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**DEVELOPMENT OF A PEER-LED COMMUNITY
PROGRAM TO IMPROVE SOCIAL
ENGAGEMENT BETWEEN OLDER ADULTS
WITH AND WITHOUT DEMENTIA**

by

Ashley Sciandra

A Capstone Project Presented to the
FACULTY OF OCCUPATIOAL THERAPY
GEORGIA STATE UNIVERSITY

In Partial Fulfillment of the
Requirements for the Degree
OCCUPATIONAL THERAPY DOCTORATE

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Ashley Sciandra

CAPSTONE FINAL PAPER APPROVAL FORM

The Capstone Final Paper is the final product that the OTD students need to complete to report his/her Capstone Project and his/her Capstone Experience.

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We, the undersigned, recommend that the Capstone Final Paper completed by the student listed above, in partial fulfillment of the degree requirements, be accepted by the Georgia State University.

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Abstract

Social isolation is a rising health issue among older adults with dementia and maintaining friendships with their peers without dementia. There are several interventions aimed at addressing social participation for older adults with dementia, however limited knowledge on peer-programs. The purpose of this capstone project was to develop and implement peer-programming to improve social connectedness and sense of purpose between older adults with and without dementia within a retirement community. The capstone student developed and implemented a seven-week peer-program which included dementia education and meaningful social activities. Three themes developed from the implementation of the program: Meaningful Moments, Educational Empowerment, and Empowerment in Action. Participation in the peer-program provided opportunities for older adults to reconnect with old friends, develop new friendships, learn more about dementia, and beginning to take action to maintain friendships. The results of the program evaluation suggest that the program met the project goals and had an impact on the social connection between the program participants. The program results also indicated modifications for future programs to include additional dementia education. This capstone project provided insight into peer-programming as an intervention for social isolation among older adults with dementia.

TABLE OF CONTENTS

<u>Summary</u>	1
<u>Chapter 1 Literature Review</u>	4
<u>Chapter 2 Needs Assessment</u>	12
<u>Chapter 3 Program Plan and Process</u>	18
<u>Chapter 4 Program Evaluation</u>	25
<u>Chapter 5 Discussion and Impact</u>	30
<u>Limitations</u>	33
<u>Sustainability Plan</u>	33
<u>Conclusion</u>	34
<u>References</u>	35
<u>Appendix 1 Learning Objectives</u>	40
<u>Appendix 2 Supervision Plan</u>	43
<u>Appendix 3 Needs Assessment Interview Questions</u>	47
<u>Appendix 4 Program Plan</u>	49
<u>Appendix 5 Staff Evaluation Survey</u>	65

SUMMARY

Introduction

Currently there are 50 million people living with dementia worldwide and by 2050; it is estimated that there will be 152 million people affected by dementia worldwide (Heins et al., 2021). Among the aging population, social isolation poses significant health risks. Social isolation and a lack of social participation can lead to poor physical health, poor health-related quality of life, decreased health status, negative outcomes from surgical procedures, and an increase in mortality (Harris, 2011; Pakstis et al., 2018; Freedman & Nicolle, 2020). About 70% of the estimated 5 million American older adults with dementia live in a community setting and potentially face the effects of social isolation. (Kuiper et al., 2015; Han & Radel, 2017). With an increase in social isolation, there is an increased need for interventions to improve social isolation through social participation among the aging population.

Although many interventions exist to improve social participation among older adults (Boulden, 2020; Memory Bridge, 2020), interventions involving individuals with dementia require unique considerations and they may not be a good fit for existing programs. Dementia can impact the cognitive processes that control social behaviors such as emotional recognition, level of social interaction, language, memory, and social cognition (Harris, 2011). Additionally, dementia can cause apathy, disinhibition, agitation, and impairments to instrumental activities of daily living, further negatively impacting social participation (Hackett et al., 2019). Along with changes that occur in older adults with dementia, there are barriers to social engagement within the community itself. Older adults *without* dementia that reside in the community often find it difficult to socially engage with older adults *with* dementia due to stigma, dementia-related anxiety, and limited knowledge about dementia (Maxfield & Greenberg, 2021; V. Daughtery,

personal communication, March 14, 2023). Considering the negative effects older adults with dementia may experience due to decreased socialization, there is a significant need that should be addressed in communities. An emerging intervention that is also valuable to older adults is peer-to-peer programs which evidence indicates can improve quality of life and social isolation (Thombs & Carboni-Jiménez, 2021; Schwei et al., 2020). Though there is emerging evidence for peer-programs, there are gaps and limitations on specific interventions, activities, and wide-scale implementation of programming that can be implemented in the community to improve social engagement for this population (Chaudhury et al., 2020; Han & Radel, 2017). To further explore peer-programs in relation to social isolation among older adults, a PICO question was developed to guide this capstone project. The proposed PICO question is, “To what extent does a peer-led community program for social engagement (I) between older adults with and without dementia (P) improve the satisfaction of social connectedness and sense of purpose for both groups of older adults?”

Purpose Statement

The purpose of this capstone project is to develop and implement a peer-program between older adults with and without dementia at Lanier Village Estates (LVE). The program aim is to create an environment that promotes interaction and social connectedness between older adults with and without dementia, thereby enhancing both groups sense of purpose within the community.

Methods

Needs Assessment Methods

The capstone activities are informed, in part, by an IRB-approved communication with stakeholders at LVE staff members, where insights were gained related to current social

programming, current limitations and barriers, logistical factors, OT involvement, and thoughts related to new programming. The results from the needs assessment indicated that LVE does have an active community and social programming but limited opportunities for socialization across levels of care due to challenges with limited staffing to take memory care members to events, coordinating and educating volunteers, and no existing peer-programming to facilitate community socialization. These challenges impact how connected memory care members are to the community and in turn their level of social participation and maintenance of meaningful relationships. It was determined that the development and implementation of a peer-program would help to meet a current need at LVE regarding social programs and aim to increase social connectedness within the community.

Task Analysis Methods for Implementation

The capstone project was developed based on the input from LVE stakeholders and the existing evidence in the literature to develop a seven-week peer-program. The implementation of the peer-program is designed to take place over several weeks at LVE and included dementia education and group social activities to foster peer relationships and community socialization. After the peer-programming, there will be an online anonymous survey for LVE staff members to collect evidence on feasibility/efficacy of the program. The information gathered after the peer-program will be disseminated to staff for improved program sustainability.

Output

The output of this capstone project will be as follows:

- Capstone paper detailing the capstone process and results.
- Group protocols for a two-week dementia education programming.

- A five-week peer-programming protocol with meaningful social activities.
- Evaluation results of peer-programming activities to be disseminated to LVE for program continuation and modification of future programming.

Outcome

The project will provide impact by meeting the need of increasing socialization and peer-programming across care levels within the LVE community. This is significant, as existing literature and the needs assessment from the LVE community has emphasized the need for peer-programming solutions to the increased challenge of social isolation among older adults with and without dementia.

CHAPTER 1

Literature Review

I. Definition of Need

The need for this capstone project is to address the decrease of social participation within the community for older adults with dementia. Currently there are 50 million people living with dementia worldwide and by 2050, it is estimated that this number will grow to 152 million people affected by dementia worldwide (Heins et al., 2021). Among the aged population, there is an increasing health issue of social isolation. Social isolation is defined as “a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships” (Nicholson, 2012, p.137). Social isolation and a lack of social participation can lead to poor physical health, decreased health-related quality of life, declining health status, negative outcomes from surgical procedures, and can increase mortality (Harris, 2011; Pakstis et al., 2018; Freedman & Nicolle, 2020). Older adults with dementia are also at a potentially increased

risk of social isolation that may be associated with the incident of dementia (Kuiper et al., 2015). As the incident of dementia continues to rise among the population and with it the negatives of social isolation, there is a potential need for providing interventions aimed at reducing social isolation among older adults with dementia. Interventions focused on increased social participation among older adults could possibly address this need and reduce social isolation among older adults with dementia.

Social participation does not have a consistent definition within the literature. According to Levasseur et al (2010), social participation refers to an individual's involvement in activities that include interaction with others in society or the community. Throughout the literature there are comparable definitions such as social connectedness or social engagement (Heins et al., 2021). Interventions related to social participation at the group or individual level have the potential for reducing social isolation and related negative health outcomes among older adults (Freedman & Nicolle, 2020; Poscia et al., 2018). Specifically for older adults with dementia, there is evidence that social activities can lead to improvements in levels of engagement, decreased agitation, lessening of withdrawn behaviors, and improved affect. (Han et al., 2016). However, there is a lack of clear guidelines and research on which interventions are effective for older adults (Freedman & Nicolle, 2020; Heins et al., 2021). In addition to this, older adults with dementia face potential barriers to being included socially. Dementia and the associated behavioral and cognitive changes can negatively affect social participation (Hackett et al., 2019).

There are many potential barriers to social participation for older adults with dementia. Dementia can impact the cognitive processes that control social behaviors such as emotional recognition, level of social interaction, language, memory, and social cognition (Harris, 2011). Additionally, dementia can cause apathy, disinhibition, agitation, and impairments to

instrumental activities of daily living, negatively impacting social participation (Hackett et al., 2019). Along with changes that occur in older adults with dementia, there are barriers to social engagement within the community itself. Older adults without dementia that reside in the community often find it difficult to socially engage with older adults with dementia due to stigma, dementia-related anxiety, and limited knowledge about dementia (Maxfield & Greenberg, 2021; V. Daughtery, personal communication, March 14, 2023). Considering the negative effects older adults with dementia may experience due to decreased socialization, there is a significant need that should be addressed in multi-level care retirement communities.

II. Importance of the Need

Older adults are a growing population, and with it, the incidence of dementia is also increasing. Rising rates of dementia can negatively impact social engagement for individuals with dementia which inadvertently affects their friends, family, communities, and healthcare professionals. The scope of this problem is prevalent across communities and worldwide. One previous attempt to address this problem was through the creation of “dementia-friendly communities” which aimed to offer opportunities for older adults with dementia to remain engaged in community social and cultural life (Ebert et al., 2019). Dementia-friendly communities are focused on full inclusivity for individuals with dementia and facilitating an environment for meaningful. However, even in community settings, older adults with dementia continue to face decreased opportunities for engagement in meaningful activities and relationships due to a lack of cultural knowledge, withdrawal outside of the home, insecurities regarding their cognition, and a lack of understanding or acceptance of dementia by friends (du Toit & Buchanan, 2018; Han & Radel, 2017). When peers without dementia are not comfortable interacting with individuals with dementia, it may result in avoiding or excluding older adults

with dementia from the community, further limiting social engagement between older adults with and without dementia (Ebert et al., 2019). Various barriers need to be addressed to improve social participation within multi-level care retirement communities for older adults with dementia.

A growing amount of literature has emphasized the importance of social participation and meaningful community involvement for older adults with dementia. There is an increase in the expanding social networks, meaningful relationships, and the quality of social support at varying levels to improve connectedness for older adults with dementia (Pakstis et al., 2018). Evidence suggests that programs centered on person-centered care, meaningful activities, and education on dementia to improve social comfort can enhance social engagement for older adults within communities (du Toit & Buchanan, 2018; Han & Randel, 2017). There is also emerging evidence on the potential benefits of peer-to-peer programs for older adults in improving quality of life and social isolation for older adult participants (Thombs & Carboni-Jiménez, 2021). Evidence exists on peer-to-peer programs indicating older adults finding value in a peer-program (Schwei et al., 2020). Current literature indicates peer-to-peer programs that are person-centered approach may be an impactful intervention to address social isolation for older adults with dementia. However, there are gaps and limitations in the current body of literature on specific interventions, activities, and wide-scale implementation of programming that can be implemented in the community to improve social engagement for this population (Chaudhury et al., 2020; Han & Radel, 2017). In addition, there are gaps in the protocols and utilization of specific peer-programs for older adults with and without dementia.

