WAGECC.NCCA Best Practices Compendium:
Integrating Humanities and the Arts
in Healthcare of the Older Adult

A Special Project of
The Washington DC Area Geriatric Education Center Consortium
and the National Center for Creative Aging

Photo of Liz Lerman Dance Exchange, courtesy of Lise Metzger.

June 2011
This Compendium of Best Practices for Integrating Humanities and the Arts in Healthcare of the Older Adults is dedicated to the compassionate and creative healthcare professionals who strive to provide high quality care for the older adult. Providing holistic healthcare can be especially challenging in this era of highly technological care and dwindling resources. It is our hope that these “best practices” offer creative ideas and resources that provide a ready resource for healthcare professionals to utilize in their practice.

On behalf of the Board of Directors and staff of the Washington DC Area Geriatric Education Center Consortium (WAGECC) and the National Center for Creative Aging (NCCA), I want to thank the Health Resource and Services Administration for their generous support of WAGECC and this Compendium of Best Practices for Integrating Humanities and the Arts in Healthcare of the Older Adult.

A special thanks to Elizabeth Cobbs, MD, Associate Professor of Medicine at The George Washington University (GW) and Chief of Geriatrics and Extended Care for the Washington, DC Veterans Affairs Medical Center. For many years, Elizabeth has worked to improve the education of healthcare professions students and practitioners at GW, across the regional community and nationwide about the needs of older adults. She has been tireless in her pursuit of excellence in education, especially in ensuring that the education is relevant to the practitioner, as well as the individual and family receiving care.

I’d also like to extend a special thanks to Gay Hanna, Executive Director of the National Center for Creative Aging, for helping WAGECC carry on the legacy of Dr. Gene Cohen to recognize the creative potential of older adults. Gay has helped us shape the innovative mission and vision of WAGECC to focus more specifically on person-centered healthcare by integrating the humanities and arts more fully in care of older adults. I am especially grateful for the support of the NCCA as a partner in the WAGECC programs.

Beverly Lunsford, PhD, RN
Principal Investigator
The Washington DC Area Geriatric Education Center Consortium
Introduction

This Compendium of Best Practices for Integrating Humanities and the Arts in Healthcare of the Older Adult was developed as a special project of the Washington DC Area Geriatric Education Center Consortium (WAGECC) and the National Center for Creative Aging (NCCA).

Best practices frequently arise out of quality improvement initiatives and/or the desire to improve care. For the purposes of this Compendium, we used the definition of a “best practice” as defined by The Hartford Center for Geriatric Nursing Initiatives:

“best practice” is the use of care concepts, interventions and techniques that are grounded in research and known to promote higher quality of care and living for older people.

Best Practices were submitted by members of WAGECC and NCCA, as well as others in the Washington, DC area. The Best Practices come from many different healthcare teams and all types of settings, including home, community based settings, long-term care, acute care, and hospice. In addition, the Best Practices in this Compendium facilitate the provision of more person-centered care that is holistic and recognizes the creative potential of older adults from many diverse cultural groups.

The Compendium was compiled through Federal funding received by The George Washington University from the Department of Health and Human Services’ Health Resources and Services Administration.
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This compendium was compiled as part of the **WAGECC.NCCA 2011 Best Practices Forum: Humanities and the Arts in Care of the Older Adult** on June 3, 2011. A special thank you to the Best Practices Forum Planning Committee who made that event possible!

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Arts for the Aging, Inc. (AFTA)

Setting: Workshops take place in community-based settings throughout the Washington D.C. metropolitan area; this compendium abstract details AFTA programs at The Support Center, Inc., Adult Medical Day Care, Rockville, Maryland.

Target Population:
- Gender: Male 25%, female 75%
- Ages: Up to age 65, 35%; ages 65-84, 40%; 85-94, 25%; 95+, 5%
- Racial/Ethnic make-up Caucasian American 37%; Hispanic/Latino American 37%; Black/African American 26%
- Socio-economic: Medicaid 50%; private paid 40%
- Cognitive Impairment: Alzheimer's disease 15%; vision impairment 25%; hearing impairment 26%; history of CVA (stroke) 20%; memory loss 27%; dementia 48%; other (MS/ALS/other) 59%; intellectual impairment 9%
- Cognitive Ability: Alert and oriented 27%; mildly forgetful/confused 26%; moderate cognitive impairment 36%; severe cognitive impairment 12%
- Physical Ability: Independent 51%; uses cane or walker 31%; uses wheelchair 18%; bedcare 0%
- General Ability: Needs verbal cues 31%; needs hands-on assistance 28%; independently participatory 27%; observes only 14%
- Avg. Group size: 26 (additionally, 2 site staff, and 1-2 AFTA teaching artists)

Contact Person: Janine Tursini, Executive Director, Arts for the Aging, Inc. (AFTA). Marla Bush, Teaching Artist, Arts for the Aging, Spanish Dance and Music. Paulette Craddock, RN, Executive Director, The Support Center, Inc. Adult Medical Day Care. Myriam Sanchez, Director of the Spanish Program, The Support Center, Inc. Adult Medical Day Care

Rationale: In 1986, researchers at the National Institutes of Health called the Art Barn, a small gallery in Rock Creek Park. They asked Lolo Sarnoff, a sculptor and the founding Trustee, if she would provide art workshops for seniors with Alzheimer’s disease. Mrs. Sarnoff agreed and soon observed that art in every form was beneficial to the mood of most seniors. Reports by nurses showed less agitation and aggressive behavior in patients, and these moods continued even after the patients left the Art Barn. In 1988, Mrs. Sarnoff, then 72, founded Arts for the Aging to continue that promising work. Twenty-three years later it is recognized by the National Endowment for the Arts as a pioneering arts program for older adults, and a model for excellence in life-long learning and creative aging. Infusing the latest field research and evaluation into its work, AFTA remains true to the founder’s innovative vision, giving seniors – especially those with dementia, including Alzheimer’s disease – a sense of healing, self-worth and independence.

