For Everything, There is a Season:

Purposeful Activities for Adult Day Healthcare

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This project, submitted by Stephanie Gammon, has been approved and accepted in partial fulfillment of the requirements for the degree of Master of Occupational Therapy from the University of Puget Sound.

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Abstract

Engagement in purposeful activities is vital in supporting function, health, and well-being of individuals (Horowitz & Chang, 2004). The purpose of this project was to create and provide occupation based activity kits and an educational manual along with staff training for Cascade Park Active Day (CPAD), an Adult Day Healthcare center. This resource aimed to enhance clients’ engagement in purposeful occupations, thus leading to an increase in quality of life. This was accomplished through structured, client centered, and occupation based activities. Based on the needs of CPAD, the manual consisted of twenty activities all including a purposeful activity, recommended cognitive level, activity materials, and directions. In addition, a set of skilled directions on how to grade components of the activity enabled the facilitator to modify and adapt activities in order to better meet a client’s individual needs and enhance occupational performance.
Introduction

Adult Day Healthcare (ADH) centers are nonresidential community based programs that focus on meeting the needs of adults with physical and/or cognitive disabilities through designated medical care and a safe daytime environment. The ADH population has seen an increase in admission due to the delaying of nursing home placement and attempts at reducing overall healthcare costs through maintaining, preventing, and restoring health and function (The MetLife National Study of Adult Day Services, 2010). Cascade Park Active Day (CPAD), in Tacoma, Washington, an adult day healthcare facility serving clients with cognitive and physical disabilities as well as developmental delays, currently has a checklist of outlined activities to aid in meeting the occupational goals of the clients. However, the development and implementation of the activities is not always consistent with the assessment of the clients’ occupational needs and interests. According to Easton and Herge (2011), purposeful activities have a positive effect on the quality of life for aging adults. The use of purposeful activities within this project will help clients in attaining their functional goals.

As stated by Lynette Barnett, a previous activities director at CPAD, the staff implementing activities at CPAD often had trouble maintaining the focus of the clients due to the varying abilities of the individuals participating within the group. Grading the activities may help to improve client’s engagement, which will support the client’s abilities to reach individual goals while enhancing client and staff interactions. When developing interventions to support the overall health of individual clients, it is best to create a model that links interventions with purposeful outcomes (Proctor, Rosen & Rhee, 2002). Purposeful outcomes will contribute to clients’ abilities to better reach functional goals and improve their enjoyment at CPAD.
Literature Review/ Background

According to the National Adult Day Service Association (2011), the concept of Adult Day Healthcare (ADH) originated in Great Britain. Although the first center in the United States opened in 1947 as a part of the Menninger Clinic in Topeka, Kansas, ADH was not a widespread model until the 1980s, at which time there were 200 facilities in existence. The growth trend of ADH continued throughout the next two decades, and today, there are more than 4,600 ADH centers across the United States, representing a 35% increase since 2002 (National Adult Day Service Association, 2011). ADH provides a safe and engaging environment for adult health maintenance, rehabilitation, and caregiver respite.

ADH programs are mainly geared towards cognitively and physically disabled adults who are in need of community-based long-term care. The Developmental Disabilities Assistance and Bill of Rights Act (2000) defines developmental disability as a severe, chronic disability that attributes to mental and or physical impairment(s) and are likely to continue indefinitely. These disabilities precipitate limitations in areas such as self-care, receptive and expressive language, learning, mobility, self-direction, and the capacity for independent living. Therefore, there is a need for interdisciplinary services, individual supports, and assistance to increase lifelong function and quality of life (Developmental Disabilities Assistance and Bill of Rights Act, 2000).