A peer-program that is currently being piloted (The Geriatric Buddy program) pairs older adults with dementia with a medical student and conducts weekly virtual visits (Boulden, 2020).

The Geriatric Buddy program aimed to connect older adults with others during the increased isolation due to COVID-19. Specifically, The Geriatric Buddy program's goals were to decrease social isolation in older adults through engaging interactions and provide medical students with a chance to practice communication and education skills on the topics of staying active and healthy (Boulden, 2020). The program's strengths are that it addresses and works to alleviate social isolation among older adults while simultaneously preparing future medical students. However, the program has limitations in that it does not pair older adults with dementia with other older adults and only provides virtual activities on the individual scale. This program does not include engagement in community wide meaningful activities. By not including community wide events and the inclusion of peers, the Geriatric Buddy program can only target temporary social isolation relief. The Geriatric Buddy program does not promote social engagement in older adults naturally occurring and daily community activities with their peers. Following review of the Geriatric Buddy program, the capstone student was left pondering the question of "what do the older adults with dementia do for the rest of the week aside from their one zoom or phone call?". To address social isolation among older adults with dementia, the promotion of social engagement on more than a minimal basis would seem to be recommended to address the full scope of the issue. The Geriatric Buddy program does help to alleviate the effects of social isolation among older adults with dementia but lacks in its ability to continually connect older adults with their peers and community. The peer-program proposed in this capstone project will improve upon the Geriatric Buddy programs limitations by pairing an older adult with dementia to a community older adult member without dementia. The purpose of this will be to engage older adults with dementia in socially engaging activities among their peers in the most natural

way possible. Similarly, to the Geriatric Buddy Program there will be benefits for both parties involved in the program.

Another existing educational program that aims at connecting older adults with dementia to the community is Memory Bridge. It is a globally acclaimed program that provides education on how to communicate and maintain relationships with older adult adults with dementia (Memory Bridge, 2020). The program provides beneficial training and education on dementia but there is no research on the program's content, and it does not involve an ongoing peer-program within older adult communities. By providing education on how to connect with older adults with dementia, the program Memory Bridge does contribute to reducing social isolation for those with dementia. Yet, without a way to promote peer support and community engagement the education and skills are less likely to be put into action. As mentioned previously, a crucial part of addressing social isolation with older adults is improving peer support and community engagement in meaningful activities. The proposed capstone program aims to continue bridging this gap by including dementia education and a focus on maintaining social connections in community wide events.

Although there is limited evidence and resources on existing peer-programs, there is literature that indicates the need and potential importance of these programs. There is a need for peer-programs for older adults with and without dementia that includes dementia education and a focus on meaningful activities within communities. Current programs lack sustainable peer connections and social support networks for their participants. In addition, there is a lack of resources on existing programs or program protocols on how to maintain these social networks for facilities and communities to utilize. This creates a barrier for facilities and communities to initiate and maintain a peer-program for older adults with and without dementia due to a lack of

existing resources. Consequently, facilities and communities have limited understanding and utilization of the best programs or interventions to implement within their community (V. Daughtery, personal communication, March 14, 2023). Therefore, the intervention of healthcare professionals such as occupational therapists (OTs) could address the growing need to improve social engagement for older adults with dementia reflected in the literature.

Addressing and engaging in social participation falls within the scope of occupational therapy. Notably, within the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014), social participation is categorized under the broad spectrum of occupations that occupational therapists address. Social participation is broken down into the aspects of community participation, friendships, and peer group participation. Therefore, limited opportunities for social engagement can lead to poor social participation within the community, fewer friends, and less peer participation for older adults with dementia. Occupational therapists can utilize interventions to engage individuals or groups in activities that result in successful interactions at the community level, friendship level, and peer level (American Occupational Therapy Association, 2014). Occupational therapists can help to facilitate programming that emphasizes meaningful activities and successful engagement in the community for older adults with dementia.

Many communities facing challenges related to increased social isolation among older adults could benefit from OT intervention to address the need. This capstone project will focus on developing and implementing a peer-program at a specific facility called Lanier Village Estates (LVE). LVE is a comprehensive retirement community with independent living, assisted living, skilled-nursing, and memory care for older adults. Following a personal interview with the life engagement director, the needs of LVE echoed those established in the literature. LVE

has daily social engagement opportunities that are either resident or facility driven. However, skilled nursing and memory care have distinct social programs separate from the rest of the community (V. Daughtery, personal communication, March 14, 2023). Older adults residing in memory care are always invited to facility-offered events, but very rarely do memory care residents attend events outside of assisted living memory care. The reason for this is commonly due to a lack of volunteers and coordinating staff to assist the group of memory care residents. While there is a volunteer program at LVE, there is not an established program or peer system for people who need a companion to attend community social engagements. There is a need for an intervention at LVE to facilitate programming to improve social engagement and connectedness of older adults with dementia within the LVE community (V. Daughtery, personal communication, March 14, 2023).

To address this need, a PICO question was developed to guide this capstone project. The proposed PICO question is, “To what extent does a peer-led community program for social engagement (I) between older adults with and without dementia (P) improve the satisfaction of social connectedness and sense of purpose for both groups of older adults?” This project aims to increase the social engagement of older adults with and without dementia within a community setting, specifically targeting each group’s satisfaction with their level of connectedness to the community. The proposed PICO question will guide interventions used to address the need of maintaining or increasing social engagement for older adults with dementia.

CHAPTER 2

Needs Assessment

The purpose of the needs assessment was to gather information about the needs at LVE regarding social programming within the community including any gaps or barriers for current programming. The needs assessment was approved and deemed not human subject research by the Georgia State University Institutional Review Board (IRB) (IRB # H24047). To conduct the needs assessment two on-site interviews were completed with stakeholders of LVE. The stakeholders included the senior life engagement director, the director of fitness and rehab, and a certified occupational therapy assistant. The complete list of interview questions can be found in Appendix 4. The needs assessment helped shape the development and implementation of the capstone project.

I. On-site Interview with Life Engagement Director

A face-to-face interview was conducted with stakeholder Vickey Daugherty. Vickey Daugherty is the life engagement director at LVE. She is responsible for the planning, coordination, and implementation of the entire social calendar. The meeting focused on discussing current social programming at LVE, limitations of current social programs and barriers to expanding social programs. The purpose of this interview was to address the following objectives:

Objective 1: To gather insight on existing programs.

The goal of social programming at LVE is to provide all residents with an opportunity to socially participate in preferred activities with peers. LVE currently has ongoing social events including exercise programs, music events, dance programs, and concerts. According to Mrs. Daugherty there is a social event happening daily at LVE whether it is led by a community

member or is facility driven. Additionally, the assisted living and skilled nursing levels of care have distinct social and activity programs that are separate from the independent community. Current programming provides numerous daily activities within the LVE community, but there is minimal crossover among community activities between the levels of care. Meaning that residents living in independent living typically do not attend social events in assisted living and contrariwise. Members of assisted living memory care are always invited to independent community social events but there is limited attendance as staff face challenges sending individuals to an event without supervision.

Objective 2: Identifying limitations of existing programming

Mrs. Daugherty explained that though the LVE community is exceptionally socially engaged there is sparse social engagement across levels of care. There are several barriers that impact current programming and the engagement of meaningful friendships across the community. A significant barrier with programming is finding staff or volunteers that can assist and supervise members of assisted living memory care in attending social events. Mrs. Daugherty clarified that staff have certain tasks to attend to and do not always have the resources to assist individuals in attending events. To address this, LVE has attempted recruiting volunteers to assist but there were difficulties with recruiting and coordinating volunteers. There are many individuals interested in volunteering at LVE, but there is not a buddy system for people who need a companion to attend social events. These challenges impact the level to which memory care members are connected to the community. Because of this there are fewer opportunities for members in either memory care or independent living to socially engage together in planned community events.

It was discussed that many members of the community start to feel less purposeful or lose a sense of continued contribution to the community once they move into a retirement-style community. Mrs. Daugherty explained that as a life engagement director, her programming could simply entertain individuals or engage them beyond a single activity. She has found that engaging individuals by including them in the development and implementation of activities leads to a more purposeful and meaningful engagement. She posed the question of “how do we engage individuals across levels of care?” A part of the need at LVE is that there is a lack of engagement for individuals across levels of care. There is not any programming that spans across the community.

Through this interview, it was made evident that there is a gap in current LVE programming in connecting and building meaningful relationships across levels of care. In reviewing the needs, the interview led to the discussion of possible solutions. Mrs. Daugherty and I discussed how the implementation of a peer-program could help to establish long-term volunteers and increase community social involvement across levels of care.

Objective 3: Gather information about potential peer-program development and implementation.

When discussing the potential solution of a peer-program, Mrs. Daugherty discussed additional information about LVE’s needs that would be relevant to the development and implementation of potential solutions. She stated that many of the LVE members want to interact with their peers with dementia but are not sure how to. Furthermore, some LVE members avoid interaction or volunteering in assisted living memory care due to their own fears of dementia and death. It was discussed how an educational component could address this potential barrier and enable LVE members to connect with their peers with dementia. Another aspect to consider when determining potential program solutions was that it would provide social connection for

older adults with dementia but in turn provide engagement and a sense of purpose for those from independent living volunteering. The importance of including meaningful activities for older adults was also discussed. Incorporating relevant and meaningful activities would help to further create a sense of purpose and social fulfillment among participants.

The space and resource demands that may be required to address the communities' needs were discussed. Mrs. Daugherty conferred that there are multiple activities rooms, multipurpose rooms and an auditorium that can be utilized for proposed solutions.

Interview Key Points

- LVE has limited social participation between community members in independent living and assisted living memory care due to several barriers.
- The needs assessment revealed an existing gap in LVE programming in connecting members relationships across levels of care due to various barriers and limitations.
- A potential solution to the existing need would be programming that includes education about dementia, engagement of volunteers, and meaningful activities.

II. On-Site Interview with Rehabilitation Staff

A face-to-face interview was conducted with the Director of Fitness and Rehab and one of the certified occupational therapy assistants from the rehabilitation team at LVE in order to gain information through the lens of the onsite rehabilitation team. The purpose of this needs assessment was to address the following objectives:

Objective 1: Gather insight into the current relationship between the rehabilitation team and the LVE community.

The rehabilitation staff informed the capstone student that the rehab team is staffed by LVE and is considered an internal part of the community. This is different than other communities where rehabilitation staff are contracted from an outside company. According to staff this creates a more connected and unique experience within the community. Specifically, the rehabilitation team participates in multidisciplinary meetings regarding community affairs. The rehabilitation team takes a role in evaluating residents and helping to determine the best level of care for members. There has even been recent collaboration to improve fitness programming across the community. The LVE community is connected with the rehabilitation staff in a variety of ways.

Objective 2: Determine the role of the rehabilitation team in community run programs and if there is a desire to expanded upon this role in the community.

The rehabilitation staff discussed how there have been recent changes and the rehab and fitness have been combined into one department. The purpose of this was to provide more programming in assisted living and skilled nursing. However, there are no group therapy sessions or programming provided by the rehab team for the LVE community. It was determined that the rehabilitation team did not have a need for additional programming at this time due to the current expansion into fitness. However, staff felt that there was a need for programming that increased participation and meaningful relationships across levels of care within the community.

Objective 3: Validate the need for the proposed programming and to gather feedback on the program based on rehabilitation team insight.

The proposed programming ideas were discussed, and it was agreed that it would provide a potential solution to an existing need within community programming at LVE. The discussion provided important insight into the importance of including dementia education sessions for the

independent living members. Both rehab staff members conferred that there is a stigma about dementia within the community and many residents lose touch with their friends once they transition to assisted or skilled nursing. The type of dementia content that should be included in the program was discussed. The certified occupational therapy assistant also emphasized the importance of including meaningful activities for improved social participation. In addition, staff discussed an existing example of one friendship that reflects the goal of the peer-program. Both staff members felt it would be beneficial to the community if there was more connection across the communities. The insights about dementia education content were valuable in determining the needs at LVE.