The National Endowment for the Arts’ recent Creativity and Aging Study (http://www.nea.gov/resources/accessibility/CnA-Rep4-30-06.pdf) demonstrated that regular participation in professionally led programs can minimize age-related physical and cognitive impairments, and contributes to better physical, intellectual and emotional health.
**Brief Description of the Best Practice:** Arts for the Aging is the Washington D.C. area’s premier arts service organization offering older adults specially designed, best-practice programs to promote health improvement and life enhancement through the arts. Free outreach workshops are provided to small groups of older adults who are vulnerable and who are living with impairments such as dementia. Workshops take place at underserved adult care centers and in communities where local residents strive to age in place. Visual, performing, literary, multidisciplinary and intergenerational arts programs are led by trained, professional teaching artists.

The one-hour sessions are self-contained; they hold the interest of those with diverse physical and cognitive abilities by exposing them to new artists and new media each week. Groups are immersed in painting, poetry, live instrumental music and more. In 2010, Arts for the Aging served over 500 older adults with weekly, or bi-monthly, programming.

Workshops are designed, facilitated and evaluated with ten core components.

- Communication of activity title, overview and benefits
- Establishment of trust
- Setting of challenges
- Specific, simple instructions that build on the one prior; each step challenging yet achievable
- Materials and content selection that respects integrity and dignity of participants
- Accommodation of diversity
- Encouragement of participation through incorporation of experiences of participants
- Emphasis of process over product; progress over perfection
- Appealing to multiple senses
- Adjustment of program-plan based on knowledge gained about participants

**Outcome Measures or Indicators of Improvement in Quality of Life and/or Healthcare:**

Throughout workshops at Support Center, in 2010, 94% of attendees actively participated, impressive considering that nearly three quarters suffer from cognitive or memory-related impairments; 17% use wheelchairs and others suffer from various debilitating afflictions. Yet post-workshop, an average of 94% shows appreciation to the teaching artists, thereby demonstrating connection to the artists, engagement and positive attitudes. This bonding is essential to the emotional health of adults who age in place, since they increasingly may interact less with other people on a regular basis.
Other recent Pre- to Post- Workshop Outcomes at Support Center (ref. chart for indicators and data collected): Smiling, 27% increase; Posture, 16% improvement; Interaction with others, 22% increase. (Ref: Appendix A for outcome data).

**Ability of the practice to be replicated in diverse settings and groups of older adults:** Arts for the Aging currently is developing a training guide to educate artists and strengthen teaching artists’ techniques for their replication of the model in community-based group settings.

**References and/or evidence base for your work or related work:** Through the support of the National Endowment for the Arts, a Society for the Arts in Healthcare Consultancy Grant was awarded to Arts for the Aging to advance our program outcomes through the development of new metrics for evaluation.

Dr. Judy Rollins led a participatory evaluation process, exercising the Appreciative Inquiry method with AFTA Teaching Artists to analyze themes, and determine indicators that would stand across four major disciplines of Arts for the Aging’s work: visual art, dance, music, and literary arts.

Testimonials from programs:

- “*I like this program because it makes me participate and I feel better inside my body. I like to be around people.*”  
  - participant Donna Zimmerlin

- “*When I hear this music, it brings back memories because I myself played the piano. I feel I want to play the piano anywhere I can find it.*”  
  – participant Ruth Franke

- “*It was tremendously thrilling to direct a bi-lingual (English/Spanish) storytelling session. There was a genuine international quality to our creative activities together.*”  
  - Myriam Sanchez, Director of the Spanish Program, The Support Center

- “*AFTA programs are life affirming and joyous experiences not only for participants but for teaching artists. Together, we create and relate.*”  
  - Marla Bush, AFTA teaching artist

- Lucia, a participant at Support Center, never drew in her life, and learned to in her 80s in AFTA workshops. After a stroke immobilized her dominant right hand, she regained skills by using her left hand, as pictured in this drawing (left), inspired by Spanish artist Fernando Botero.
### DATA TABLE

<table>
<thead>
<tr>
<th>Behavioral indicators</th>
<th>Pre-Workshop</th>
<th>Post-Workshop</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smiling Sitting Up/Head Up</td>
<td>64%</td>
<td>91%</td>
<td>94%</td>
</tr>
<tr>
<td>Interacting with Others</td>
<td>64%</td>
<td>97%</td>
<td>86%</td>
</tr>
<tr>
<td>Smiling Sitting Up/Head Up</td>
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<td>94%</td>
<td>80%</td>
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<tr>
<td>Interacting with Others</td>
<td>97%</td>
<td>91%</td>
<td>80%</td>
</tr>
<tr>
<td>Participation/Engagement</td>
<td>64%</td>
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<td>Expressed Own Creative Ideas</td>
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<tr>
<td>Shared Memories or Related Content to Own Life</td>
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<td>80%</td>
<td>94%</td>
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<tr>
<td>Demonstrated Appreciation for Efforts of Other Participants</td>
<td>78%</td>
<td>78%</td>
<td>67%</td>
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<tr>
<td>Helped/Encouraged Other Participants</td>
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<td>Showed Appreciation to teaching artist</td>
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<td>67%</td>
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<tr>
<td>Recalled Previous Visits</td>
<td>67%</td>
<td>67%</td>
<td>0%</td>
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</table>

Data collected from 37 multidisciplinary Arts for the Aging programs (music, dance, visual art) over a 12 month period in 2010 at The Support Center, Inc., Adult Medical Day Care, Rockville, Maryland.
Lori Brady-Neuman, Certified Music Practitioner

**Setting:** Hospice Beds in Assisted Living Center

**Population:** Elderly, acute care, non-acute, or actively dying

**Contact Person:**
Capital Caring, education@capitalcaring.org
Lori Brady-Neuman, Certified Music Practitioner, lbradyneuman@verizon.net

**Best Practices:**

Music is good medicine. The purpose of therapeutic music is to provide one-on-one palliative care to the ill and the dying in hospitals, hospices, homes, and other clinical settings. The objective is to create a nurturing environment, which meets each patient’s specific needs and is conducive to healing. We use music to promote comfort and well being in partnership with patients and family.

