

Section 13

Activities CAP

Problem

The Activities CAP identifies persons with some cognitive reserve who have either withdrawn from activities or who are uneasy entering into activities and social relationships. The goal of care is to identify strategies for helping these persons increase their activity involvement (for example, playing cards, reading books, reminiscing, or watching movies).

An active lifestyle, especially one within the constraints of a person's functional capacity and prior engagement patterns, can be essential to the maintenance of a positive outlook and an overall sense of self-esteem and well-being. About two-thirds of those triggered in this CAP will neither have a consistent positive outlook nor find meaning in day-to-day life.

From this perspective, it is important to reach out to these persons. We need to recognize also that their general functional and cognitive profile will not diverge significantly from other persons in their living environments. Thus, the crucial task is not to address other complicating problems, but rather to proceed directly to attempts to better engage the person in a variety of leisure activities. At the same time, the activity programs offered should be tailored to the cognitive, physical, and social abilities of the person.

It is important to ensure that planning considers the preferred activities of the person, regardless of whether they are passive or active, and not the biases of the caregiver. These activities should focus on helping the person fulfill his or her wishes, use his or her physical and cognitive skills, provide enjoyment, and provide an avenue to interact with others.

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Overall Goals of Care

- Talk with the person to identify why the person has withdrawn from activities or is ill at ease in joining with others.
- When present, address functional, medical, or psychological causes that affect the person's ability to participate in activities.
- Identify methods of increasing activity, while keeping in mind the person's usual preferred level of involvement.
- Give the person an opportunity to succeed.

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Activities CAP Trigger

TRIGGERED

This subgroup is defined by the presence of **all three** of the following factors:

- ☐ First, the person's involvement level in activities is less than most of time;

- ☐ Second, the person has some ability to engage in everyday decision making (Independent to Moderately Impaired in Cognitive Skills for Daily Decision Making); and
- ☐ Third, two or more of the following are present:
 - ☐ Withdrawn from activities of interest
 - ☐ Reduced social interaction
 - ☐ Not at ease interacting with others
 - ☐ Not at ease doing planned or structured activities
 - ☐ Not at ease doing self-initiated activities

This subgroup includes about 25% of persons in long-term care facilities.

NOT TRIGGERED

All other persons. The “Not Triggered” subgroup includes about 75% of persons in long-term care facilities.

Activities CAP Guidelines

Approach to the Person with Problems Related to Activities

Initial assessment. Does the person have discrete activity preferences? To answer this question one must talk with the person and/or a knowledgeable family member or friend (when they visit — and remember that about 80% of these persons will maintain strong relations with family).

- ☐ What were the person’s activity preferences prior to coming into the program?
 - ☐ Were they passive or active? (For example, did the person spend large amounts of time watching television or reading?)
 - ☐ Did they involve activities, with or without family, outside of the home (for example, church, clubs, sporting events, travel, dining)?
 - ☐ Were they centered almost entirely on family — spouse, children, and grandchildren?
 - ☐ Were they centered almost entirely on nonfamily/community service support?
- ☐ In what activities is the person currently involved?
 - ☐ Create a comprehensive list of leisure pursuits, including those done alone and/or self-directed and those done with others and/or planned by others.
 - ☐ Do visitors come to see the person and, if so, what kinds of activities do they pursue together?
 - ☐ What scheduled programs does the person participate in at the time of the assessment?
 - ☐ Does participation in programs fluctuate with seasonal program changes or are there patterns of change apparent in the person’s activity involvement?

- In what types of other activities would the person have an interest in participating? Include those that are not currently available or offered to the person.
- What unique skills or knowledge does the person have that he or she could pass on to others? Does he or she know how to play bridge or chess? Can he or she help others deal with complex forms (for example, tax forms)? Is he or she knowledgeable about a topic that others might also have an interest in (for example, baseball)?

Determination of the nature of problems that reduce participation.