The clients in these interdisciplinary services are at high risk of experiencing declines in independently performing their basic activities of daily living (ADL) and instrumental activities of daily living (IADL) (National Adult Day Service Association, 2011). This is an area of expertise for occupational therapy practitioners; however, according to a 2010 study, only 50% of ADH programs provide occupational therapy services (The MetLife National Study of Adult Day Services, 2010). In addition, most of these services are provided on a contracted basis.
meaning that the service is intermittent. Thus, the staff at many ADH programs may not have the knowledge and skills or time to develop purposeful activities in a group setting. Furthermore, ADH program goals are to foster physical, cognitive, and psychosocial abilities which enable self-efficacy and function thus maximizing overall health, quality of life, and well-being (Horowitz & Chang, 2004). ADH programs typically serve adults with a wide range of developmental disabilities such as mental retardation, autism, cerebral palsy, and epilepsy (Kennedy, 1997). To meet the needs of this population the medical/health model is typically used which includes intensive health and rehabilitation services on top of providing activity programs (National Adult Day Service Association, 2011).

CPAD’s primary asset is that group activities are the cornerstone of their program implementation. A systematic review done by Stav and colleagues (2012) illustrated strong evidence that engagement in social activities and participation leads to increased cognitive and physical well-being. By providing more activities to meet the needs and interests of the individual, the client will be able to engage and motivate others in the group to do the same (Stav, Hallenen, Lane, Arbesman, 2012). Moreover, those clients living with chronic conditions will have improved physical health and ADL performance resulting from engagement in purposeful activities (Mendes de Leon, Glass, & Berkman, 2003).

**Purposeful Activities**

Engagement in purposeful activity supports health, well-being, and functional capabilities for “at risk” community dwelling aging adults (Horowitz & Chang, 2004). Activities are more engaging when *ability* – rather than disability – is the main focus; it is also important to offer variety to clients due to inherently different backgrounds, interest levels, and abilities (Robert Wood Johnson Foundation, 2003). As stated in Orsulic-Jeras, Judge, and Camp (2000),
“activities reflect skills, interests, and beliefs…and for many people, activities are synonymous with living” (p. 108). As defined in the Occupational Therapy Practice Framework (AOTA, 2008), purposeful activities are centered to match the clients’ skills so that occupational engagement will be enhanced.

Purposeful occupation based activities in ADH have been shown to enhance functional outcomes for clients. Based on their personal experiences working in an ADH center, Easton and Herve (2011) reported that “purposeful leisure activities had a positive effect on the quality of life for older adults at the center” (p.20). For example, Easton had noticed that only 62% of clients were participating in the activities at her workplace. Easton’s needs assessment indicated that the lack of instruction administered by the staff led to decreased participation. As a result, Easton introduced and educated the staff on purposeful activities which resulted in the clients and staff becoming more engaged. At the conclusion of the program, the staff indicated their newly honed skills had improved their preparedness and resulted in a 7% increase in client participation.

The significance of purposeful activity in ADH as well as occupational therapy (OT) provides a strong basis for a connection between these two areas of healthcare service. The Occupational Therapy Practice Framework (AOTA, 2008) states that “participation naturally occurs when clients are actively involved in carrying out occupations or daily life activities they find purposeful in desired context” (p. 660). Occupation-based activities are purposeful because they elicit functional engagement which can be drawn on to improve clients’ abilities and skills. Moreover, purposefulness organizes behavior (Trombly, 1995). The use of purposeful activities will enhance clients’ engagement and will help them to maintain their functional goals by increasing interest in a given task (Dabelko & Zimmermon, 2008). An example of an occupation
based activity that was well accepted by an ADH facility was leading clients in Question Asking Reading (QAR). QAR uses cues to improve comprehension and concentration, resulting in a significant increase in verbal response. This tool increased engagement in the activity by encouraging participants to talk about their personal experience (Stevens, Camp, King, Bailey, & Hsu, 1998). In addition, increased engagement will help clients maintain and participate in activities of daily living. Purposefulness in an activity is found when there is a balance between challenge, client factors, performance skills, and environmental supports, which help the client focus and carry out a task (Csikszentmihalyi, 2000).

**Activity Analysis**

Activity analysis is a strategy OT practitioners use to examine the components of tasks with which the person is having difficulty. In the process of assessing the client, one must focus on the cognitive abilities rather than the client’s lack of cooperation (Allen, 1982). Modifying the task and the environment could help the staff elicit engagement at CPAD. A set of skilled directions on how to grade components of the activity will enable the facilitator of the activity to modify and adapt activities in order to better meet the client’s individual needs. The ultimate goal of this process is to improve function in the client’s everyday world (Horowitz & Chang, 2004). Furthermore, it is a critical part of determining grading methods the staff will use to help increase the purposefulness of the occupation based activities.