During my internship with Capital Caring, while earning my certification as a music practitioner, two patients who benefited from selective music come to mind. The first, an 84-year-old woman dying of COPD. Upon entering her room, I observed extremely labored breathing so much so that her false teeth were pushed away from her mouth. Initially, I chose music to match the breath of the patient, and then gradually slowed the music to a normal heartbeat rate. There are numerous studies indicating that music can lower blood pressure, basal metabolism and respiration rates. And this is exactly what happened to the patient to whom I was singing. Her jaw relaxed and her breathing began to slow down to a normal heartbeat. I continued following her breath as she went from 30 breaths a minute, to 20 breaths, and gradually to her final breath. I used a different kind of music as the final breaths were taken, always allowing her breath to be my guide.

The second patient had Alzheimer’s. When meeting her initially, she was confused and disoriented and did not respond to my inquiry to sing to her. When an aide walked in and introduced me, and inquired if the patient would like music, there was a resounding response, “Yes.” During the second verse of the song, “Wonderful World,” she joined me on the final line. This utterance was met with great enthusiasm from the patient and the aide who jumped up and proclaimed, “You’re singing.” Both patient and aide were enthusiastic and thrilled. I sang oldies but goodies for the remainder of the session leaning into her at various times at which point she would chime in. When she chose to do so, she always demonstrated great pride and enthusiasm.

**Outcome of Indicators of Improvement in Quality of Life and in Healthcare:**

It is clear that in the instance of the COPD patient, she was able to relax, and be calmed by the musical vibrations of my guitar and voice. A nurse had recounted to me later how the patient
had been struggling to let go and what a blessing it was to the patient and the patient’s family that she died peacefully. What could have been a very difficult death was made more peaceful.

In the case of the Alzheimer’s patient, it was clear that the live therapeutic music reduced her isolation, physical discomfort and restlessness. The literature states that joyful music can bring out a natural high in order to maximize endorphin release. Research shows that hearing a favorite/familiar song can cause tissue in your blood vessels to dilate, increasing blood flow. Music is a powerful catalyst that can influence moods, evoke memories and stimulate the senses.

**Ability of the practice to be replicated in diverse settings and groups:**

Playing the guitar and singing allows me to replicate my music quite easily in most settings. The goal of therapeutic music is to respond to the specific needs of each patient in a one-on-one setting. Upon entering the room of a patient, I always observe their respiration, skin color, level of stress, anxiety and pain and then choose music accordingly. I have also sung and played my guitar in group settings, Sing Alongs, in assisted living, nursing homes, which everyone usually enjoys.

**References and/or evidence base for your work of related work:**

Music for Healing and Transition Program (MHTP)
Broadmead Continuing Care Retirement Community

Setting: Broadmead Continuing Care Retirement Community

Population: Assisted Living

Contact Person:
Joanna Brandt, RYT
www.YogaHealth.us

Best Practice:
Rationale:
Seniors in Assisted Living need multiple opportunities to live to their fullest physical, emotional and social capacities. In order to support a high quality of life facilities offer diverse programs that contribute to residents’ health of mind and body. While sedentary aging is associated with muscle loss, metabolic slowdown and fat gain, physical activity not only improves body function, but has been shown to enhance brain function and lift emotional mood.

Broadmead has a proactive Therapeutic Recreation program that involves seniors physically, mentally and socially. The inclusion of a specially designed Chair Yoga Class for Seniors enhances quality of life in a social setting.

This Chair Yoga for Seniors class differentiates itself from other exercise classes in that:

- its gentle application can be adapted to any health condition,
- it teaches relaxation skills,
- it includes breathing techniques that increase respiratory capacity,
- it focuses on flexibility of the joints, highlighting spinal flexibility, considered by yogic teaching to be the measure of a person’s health, and
- it incorporates a healing meditation practice proven to improve memory and cognition in people with memory loss.

Description:
Class is held once a week for one hour. All activities are performed sitting in a chair. An average of 8-10 people randomly attends, with 3-5 coming fairly regularly. Students arrive walking on their own, using canes, leaning on walkers, riding motorized scooters or in wheelchairs. The majority of the students exhibit symptoms of dementia.

- Class begins with deep breathing integrated into an awareness exercise (10 min.), closing the eyes and becoming attentive to sensations in progressive parts of the body. Students are instructed to breathe into the designated area, exhaling stress and tension away.
- This is followed by stretching parts of the body in turn, (30 min.) head, face, neck, arms, hands, legs, feet, and spine. The spinal portions consist of stretches in six directions: forward and backward, side stretch right and left and twist right and left. These movements are rarely accessed in the students’ daily lives.
- Mild aerobic activity (5 min.) consists of moving the body in various directions with arms overhead or shoulder height, increasing blood flow to the heart.
• Brain integration exercises follow, crossing the midline (5 min.) to stimulate whole brain functioning.
• The final exercise is modified Kirtan Kriya (see Evidence Base, below) involving chanting, finger manipulation, and meditation. (5 min). Class ends with clapping, followed by personally shaking each participant’s hand and thanking them for attending.

Outcome:
As this program is not being done as a research study, I have only anecdotal evidence for the benefits. However, research on the benefits of yoga and meditation for seniors is continually mounting. I have referenced some of these studies below. The seniors in this class report feeling more relaxed after each class. They mention how much they enjoy it and look forward to returning the following week. One senior said, “I don’t know how I’d get along without you.”

Replication:
Chair Yoga for Seniors class requires three things: 1) a quiet room with adequate space for people to stretch their arms and legs, 2) sturdy chairs with arms, and 3) a knowledgeable yoga teacher with a passion for working with elders. Teachers certified by the Yoga Alliance meet the highest professional standards. You can research their database to find a qualified instructor in your area.

Evidence base:
The benefit of yoga is a subject of growing research. The following is taken from the Alzheimer’s Research and Prevention Foundation website:

“Meditation Effects on Cognitive Function and Cerebral Blood Flow In Subjects with Memory Loss: A Preliminary Study

The Alzheimer’s Research and Prevention Foundation (ARPF) in collaboration with the University of Pennsylvania conducted the first-ever study on the impact of meditation on people with memory loss, which was published in 2010 in the Journal of Alzheimer's Disease. The study found that Kirtan Kriya, a meditation from the Kundalini yoga tradition, performed 12 minutes a day for eight weeks, increased brain activity in areas central to memory and improved cognition and well-being in patients with memory loss.