Interview Key Points

- The rehabilitation team is an active part of the LVE community.
- Currently, the rehabilitation staff does not have a need for providing increased programming but that there is a need for programming that increases participation and meaningful relationships across levels of care within the community.
- Staff provide insight and recommendations on dementia education and meaningful activities for programming.

CHAPTER 3

Program Plan and Process

Capstone Project Aims

The capstone project focused on program development and implementation. The long-term objectives of the project were as follows.

- The student will obtain increased knowledge and skills in program development through the development a peer-program between older adults with and without dementia at LVE by creating a detailed program plan, identifying key objectives, designing engaging activities, and preparing dementia social education with volunteer older adults without dementia.
- The student will gain experience and knowledge on program implementation by implementing a peer-program between older adults with and without dementia through community social activities at LVE.
- The student will demonstrate efficacy of peer-program through program evaluation.

Site Description

The site in which the capstone project was conducted was at Lanier Village Estates which is a not-for-profit operator of continuing care retirement communities associated with Acts retirement life communities. Lanier Village Estates is a comprehensive retirement community with independent living, assisted living, skilled-nursing, and memory care for older adults. Its mission is “Acts is committed to providing security and peace of mind to seniors by being a pre-eminent provider of retirement- life services, responsive to individual, social, personal, health

and spiritual needs in a Christian atmosphere graced with loving-kindness, dignity, sensitivity, honesty, and respect, without prejudice or preference.” (Acts Retirement, n.d). The community’s vision is “Acts – where loving-kindness and Christian ideals are practiced to meet the needs of those we serve.” (Acts Retirement, n.d). The goal of LVE is to set the standard for senior retirement living with a focus on spirituality, loving-kindness and financial security to ensure a fulfilling and supportive environment for retirees. LVE provides housing and services to approximately five hundred older adults in independent living, twenty-seven older adults in assisted living, fifteen older adults in memory care assisted living and fifty-two older adults in skilled nursing (Acts Retirement, n.d). A part of serving the community includes the multitude of programming that occurs at LVE.

Lanier Village Estates has a multitude of programs that are both facility-run and independently led by residents. Specific programs include movie nights, workshops, fitness classes, art programs, various card clubs, puzzle rooms, concerts, food trucks, and community trips. In the assisted living community, life engagement staff are required to put on a minimum of ten social activities a week. However, the staff typically puts on about twenty-one social events a week demonstrating the company’s goals to provide fulfilling engagement for its members. The activities in assisted living include group trivia, group crosswords, art programs, movies/documentaries, social hours, social parties, fitness programs, community outings, and more. The capstone project fits with the goals of LVE and existing programming by contributing to programming and resources at the site aimed to engage the community.

Program Development

The capstone student began developing the peer-program based off information gathered from the needs assessment and the literature review. The participants of the peer-program would

consist of either volunteers from independent living or residents from assisted living. At the start of the capstone project, it was determined that the program would consist of two dementia educational sessions for volunteers from independent living followed by five weekly social activities facilitated in assisted living. The student planned for weeks 1- 4 to be concentrated on orientation, program development, rapport building, recruitment and information gathering. Weeks 5-11 were planned for program implementation, weeks 12-14 for evaluation and sustainability measures. The peer-program continued to develop and change throughout the capstone process.

The capstone student collaborated with both life engagement staff and residents to determine relevant and meaningful ADLs/IADLs activities. Program activities were developed with the goal to increase community participation, include relevant and meaningful ADLs/IADLs and incorporate activities related to existing programs for increased sustainability following the project. The selected activities were related to cooking, gardening, exercise, and arts/crafts. Additionally, life engagement staff were consulted to determine relevant topics for dementia education sessions based on previous experiences and knowledge.

After gathering relevant information about program development, the capstone student created a program outline document for use during and after the capstone project. The program outline was developed following a modified version of Cole's seven steps (Cole, 2012). The full program outline can be viewed in [Appendix 4](#). The program outline was reviewed with life engagement staff including a review of the educational session's content, feasibility of activities, space and material demands prior to implementation.

Program Implementation

Participants

Program participants consisted of residents at LVE. Participants were either volunteers from independent living or residents in assisted living. All participants verbally agreed to participate in the capstone project, though not all participants participated in every activity, either due to the nature of the activity, disinclination to participate, or unavailability. Based on LVE program policy, all residents at LVE were invited and had the opportunity to join in program activities if they were interested. Program activities were included in the monthly calendar in assisted living. The capstone student sent weekly email reminders to the volunteers from independent living on the time and nature of each week's activity. There were weekly flyers placed in the mailbox of all assisted living residents that included the time and place of each activity.

The average number of total participants for each activity was fourteen. The average number of volunteers from independent living for each week was seven. The average number of assisted living participants was six.

Timeline of events

Week 1 – Week 4. During the first four weeks of the capstone experience the capstone student participated in orientation, information gathering, program planning, program recruitment and rapport building. This included shadowing different members of the life engagement staff to gather information related to program development. The student reviewed program development ideas and materials with staff members. To gain better knowledge on daily activities and build rapport with residents, the student participated in several social activities

throughout the first four weeks. This also provided an opportunity to experience how current program activities are planned, executed, and received by community members.

One noteworthy event that happened during information gathering happened during a community stroll with assisted living residents. This conversation demonstrated some of the stereotypes and stigma that are associated with assisted living and dementia. A member of independent living had a conversation in passing with a life engagement staff member. In this conversation, the independent living resident mentioned that they did not even want to think about being over in assisted living until they have to be over there. The associated stigma around dementia as reflected in this conversation can limit individuals from volunteering or socializing in assisted living. The life engagement staff member and student discussed how the stigma impacts the assisted living community and how addressing stigma within the community may be beneficial in having more community wide interactions and volunteers.

During the first four weeks, the capstone student also began recruiting volunteers from independent living for participation in the program. The capstone student created flyers and held two informational meetings in which the purpose of the project was explained through a presentation. The student provided a Q&A session for interested volunteers at the end of the presentation. Any members of LVE who were interested in participating were able to sign up to receive additional communications about the program and obtain a schedule of the program activities. At the end of the first four weeks, the capstone student had finalized the program plan, gathered required materials, and recruited participants from independent living.

Weeks 5 – 6. The focus of weeks five and six was to continue preparing materials for the program and to initiate the first two weeks of program activities which included dementia education. The capstone student provided an educational session to volunteers from independent

living each week lasting about an hour. The capstone student spent the week leading up to each educational session reviewing and preparing for the discussion.

The topic of the first educational session focused on what it is like living with dementia, educational information related to dementia, and discussions focused on participants thoughts regarding dementia. The second educational session focused on nurturing friendships and providing communication skills when conversating with those with dementia. Each session had eight participants. The educational session was led with a focus on discussion-based learning including several questions and topics posed to the group. Examples of the discussion questions can be seen in the program plan in Appendix 4. The experience and knowledge regarding dementia among the participants varied. Some volunteers had loved ones who had dementia, others had no experience with dementia and one participant had even worked as a director of a memory care/skilled nursing unit for over 20 years. This led to a multitude of questions and sharing of answers and experiences across group members which aided in the learning process. The capstone student received informal verbal feedback from participants after each session. The volunteers shared that they enjoyed the topics included, organization of the information and found it helpful. However, limited constructive criticism or feedback regarding any desired changes to the session was provided.

Weeks 7-11

The next part of the program implementation was focused on implementing program activities within assisted living. The goal was to provide opportunities for individuals from independent living to become comfortable and familiar with the assisted living community and facilitate social engagement between the groups. The volunteers from independent living joined in on preplanned activities provided in assisted living. The first week's activity was a cooking

activity where participants created mini pies with peers following a simple recipe. The next week's activity was a paint and sip with a specialized mocktail for the event. The goal of the activity was to create a creation of a community art piece. The following week, participants created a personalized plant using fake succulents and various decorations. Participants either took their plant home to their apartment or donated it to the common areas in assisted living. During the fourth week activity, program participants joined in on a laughter yoga session and seated balloon volleyball. The focus of this seated exercise was to partake in movement while laughing with peers. The last week's activity included a community stroll with a scavenger hunt for birds. Participants were able to follow along with a check-off list that included pictures. The activities were implemented following the developed program plan in [Appendix 4](#).

Week 12 - 13 The program evaluation survey was distributed to staff members. Data was analyzed and the findings from the survey were reviewed and organized for dissemination. The capstone student continued to prepare sustainability materials for presentation to life engagement staff and site mentor.

Week 14 The results of the capstone project and the sustainability plan materials were presented to the live engagement staff and capstone site mentor.

CHAPTER 4

Program Evaluation

Methods

To evaluate the outcomes of the capstone project and program implementation, a Qualtrics survey was created (see Appendix 5) to gather objective and qualitative information from LVE staff members. The survey consisted of seven Likert-based scale questions and six open-ended response questions. Survey questions were designed to evaluate the implementation of the peer-program in relation to capstone project goals and to gather information for improved sustainability and future implementation for LVE staff. Prior to implementation of the survey, Georgia State University IRB approval was obtained (IRB #H24234).

Participants

The survey was sent via email to four LVE staff members that engaged in the implementation of the peer-program in several ways and would be involved in the future implementation of the program. This included life engagement staff members and CNA staff members who either assisted in the program, participated in activities, or engaged with the older adult participants in the program.

Inclusion criteria for the staff evaluation survey was that participants must be as follows.

- A staff member at Lanier Village Estates
- Have interactions with community members at Lanier Village Estates on a daily or weekly basis.
- Read and write in English.

Results

A total of four respondents completed the program evaluation survey. Of the four respondents, 100% strongly agreed that the program was well administered, provided peer-support, and provided opportunities to enhance social connectedness among LVE members. Additionally, 100% of the respondents, strongly agreed that the peer-program had a positive impact on residents' social experience, prompted discussion and understanding around dementia, and had relevant daily activities included along with dementia education.

The qualitative survey questions related to the peer-program and the potential modifications of the program, the impact, and the strengths and weakness. The respondents provided feedback on what modifications to the program would further assist staff in the implementation of the program. The results indicated that additional training about the negative stigma around dementia, and training focused on one-on-one engagement in conjunction with the group context training would be beneficial. Furthermore, responses indicated that for future implementation the peer-program should include weekend activities and educational resources for staff members.

The qualitative results related to the programs impact on the program, responses indicated that residents "loved it" and "it helped independent residents overcome social and emotional barriers to staying connected to their friends in assisted living". Another response indicated that the program participants enjoyed connecting with old and new friends and noticed "and increase in excitement with activities in which independent living residents joined." The survey questions also asked the potential impact of the program if it were to continue. The response to this open-ended question indicated that the continued impact of the program would encourage assisted living residents to be more involved in community activities. One response

indicated that “I would expect an increase of steady/regular visitors from Independent Living. Additionally, I believe the opportunities to attend out-of-neighborhood events, to engage in socially active programming, to reminisce on fond memories, and to feel more valued as residents of the LVE community and not just Oak Bridge Terrace Memory Care would increase.”

The last part of the survey included questions about the strengths and weaknesses of the program. The survey results indicated that the strengths were the number of residents that got together, the educational components for the volunteers, and that it laid out a foundation to build off for inter-neighborhood connectedness. Regarding strengths, one response stated, “Beginning with informational and discussion-based meetings was an excellent way to provide independent living residents with greater confidence.” The survey results indicated that the weakness of the program was the small group of volunteers that participated and that recruiting more volunteers in the future would be important to avoid burnout. Another open-ended response indicated that the program may have benefited from additional debriefs with the volunteers following program activities.

Program Implementation Themes

Themes developed from the narrative perspective of the capstone student during the implementation of the capstone project.

Meaningful Moments – “rekindling of past connections and establishing new connections in aging communities.”

