into a bath, inhaled directly, diffused, sprayed or applied directly to the skin as massage oil.

Ginger oil is helpful for anyone struggling with digestion issues. Commonly used to treat a loss of appetite and constipation, ginger can help promote good eating habits. Ginger oil can be applied directly to the skin as an abdominal massage, inhaled, diffused, sprayed or placed on a compress.

**Mental Stimulation Therapy**

Sorting:  
 - Use a basket for each resident and fill it with items of different colors such as cloth, crayons, balls, paper, etc.  
- Take flash cards and write different descriptive words such as black, white, round, square, soft, hard, etc.). Show the residents a card and have them select an item that matches the descriptions. Prizes are also fun when the correct choices have been made.

Stories out of the Hat:  
To help stimulate memory, put strips of construction paper with descriptive questions in a hat or bowl. Have questions or phrases on each strip. Questions will reflect group objectives for the session. For example, what is: a favorite memory of your mom; favorite book or movie and why; favorite season; favorite thing to do; best friend story; first drive-in movie date; who were you closest to growing up? Encourage both caregivers and residents to answer the questions to see each other as real people and to encourage sharing and trust. Each person tells his or her story and then pass the hat on.

Hoy Card Game:  
This game promotes concentration. You need two packs of cards. The leader keeps one pack of cards. Leader gives each resident four or five cards each. Cards are then turned face up. Leader holds up a card and announces it to the group (i.e., seven of diamonds). Whoever has that card turns it over. Play continues in this manner until all cards are turned over. Whoever has all their cards turned over first yells out “Hoy”.

Famous Faces:  
This game increases cognition, communication skills, problem solving and pragmatics. You need pictures of famous people. One person is picked to be the first person to guess. Everyone else is shown the famous face. The guesser must then ask questions to find out who the famous face is.  
Is it a man or a woman?  
Is the person alive or dead?  
Is the person an entertainer?  
Is the a politician?

Two-piece puzzles:  
Laminate pictures of objects or animals. Cut the pictures in half. Mix up about three pictures and have the resident match up the correct pieces.

**Establish a good night’s sleep** (You may hear the term “sleep hygiene”)

During the day get as much natural light as possible – spend time outside or sit near a window.

Provide a bright home with good lighting.

Resident is exercising twice daily.

Keep the drapes open for daytime naps.

Resident is relaxing the last 90 minutes before bedtime, not doing anything mentally demanding.

Resident is not sleeping or dozing during the day.

Resident is not drinking more than two cups of coffee or tea during the day – serve decaffeinated beverages.

Resident is given a snack a couple of hours before bedtime.

Resident is taking all medications in the AM that might be stimulating.

Resident goes to bed at the same time each night.

Caregiver gives the resident cues such as going to bed after the 10PM news.

Lights are lowered to signal bedtime is near.

Cue gently that it is time to go to bed and offer to assist with putting on their pajamas.

Bedroom is not too hot or too cold.

Discourage TV or other electronics in the bedroom.

Turn off the main lights and have a nightlight on in the bedroom and hallways.

Soft music is played while going to sleep.

Caregiver is to get resident up at the same time each morning.

House is safe if resident gets up at night and wanders.

Continue plan until sleep schedule is established. This may take many weeks.