This study at NIH (Randomized, Controlled, Six-Month Trial of Yoga in Healthy Seniors: Effects on Cognition and Quality of Life) found the following,

"The yoga intervention produced improvements in physical measures as well as a number of quality-of-life measures related to sense of well-being, and energy and fatigue compared to controls.”
Capital Caring Hospice In-patient Center

Setting: Capital Caring Hospice In-patient Center

Population: Elderly, acute, non-acute, or dying

Contact Person:
Capital Caring, education@capitalcaring.org
Sally (Saori) Nystrom, Certified Music Practitioner, saoriharp@gmail.com

Best Practice:
Sally Nystrom was earning her certification as a music practitioner, interning at Capital Caring In-patient Center, when she was referred to a 93-year-old woman with Senile Dementia named Mary. When Sally introduced herself and offered a music session with her harp, Mary looked confused at first, but agreed to have the music. Sally observed that Mary’s breathing was normal, she seemed calm, and decided to start with a familiar tune. Soon after the music started, Mary became emotional and started crying. Not knowing if that particular tune evoked a sad memory for Mary, Sally tried something different. Mary stopped crying for a while, but soon she was in tears again. Sally wondered if she should stop playing, but she followed her training and decided to let this patient have a chance to cry out, and kept playing calming, beautiful tunes in a major key. When the music session was over, Mary thanked Sally and told her that she loved the music. Mary told Sally that she used to play piano and was remembering how much she enjoyed playing music. Sally held Mary’s hand and listened to her story. The experience helped Mary breakthrough through her dementia and recall a very positive memory, which also had a positive effect on Mary’s emotional and physical state at the time.

Sally continued to visit the in-patient center once a week providing live, therapeutic music to the elderly, ill or dying patients. After consulting with the attending social worker, Sally tailored her playing to each person’s condition to create a unique environment that promoted healing for the patients or transition for the dying. Unlike music therapy, which is an active interaction with the patient, Sally’s work is passive. In fact, she encourages patients to relax, even to take a nap during the music session.

Outcome or Indicators of Improvement in Quality of Life and/or Healthcare:
It was obvious that Mary was feeling loneliness and isolation, lying on a bed all by herself in an unfamiliar environment. The therapeutic music helped her release those emotions that needed to be addressed. By using her knowledge from the training and her intuition, Sally was able to create an atmosphere where Mary felt safe to cry, relief and physical calmness afterward.

Ability of the practice to be replicated in diverse settings and groups:
Therapeutic music sessions are designed to bring tailored music to meet an individual’s needs at the moment, and is best if practiced on a one-on-one basis. However, small group sessions can be done in a place such as an infusion center or Alzheimer’s unit.

References and/or evidence base for your work of related work:
Music for Healing and Transition Program (MHTP). www.mhtp.org
ClancyWorks Dance Group at Springvale Terrace Retirement Community

**Setting:** Seabury at Springvale Terrace Retirement Community

**Target Population:** Persons 62 years of age and older

**Contact Person:** Chuck Thornton, Director of Marketing
Seabury at Springvale Terrace Retirement Community
301-587-0190
c thornton@seaburyresources.org

**Brief Description of Program:**
ClancyWorks Dance Group partnered with Springvale Terrace Retirement Community to create an interactive dance therapy experience for persons 62 years of age and older. The program of movement workshops and a concluding performance were underwritten by the Arts & Humanities Council of Montgomery County Artists and Scholars in the Community Grant Program.

**Rationale or Need that Prompted Improvement:**
Both partners identified the more elderly persons are stimulated physically then mental acuity, agility and positive attitudes are improved overall. As one ages mobility is minimized, eyesight and hearing are diminished and the opportunity for isolation increases. These can lead to depression as one experiences an increased sense of loss for what “has been.” The resulting inactivity can lead to loss of strength in limbs that can result in postural changes, unstable gait, falls and fractures, stiffness, arthritis and osteoarthritis.

The movement workshops and performance were created to celebrate what one is able to do regardless of age or disability.

**Brief Description of the Best Practice:**
Contemporary senior living focuses on creating stimulating communities. This program has therapeutic as well as physical benefits, providing a comfortable setting for revisiting and attempting new movements with laughter and socialization that enhances overall quality of life. Each workshop was designed with the latest brain research in mind, creating an environment in which participants could excel as well as structuring movement exercises that would help to build and renew connections in the brain and rest of the body.

One resident was so moved during the performance she sketched her impressions, presenting her drawing to the company at the conclusion. The music supporting the dance triggered memories, with one resident playing the piano live for some of the movement pieces.
There are few opportunities for professional, directed dance workshops that offer therapeutic outcomes. As a discipline, dance has gained increased credibility for its contributions to healthy, positive senior living. The challenge is finding dedicated professionals who are able to target, direct and deliver dance programs that today's seniors find exciting and, in incremental steps, something they can be a part of. ClancyWorks Dance brought these skills to Springvale Terrace.

**Outcome Measures or Indicators of Improvement in Quality of Life and/or Healthcare:**
The goal of the program was to provide a stimulating impetus to the elderly to continue moving and to be active as they are able. This was achieved. The program had persons at all levels of agility from fully ambulatory to those with walkers and wheelchairs participating.

The activities were well attended with 30 seniors of all abilities and backgrounds attending each movement workshop and 50 individuals attending the culminating performance. These events included participation from all individuals.

The closing performance was a close-up dance experience combining movement, space, story, music and song. It was followed by an intergenerational question and answer session between the performers and the audience who had grown close over the course of the program.

At the conclusion one resident stated she wanted to do more as, “She had been a dancer.” Another shared the program brought back memories of when she was a younger and watched the Martha Graham Company. Resident Andy Gaskins, wrote, “The ClancyWorks Dance Troupe performance was nothing short of amazing! I so enjoyed like so many in attendance did. A job well done!!”