The theme of meaningful moments reflects several noted observations from the capstone student during the program that gave the impression that the participants were left with a lasting

impact. At the start of the program, there was the reconnection of friends between older adults with and without memory problems. For example, one resident from memory care said “Oh my I haven’t seen you in forever. It so good to see you here” and began hugging her friends. The moments where residents were reconnecting, and socialization indicated a sense of worthwhile as previous relationships began to be rekindled. The capstone student also noted that there was an increase in participation during activities from the residents in assisted living. There were various moments when a resident who typically did not participate in activities joined in on the activity or joined in to watch the activity and socialize. To the capstone student, this reflected a huge meaningful aspect of the program as residents were able to connect with friends and the community. Overall, there were a number of meaningful moments that were noted throughout the program implementation that reflected a sense of connection, purpose and fulfillment between both the volunteers and assisted living residents.

Educational Empowerment – “improving dementia knowledge can help with maintaining connections and friendships between older adults.”

The analysis of several noted observations made by the capstone student revealed a theme of educational empowerment. Specifically, there were numerous occasions where the volunteers from independent living utilized skills and information discussed in the dementia education sessions during social activities. In one instance, one of the residents was having difficulty with word finding and the volunteer demonstrated patience and reassured the resident to take her time. The conversation continued onward and both residents stayed engaged. Furthermore, the capstone student noted decreases in tension and anxiety about communicating with peers with memory loss compared to initial conversation prior to the start of program activities. As the volunteers spent more time in assisted living and with older adults with

dementia, they become more comfortable with conversations. Another aspect of the dementia education was the stigma surrounding dementia and how that might impact relationships.

Volunteers were able to begin understanding how stigma might limit them from engaging with their friends. The capstone student observed that during peer-program activities, as it was just a group of older adults having a good time connecting and socializing. The student felt that seeing those skills put into action during the program reflected how knowledge on dementia can help older adults connect to their peers with dementia.

Empowerment in Action– “older adults without dementia having ongoing involvement and engagement in assisted living activities.”

Following the conclusion of the peer-program, some volunteers from independent living continued to stay involved with assisted living. The capstone student noted that by being involved in the peer-program the volunteers were able to continue to take action on their own and be engaged with their peers who have dementia. Volunteers were able to find connection and purpose in areas of personal interest. During the program, one volunteer began to assist with an activity run on the weekends. Two other volunteers began to attend the “Art and Sip” programming during the week. Another volunteer had an interest in an activity that was not currently being run by life engagement staff. The volunteer and life engagement staff collaborated and will be conducting a “Walk and Roll” club to facilitate weekly walking for members of independent and assisted living.

CHAPTER 5

Discussion and Impact

Discussion

The purpose of this project was to improve community participation across levels of care and aid in maintaining friendships between older adults with and without dementia. The capstone student achieved this goal through program development and implementation. The project resulted in a seven-week peer-program that included dementia education for volunteers from independent living, and meaningful activities for older adults with and without dementia to participate in. Three themes developed as a result of the program implementation. The themes reflected the impact of the program on participants in relation to social connectedness and sense of purpose. The older adult participants with dementia were able to connect and rekindle relationships with old friends and participate in social activities with new friends as well. The inclusion of social aspects and friendships to the activities also resulted in increased participation from older adults with dementia. Older adults with dementia who typically did not participate in daily activities joined in on the activities or opted to watch the activity. The peer-programs steps towards connecting older adults across communities facilitated an increase in friendship and participation for older adults with dementia.

The volunteers of the program, or the older adults without dementia also benefited from the implementation of this project. The older adults without dementia were able to participate in discussion-based learning that advanced their knowledge on dementia and communication skills in relation to friendships with those who have dementia. Through program activities, the volunteers were able to put knowledge into action and participate in activities that lead to the breaking down of dementia stigma, purposeful engagement with peers, and increased community

connections. Additionally, some volunteers continued to stay connected with the activities and friendships within assisted living following the program. Both groups of program participants were able to benefit from the peer-program and feel more connected to the community in a variety of ways.

The evaluation survey of the program implementation highlighted the impact of the program and the potential changes to the program to assist staff in continuing the program. The survey results indicated that it was a well-run program and had an impact on the older adults who participated in terms of social connectedness. The results of the survey suggest that the peer-program met its goal in connecting older adults with and without dementia and had an impact on the community. It can also be noted that the inclusion of dementia education was a vital aspect of the peer-program. Some of the open-ended responses indicated that the dementia education provided tools and confidence for the volunteers without dementia to socially engage with their peers with dementia. Overall, the staff survey results point to the peer-program having a significant impact on the older adults without dementia and the older adults with dementia.

Additional results from the survey provide feedback on changes that could be made to the program for continued improvement in the peer-programs implementation. These results are significant because they focus on what additions to the program would benefit the staff and volunteers in the program. The suggestions included adding additional dementia education training for the volunteers and educational materials for staff, weekend activities, and recruiting more volunteers in the future. The addition of more volunteers would benefit the program, staff, and the volunteers. As more residents from independent living become involved in the peer-program there will be the potential for less volunteer burn-out, more activity assistance for staff,

and it would benefit the residents with dementia to have more opportunities for community wide social engagement.

Impact

The capstone project had an immediate impact as a result of the program which was the implementation of cross community activities on LVE on a wider scale than previously provided. The project aided in meeting the sites needs for improved connection between the different communities on site. Furthermore, the capstone project provided an impact through its dementia education with program volunteers in furthering knowledge and understanding about dementia within the LVE community. The project also had an impact on the participants who rekindled old relationships, developed new friendships, and found meaningful connection within the community. Overall, this project had an impact on improving social connection between LVE residents with and without dementia.

The project had a long-term impact by improving the knowledge and understanding of peer-programming on maintaining friendships between older adults with and without dementia. It aided in filling the gaps in literature by providing insight into a peer-program protocol with detailed program activities, the impact of dementia education, and further understanding of running a peer-program from a staff perspective. Additionally, it provided insight into occupational therapy collaboration with life engagement or activity staff in retirement facilities. Occupational therapists have the knowledge and skills to provide dementia education, and aid in developing meaningful activities that support the occupation of social engagement. Continued collaboration between these two disciplines could result in the continued improvement in maintaining friendships between older adults with and without dementia and resulting in increased social connectedness. The results of the capstone project can inform continued

progress towards peer-programming interventions and interventions aimed to maintain friendships between older adults with and without dementia.

Limitations

There were limitations of the capstone project in relation to data collection. The evaluation of the program was limited to data collected from LVE staff members and did not include data collection from the older adult participants. Furthermore, the dementia education part of the program received limited informal feedback from participants. The project would have benefited from a more structured form of data collection to better understand the effectiveness of dementia education and impact of the program. Future projects should consider implementing a pre- and post-test to the independent living volunteers in relation to dementia education to better understand its effectiveness. Additionally, there was no formal long-term follow-up planned or conducted regarding the improvement of social engagement between communities being maintained, enhanced, or decreased. A future project may conduct a survey with LVE staff several months after program implementation to gather information related to the long-term impact of the program.

Sustainability Plan

The sustainability plan comprised of the creation of a detailed program plan (see Appendix 4), finalized program materials, and volunteer contact information. The capstone student compiled the program plan resources into a binder titled “Friendship in Focus.” The resource binder included printed and digital versions of the PowerPoints, talking notes, activity plans and materials lists. The program was created by an occupational therapy student with the focus on dementia education and the inclusion of meaningful activities. However, it does not have to be led by an individual in occupational therapy. The program can be implemented by

staff members at LVE or other retirement communities that have experience in dementia and program activities. Furthermore, a future capstone student can utilize the resource binder to continue implementation of the project with the goal of gathering more data related to implementation.

To further increase sustainability, the capstone student led the program plan but included the life engagement staff in implementing the program by discussing activity ideas, observing program execution and discussion review of the impact of each week's activities. Following the completion of the project, the life engagement staff will continue the program activities. Therefore, the inclusion of life engagement staff throughout the capstone development and implementation aided in sustainability efforts for continuing program activities and dementia education.

Another aspect of the sustainability plan included a presentation on the project, program evaluation results, and sustainability materials to the life engagement staff at LVE. Additionally, similar sites can use the detailed program plan in [Appendix 4](#) to implement or adapt the program to be implemented at their site.

Conclusion

The purpose of this capstone project was to begin to address the gaps in maintaining friendships between older adults with and without dementia. The project was conducted at Lanier Village Estates and consisted of program development and implementation aimed to meet the needs revealed in the needs assessment. Prior to the capstone project, LVE had limited participation across communities with different levels of care. Specifically, there was limited interaction between residents in independent living and assisted living. The creation of the peer-program met the needs at LVE and provided dementia education to volunteers and promoted

social engagement between those with and without dementia. Based on the survey feedback of the program, future programs should include more opportunities for education for volunteers and an increase in the number of volunteers in the program. The project provided implications for future occupational therapy work on peer-programs and dementia education for improving the occupation of social engagement for older adults with and without dementia.

References

Acts Retirement. (n.d.). *About senior retirement living at an acts communities*. Acts Retirement

<https://www.actsretirement.org/about-acts-retirement-life-communities/organization-overview/>

American Occupational Therapy Association. (2014). *Occupational therapy practice framework: Domain & process*.

Boulden, B. (2020). “Geriatric Buddy” program hopes to end isolation of older adults. UAMS News. <https://news.uams.edu/2020/10/02/geriatric-buddy-program-hopes-to-end-isolation-of-older-adults/>

Chaudhury, H., Mahal, T., Seetharaman, K., & Nygaard, H. B. (2020). Community participation in activities and places among older adults with and without dementia. *Dementia*, 20(4), 1213–1233. <https://doi.org/10.1177/1471301220927230>

Cho, M. (n.d.). *Model of Social Interaction (MSI)*. Model of Social Interaction (MSI) | OT Theory. <https://ottheory.com/index.php/therapy-model/model-social-interaction-msi>

Cole, M. B. (2012). *Group Dynamics in occupational therapy: The theoretical basis and practice application of group Intervention* (Fourth). SLACK Inc.

du Toit, S. H., & Buchanan, H. (2018). Embracing cultural diversity: Meaningful engagement for older adults with advanced dementia in a residential care setting. *The American Journal of Occupational Therapy*, 72(6). <https://doi.org/10.5014/ajot.2018.027292>

Ebert, A. R., Kulibert, D., & McFadden, S. H. (2019). Effects of dementia knowledge and dementia fear on comfort with people having dementia: Implications for dementia-friendly communities. *Dementia*, 19(8), 2542–2554. <https://doi.org/10.1177/1471301219827708>

- Freedman, A., & Nicolle, J. (2020). Social isolation and loneliness: the new geriatric giants: Approach for primary care. *Canadian family physician Medecin de famille canadien*, 66(3), 176–182.
- Hackett, R. A., Steptoe, A., Cadar, D., & Fancourt, D. (2019). Social engagement before and after dementia diagnosis in the English Longitudinal Study of Ageing. *PLOS ONE*, 14(8). <https://doi.org/10.1371/journal.pone.0220195>
- Han, A., Brown, D., & Richardson, A. (2018). Older adults' perspectives on volunteering in an activity-based social program for people with dementia. *Activities, Adaptation & Aging*, 43(2), 145–163. <https://doi.org/10.1080/01924788.2018.1500055>
- Han, A., & Radel, J. (2017). The benefits of a person-centered social program for community-dwelling people with dementia: Interpretative phenomenological analysis. *Activities, Adaptation & Aging*, 41(1), 47–71. <https://doi.org/10.1080/01924788.2016.1272392>
- Han, A., Radel, J., McDowd, J. M., & Sabata, D. (2016). The benefits of individualized leisure and social activity interventions for people with dementia: A systematic review. *Activities, Adaptation & Aging*, 40(3), 219–265. <https://doi.org/10.1080/01924788.2016.1199516>
- Harris, P. B. (2011). Maintaining friendships in early stage dementia: Factors to consider. *Dementia*, 11(3), 305–314. <https://doi.org/10.1177/1471301211421066>
- Heins, P., Boots, L. M., Koh, W. Q., Neven, A., Verhey, F. R., & de Vugt, M. E. (2021). The effects of technological interventions on social participation of community-dwelling older adults with and without dementia: A systematic review. *Journal of Clinical Medicine*, 10(11), 2308. <https://doi.org/10.3390/jcm10112308>
- Kuiper, J. S., Zuidersma, M., Oude Voshaar, R. C., Zuidema, S. U., van den Heuvel, E. R., Stolk, R. P., & Smidt, N. (2015). Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews*, 22, 39–57. <https://doi.org/10.1016/j.arr.2015.04.006>