Grading a purposeful activity supports client’s performance and functional goals while focusing on the abilities needed to complete the task by considering the context in which it is performed. Accordingly, grading is used to increase or decrease the demands on the person while they are engaged in a task to make certain they can successfully complete the activity thus increasing occupational performance (Thomas, 2012). Examples of grading include modifying
the duration of time, tools, texture of supplies, environment, occupation, degree of interpersonal contact, and or sequence of completing the activity. The use of this method will help the clients’ foster independence.

**Cognitive Levels**

To support grading, Claudia Allen’s Cognitive Disability Model served as an optimal guideline. The Allen Cognitive Disabilities Model is generally used with adults who have chronic cognitive disabilities. The clients’ abilities are maximized through adaption and modification so that they can be successful in tasks at their individual cognitive level (Bruce & Borg, 2002). Allen’s cognitive levels are classified into six groups. Each stage provides the level of function and general guidelines on the type of assistance and cueing that should be offered to ensure the activity is successful for that individual (Bruce & Borg, 2002).

At CPAD the majority of individuals are between cognitive levels two through four. For the purpose of this project, these cognitive levels are classified as low, medium, and high. Clients at level two are motivated by having their comfort level maintained and are often able to assist in a part of the task, but they can also become resistive quickly (Bruce & Borg, 2002, p.247). Clients at level three often engaged in “repetitive, seemingly pointless or inappropriate actions” (Bruce & Borg, 2002, p.247). The clients often respond to “tactile cues with manual actions” best and need reminders to stay on task in order to reach completion (Bruce & Borg, 2002, p.247). Clients at level four are able to complete familiar tasks but have difficulty with new situations in which they must problem solve. At this stage the clients, “pay attention to what is visible and tend not to notice what is out of sight” (Bruce & Borg, 2002, p.247).

Consequently, the cognitive demands of the activity must be analyzed so that each activity can be matched to the client’s cognitive level which will in turn increase engagement.
Adult Day Healthcare centers and staff both work to maintain and improve the clients’ independence level and quality of life. In order to maintain a client’s functional level of independence, the environment should be modified and or adapted. This can be accomplished through grading and environmental supports, which may help a client to facilitate skills even when client factors are absent or inadequate (AOTA, 2008). Through the use of activity analysis and grading, an activity will be more purposeful because the demands of the person, task, and environment can be more focused on an individual’s skills and abilities.

**Staff Training**

Occupational therapists are trained to work in a consultative role and are therefore well suited to train ADH staff (Giswold, Evenson & Roberts, 2009). There are typically three basic types of preparation that ADH staff members generally receive: training, supervision, and continuing education; these are overseen by the National Institute on Adult Daycare (Kendon, Hanrahan & Hughes, 1990). The need for enhanced staff training is evident when implementing program outcomes focused on individuals with differing cognitive abilities (Proctor et al., 2002). Training could build upon staff knowledge, enhance the practice and development of the program, and assist in creating a larger range of activities. The Office of the Investigator General released a report in 2011 on therapy services provided at 300 different ADH centers in 12 states throughout the United States. The report determined that 43% of services were provided by staff who did not receive the required supervision. Through staff education, appropriate activities garner more response in the overall activity (Stevens et al., 1998).

There is currently a wide array of ADH programs and educational staff training throughout the United States. Many members of the staff may have no prior education or training in working with people with varying disabilities (Robert Wood Johnson Foundation, 2003).
Therefore, the staff members are not in a position to develop purposeful activities for individual clients within a group setting. ADH staff should have extensive knowledge of programs and activities offered at their facilities, and become equipped with a range of feasible options for each client (Easton & Herge, 2011). As a result, emphasis should be placed on grading each activity to meet individual participant needs. Moreover, it is essential that the staff understand why it is important to engage clients in activities that are purposeful and enhance their quality of life.