**Ability of the practice to be replicated in diverse settings and groups of older adults:**
This partnership is an effective model for senior living communities. The movement workshops allowed participants to focus on building strong, sound physical bodies while introducing seniors to exercises that explored creative movement and storytelling. The classes had variations for all exercises including seated and standing variations. Participants also collectively created new movements for the class based on stories from their own experiences.

The program exceeded expectations in meeting the challenges of the needs identified, physically and mentally improving individual well-being.
References and/or evidence base for your work or related work:
The ClancyWorks Senior Workshops are influenced by Clancy’s work as a massage therapist, dance practitioner, training from Bella Lewitzky, Bill Evans, and Liz Lerman (leaders in the dance field who have specific ideas and practices that support working with an older population).

Additional references used while planning the workshops:


Elizabeth M. Doherty, M.A., Art Therapist

**Setting:** Assisted Living Facility

**Population:** Multiple racial and ethnic backgrounds, all diagnosed with mild to moderate dementia

**Contact Person:** Elizabeth M. Doherty, M.A.
Art Therapist
artistemd@hotmail.com
www.ArtTherapyEmpowers.com

**Rationale:**
By the time older adults are relocated to an assisted living facility, most have suffered multiple losses, including family, friends, home, physical and cognitive abilities, and role identity. The significant loss of one’s former social support system is exacerbated by a loss of privacy. This often results in feelings of disempowerment and depression. Studies have shown that low levels of social support can lead to deterioration in the older adult’s physical, emotional and cognitive well-being. However, one’s privacy is severely compromised in communal life. Living in close quarters and sharing all of one’s daily experiences can lead to personality clashes and antagonistic interactions among residents and staff, which may contribute to the tendency of some residents to socially isolate. The rationale for encouraging older adults to engage in group art therapy sessions lies in restored feelings of empowerment arising from meaningful opportunities to increase one’s social support network, exercise physical and cognitive functioning, learn new skills that may lead to a new role identity, and elevate one’s mood via the brain’s release of serotonin during art-making -- all while simultaneously fostering positive feelings within the community.

**Best Practice:**
There are many art therapy directives that provide physical, emotional and cognitive benefits to older adults who create their own individual artistic expressions. Additionally, art therapists can provide directives that can both honor a resident’s need for privacy and desire to work independently, and foster feelings of social support within the community. One such session involved the creation of a “quilt” which incorporated both individual and group aspects. A brief introduction to the history of quilts and how they are made was tailored to the overall cognitive functioning of the group. Photographic examples of quilts were shown, and emphasis was placed on the fact that quilts are comprised of many individually made squares that are grouped together and arranged in such a way as to contribute to the overall beauty of the piece. Residents were then invited by the art therapist to create a community quilt out of paper, rather than fabric (thus eliminating the need for sewing). Group members were provided with individual 5 ½” x 5 ½” squares of white cardstock, an assortment of pre-cut decorative scrapbooking papers in a wide variety of patterns, shapes and sizes, glue sticks and safety scissors. Approximately 30 minutes were allotted for the creation of individual squares. The activities assistant (who had recently been on the receiving end of some residents’ hostility) was invited to work alongside group members while creating her own quilt square. The finished squares were then laid out on the table and participants were given time to comment on both the process and each other’s
creations. Finally, all the squares were glued onto a large poster board, embellished with “stitches” made by a marker, and framed with a decorative paper border (See Figure 1).

**Indicators of Improvement in Quality of Life:**
A qualitative evaluation revealed several indicators of improvement in the residents’ quality of life. Participants remained thoughtfully engaged with relaxed body language throughout the session. The overall mood elevation of the residents was reflected by an increase in smiling, laughter and positive verbalizations about their completed works. The cutting, gluing and creative composition of the images signaled success in exercising both their physical (fine motor) and cognitive (problem-solving) functions. Upon completion of her square, one resident exclaimed, “I didn’t think I could do it… but I did!” suggesting feelings of mastery over a new art medium and a potential new role identity (“artist”). Social support was observed in the form of complimentary comments that residents made about each other’s squares – even between two individuals who frequently bickered and criticized one another. Active engagement on the part of the activities assistant yielded both care for the caregiver and supportive social interactions among her and the residents.

**Ability of the Practice to be Replicated:**
*Collage*, or the cutting, arranging and gluing of papers to create images, is a very popular, non-intimidating art medium with older adults. This directive could be replicated in diverse settings with groups of older adults, with modifications in materials and degree of supervision based on the functioning level of group members. For example, the use of pre-cut or hand-torn shapes of decorative paper would eliminate the need for scissors in situations where sharps were inadvisable. The quilt theme could be extended to other themes, such as a garden scene made of individual flowers. The main objective of the art therapy session would be to provide a group project that simultaneously respects the individual’s need for their own, private creative space while also promoting supportive social engagement.

**References:**


Figure 1
Assisted Living Facility Community Quilt
Encore Creativity for Older Adults

Encore Chorale
Web site: http://encorecreativity.org

**Setting:** Senior Centers, Retirement Communities, Colleges, Community Music Schools, Smithsonian

**Population:** all 55 years of age and over

**Contact Person:**
Jeanne Kelly, Executive Director

**Best Practice:**
Encore is dedicated to providing an excellent, sustainable and accessible artistic environment for older adults, age 55 and over, regardless of experience or ability, who seek arts education and performance opportunities under a professional artist.

Encore’s founder, Jeanne Kelly, conducted the choral component of the landmark Creativity and Aging Study, led by Dr. Gene Cohen, former director, GWU’s Center of Aging, Health & Humanities. The three-year study, funded by the National Endowment for the Arts, examined the impact of participatory arts programs on the physical and mental health, and social functioning, of older persons. Kelly created three senior chorales, which during the course of the study, demonstrated improvement in health, fewer medical needs and improved morale.

One key finding: “**These results point to true health promotion and disease prevention effects...these community-based cultural programs for older adults appear to be reducing risk factors that drive the need for long-term care.**”

Inspired by these outcomes, Kelly established Encore to bring health-promoting professional arts experiences to a wider array of older adults.

Since 2007, Encore has delivered a year-round program of sustainable and excellent educational and performing arts activities for older adults, consisting of nine chorales in the metropolitan DC, area and affiliate chorales in OH, PA and TN.

