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Geriatric Interest Plan for Individuals with Dementia: Improved Quality of Life

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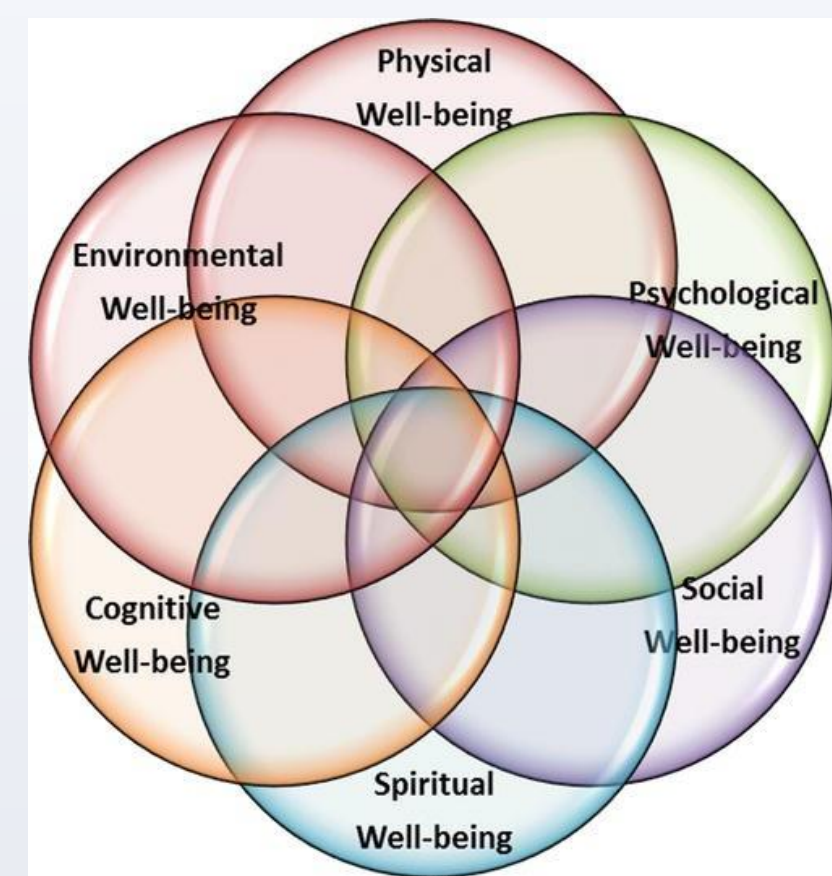


Figure 1. Springer Link (2021)

Introduction

- Focus area of capstone project: program development.
- Screened individuals with dementia specifically for depression.
- Used behavioral assessment tools (Cornell Depression, Neuropsychiatric Inventory Questionnaire)
- Focused on individuals who are lower functioning that demonstrated moderate-severe negative symptoms.
- Developed and implemented individualized activities that were meaningful based on previous interest and roles.
- Focus was to improve quality of life (QOL).
- Facilitated and implemented social groups of similar interest to improve social interaction for increased participation in daily activities.

Site Description

New Day Adult Care Center

- Located in Palm Beach Gardens, FL.
- Target population: Older Adults with diagnosis of Dementia
- Services: offers recreational activities, basic ADLs, fitness programs, arts and crafts, music, storytelling, trivia, dancing, brain games, meals and medical support as needed.
- Mission: to enable dependent adults and seniors with age-related challenges to function at their maximum
- Vision: to provide planned activities and health monitory, beneficial respite, education, support, advice, and guidance to caregivers.

Summary of Needs Assessment

- Individuals who expressed moderate-severe neuropsychiatric symptoms are less engaged in meaningful activities.
- Individuals with heightened symptoms typically increase caregiver's distress directly relating to burnout.
- New Day found it challenging to engage these individuals and as a result behaviors were unaddressed impacting daily programming.
- These individuals exhibited signs of low quality of life due to their limited social interaction, isolation and engagement.
- I've developed the Geriatric Interest Plan (GIP) to be utilized when creating groups and 1:1 interventions. This plan includes a comprehensive toolkit on screening tools for depression, educational resources on behavior management, interest checklist form, and suggestions on activity planning for staff carryover to implement activities to maintain active engagement for current and future clients.



Figure 2. Queensland Brain Institute (2023)

Literature Review Summary

- People with dementia constitute 40% of patients with significant depression (Alzheimer's Association, 2022a).
- Common risk factors that increase depression in adults include social isolation and loneliness, lack of exercise, and functional limitations that restrict participation in daily activities (National Institute of Health, 2022).
- Meaningful relationships are built through social interaction such as memories, conversation, and simply sharing the same experiences with one another.
- Encouraging social participation, of patients with dementia requires environments that provide opportunities to engage with each other in a safe, structured and comfortable setting (Berghland et al., 2008).
- Unsupported caregivers of people with dementia leads to negative outcomes affecting the quality of life for patients and caregivers. (Ponnaala et al., 2020).
- Low levels of engagement and under stimulation often result in boredom and loneliness that may lead to behavior challenges (Mansfield, 2018).
- Reduction in psychological distress in caregivers improves with opportunities to participate in meaningful activities that stimulate and engage patients with dementia, as positive behaviors are facilitated with engagement.