Currently at CPAD, due to large group size and varying abilities of group members, clients’ interests and cognitive abilities are not always met within daily activities. Hence, many clients are disengaged and are passively participating. The occupation based manual and activity kits will enable the staff to grade an activity up or down to provide the “just right challenge” for each client and elicit more participation within the group at CPAD. This will make the staff’s job more enjoyable and rewarding, by receiving increased engagement and participation from the clients. Active engagement will enhance the therapeutic effectiveness of the programmed activities, and in turn enhance the quality of life for the clients.

**Purpose of the Project**

The purpose of this project was to create and provide occupation based activity kits along with an educational manual and staff training to Cascade Park Active Day. Based on a review of the literature, such occupation based activities are known to enhance client engagement and lead to increased quality of life.
Procedure for Project

In order to gain experience with ADH facilities and meet the needs of my target population, I went and observed the facility multiple times. This allowed me to gain a basic knowledge of CPAD, their values, and mission. Through actively listening and observing, I was able to see a variety of the staff lead activities and also engage with the clients myself. I was able to perceive which activities elicited passive or active engagement from the clients. Becoming acquainted with the clients and my previous knowledge base of activity analysis allowed me an opportunity to examine how to grade activities up and down.

Fortunately for me, during some of my observations, a few OTA (occupational therapy assistant) students were doing their fieldwork placement at the facility. This served as an opportunity to discuss, brainstorm, and ultimately collaborate with the OTAs’ since they had more experience with the clients at the facility. They informed me of how the clients responded to a variety of activities and types of cuing they used to obtain more active engagement. In addition, they were able to inform me on how to best design and format the activities to facilitate the best use by the current staff.

During the observations, I also had a chance to look into the current supplies and space CPAD had available for activities. I also interviewed a staff member, Amanda O’Keefe, who had been working at the facility for numerous years to get her perspective on what would be the most beneficial for the current staff. She informed me that providing general tips for the cognitive levels to refer back to would be beneficial. In addition, she suggested including a few ways to grade activities would suffice because additional information would overwhelm the staff and not hinder further brainstorming.
While on the East Coast, I was permitted to visit and get a glimpse of another ADH facility, St. Mary’s Center in Louisville, Kentucky to see what type of activities were being done and to learn the current approach staff took on implementing activities. They had a multitude of space and supplies with staff that had specific expertise in an area. Several of the activities I observed, seemed to capture the engagement of the majority of clients because they required interaction from the whole group to complete the activity. After observing, I was able to provide CPAD with a few activities that I modified with the permission of Sister Regina at St. Mary’s Center.

A vital part of my product was piloting my project to a staff member and the current activity director, Jody Caughey, to ensure that the project language, setup, kits and educational manual would be applicable and easy to use. They suggested clear, concise, and upfront information and the addition of pictures of the materials that were needed to implement the activity within the kit. After the pilot, I changed the language and included pictures to make it more applicable to the staff. Moreover, my presentation during the pilot assisted me in identifying a more successful way to present the material for the in-service.

**Description of Final Project**

Activity kits along with an educational manual were created to provide the staff at Cascade Park Active Day in Tacoma with a diverse collection of occupation based activities that could be modified to meet each individual client’s cognitive and physical demands. An in-service training session was completed to educate the staff on the new resource and provide them with an opportunity to ask questions on how to implement the activities with their new knowledge and current understanding of their clients’ abilities. The implementation of recommended purposeful activities promoted an increase in active functional participation from
the clients overall. As a result, there could be an increase in client’s participation and interaction with one another.

After discussing how to best use my knowledge to assist the staff in adding to their resources, four different functional areas were encompassed within the manual. To meet the varying diagnoses of cognitive and physical deficits, the manual and activity kits focused on the following: fine motor, self regulation, social participation, or sensory integration. The fine motor category focused on grasp, crossing midline, dexterity, bilateral coordination, and hand strength. The social participation category focused on sharing, turn taking, and communication. The self regulation activities focused on enhancing the ability to transition and aid in developing the highest possible level of attention by placing emphasis on orientation, anger, anxiety, and relaxation. The sensory integration activities focused on the olfactory, auditory, tactile, and proprioceptive senses to help develop appropriate sensory modulation and discrimination. Each of these four categories were further broken down for the staff, to aid them in leading the novel activity. The outline for each activity consisted of five components: the purpose, the recommended level for cognition, materials needed for the activity, concise directions to follow for implementation, and various ways to grade the activity up or down (see Appendix A).