Encore’s chorale program provides two 15-week semesters of choral instruction each year. Session begin with instruction in voice and breathing techniques as well as correct tone production. Singers rehearse repertoire ranging from spirituals and show tunes to folk and opera. Singers do not audition and they are seated for rehearsals and performances.

Singers – and their audiences – enjoy free concerts held in high profiles spaces including Kennedy Center, Renwick Gallery, American Art Museum, and National Presbyterian Church.

Encore conducts two five-day summer Institutes at St. Mary’s College of Maryland and the Chautauqua Institution in New York. In 2011, Encore will add Dance and Theatre Institutes at Chautauqua partnering with Liz Lerman Dance Exchange, and Stagebridge Theatre.
Kelly is recognized as a leading expert on aging and the arts, speaking at forums, conferences and with media.

**Rationale or Need that Prompted Improvement:**
Kelly started Encore to improve the quality of arts education offered to older adults. There are many older adult singing programs, but with little substance and no challenge. Encore challenges the singers to improve their singing and speaking voices and rehearse weekly in a choral setting. The music is in four parts and singers are offered rehearsal CDs to learn parts. All chorales rehearse the same repertoire and join forces to perform exciting and engaging concerts. These concerts provide an excellent social and artistic outlet and give singers an opportunity to give back to their community.

**Outcome Measures:**
Participating singers have improved their breathing, with many reporting easier inhalation and improved speaking and singing voices. Stamina has also improved. Singers report higher morale and less depression. They have exciting, weekly rehearsals to look forward to. It gives them a purpose. Encore has singers up to the age of 97. Many of the 75 year old singers who participated in the Creativity and Aging Study in 2001 – 2004 are still actively singing and performing at the age of 85. Very few singers drop out of Encore.

**Replication of Encore program:**
Replicating an Encore Chorale is simple. A handicapped accessible space with excellent lighting and ample parking is needed, as well as chairs, a good piano and microphone. Encore has written a manual on how to start and maintain an Encore Chorale. Above all, an excellent professionally trained conductor must be at the helm. The conductor must have vast vocal and conducting experience and a command of the piano. The conductor works with Encore Exec.Dir.in choosing appropriate music.

**References:**
Encore partnerships include:
- Smithsonian Resident Associates Program, Washington, DC
- Arlington County Office of Senior Adult Programs, Arlington, VA
- Schweinhaut Senior Center, Silver Spring, MD
- Goodwin Houses of Alexandria and Baileys Crossroads – CCRC Alexandria and Falls Church, VA
- Woodlands Retirement Community, Fairfax, VA
- AACC, Lifestages – The Center of Aging, Arnold, MD
- Myerberg Senior Center, Baltimore, MD
• Laurel Lake CCRC, Hudson, Ohio
• Washington Conservatory of Music, DC
• St. Mary’s College of Maryland, St. Mary’s City, MD
• Chautauqua Institution, Chautauqua, NY

Encore Creativity for Older Adults performing at The John F. Kennedy Center for the Performing Arts.
Goodwin House Alexandria

**Setting:** Goodwin House Alexandria, Alexandria VA (GHA): CCRC
The Phillips Collection, Washington, DC (The Phillips)

**Population:** Assisted Living Residents (74-98 years)

**Contact Persons:** Pauline Daniels, MFA, Creative Arts Coordinator, GHA
Brooke Rosenblatt, Manager, Public Programs and In-Gallery Interpretation, The Phillips

**Best Practice:**

Older adults living within the Assisted Living spectrum need assistance that limits their abilities to engage in programs and lifestyle that the independent market provides; yet, they are not ill enough to need full-time medical care benefiting from the special programming provided by Healthcare providers. They are dealing with the loss of physical and cognitive abilities, home, family, and community, which results in, increased depression, boredom and a greater risk for increased disabilities. This program is designed to foster community development, meet the resident’s personal need for creative expression and work with purpose, foster continued academic learning and facilitate a commemorative celebration to honor the resident’s time involved. It creates a structure in which the resident is allowed and encouraged to find time for introspection and intuitive emotional understanding and feeling.

Each four-part program series is centered on a single work of art/ and or artist on display at The Phillips:

1. A multi-media presentation by The Phillips staff at GHA includes information about the life of the artist and his/her social context. It encourages participants’ personal responses to the featured artwork and the artist in general. This component addresses the cognitive needs and desire for continued education and social learning.

2. A creative arts workshop related to the featured artwork. This project may incorporate visual, literary, musical, and dance/movement arts as options. This element is designed to inspire creativity, reinforce academic lessons and provide socialization.

3. A visit to The Phillips to a private viewing and discussion of the featured artwork. This element provides the opportunity to safely re-engage with the greater community.

4. A final celebration activity for residents at GHA related to and reinforcing the learning and personal insights discovered during the series. This is critical to the success of the program. It provides opportunity to review, one more collective
creative opportunity, support of creative efforts, socialization and promotion for the next event.

Series One: Pierre-Auguste Renoir’s *Luncheon of the Boating Party* (Boating Party)

1: To accommodate vision challenges residents received a poster of the painting to refer to during the opening lecture. History of the painting’s creation, acquisition and artist’s biography was presented. A poem based on the Boating Party was dramatically read aloud.
2: Participants created poems in response to the painting all in modified Cinquain format.
3: During the viewing of the painting at the gallery, staff and residents read the poems created during previous workshop.
4: The Celebration included creating a painted backdrop landscape ala the Boating Party and the decoration of painting inspired hats worn for the creation of our own tableau version of the painting.

**Indicators of Improvement in Quality of Life:**
Quality of life improvements were immediately evident in greater socialization, marked increase in attendance at all programs offered on the unit and increased creative engagement at weekly art therapy programs.

**Testimonials:**

*This was a miracle. I don’t know how you arranged it all. It was wonderful.* Participant then sent out her annual holiday letter detailing the event for her family.

*I never knew I could do anything like this. I learned so much, had so much fun and painted for the first time. I didn’t know I could paint.* Participant has since visited the Arts Center several times looking to make herself “useful,” participated in a community mural project, and attends weekly multi-media classes.