- Lemon, B. W., Bengtson, V. L., & Peterson, J. A. (1972). An exploration of the activity theory of aging: activity types and life satisfaction among in-movers to a retirement community. *Journal of gerontology*, 27(4), 511–523.
<https://doi.org/10.1093/geronj/27.4.511>
- Levasseur, M., Richard, L., Gauvin, L., & Raymond, É. (2010). Inventory and analysis of definitions of social participation found in the aging literature: Proposed taxonomy of Social Activities. *Social Science & Medicine*, 71(12), 2141–2149.
<https://doi.org/10.1016/j.socscimed.2010.09.041>
- Maxfield, M., & Greenberg, J. (2021). Anticipated Stigma and Dementia-Related Anxiety in Middle-Aged and Older Adults. *GeroPsych*, 34(1), 13–22. <https://doi.org/10.1024/1662-9647/a000234>
- Memory Bridge. (2020). *About Memory bridge*. Memory Bridge.
<https://www.memorybridge.org/>
- Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *The Journal of Primary Prevention*, 33(2–3), 137–152.
<https://doi.org/10.1007/s10935-012-0271-2>
- Pakstis, A., Kim, J., & Bhargava, V. (2018). Association between social support and health of aging adults with dementia. *Ageing International*, 43(4), 477–495.
<https://doi.org/10.1007/s12126-018-9325-y>
- Poscia, A., Stojanovic, J., La Milia, D. I., Duplaga, M., Grysztar, M., Moscato, U., Onder, G., Collamati, A., Ricciardi, W., & Magnavita, N. (2018). Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental gerontology*, 102, 133–144. <https://doi.org/10.1016/j.exger.2017.11.017>
- Schwei, R. J., Amesoudji, A. W., DeYoung, K., Madlof, J., Zambrano-Morales, E., Mahoney, J., & Jacobs, E. A. (2020). Older adults’ perspectives regarding peer-to-peer support programs and maintaining independence. *Home Health Care Services Quarterly*, 39(4), 197–209.
<https://doi.org/10.1080/01621424.2020.1778594>

Sciandra, A., & Daugherty, V. (2023, March 14). Capstone Discussion. personal communication.

Thombs, B. D., & Carboni-Jiménez, A. (2021). Peer-to-peer support for older adults—what do we know and where do we go? *JAMA Network Open*, 4(6).

<https://doi.org/10.1001/jamanetworkopen.2021.13941>

Winstead, V., Yost, E. A., Cotten, S. R., Berkowsky, R. W., & Anderson, W. A. (2014). The impact of activity interventions on the well-being of older adults in Continuing Care Communities. *Journal of Applied Gerontology*, 33(7), 888–911.

<https://doi.org/10.1177/0733464814537701>

APPENDIX 1

Learning Objectives

Learning objectives (LTGs)	Short-term objectives (STGs)	Learning activities	Outcome measures	Timeline for completion
<p>The student will obtain increased knowledge and skills in program development through the development a peer-program between older adults (OA) with and without dementia at Lanier Village Estates (LVE) by creating a detailed program plan, identifying key objectives, designing engaging activities, and preparing dementia social education with volunteer older adults without dementia.</p> <p>(Weeks 1-4)</p>	<p>A. The student will analyze and collect information on how LVE currently conducts programming and social programming between older adults with and without dementia.</p> <p>B. The student will create educational materials, activities, and group discussions for the peer-program volunteers of older adults without dementia.</p> <p>C. The student will develop a program plan for the peer-program with an outline of proposed meetings with volunteers, activities, dates of group activities.</p>	<p>1A. The student will complete an onsite need assessment.</p> <ul style="list-style-type: none"> • Research existing education program. • Interview key stakeholders at LVE. • Share needs assessment information with site mentor. <p>1B. The student will create educational ppts on the topic of dementia.</p> <ul style="list-style-type: none"> • Discuss educational topics with site mentor. • Create an educational handout for older adults without dementia. <p>1C. The student will develop a program plan.</p> <ul style="list-style-type: none"> • Create a concise program plan 	<p>A. The student will complete a needs assessment that is compiled into a reviewable document for site mentor.</p> <ul style="list-style-type: none"> • Contains data and information from interviews. • Organized data report <p>B. The student will review the created educational materials in final ppt format and group discussion outlines with site mentor for feedback and completion.</p> <p>C. The student will finalize the program plan with the site mentor.</p> <ul style="list-style-type: none"> • Includes program outline/timeline. • Developed social events and activities 	<p>A. The student will complete needs assessment and compile data by week 2 of the capstone experience.</p> <p>B. The student will have completed educational and discussion materials by week 4 of the capstone experience.</p> <p>C. The student will have a completed and reviewed program plan by week 4 of the capstone experience</p>

		<p>timeline and review with site mentor.</p> <ul style="list-style-type: none"> • Research activities that are included in similar programs. • Plan program activities with site mentor. 		
<p>The student will gain experience and knowledge on program implementation by implementing a peer-program between older adults with and without dementia through community social activities at LVE.</p> <p>(Weeks 5-11)</p>	<p>A. The student will gain experience in leading group educational discussions with older adult volunteers.</p> <p>B. The student will gain experience in facilitating recruitment and implementation of program activities in the peer-program</p>	<p>1A. The student will provide and facilitate group sessions with older adults without dementia focused on dementia education.</p> <p>2A. The student will recruit and assign older adults both with and without dementia to the peer-program.</p> <p>2B. The student will organize, implement and facilitate previously developed social activities for the older adult participants in the peer-program.</p>	<p>1A. The student will journal observations during dementia education sessions and review with site mentor post session to determine impact of dementia education programming.</p> <p>2A. The student will journal observations noted during social events about the interactions between older adults with and without dementia.</p> <p>2B. The student will facilitate weekly check-in meetings/activities with participants of the peer program to have informal conversations about the program, what went well, what was difficult and what could be improved upon with program participants.</p>	<p>A. The student will have provided educational meetings/discussions with program volunteers by week 7.</p> <p>B. The student will complete all social activities by week 11.</p>
<p>The student will demonstrate efficacy of peer-program through</p>	<p>A. The student will facilitate an anonymous online survey with LVE staff to</p>	<p>A. The student will develop an evaluation survey for LVE staff.</p>	<p>A. The student will organize and write up evaluation data into a submittable document.</p>	<p>A. The student will complete collection and documentation of data by week 14.</p>

<p>program evaluation by week 14.</p> <p>(Weeks 12-14)</p>	<p>determine program efficacy.</p> <p>B. The student will discuss and evaluate program implementation with site mentor.</p> <p>C. The student will self-reflect on the development and implementation of the peer-program.</p> <p>D. The student will gather, review, and organize evaluation survey data for dissemination</p>	<p>B. The student will obtain IRB approval for staff survey.</p> <p>C. The student will utilize previously created evaluation topics and reflect on the questions independently to self-reflect on the peer-program.</p> <p>D. The student will create and share an organized document of program evaluation data</p>	<p>B. The student will write up and share personal reflections of the program with site mentor.</p> <p>C. The student will incorporate completed evaluation data into capstone paper and present during dissemination of capstone experience.</p>	<p>B. The student will complete self-evaluation by week 14.</p> <p>C. The student will complete capstone paper by end of capstone course.</p>
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APPENDIX 2

Supervision Plan

Doctoral Capstone Experience Responsibilities & Supervision Plan			
Student Responsibilities		Mentor Responsibilities	
Topic	Description	Topic	Description
Roles/Responsibilities	<p>Student will demonstrate at a minimum (not limited to the following)</p> <ul style="list-style-type: none"> • Commitment to self-directed learning and fulfillment of all DCE and OT 8400 expectations • Adherence and tracking to the requirements for attendance and required 560 hours. (80% on site) • Consistent communication with DCE team and other appropriate entities/people • Demonstration of professional roles and responsibilities for both the site and school guidelines • Work together with site mentor to complete and amend as needed: goals, objectives, evaluation and supervision plan throughout DCE. • Self-reflection on progress and feedback throughout DCE. <p>Additional responsibilities:</p>	Roles/Responsibilities	<p>Site Mentor will demonstrate at a minimum: (not limited to the following)</p> <ul style="list-style-type: none"> • Adherence to the mentoring guidelines relative to the area of focus for this DCE • Provision of appropriate resources • Will serve as a professional role model for the student. • Provide project and experience feedback to student throughout capstone experience. • Evaluate student performance at midterm (7 weeks) and Final (end of DCE, 14 weeks) <p>Additional Responsibilities:</p>
Scheduled Meetings	<ul style="list-style-type: none"> • Student will schedule at minimum one weekly in-person meeting between student and Site Mentor to discuss capstone experience, updates, and track progress. <ul style="list-style-type: none"> ○ The purpose of the weekly meetings for the student will be to receive feedback on performance during the capstone experience, report on progress made and communicate any concerns, or questions with site mentor. ○ Student will provide a weekly progress summary that consists of a bullet list of completed weekly tasks, what is left to complete and what is to be addressed in the next week. This will be provided to the 	Scheduled Meetings	<ul style="list-style-type: none"> • Site mentor will meet with student once a week to discuss capstone experience, updates, and track progress. <ul style="list-style-type: none"> ○ Site mentor will communicate feedback about capstone performance and review progress made at the weekly meetings. ○ Site mentor will review weekly progress summary and provide feedback. • Site mentor will ensure site policies are continually met and maintain communication during

	<p>site mentor and faculty mentor for review and to guide evaluation/feedback.</p> <ul style="list-style-type: none"> • Student will schedule at minimum 2 virtual check- in meetings with faculty mentor throughout capstone experience. • Student will schedule one virtual check-in meeting prior to DCE start date to ensure compliance with university and program standards for DCE 		<p>development and implementation.</p>
Communication Methods	<ul style="list-style-type: none"> • Student will communicate with site mentor, participants and other site employees in a professional manor throughout the capstone experience. • Student will communicate with site mentor on a weekly basis during scheduled meetings as well as daily unscheduled communication to promote good communication and minimize misunderstanding. • Student will communicate with site mentor via in-person conversation, email, virtual, call or text as appropriate. • Student will respond to communications with site mentor, staff, faculty mentor or capstone coordinator within 1-2 business days. • Student will resolve possible disputes using both written email communication to site mentor and faculty coordinator as appropriate and schedule meetings to resolve possible disputes 	Communication Methods	<ul style="list-style-type: none"> • Site mentor will communicate with student via in-person, text, call, email or virtual meetings. • Site mentor will attend scheduled meetings with student to ensure adequate and open communication and minimize risk of misinformation or errors. • • Site mentor will resolve possible disputes through using both written email communication with student and faculty coordinator and communication at scheduled meetings.
Project Specific Requirements	<ul style="list-style-type: none"> • Student will complete an on-site needs assessment • Student will participate in observations and assisting with community events throughout DCE. • Student will develop a program outline. • Student will develop educational PPTs/programing as a part of program development. • Development and implementation of social community events/activities for participants in peer program to trial using peer program for community events. 	Project Specific Requirements	<ul style="list-style-type: none"> • Mentor and orient student to the process of social programming at LVE. • Provide student with ongoing feedback related to develop and implementation of peer program. • Assist student with recruitment of participants for peer program

	<ul style="list-style-type: none"> Assist in planning and execution of community wide events for participants in peer program to attend. Collection and dissemination of program development and implementation progress and results at end of DCE. Development and dissemination of sustainability plan 		
Project Timeline	<ul style="list-style-type: none"> Weeks 1- 4: Orienting, Finalizing, Recruitment <ul style="list-style-type: none"> Orientation to site Meet with all key stakeholders. Edit and finalize capstone project process. Gather all materials for project. Edit and finalize peer program details. Recruitment of participants Pre-program measures. Weeks 5-11: Program Implementation <ul style="list-style-type: none"> Implement program. Refinement of program Continued mentorship from site Develop Sustainability plan for program. Weeks 11-12: Outcome Measures <ul style="list-style-type: none"> Complete outcome measurements with participants On-going mentorship from site mentor and collaboration with DCE team Weeks 12-14: Data analysis and Debriefing <ul style="list-style-type: none"> Complete data review/analysis Disseminate outcomes to staff and implement steps for continued implementation. Debrief with site mentor. Review sustainability plan with site mentor and relevant stakeholders 	Project Timeline	<ul style="list-style-type: none"> Site mentor will keep track of deliverable progress and review deliverables with students at weekly meetings. Site mentor will review weekly progress summaries provided by student to assist with maintaining project timeline.
Faculty Mentor Responsibilities		Capstone Coordinator Responsibilities	
Topic	Description	Topic	Description
Roles/Responsibilities	<ul style="list-style-type: none"> Adherence to the mentoring guidelines relative to the area of focus for the DCE 	Roles/Responsibilities	<ul style="list-style-type: none"> Verify that the student has completed coursework, FW and required preparatory activities prior to DCE.