In addition, the occupation based activity manual and kits followed a common theme based on the four seasons; each kit contained the supplies needed to implement each activity along with a laminated card from the manual with a picture of the supplies and final product (see Appendix B).
Outcome of Project

The desired outcome of this project was to create a resource for the staff at CPAD to aid them in increasing client engagement as well as expand their current knowledge base. They will also now be able to have a format to follow as a guideline to structure additional activities to meet their clients’ needs. The success of the project was determined by the discussions that ensued during the in-service after there had been a brief overview of the manual and an opportunity to perform two of the activities independently within small groups.

Goal 1:
After receiving an in-service on the use of the manual and activity kits, CPAD staff had knowledge on how to implement the activity kits and grade the activities to elicit active participation from clients. This goal was met.

Objective 1:
After the staff attended the in-service as well as read various sections of the manual, they were able identify at least 2 ways to grade an activity up or down for the task demand of fine motor skills. This goal was met.

Objective 2: After the staff attended the in-service as well as read various sections of the manual, they were able to identify with guidance at least 2 ways to grade an activity up or down for the task demand of self regulation. This goal was met.

Objective 3: After the staff attended the in-service as well as read various sections of the manual, they were able to identify with guidance at least 2 ways to grade an activity up or down for the task demand of social participation. This goal was met.
Objective 4: After the staff attended the in-service as well as read various sections of the manual, they were able to identify at least 2 ways to grade an activity up or down for the task demand of sensory integration. This goal was met.

Goal 2:
After receiving the in-service on implementing the manual and activity kits, the staff at CPAD were able to lead activities that are purposeful to the clients. This goal is in the process of being met.

Objective 1:
After the staff attended the in-service as well as read various sections of the manual, they were able to assess what clients’ interests are and provide two activities that match the groups’ interests. This goal is in the process of being met.

Objective 2: After the staff attended the in-service as well as read various sections of the manual, they were able to identify at least two strategies on how to adapt an activity to each individual client’s needs. This goal was met.

Implications for Occupational Therapy
Occupational therapists are equipped with the knowledge to analyze the demands of activities and provide education on how to grade activities to provide an optimal challenge to fit clients’ needs (Thomas, 2012). CPAD needed purposeful activities to engage and promote participation in clients with varying cognitive and physical abilities. Thus, compiling an array of purposeful activities for the staff at CPAD enriched and broadened their knowledge of how to individualize and implement activities. Purposeful activities that are appropriately challenging provide individuals with an opportunity to improve occupational performance, quality of life, and function (American Occupational Therapy Association [AOTA], 2008). In addition,
occupational therapists are skilled at considering an individual’s skills and abilities and the affect it has on occupational performance. Moreover, by having the staff use activities that align with individuals’ interest and abilities, motivation will be enhanced and aid in clients’ participation in everyday occupations.

**Theoretical Model and Application to the Framework**

**The Ecology of Human Performance**

The Ecology of Human Performance (EHP) focuses on engagement in occupation and considers the context, activity demands, and person’s abilities that support or hinder engagement in occupation (Dunn, Brown, & McGuigan, 1994). The social, cultural, physical, emotional, and temporal context comprise the differing aspects of the environment. The EHP includes the temporal environment that considers when the task will take place, how often, and how long it will last (Dunn et al., 1994) which will affect the clients’ ability to focus. The social environment will be made up of the clients’ interpersonal relationships which are influenced by culture and can be linked to emotional regulation skills. This is important because CPAD is a community of adults with physical and cognitive impairments. These impairments can limit endurance, the ability to focus, and emotional regulation of the population and directly affects the ability to complete the task at hand. This model will allow for adjustments in task demands by using an adaptive treatment approach to improve the fit of the person, task, and environment, which then will enable occupational performance (Dunn et al., 1994). This model, unlike the other ecological models, places importance on the personal meaning of tasks and how this greatly influences performance.