- When determining activity needs or potential interventions for care planning purposes, it is important to determine “why” a person chooses to participate or not participate in leisure pursuits.
 - Does the person hold back because of functional or cognitive reasons? Look at issues of stamina, mobility, balance, ability to express self, ability to understand others, and ability to make decisions.
 - Consider psychosocial well-being indicators, such as initiative and social involvement.
 - Has the person been made to feel unwelcome? Do those already involved in an activity draw boundaries that are difficult to cross?
 - Does the person's health condition represent a barrier? Is the person incontinent, or is pain an issue?
 - Is the person hindered because of embarrassment or unease due to the presence of health-related equipment (for example, tubes, oxygen tank, colostomy bag, or wheelchair)?
 - Does the person have a lack of resources to engage in the activity?
 - Are there opportunities for the person to get to know others in the living environment (for example, shared dining, afternoon drinks, monthly birthday parties, reminiscence groups)?
 - Do cultural expectations lessen the person's interest in the available activities?
 - Has the person always been uneasy in joining with others? If so, would reaching out to the person succeed (and has it in the past) or is the person just someone who requires more passive or self-directed activities?
- Is it an issue of activity availability?
 - The facility in which one lives may not have an organized program in areas that the person finds interesting — games, exercise, religious discussion.
 - Is it possible to make participation in an activity less demanding, thereby facilitating the person's participation in the activity?
 - Does the person have sufficient private time for independent and self-directed pursuits?
- Are there environmental or staffing issues that hinder participation?

- Are there physical barriers that prevent the person from gaining access to the space in which the activity is held?
- Does the facility have enough specific staff responsible for social activities?
- Does staff lack time to involve others in current activity programs?
- Does staff intimidate the person, failing to recognize the fragile nature of the person?

Treatment and monitoring. The plan to deal with inactivity and re-involvement must be tailored to the person's strengths and preferences. Activities that are too challenging may exclude the person with more severe impairments, and activities that are insufficiently challenging may not be motivating to the person. Activities programs can be used to support a variety of purposes, including rehabilitation or restoration of functioning, prevention or decline, or simply increased participation. In addition to offering activity programs, it is important to recognize that leisure education should be considered as part of a comprehensive strategy to reduce inactivity. For some persons it will be important that the treatment program include education and counseling on how to incorporate leisure into the person's life, whether at home or in the long-term care facility setting. Interventions that incorporate the family into the person's leisure activities may be particularly beneficial.

- Passive and self-directed leisure activities may be the most immediate avenues to re-engage the person. About 90% of these persons would be comfortable with activities that take place in his or her own room. Among activities that would be of interest to many of those triggered are watching television, listening to music, and talking one-on-one with another person. To a somewhat lesser extent, about 40% of those triggered are interested in reading.
- Although there is cultural variation in the triggered group, a significant percentage identified a preference for the following social, interactive activities: spiritually related activity (50%), playing cards (40%), and involvement in a craft (25%).
- Among the physical activities of interest are exercise (about 45%) and walking outdoors (50%).
- Tailor activities programs to the person's strengths and preferences.
 - Consider whether available activity options are age appropriate and culturally appropriate for the person.
 - Would it benefit the person to extend his or her leisure pursuits to include others that may have similar interests?
 - Avoid activities that the person would find embarrassing, demeaning, or uncomfortable. Be careful to recognize that such reactions are affected by both individual personality traits and sociocultural factors.
 - Identify activities that may be interesting and challenging to the person but do not clearly exceed his or her cognitive or physical abilities.
- Be attentive to signs of psychiatric conditions. If the person has a Depression Rating Scale (DRS) score of 3 or more, bring it to the

attention of a mental health professional. This may be an indication of the presence of depression and will require appropriate intervention.

- Symptoms such as withdrawal from social activities and reduced social interaction can be the result of mental health problems such as depression or schizophrenia.
- Pervasive conflict with other persons, family, or staff can create a serious barrier to participation in and enjoyment of activities programs. Identify ways to support conflict resolution if it appears to be prolonged.
- Find ways to involve family, friends, community groups, and volunteers. Discuss visiting patterns with family.

Additional Resources

Mace N, Perschbacher R, Tuplin H, Westerman M, Carlson J, Schober G. 1997. Activities programming. In Morris JN, Lipsitz LA, Murphy KM, Belleville-Taylor P, eds. *Quality care in the nursing home*. St. Louis, MO: Mosby. **Note:** This chapter provides an overview of the problem and a detailed approach to clinical assessment, dealing with obstacles and challenges, and tips for care planning.

McPherson BD. 1998. Studying aging processes: Theory and research. In *Aging as a social process*. New York: Harcourt Brace & Company.

Therapeutic Recreation Directory: www.recreationtherapy.com is a useful Web site that provides numerous suggestions for activity programs, relevant publications, and links to other related Web sites.

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