*It felt so wonderful to be able to participate. My sight is getting really bad now. I don’t think I can do very much. But I could do this.* Participant gave small gift bags depicting a reproduction of the Boating Party to each of her friends for Christmas and arranged placement of a puzzle of the painting in the activity room for residents to put together.

**Ability of the Practice to be replicated:**
This program format can be easily duplicated. If a local museum or gallery is not available, prints of famous works are available on line that can provide inspiration and content.

**Reference Base for Work:**

Iona Adult Day Health, Wellness, and Arts Center

**Setting:** Day Programs

**Target Population:** Adults age 60+

**Contact Person:** Anna Ford, ATR  
Iona Adult Day Health, Wellness, and Arts Center

**Rationale:**  
Many older adults in the day center setting have memory loss due to vascular dementia, Alzheimer’s disease, or other forms of dementia. People with memory loss often experience feelings of loneliness, lack of ability to verbally express themselves, feelings of losing control and independence, anxiety, and depression. Studies have shown that engaging in creative activities enhances quality of life by improving health and decreasing doctor visits, medication use, depression, loneliness, and isolation (Cohen, 2005).

**Best Practice:**  
The profession of art therapy is regulated by the Art Therapy Credentials Board (2007), which defines art therapy as, “a human service profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy practice is grounded in the knowledge of human development, psychological theories, and counseling techniques. Art therapy is an effective treatment for persons experiencing developmental, medical, educational, and social or psychological impairment. A goal in art therapy is to improve or restore the client’s functioning and his/her sense of personal well-being. Art therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings with diverse client populations in individual, couples, family, and group therapy formats.” Art therapists are Master’s level professionals with broad training in psychology, counseling, and studio art.

Art therapy sessions at Iona Adult Day Health, Wellness, and Arts Center are designed to enhance quality of life of older adults by promoting positive experiences of mastery, social engagement, physical and mental stimulation, and creative self expression. The art therapy program offers directed sessions, open studio sessions, and individual sessions. Practices put in place to encourage mastery, social engagement, positive attitude, and creative self-expression include using a person-centered, strengths-based, open studio approach, always allowing the participant to make his/her own independent choices, facilitating group projects to inspire reminiscence, using the artwork to initiate and facilitate personal expression and dialogue among group members, adapting each task to the physical and cognitive level of each individual participant, consistently keeping an emotionally safe environment and nonjudgmental demeanor, and holding annual art exhibits for participants, caregivers, and the community.
**Indicators of Improvement in Quality of Life:**
Qualitative Measures including participant report, caregiver report, observation.

Caregiver reports:
“My husband is attending Iona’s Senior Day Care Center at this time. For over 20 years after his retirement he was a docent at the Corcoran Museum. Art has been an important part of our lives. When we first visited Iona we were especially delighted by the art program. Bob immediately felt at home in the art room and has produced some wonderful work—that he never did at home. Both the Center program and assistance has helped him find a happy and productive place to continue his love for art.”

“My mother, a lifelong artist, began taking art therapy at Iona a couple of years ago, and has become a regular participant in the Adult Day Care program. Mom loves the art at Iona best, out of all the wonderful activities offered. When she gets confused or upset, she’s taken to the art studio and always calms down and has a great time. She is still producing some beautiful art, even at 85, even with Alzheimer’s thanks to Iona. P.S. She was banned from taking an art class at another location, so sometimes artists with Alzheimer’s aren’t welcome.”

Participant reports:
“It (painting) gives me power, I can control it—nobody tells me what to do.”
“I appreciate having someone here to listen.”
“(Art therapy) is the reason I get up in the morning.”
“It (art therapy) releases tension.”
“I always knew I was an art guy.”
“I want to put my John Hancock on it. (completed piece of art.)”
“Painting is relaxing.”

**Ability of the Practice to be replicated in diverse settings and groups of older adults:**
Integrating art therapy at any day center is possible as long as there is funding to hire a trained art therapist, full-time, part-time, or even on a contract basis.

**References:**


Lisner-Louise-Dickson-Hurt Home

Setting: Lisner-Louise-Dickson-Hurt Home
5425 Western Avenue, NW
Washington, DC 20015
The Home is a 501(c) 3 public charity serving low and modest income seniors of DC. The Home is licensed as a community residential facility, assisted living residence and nursing home. It is certified by the federal government to provide health services reimbursed by Medicare and Medicaid. The mission of the Home is to provide extraordinary health and life care services to indigent and modest income seniors of the District of Columbia, empowering them to live their lives to the fullest.

Target Population:
Low and modest income seniors of DC ranging in level of care from independent to skilled nursing services. The Home maintains a short term rehabilitation program for those needing skilled services prior to returning home.

Contact Person:
Ward Orem, CEO
202-966-6667 ext. 3311
lworem@lldhhome.org

Rationale:
The Home’s Resident Art Program was established in 2007 by Bonnie Grover. She created a mission statement for the Program to serve as the guiding point for all of the residents’ creative endeavors. Bonnie noted that the Resident Art Program is dedicated to enhancing the lives of resident seniors through a rich and varied curriculum in the visual arts. The primary focus of the Art Program is to promote creative engagement in later life by offering a full range of stimulating art activities to residents of the Home. The Program encourages even non-artists to participate and enjoy the positive effects of creativity on aging.

Polly King Evans also played a remarkable role in the Resident Art Program. She was a talented artist who guided the residents in creating more contemporary, expressive pieces using a variety of artistic mediums. Large canvases became the focal point of her efforts and she encouraged the residents and support staff who assisted in the Program to dispel the thought that they lacked creativity. Using a myriad of colors and techniques, Polly encouraged bold expression and dynamic statements.

The background painting on the Donor Wall mounted in the main hallway of the Home is the largest and most visible example of the residents’ talents. Additionally, two of the Home’s residents have won Honorable Mention in city-wide senior art shows and, in April of 2010, the Home co-hosted an art reception at the Capital Breast Care Center. The Center unveiled a number of residents’ art pieces and kept the artwork on loan for general public display. In October of 2010, resident artwork went on display at Sushiko Restaurant in Chevy Chase, MD. This artwork was so well received that additional resident art was installed at Sushiko’s location.
in Glover Park, DC. The art remains on display and all are encouraged to visit either Sushiko location to appreciate the creativity of these talented seniors.