This project will help assist the staff in selecting and providing purposeful tasks at CPAD. Because the clients at CPAD have varying cognitive abilities, they need to have tasks
adjusted to improve their occupational performance when engaged in an activity. Hindrances to occupational performance include activities that are sedentary, passively engaging, and not of interest to the clients. In addition, limitations in client factors such as social interaction, initiation of task, active range of motion, and muscle tone effect the engagement and participation of the current clients. Adapting the activity and grading it to the clients’ varying needs will help to widen the environmental supports and experiences of the individuals.

**Application of the OT Practice Framework**

The domain of the Framework considers various factors that influence engagement and participation in occupation, which contributes to quality of life and function. Areas of occupation are defined differently for each individual depending on his or her life circumstances and how much time he or she spends doing certain tasks. The areas of occupation relevant to this project include leisure and social participation. Client factors are the clients’ physical competencies which directly affect the client’s ability to perform skills (performance skills and activity demands) and the type and amount of effort to complete the task.

At CPAD, leisure activities are the activities in which clients engage in and participate with one another to meet a functional goal. A number of performance skills, such as emotional regulation, social skills, and motor and praxis skills, will be addressed and met with the appropriate level of assistance to allow for improved occupational performance. According to AOTA (2008), occupational performance is “the accomplishment of the selected occupation resulting from the dynamic transaction among the client, the context, and the environment, and the activity” (p.650). Overall, activity demands that will be considered include sequencing and timing, required actions, and social demands. Through activity analysis, appropriate grading will
be achieved so that each client’s performance skills will be matched to the demands of the activity, in turn facilitating engagement in more purposeful occupations.

Limitations

As the creation of this project progressed several limitations became evident. I was unable to get into contact with the contracted occupational therapist the facility employs. I felt that her input would have substantially benefited this project and could have been used as a tool to reinforce the services she was providing. In addition, it would advantageous in the future to only include materials in the kits that were reusable. A few of the activities contained low cost materials that will need to be periodically replaced thus the responsibility falls on the staff to restock the kits. Moreover, it could be less confusing for the staff if each kit had one purpose instead of the purposes being dispersed throughout the kit. As I was completing this project, the activity director and program director were replaced several times. As a result I had to modify, redefined, and explain my project several times along the way.

Future Steps/ Sustainability

In the future the program director at CPAD would like a student to come up with activity kits and manuals for both their traumatic brain injured patients and those with dementia. While some of the current activities within the kits would benefit these populations, this current product will best meet the needs of the Adult Day Healthcare population. It will be beneficial to follow up on ease of use and see what other resources the staff would like. I would also suggest that students in the future not only meet with the activities director, but also the program director and president, so that everyone will understand what the final product will include.
References


**Human Resources**

Barnett, L., personal communication. Cascade Park Gardens, 4347 South Union Avenue, Tacoma, WA 98409, 253.475.3702, lbarnett@cascadecases.com

Caughey, J., personal communication. Cascade Park Active Day, 246 St. Helens Ave S, Tacoma WA 98402,253.627.9990, jcaughey@cascadecares.com


Sister Regina., personal communication, St. Mary’s Center, 11700 Main Street, Louisville KY 40243, 502.254.7298, Regina@SaintMarysCenter.org
Appendix A

Potpourri

**Purpose:** Self-regulation; Sensory Integration

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Recommened for Low- High Levels

<table>
<thead>
<tr>
<th>Materials:</th>
<th>Directions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>1. Staff: pour bag of rice into bowl</td>
</tr>
<tr>
<td>Spoons</td>
<td>2. Clients: pour rice into cup with use of funnel, spoon and/ or fingers</td>
</tr>
<tr>
<td>Funnel</td>
<td>3. Clients: add 5 drops of fragrance oil</td>
</tr>
<tr>
<td>Fragrance oil</td>
<td>4. Clients: mix with spoon</td>
</tr>
<tr>
<td>Cups</td>
<td></td>
</tr>
</tbody>
</table>

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Ideas for Modifying

**Make it Easier:**
- Clients: spoon in the rice if sensitive to textures
- Staff: reduce the lights and sound in room

**Make it Harder:**
- Clients: use fingers to transfer rice to cup
- Clients: teach another peer
Appendix B

Materials Needed - All photographs by author

Finished Product