CLIENT	ACTIVITIES	IMPACT ON QUALITY OF LIFE		
		BEHAVIORS BEFORE INTERVENTION	RESPONSE DURING INTERVENTION	BEHAVIORS AFTER INTERVENTION
Participant 1	1. Bingo 2. Radiology games 3. Story telling	1. Sadness 2. Irritability 3. Agitation 4. Loss of interest 5. Pessimism	1. Increased engagement and motivation. 2. Verbalized excitement during activity. 3. Shared his impact he made on others lives as it made him feel worthy.	1. Increased participation in social group activities. 2. Seeks social interaction with peers.
Participant 2	1. Darts 2. Tic tac toe 3. Cards	1. Aggression 2. Distress 3. Irritability 4. Motor disturbance 5. Wandering	1. Sustained attention improved with less demonstration of negative behaviors such as agitation, wandering, and aggression towards others.	1. Demonstrates appropriate social behaviors improving his ability to connect with peers building social relationships. 2. Invites himself to social group activities and is willing to participate with little to no encouragement.
Participant 3	1. Puzzles 2. Sing along 3. Checkers	1. Sadness 2. Irritability 3. Loss of interest 4. Lack of energy	1. Demonstrates excitement when he engages in an activity in which he feels successful. 2. Cries out of joy when he receives attention from others.	1. Willing to participate in activities and reduced isolation. He found interest and invites peers to engage in activities with him.
Participant 4	1. Cards 2. Trivia of sports 3. Bowling	1. Depression 2. Agitation 3. Motor disturbance	1. Increased engagement and willingness to participate in activities of choice.	1. Demonstrates increased positive attitude.
Participant 5	1. Woodworking 2. Gardening 3. Assembly	1. Depression 2. Loss of interest 3. Pessimism 4. Lack of energy	1. Increased interest in reconstructing objects as he enjoyed reminiscing on his childhood. 2. Demonstrated positive behaviors by stating his life is filled with happiness.	1. Increased participants in activities, and sought interaction by inviting himself to engage with others. 2. Attempted to make social relationships of common interest.

Capstone Project Description

Goals for Geriatric Interest Plan (GIP):

- Assessed individuals for depression using the Cornell Depression Scale and the Neuropsychiatric Inventory Questionnaire (NPI-Q) for related symptoms of behavioral disturbances and depression.
- Discussed with staff and family members regarding their loved ones' symptoms related to their condition to obtain a more in-depth assessment.
- Completed client's chart review and administered interest checklist form to gain baseline of previous occupational roles and interest.
- Documented and assessed behavior change throughout 8- week intervention.
- Developed individualized bins of activities used during intervention to be continued.

Methods:

- Utilized the interest checklist form that was administered for each client.
- Developed activities that were personalized based on client's interest and implemented into one-on-one treatment sessions.
- Facilitated social groups of common interest to build relationships for improved engagement with one another.

Patient Carryover:

- Created an individualized handout for each client including strategies for at home activities, tips on managing behaviors and supportive environmental modifications.
- Created a site schedule for weekly activities to sustain clients' quality of life and engagement in meaningful hobbies.

Outcomes:

- Clients demonstrated improved engagement in activities of interest with reduced signs of negative behaviors.
- As client neuropsychiatric behaviors improved, they actively pursued social engagement with other clients increasing their participation.



Figure 3. Ortiz (2017)

Figure 4. Senior Living Guide (2023)



Learning Objectives Achieved

- Independently screened individuals for depression using standardized screening tools followed by conducting an interview and one-on-ones to establish therapeutic relationship.
- Improved my ability to develop, implement, and facilitate social group activities.
- Further developed my clinical skills in being able to communicate, collaborate and advocate for common behaviors and conditions experienced by the older adult population to independently evaluate and treat patients with dementia.
- Synthesize literature, distributed needs assessment, and analyzed data gained from screening tools.



Figure 5. Frankel (2023)

Implications for OT Practice

Implementing meaningful activities and engaging individuals with similar interest in older adult care settings has several benefits including:

- Improved participation in treatment sessions when clients feel the tasks is meaningful and of interest.
- Establish effective therapeutic relationships.
- Improved occupational performance.
- Decreased need for behavior management.
- Improved quality of life for clients and quality of care.

OTs should provide caregiver training on ways to manage difficult behaviors that may impact their clients' daily occupational performance and quality of life for the caregiver.

Such as:

- Structured support
- Home plans with activities and environmental modifications

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References Available Upon Request