**Best Practice:**
Residents with a multitude of physical and psychosocial issues (post stroke, visual impairments, etc.) gather several times a month to create contemporary canvases using a variety of mediums including acrylics and collage. Samples of contemporary pieces are provided to the residents to encourage creative thinking and to assist each in developing a concept for his or her endeavors during that art session. Each session lasts approximately 2 hours during which the participants engage in social encounters with one another, staff and volunteers. Resident artists have produced pieces individually and have worked in collaboration with other residents and staff.

**Outcome Measures:**
- Per resident expression during media interviews, participants report that the Art Program:
  1. “Helps me forget my problems.”
  2. “Makes me happy and excited.”
  3. “Gives me something to look forward to.”
- Three years of resident art shows and sales. Income continues to increase with May 26th art show and sale generating over $10,000 in sales to support the mission of the Home.
- Resident art currently on display at the Capital Breast Care Center and Sushiko Restaurants.
- Two Honorable Mentions for artwork from the DC Office on Aging Resident’s Rights Week Art Contest.
- Collaborative philanthropic efforts with “Shoot for Change” and Ladies DC.
- Local media attention and YouTube exposure; 
  www.youtube.com/watch?v=djS1Hp34xn8, Don Patron interview with residents 
  www.wamu.org, NPR’s Metro Connections Radio Show 
  www.nbcwashington.com/on-air/as-seen-on/Talents_Gets_Better_with_Age_Washington_dc-122237419.html filmimg of art class and residents 
  www.bisnow.com/washington_the_scene.php?cat=15 
- Soon to be available to the public, a documentary by F. Stone Roberts entitled, “Paint.”

**Ability to Replicate:**
Program can be replicated based upon ability to finance (approximately $5,000 per year for supplies) and coordination of staff and volunteers.
TIMESLIPS: Creative Group Storytelling Project

**Setting:** Day Care, Assisted Living, Skilled Nursing, Family Caregiving

**Population:** Persons with memory loss, especially mid- to late-stage dementia

**Contact Person:** Liz Nichols, M.A.
Storyteller, AFTA Teaching Artist (Arts For the Aging), Certified TimeSlips Trainer & Facilitator

**Overview:**
The TimeSlips Creative Storytelling Method is a creative engagement project based on the principles of person-centered care. It opens storytelling to everyone by replacing the pressure to remember with encouragement to imagine. In a group of 8-20 people with memory loss, lead by one or more facilitators, participants meet weekly and respond to a different provocative photo image each week. The leader(s) ask open-ended questions, starting with the classic “Who? What? When? Where? Why?”. Their responses are recorded and read back to them. Later they can be shared in print or through readings, poster exhibits, etc. TimeSlips is based on validation: it encourages, affirms, and weaves all responses into a poetic story collage.

I have been a TimeSlips facilitator since 2007 and have also trained hundreds of others to lead it.

“We already do reminiscence / storytelling. What makes TimeSlips special?”
The format may sound similar, but the underlying philosophy is different and can lead to dramatically different results. TimeSlips was designed by Dr. Anne Basting, a pioneer in aging and creative engagement, to “bring in” those seniors who have been left out of the fun and excitement of theater and literary arts classes, and the enjoyment of reminiscing over old times, due to Alzheimer’s and memory loss.

Adapting tried and true concepts from creative writing and improvisation, and applying best practices in communicating with people with dementia, TimeSlips takes the form of a clear, ritualized process that meets each storyteller where s/he is and

- Regards personhood in people with dementia as increasingly concealed and not lost
- Builds meaningful relationships through its group process
- Interprets language and behavior from the storyteller’s viewpoint
- Gives caregivers a break from the need or desire to “correct” or “orient”
- Encourages storytellers to take risks even when they think they don’t know, don’t remember, or are unable to express the “right” answer. There is no right answer!

**Benefits of TimeSlips:**
The main benefits of this practice are to

- enable people with dementia to hone and share the gifts of their imaginations
• enable others to see beyond the loss and to recognize the strengths of people with dementia

Beyond that, it improves socialization, expressive language, and mood. TimeSlips provides a safe, in fact magical, place for people who have lost confidence in their ability to communicate to listen to each other and to be heard. Emotions, including negative ones, can be vented in a way that becomes appropriate or even funny and/or moving, when directed towards a story “we are just making up” rather than towards others. People who rarely speak under “normal” conditions burst out with memories, rich poetic language, praise and appreciation for other group members, laughter and song.

**Replication requires training but no complicated or expensive set up or supplies:**
- Logistical needs are:
  - a quiet space where 8-20 can sit in a circle uninterrupted;
  - access to interesting images and a photocopier;
  - large pad, pens/markers;
  - a leader and assistant (can be done by one leader in a small group or one-on-one)
- Certified facilitator and trainer Liz Nichols available in DC Metro area.
- Center for Aging & Community at U Wisconsin-Milwaukee offers online training (beginning Sept 2011) and maintains a website and online store with free and low-cost resources, including a training manual and library of photo images.
- Sharing the stories publicly usually requires some extra support. This is a great way to involve community service volunteers, family members or senior volunteers.

**Academic research has validated the method:**
A 20 nursing home study published in 2009 in the journal Gerontologist showed that TimeSlips increased the number of meaningful interactions between staff and residents on the whole unit (not just among those involved directly in the storytelling) vs. the control group. Staff attitudes toward people with dementia also improved.

In 2010, faculty from the Sinclair School of Nursing at the University of Missouri published an article in the journal Nursing Research, finding that TimeSlips “encourages participants to be actively involved and … promote(s) positive social environments that are central to person-centered care.”

**Resources and references:**
Liz Nichols, Trainer/Facilitator www.liznichols.net 415.505.7941
U Wisconsin Center on Age & Community http://www.ageandcommunity.org
TimeSlips International Office www.timeslips.org
Anne Basting “Forget Memory” blog www.forgetmemory.org