	<ul style="list-style-type: none"> • Will serve as the faculty mentor and ensure that the capstone project is meeting university and program standards. • Collaborate with site mentor as needed. • Provide student with resources and consulting as needed. • Provide meaningful feedback on drafts of the capstone project as appropriate. • Will notify capstone coordinator if problems arise, and collaborate with student, capstone coordinator and site mentor as needed for action or remediation plans. 		<ul style="list-style-type: none"> • Ensure the DCE and capstone project are designed to adhere to university and program standards. • Collaborate with student, site mentor, or faculty mentor as appropriate. • Ensure and verify the length and hours of the experience. • Ensure that the student's site has a current and signed MOU. • Will provide the student with resources and consulting as needed. • Ensure that letters or certificates are provided to the site mentor following completion of the DCE.
Scheduled Meetings	<ul style="list-style-type: none"> • Will attend at minimum 2 check-in meetings with student throughout DCE experience. • Will schedule and attend meetings with student, site mentor and capstone coordinator in the case of disputes as appropriate 	Scheduled Meetings	<ul style="list-style-type: none"> • Will schedule a meeting with student prior to DCE start date to ensure all preparation is completed and DCE is follow university and program standards. • Will attend and schedule meetings with student, site mentor, and faculty mentor as appropriate s

APPENDIX 3

Needs Assessment Interview Questions

I. On-site Interview with Lanier Village Estates Life Engagement Director

Questions

- What social programs currently exist at LVE?
- To what extent do members participate in social activities and engagement across different areas of care/living within the program?
- Are memory care members included in social programming?
- What rehabilitation services do you have on site?
- What potential barriers can arise during the implementation of a peer-program?
- What feedback mechanism can be implemented to gather input from participants, families and staff through the program's development and implementation?
- What resources exist at LVE to support a community program?
- Are there resources available to support the program? (Materials or dedicated spaces)
- Is there any staff support to facilitate the program?
- What logistical factors are crucial to consider for the successful execution of the peer-program?
 - Program length, content, frequency, cadence?
- What special accommodations or education should be in the program?
 - Education on dementia and communication for volunteers?

II. On-Site Interview with Rehabilitation Staff

- How do occupational therapists (OTs) or physical therapists (PTs) contribute to community program development or member education within the program?
 - Do physical therapists or occupational therapists on site run any community programs?
 - How do occupational therapists (OTs) or physical therapists (PTs) contribute to community program development or member education within the program?
 - Are there any programs that run specifically in the memory care section?
 - Are OT/PT involved?
- Are members at LVE active in the community?
 - Is participation in program activities impacted by injuries or changes in health?
- Does the rehab team assist in or run any community programs?
- Are there any grant funded programs at LVE that involve the rehabilitation team?
- Do the members of the memory care unit attend social events?
 - Are they active in any community programming?

- Who develops social programs at LVE? Do members request the creation of social programs? Or do staff members at LVE initiate the development of program?
- Are there communication challenges working with memory care residents?
- Are there strategies or accommodations that are incorporated into community programs for members that have cognitive difficulties?
- Are there resources like activity spaces that are available for programs?

APPENDIX 4

Program Plan

The program plan was developed and modified from Cole's Seven Steps in order to facilitate a client centered group focused occupations and social connections for older adults with and without dementia. (Cole, 2012).

Purpose:

The purpose of a group focused on understanding dementia is to assist older adults with maintaining friendships and leisure/social activities with peers who have developed dementia. Participants will engage in knowledge review, group discussions, and participate in weekly social activities as a part of group requirements.

Group Membership and size:

- Older adults in independent living
- Older adults in Assisted living and assisted memory care
- Size: approximately 20 members (4-5 OA in assisted memory care, 5-8 OA in independent living)

Time and place of meeting:

- Fridays at 1:15pm

Sessions 1-2: Dementia Education for volunteers from independent living

Session 1:

Group title: Friendship in Focus (1/7)

Session title: Journey into Understanding Dementia

Friday February 9th at 1:15pm

Format:

- Introduction/Warm-up: 5 minutes
- Activity and Discussion: 50 minutes
- Summary – 5 minutes

Supplies

- Pencils
- Printed copies of PPT for note taking
- Computer/projector for PPT
- Meeting room

Introduction:

- Leaders will introduce themselves and the purpose of "Friendship in Focus"
- "The purpose of this Friendship in Focus is to help connect members of LVE across communities and engage in social activities together in order to help maintain friendships."
- Each member will introduce themselves and say one reason why they were interested in participating or one thing they are looking forward to within the group.
- Preface prior to starting "This project is not specifically focused on people with dementia and not everyone in the program or those living in OBT have dementia. Dementia is

something that can even start when people are living in independent living and may make maintaining a friendship feel difficult. The purpose of these educational discussions is to help provide understanding and tools for maintaining friendships when a friend you may have begins developing dementia.”

- “Additionally, this training focuses on conversations because as a volunteer you are there to be a friend. You do not have to provide any physical assistance and please know staff will be there to assist with things like going to the bathroom, getting dressed, transfers, etc.”

Activity:

- The activity will be more focused on education versus occupations for this week in order to provide insight and discussion on dementia prior to social activities.
- The activity will include a guided conversation on what dementia is, dementia stereotypes, what it is like to live with dementia and members’ previous experiences/thoughts on dementia. The goal of the activity is to provide learning about dementia through interactive discussion.
- Give out ppt with notes to members of group.
- “Today we will learn more about dementia including stereotypes surrounding dementia, and what it is like to live with dementia. You have a copy of the ppt to follow along with and there will be questions and discussions regarding your thoughts and experiences around today’s topics.”

PPT slide notes (activity guideline)

What is dementia?

- This slide discusses the basic background information regarding dementia.
- The purpose is to understand there are varying types of dementia, multiple stages, and that it is not a typical result of aging.
 - Having a foundation knowledge of what dementia is can help to begin to humanize and break down stigma around dementia.
 - Individuals should be able to describe the basics of dementia following this slide.
- Talking points
 - Dementia is not a normal part of aging. It is caused by damage to brain cells from disease or trauma. Damage to brain cells can impact an individual’s cognition which refers to the ability to think, learn, solve problems and remember.
 - Many types of dementia are progressive. There are several types of dementia. Alzheimer’s is the most common cause of dementia. It is possible to have multiple types of dementia.
 - There are several ways that healthcare professionals and researchers stage the progression of dementia. One way is with stages called Early, Middle, and Late stages and is also referred to as mild, moderate and severe. This helps healthcare professionals understand the progression and changes with dementia.

Living with dementia

- A video is linked to demonstrate the struggles with dementia. This provides an opportunity for individuals to live in another person's shoes.
- Video Talking points
 - The video provides an opportunity for discussion. Ask participants if they have any thoughts on the video.
 - What stood out to you in the video?
 - Did you learn anything new or see things from a different perspective?
 - What emotions do you think were going through the person's head when she was struggling? What would you be feeling?
- Talking Points Living with dementia
 - Dementia can have both a physical and emotional impact on a person.
 - People living with dementia may face challenges related to their social life, depression, anxiety, staying active, fatigue and loss of functionality.
 - Dementia causes a progressive decline in function which can make daily activity more difficult. You may have a better idea of this from the video we just watched.
 - It also has a big emotional impact on the person who is learning to understand and cope with their diagnosis and changes.
 - Dementia affects everyone differently and there is no one singular story. Here is a quote from Ricci Sanchez who shared some of his feelings regarding his Alzheimer's diagnosis with readers on Alzheimer's Association. "There are good days and bad days, but that doesn't make us bad people. That just means we're human." He goes on to say "It's about making daily experiences as valuable as possible and not feeling ashamed if you have a less than stellar day." (ALZ Magazine, 2022).
 - Having a better understanding of what dementia is and what it is like living with it can help you better support someone with the condition.

Impact on socialization

- Talking points
 - Dementia symptoms can impact an individual's cognitive process. This can have an impact on behaviors that are considered a part of social interaction. This includes being able to regulate emotions. Individuals may have a harder time regulating how they feel.
 - In addition to how symptoms might affect social interactions, there are barriers that might impact how people with dementia.
 - Stigma can have an impact on socializing for people with dementia. Existing stigma may make people with dementia feel they are no longer able to participate. (additional stigma will be discussed in the following slide when discussing stereotypes)
 - Dementia related anxiety or fearing developing dementia. Our own fears or anxieties regarding dementia can impact how we interrupt dementia

symptoms (i.e potentially avoiding the doctor), and how we interact with people with dementia.

- Limited knowledge about dementia can contribute to increased stigma, misunderstandings regarding the diagnosis and symptoms, increase in dementia related anxiety and ultimately negatively affect individuals with dementia.

Stereotypes

- Talking Points

- Stereotypes and stigma can negatively impact individuals with dementia. There are different types of stereotypes. (read the definitions from PPT slide)
- Stereotype threat
 - One stereotype is that people with dementia perform activities poorly.
 - How might this stereotype negatively impact performance? (pose the question to the group)
 - Example answer: If I believe this stereotype then worrying about not performing well because of this stereotype. This could threaten my performance and my worry could lead to actually performing worse.
 - A decline in performance for people for Alzheimer's disease could be detrimental to their cognitive and social function even before the disease progresses to that point of severity due to existing stereotypes.
- Self-Stereotyping
 - This refers to a stereotype that we have heard about for a long time and because we heard it for so long we began to believe that it was true and eventually fulfilled the stereotype.
 - Any stereotypes come to mind?
 - It can be especially hard to avoid self-stereotyping when individuals see Alzheimer's disease portrayed negatively and inaccurately in the media.
- The
- An example of how stereotypes can limit people with Alzheimer's can be seen in a quote from Bart Brammer who is diagnosed with Alzheimer's. "Some people with Alzheimer's are living in absolute fear," he says. "They've just pretty much crawled inside their shell and said, 'OK, that's all there is. There's no more. This is how it's gonna be.'" (Beebe, 2022).
- Why should I care about stereotypes?
 - The results from a study conducted by Levy et al., (2016) with 74 participants indicated that participants who were exposed to more negative stereotypes had a significantly steeper decline in memory function than participants who had been exposed to positive stereotypes. The different kinds of stereotypes that are often seen and present in everyday conversations can have declining effects on people with dementia and lead to other negative consequences surrounding dementia.

Discussion:

- A discussion about dementia will be interwind into the activity and will be group led. Below are examples of questions that will assist in discussing topics that occur during the activity. The discussion will provide group members the opportunity to share and generalize information from the activity.

Sharing:

- Done during activity.
- Participants will be prompted to share thoughts and experiences regarding different topics throughout the activity.

Processing, Generalizing, and Application

- The discussion will prompt group members to process, generalize and apply information in a guided group discussion. Listed below are questions to guide the discussion. The goal of the discussion is to begin further understanding what is dementia and what are my feelings regarding dementia.
- Processing
 - What are your feelings when thinking about dementia?
 - Have they started to change as we talk about it?
- Generalizing
 - Have you learned anything new? Or has any new information changed the way you view dementia?
 - Do you have any fears or anxiety when thinking about dementia?
 - Can you think of anything why you have these fears? How could you change these fears?
- Application
 - How can you utilize the information we discussed in everyday life?
 - How can you become more comfortable in talking about dementia?
 - What steps might you take to begin spending more time with people with dementia?

Summary

- The group leader will provide a summary/highlight of the that was prevalent from the discussion and shared by group members.
- Thank members for participation and state that you are available for further questions and discussion if anyone is interested.

References

ALZ Magazine. (2022). *What it's like living with alzheimer's*. Alzheimer's Disease and Dementia.

<https://www.alz.org/news/2022/what-its-like-living-with-alzheimers>

Alzheimer's Association. (n.d.). *What is dementia?*. Alzheimer's Disease and Dementia.

<https://www.alz.org/alzheimers-dementia/what-is-dementia>

Beebe, J. (2022). *What dementia feels like*. AARP. <https://www.aarp.org/health/dementia/info-2022/living-with-dementia.html>

Levy, B. R., Ferrucci, L., Zonderman, A. B., Slade, M. D., Troncoso, J., & Resnick, S. M.

(2016). “A culture–brain link: Negative age stereotypes predict Alzheimer’s disease

Biomarkers”: Correction to Levy et al. (2016). *Psychology and Aging*, 31(1), 82–88.

<https://doi.org/10.1037/pag0000080>

Session 2:

Group title: Friendship in Focus

Session title: Nurturing Meaningful Interactions (2/7)

Friday February 16th at 1:15pm

Format:

- Introduction/Warm-up: 5 minutes
- Activity and Discussion: 50 minutes
- Summary – 5 minutes

Supplies

- Pencils
- Printed copies of PPT for note taking
- Computer/projector for PPT
- Meeting room

Introduction:

- Leaders will say hello and welcome everyone back
- “The purpose of today’s session is to discuss why might we hold ourselves back from spending time with people with dementia, what we can do about it and ways to improve communication. The goal today is to help provide some skills and tools for improving communication during social activities with your friends and family who may have dementia.”

Activity and Discussion:

- The focus of today’s activity will be heavily discussion based. The purpose is to allow participants to reflect on their own reasoning for potentially holding back and what they can do about it.
- Throughout the activity, the leader will encourage sharing from group members in order to facilitate learning through discussion.

PPT slide Talking points (activity guideline)

Why do we hold ourselves back?

- Utilize this slide and pose the question to the audience. “Why might you hold yourself back from interacting with people with dementia?”
- Allow time for reflecting on the questions. If several minutes pass and no one has shared, the leader can provide an example or call on a group member to share their thought process.

Why do we hold ourselves back?

- This slide will follow the discussion and list several reasons why that may or may not have come up in discussion.
 - Elaborate on the topics that were not discussed.
 - Leaders can also provide their own experience with any of the reasons listed on the slide or add in some from previous experience that might not be listed.
- Talking Points
 - Our own fears and anxiety about dementia
 - Many people may avoid individuals with dementia due to their own concerns about developing dementia. It can be difficult to acknowledge what could be ahead. It is okay to recognize this fear or anxiety and understand that it is valid.
 - Allowing ourselves to recognize that maybe there is some fear or anxiety around dementia can help us begin to understand why and work towards managing those feelings.
 - The leader can share their own feelings about their fears related to dementia if they have any. And how they may cope with this feeling.
 - Worried about saying the wrong thing or having a conversation the wrong way
 - This is a reason many people may hold back from conversation with people with dementia. Often times you are communicating with someone you care about and you don’t want to say the wrong thing and upset them or do something wrong
 - Not sure what to do when conversation feels uncomfortable.
 - Many people avoid interactions because they are unsure what to do when conversation begins to feel uncomfortable.
 - Societal expectations
 - Society has what would be considered a typical idea of what a person is, what they contribute and what conversations look like. Dementia often challenges this standard, and it may be hard to view the person over the dementia.
 - It is important to see value in the person and that they are still a person with feelings, thoughts and opinions. We may just have to change how we think about the world and learn that everyone holds value.

Why is maintaining friendships important?

- This slide is intended to get the view of the group members. Pose the question why is maintaining friendships with are friends and family who may experience dementia important?

- Talking points
 - Friendships play a critical role in our experience as human beings. They can have an amplitude of positive effects on our health.
 - It can be hard feeling like we are losing a friend, and we don't see them as often in any scenario. Let me know if you feel differently, but many begin to distance themselves from friends who have dementia. Especially when they move to a place that requires more care.
 - It can be hard on the friend with dementia too. They may begin to pull back or feel more socially isolated. Social isolation for anyone can have potential negative health effects.
 - How do I maintain a friendship with my friend who is just a walk across the building, but conversations are different or you are experience some of the barriers we just talked about? Lets talk about.

What can I do?

- Leaders can utilize this slide to challenge group members to think about what can they do about the previously discussed barriers to communication and relationships with people with dementia

What can I do?

- Following the discussion, the leader can review additional skills and tools for communication.
- Review any topics that were not previously discussed and elaborate on any topics that were brought up on the previous slide.
- Talking points
 - “Before we dive deep into some skills and tools that can be utilized, I want to emphasize the importance of what is called person-centered care. This is a concept that focuses on delivering care or communication in the context of that person. It is all about not responding or treating someone based on a wide assumption but instead focusing on the individual. The care and conversation we give should be focused on that person.”
 - Be open to learning and understanding dementia
 - Simple and short sentences
 - There is an asterisk by this line because short and simple sentences can be helpful depending on the persons communication needs. But I place the asterisk there to emphasis that not everyone may need this. Remember to take a person centered approach and think about that individual person and what he/she might need in a conversation.
 - Patience
 - When communicating with individuals who have dementia, having some patience can be key. It can take up to 90 seconds for someone with dementia to process what has been said or asked of them. Remember this and give people more time to respond. You may have to repeat yourself and give processing time again.

- It can be hard to be patient when you have to wait a long time for a response or repeat yourself often. However, the person is not doing this on purpose or trying to make things harder. Remember they are trying their best and for you to try your best in being patient.
- Be open to a range of possibilities
 - It can be easy to make assumptions and expectations about situation. We may already have in mind what we want to say or do and try to switch conversations.
 - Instead trying letting the person with dementia lead the conversation or when it goes a way you weren't expecting...well enjoy the ride. Be open to anything happening and the joy that may come from it.
 - Leaders this is an opportunity for you to share any of your own experiences with communication.
- Body language
 - Even when the person with dementia or ourselves may not have the words, body language can convey so many emotions.
 - Our own body language can have an impact on the conversation. Having positive body language can be helpful.
 - A gentle touch to the hand, a hug and even our smiles can bring comfort.

Sharing:

- Done during activity.
- Participants will be prompted to share thoughts and experiences regarding different topics throughout the activity.

Discussion

- This slide provides the opportunity to continue the conversation.
- Leaders can open the floor for questions or sharing. Leaders can also utilize this time to expand on topics the group has more thoughts or concerns about. Listed below are questions to pose to the group if the discussion needs facilitating.
- Questions that prompt that group members to process, generalize and apply information learned.
 - Processing
 - How are you feeling about today's topic? Do you having any new feelings about dementia? Any thoughts about communication?
 - Have you discovered any internal barriers that have affected communication?
 - How do you feel about friendship and dementia?
 - Generalizing
 - What are some of the skills from today that you can use?
 - Why are maintaining friendships important?
 - Application
 - What can we do to encourage and maintain friendships in our community?
 - What insights have you gained about dementia?

- How can you apply this to your own life?

Summary

- Summary/ highlights of information learned and shared by group members.
- Thank members for participation and state that you are available for further questions and discussion.

Sessions 3-7: Friendship in Focus: Engaging Older Adults in Meaningful Social Experiences

Session 3:

Group Title: Friendship in Focus (3/7)

Session title: Bite sized Treats

Friday February 23rd at 1:15pm

Format:

- Introduction/Warm-up: 5 minutes
- Activity: 25 minutes
- Discussion: 15 minutes
- Summary – 5 minutes

Supplies:

- Crescent Rolls ~ (8 rolls per can) ~ 5 cans = 20 people each get two pie bites
- Blueberries (~ 2 cups)
- Granny Smith apples (~5)
- Light Brown Sugar (1 ¼ cup)
- Powdered Sugar (5 tablespoons)
- Vanilla Extract (2 ½ teaspoons)
- Cream cheese (15 oz)
- Butter (15 tablespoons)
- Apple Pie Spice (~ 6 teaspoons)
- Baking Sheets

Introduction: 5 minutes

- Leaders will introduce themselves and explain all the components of the activity to participants.
- Pass out recipe cards that include instructions and pictures.
- Pass out trivia sheets for trivia activity.

Activity:

- Group members will participate in baking a simple pie recipe.
- The activity will be beneficial for group members in several ways:
 - Group members will be able to work on fine motor and coordination skills while manipulating recipe ingredients.
 - Older adults with dementia will be able to engage in an appropriate cognitive challenge by following a simple step by step recipe.

- Older adults without dementia will be able to participate and engage with peers during a simple baking activity.
- Provides opportunity to reminisce on the past with memories related to baking.
- Provides an opportunity to socialize during a common IADL for older adults.

Recipe: Apple Pie Bites (makes 8 pies)

- Preheat oven to 375 degrees and line a baking sheet with parchment paper
- In a small bowl, combine, ¼ cup light brown sugar and 1 teaspoon apple pie spice
- Slice apples, prepare melted butter to dip apples in
- Arrange crescent roll triangles on a baking sheet. Evenly distribute brown sugar mixture onto the triangles
- Plan an apple slice or two on the wide end of each triangle. Wrap the crescent roll dough around the apple.
- Optional: brush butter and sprinkle apple pie spice on top of the mini pie before baking
- Bake for 10-12 minutes or until golden brown.

Recipe: Blueberry Cheesecake Bites (makes 8 pies)

- Preheat oven to 375 degrees.
- Combine cream cheese (3 oz), vanilla extract (1/2 teaspoon), and powdered sugar (2 ½ tablespoons) in a mixing bowl and use an electric mixer to mix the ingredients.
- Unroll the crescent roll dough and separate the triangles. Spread the cream cheese mixture across the crescent roll. Top the cream cheese layer with two rows of blueberries.
- Roll the dough forward all the way and place the finished roll on a baking sheet
- Bake for 10-13 minutes or until golden brown.

Discussion:

- While the pies are baking prompt social discussion by leading trivia.
- Utilize trivia that includes choices for increased usability and proving the just right challenge for group participants.
 - Premade sheets with questions and two answer choices will be passed out to participants.
- To further improve ease of use and understanding provide a paper with all questions and choices and work through them as a group.

Summary

- Thank everyone for attending and participating!
- Invite the group to the next activity that will take place the following week.

Session 4

Group Title: Friendship in Focus (4/7)

Session title: Mocktails and Art: Crafting Community Creations

Friday March 1st at 1:15pm

Format

- Introduction/Warm-up: 5 minutes
- Activity and Discussion: 55 minutes

- Summary – 5 minutes

Supplies

- Paint
- Paint Brushes
- 12 x 12 Canvas Panel (~ 20)
- Cups
- Mocktail
 - Pineapple Cobbler recipe (serves 1)
 - 1 oz strawberry juice
 - .5 oz lime juice
 - 3 oz pineapple juice
 - Club soda
 - Instructions: in a mixing tin, combine the lime and pineapple juice. Shake well. Strain the contents into a highball glass over clean ice. Top with club soda and float the strawberry juice on top. Garnish with a strawberry and serve.

Introduction

- Welcome everyone to today’s activity and thank them for being there.
- Provide a brief explanation of the activity. “Today we will be making a group piece of art but will work on our own individual pieces. Once all the pieces are put together it will create a collaborative effort for a larger picture”

Activity and Discussion

- Present examples to group members and emphasize that there is no “right” way to paint it. The point of the activity is to show off the uniqueness of our community members. Encourage creativity and reassurance in abilities.
- While the group is painting, discussion can be focused on an assortment of things. Below are some ideas.
 - Reminisce on previous crafts or hobbies.
 - Family members or friends who are artists.
 - Favorite type of art
 - Ideas for future crafts
- Group members will work on fine motor and coordination skills during the painting process.
- Group members will be able to participate in a common IADL activity for older adults and socialize with peers.
- The activity will produce a piece of community art to be hung and enjoyed by the community.

Summary:

- Thank everyone for attending and participating. Remind group members that the art piece will be put up for viewing as soon as they dry and hanging materials can be gathered.
- Remind group members of next week’s activity.

Session 5

Group Title: Friendship in Focus (5/7)
Session title: Creating a Plant Friend
Friday March 8th at 1:15pm

Format

- Introduction: 5 minutes
- Activity and Discussion: 55 minutes
- Summary: 5 minutes

Supplies

- Potting rocks
- Plastic succulents or plants
- Plastic pots
- Fairy garden decorations (for decorating around the plant)
- Paint or stickers for decorating Pot

Introduction

- Welcome everyone to today's activity and briefly explain the goal of the activity.
- "Today we will be decorating a pot and adding plants to it in order to create an everlasting plant friend in our apartments."

Activity and Discussion

- Leaders will show the example craft and explain the process to group members. This includes showing where the pot decorations are, where to fill the pot with the rocks, and what plants they can pick from.
 - This activity includes the use of plastic succulents, however the activity can be modified to include real plants or other items to increase or decrease the challenge of the activity.
- Group members will be able to work on fine motor and coordination skills when decorating and planting the pot.
- Group members will be able to engage in socialization with peers during the activity.
- This activity provides the opportunity to talk and reminisce about various gardening activities.
 - Previously owned gardens, favorite type of plants, visits to large gardens (i.e gibbs gardens)
 - Group members can also discuss naming their plant and finding a place for it in their apartment when the activity is done.

Summary

- Thank group members for joining. Summarize what we did in the activity and how beautiful they will look in everyone's rooms.
- Remind group members of next week's activity.

Session 6

Group Title: Friendship in Focus (6/7)

*Session title: Laugh and Lift
Friday March 15th at 1:15pm*

Format

- Introduction: 5 minutes
- Activity and discussion: warm-up ~20 minutes, exercise ~30 minutes
- Summary: 5 minutes

Supplies

- *Chairs*
- *Balloons*

Introduction

- Welcome everyone to today's activity and briefly explain the plan for the activity today.
- "Today we will be doing some exercising as a group. To start with a warm-up we will participate in something called laughter yoga. I will provide some information on laughter yoga and lead us in the activity. Following the warm-up, there will be time to play balloon volleyball which will work on upper extremity strength and coordination."

Activity and Discussion

- Group members will participate in a group lead exercise class includes seated exercises.
- The leader will facilitate a warm-up consisting of laughter yoga. The leader will explain what laughter yoga is and the benefits of participating.
- Description of Laughter Yoga: Laughter yoga was first suggested in 1995 by Madan Kataria where there is the combination of unconditional laughter with the yoga breathing exercise of pranayama (Yazdani et al., 2014). It includes breathing techniques and laughter exercises incorporated with physical exercise, eye contact with other group members, and playing games (Alici & Arikan, 2020). Genuine laughter has been shown to have positive psychological and physical effects. For example, it has the potential to alter dopamine and serotonin activity within the brain (Bressington et al., 2018). The body cannot distinguish between real or forced/fake laughter which makes laughter yoga a beneficial way to recreate laughter for the positive effect laughing brings (Alici & Arikan, 2020). Laughter yoga can be conducted across the lifespan and is a cost-efficient activity that has many benefits.
- Laughter Yoga has 4 key elements that are incorporated throughout session.
 - *First part:* The first being clapping and warming-up exercise. Clapping is done with hands parallel to each other for complete finger to finger and palm to palm contact. The clapping is done in a rhythm like 1-2, 1-2-3. Movement is then incorporated while clapping including swinging from side to side. In the warm-up part chanting is also included. A typical chant is ho, ho, ha-ha-ha that can also be incorporated with gibberish talking. All of these aspects are meant to help people relax and reduce inhibitions and shyness (Laughter Yoga University, 2020).
 - *Second part:* Deep breathing exercises where participants raise their arms to the sky and hold their breath for 4-5 seconds and exhale slowly.
 - *Third part:* Childlike playfulness is incorporated to help participants laugh without reason. Example very good very good yay. This part is typically done in

between laughter and breathing exercises to maintain energy and enthusiasm (Laughter Yoga University, 2020).

- Fourth part: Laughter exercises and there are three different types that can be used. Yogic laughter, playful laughter, and value-based exercises are various ways to encourage and stimulate laughter during a session.
- Additionally, there are several types of laughter that are used in laughter yoga in addition. Examples can be found on YouTube and utilized as resources for leading the activity.
- Following the warm-up, there will be time for seated balloon volleyball.
 - Ideally, group members will pair one on one with someone near them. However, the activity can be set up into any size team depending on the needs of the group.
 - Pairs will bounce the balloon back and forth. The leader can have members either participate for a certain amount of time or keep score.
 - Provide breaks in order to facilitate seated recovery time in between balloon volleyball sessions.
- Group members will have the opportunity to work on abdominal muscle strength, and UE strengthening and coordination which is beneficial for all types of ADLs/IADLs.

Summary

- Summarize the activity for group members and thank group members for attending and participating in the activity.
- Remind group members of the time and place of the next group meeting.

References

- Bressington, D., Yu, C., Wong, W., Ng, T. C., & Chien, W. T. (2018). The effects of group-based laughter yoga interventions on mental health in adults: A systematic review. *Journal of Psychiatric and Mental Health Nursing*, 25(8), 517–527. <https://doi.org/10.1111/jpm.12491>
- Kuru Alici, N., & Arikan Dönmez, A. (2020). A systematic review of the effect of laughter yoga on physical function and psychosocial outcomes in older adults. *Complementary Therapies in Clinical Practice*, 41, 101252. <https://doi.org/10.1016/j.ctcp.2020.101252>
- Laughter Yoga University. (2020, January 29). *What happens in a Laughter Yoga Session*. Laughter Yoga International. Retrieved from <https://laughteryoga.org/what-happens-in-a-laughter-yoga-session-2/>
- Yazdani, M., Esmailzadeh, M., Pahlavanzadeh, S., & Khaledi, F. (2014). The effect of laughter Yoga on general health among nursing students. *Iranian journal of nursing and midwifery research*, 19(1), 36–40.

Session 7

Group Title: Friendship in Focus (7/7)

Session title: Community Stroll

Friday March 22nd at 4 pm

Format

- Introduction: 5 minutes
- Activity and discussion: 55 minutes
- Summary: 5 minutes

Supplies

- Yard signs
- Paper

Introduction

- The group will meet where the activities have previously been. The leader will design this to be the start of the community stroll.
- Prior to the start of the group walk, the leader will pass out the scavenger hunt materials and explain the purpose of the activity.

Activity and discussion

- Group members will participate in a community stroll on a typical route taken by the members with dementia. This activity will provide the addition of a scavenger hunt or look and find activity on the community stroll.
 - Group members who have mobility difficulties can still participate utilizing their preferred mobility method (i.e wheelchair, motorized scooter, etc.). These group members will still benefit greatly from mobility within the community and social participation in group activities.
- Members will be given a sheet with the pictures and names of different birds to find on the community stroll.
 - Prior to the activity the leader will set up stations throughout the route which will include a large picture of the bird and a fun fact.
 - Group members can cross items off along the way or just discuss what has been found and yet to be found.
 - Ensure that each group member has their own sheet to view if they wish.
- This activity provides group members with an informational and socially engaging activity on a community stroll.
- Group members will also benefit from daily exercise that is incorporated into the activity.

Summary

- The leader will provide a summary of the activity and review previous activities. This is the last activity of the program.
- Thank everyone for participating in the activity and in the program.

APPENDIX 5

Staff Evaluation Survey

Evaluation of Peer-Programming

Georgia State University

Title: Evaluation of Peer-Programming within an Assisted Living Facility

Investigators:

Dr. Veronica Rowe, Principle Investigator, Professor of Occupational Therapy

Ashley Sciandra, Student investigator, Occupational Therapy Student

We would like to invite you to take part in a survey for a research project. The aim of this study is to assess the peer programs at Lanier Village Estates from the point of view of the staff. The results of this study will help us understand what is important in peer programs at LVE. This information will be used to make changes and enhancements to the peer programs at LVE. Our goal is to make peer programs better so that older adults, both with and without dementia, can feel less lonely and more connected. This online survey uses secure Qualtrics cloud-based software. It will take about 15-20 minutes to complete. To be eligible to take this survey, you must be:

- A staff member at Lanier Village Estates.
- Have interactions with community members at Lanier Village Estates on a daily or weekly basis.
- Read and write in English.

The risks of this study are no different from the daily use of a computer or mobile device. You will not receive any benefits or compensation for taking part in this study. We will follow all the relevant laws and rules to keep your information confidential. To make sure we are doing the research correctly, the Georgia State IRB and the Office of Human Research Protections may examine the study records. If you have any questions about the study, you can contact Ashley Sciandra (Student Primary Investigator) at asciandra1@gsu.edu. You can also contact Dr. Veronica Rowe (PI) at vrowe@gsu.edu.

By clicking the "Next" button below, you're telling us that you fit the requirements we mentioned earlier, and you agree to take part in this study.

Page Break

Q1 Are you a staff member at Lanier Village Estates?

Yes (1)

No (2)

Skip To: End of Survey If Are you a staff member at Lanier Village Estates? = No

Q3 Have you worked with residents in the peer-program at Lanier Village Estates?

- Yes, on a daily basis (1)
- Yes, on a weekly basis (2)
- Yes, on a monthly basis (3)
- No (4)
- Unsure (5)

*Skip To: End of Survey If Have you worked with residents in the peer-program at Lanier Village Estates?
= No*

Page Break

Q4 Below are statements about the peer-program. Please rate how you agree or disagree with the statement.

	Strongly Agree (1)	Somewhat agree (2)	Neither agree nor disagree (3)	Somewhat disagree (4)	Strongly disagree (5)
The peer-program was well-administered (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The peer-program has provided peer support among memory care members and /or independent members (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inclusion of dementia education in the peer-program was an appropriate choice (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The peer-program promoted discussion and understanding around dementia. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The peer-program provided opportunities to enhance social connectedness among LVE members (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The peer-program has made a positive impact on the member's social experience at Lanier Village Estates (6)

The choice of social activities in the peer-program were relevant to older adults' daily activities. (7)

Page Break

The next set of questions are open-response and ask for your opinion and thoughts on the peer-program. Please answer them to the best of your ability.

Q5 How could the peer-program be modified to further support social engagement between older adults with and without dementia?

Q6 What assistance would be helpful for staff in continuing to implement the peer-program?

Q7 Can you tell us about how participation in the peer-program impacted the older adults that you work with?

Q8 If the peer-program were to continue, what impact do you expect from participation for older adults in the program?

Q9 What do you think were the strengths of the peer-program?

Q10 What were the weaknesses of the peer-program?

End of Block: Default Question Block
