



## Creative Tasks Spark Imagination

*Three innovative activities for various cognitive levels foster meaningful social interactions and tap into residents' creativity.*

**C**REATIVE EXPRESSION IS IMPORTANT at any age but may become more so as people grow older by helping to preserve a sense of identity and connection with others. What's more, there is increasing evidence that stimulating creativity in elders improves function and health outcomes.

Three programs—storytelling, storyboarding, and life stories—are designed to elicit creative responses in older adults in residential care, adult day programs, or in the community.

### Storytelling

Based on a well-known program called Timeslips, storytelling is a creative activity that focuses on imagination instead of memory by encouraging participants to become the storytellers.

This activity, which is designed for persons diagnosed with mid- to late-stage dementia or Alzheimer's disease, can be used to tap this imaginative impulse and draw participants into meaningful social interactions.

Such programs have been shown to reduce depression and isolation and can contribute to an overall improvement in well-being and quality of life.

The creative process unfolds over the course of six to 10 weeks when residents are shown a number of whimsical photographs and then asked simple questions about what they think may

be happening in the scene. A trained facilitator records all responses, which, when combined, tell a story that participants have created from their own imaginations.

Since there are no wrong answers,

residents in a quiet space selected for limited interruptions. The room should be large enough to seat participants in a circle, including those in wheelchairs.

The only materials required are

paper, markers, and photographs. It is important to select photographs that are not personal pictures because they could elicit unpleasant or sad memories.

The images should look like there is a story behind the scene; vintage pictures work particularly well for this exercise.

Before beginning a session, all participants should be greeted individually to establish and re-establish rapport.

Copies of the first photograph are then distributed to the story-

tellers, who are allowed a short amount of time to study the image.

The facilitator begins to prompt imagination by saying, "We can make the story anything we want it to be" and asking open-ended questions such as, "What do you think is happening in this photograph?" or "Where do you think they are going?"

As participants respond, the facilita-



Residents at Pine Tree Cottage, Pasadena, Texas, utilize their imaginations during a storytelling session.

resident storytellers feel secure in their environment, in their group, and with their responses.

At the end of the program, all of the photographs and stories are bound into a book and a copy is given to each participant. A book-signing party marks the culmination of the project, and staff, friends, and family are invited to celebrate the accomplishments of all.

### Minimal Requirements

Requirements for sessions are minimal. A facilitator and additional staff or volunteers meet with groups of six to 12

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tor records everything said, without editing or correcting.

## Meaningful Interactions

Completing two stories typically takes about an hour, including transporting residents to the desired location. Pacing should be comfortable and draw to a close when the energy of the group wanes.

When a story is complete, it is read back to the group, and they are asked to title it. This process is then repeated for the second photograph.

At the end of a session, each participant is individually thanked and invited to come back the following week.

One storytelling group had a resident who always inserted comments such as, “Looks like he has a gun,” while another frequently said,

“They’re in love.” This theme would result in much laughter when the story was read back to them.

According to one facility’s activity director, participating in the project “has brought out residents in a way I never thought possible. They’re always asking for storytelling now.”

Storytelling projects promote meaningful interpersonal interactions by helping individuals with dementia to connect to their inner lives and to others through the exercise of their imaginations.

Much to the surprise of participants in one group, a resident who never spoke began to sing songs that became part of the story. When everything comes together for a storytelling group, the experience can be magical for all involved.

## Storyboarding

Another point on this creativity continuum is storyboarding, a program that encourages residents to reconfigure a lifetime of experiences, re-examine values, and make their own expressive choices through the creation of a visible storyboard.

Storyboarding presents a montage of themes through pictures, achievements, crafts, and mementos collected over the course of a lifetime.

Prominently displaying the storyboard allows residents, visitors, and staff to see the residents as they see themselves—providing an avenue of insight into the resident’s life, which can lead to deeper human connections.

In one case, a resident confided that she had been a champion swimmer with an accompanying photo and nar-

## Adverse Drug Reaction List Compiled

A group of geriatric experts recently developed a list of 40 “signals” that can be used to detect potential adverse drug reactions (ADRs) among nursing facility residents, according to the *Journal of the American Geriatrics Society*.

A multidisciplinary panel of physicians, pharmacists, and advanced practitioners agreed that the following signals have the most potential for ADRs: naloxone when taking opioid analgesics; phytonadione when taking warfarin; dextrose, glucagon, or liquid glucose when taking hypoglycemic agents; medication-induced hypoglycemia; supratherapeutic international normalized ratio when taking warfarin; and triggering the falls resident assessment protocol when taking certain drugs.

According to the study, the consensus list of laboratory, pharmacy, and minimum data set signals is best suited for a computer system to detect potential ADRs, although it can also be use-

ful to facilities that do not have the appropriate health information technology (HIT) infrastructure. For facili-

■ This is a necessary step toward detecting and reducing the effect of ADRs.

ties that have the appropriate HIT, the results of this study can be used to create or modify clinical event monitoring systems in order to detect potential ADRs, the study’s authors say.

In facilities that do not currently have HIT capacity for such a system, the authors conclude that the list can be used to prioritize the signals to be included in a paper-based trigger tool. “The trigger tool methodology greatly

simplifies the chart review process by allowing rapid and systematic examination of charts to extract relevant data,” the study says. “Trigger tools have been used successfully to demonstrate the benefits of low-cost error-detection strategies focused on high-risk medications in a variety of clinical settings.”

The authors recommend that while comprehensive chart review is the primary ADR case-finding technique for research, and is considered by some to be the criterion standard, it is time-consuming and impractical for routine clinical use. They suggest instead that alternative surveillance systems be used in nursing facilities to detect and minimize the potential consequences of ADRs.

“This is a necessary initial step toward detecting and reducing the future occurrence and effect of ADRs in the nursing home setting,” the authors concluded.

—Meg LaPorte

rative that captivated all who saw it. The photographs may be easily changed to reflect celebrations or special occasions, such as birthdays, anniversaries, holidays, or even a change in seasons.

The facilitator's role in storyboarding is to help sort through artifacts, gather pertinent details through interviews with the resident and family members, and assist in storyboard construction.

### **Family Members Can Help**

Among the challenges to this activity are the time commitment to complete the project or accessibility to residents' pictures and mementos. Using the family members as a resource will help. If the resident does not have active family members, magazine photos may be used.

Working with the activity director to implement storyboarding as a monthly

## ■ Storyboarding as a monthly activity has worked well in facilities.

activity has worked well in facilities. This activity lends itself to intergenerational groups such as high school students working with residents to create their story.

For residents with cognitive impairment, family members can create a storyboard for their loved one. The process of creating a storyboard or making a life visible can be a therapeutic exercise for families.

Once the storyboard is complete, a ceremony with staff, friends, and family is held to celebrate the individual's life.

One resident with schizophrenia blossomed as a result of completing a storyboard.

At the last session, she arrived wearing new clothes and make-up, stating, "When I started this I never dreamed it would turn out this way."

### **Life Story Writing**

The third program to ignite resident memories is life story writing. This is a six- to 10-week workshop involving writing, reflecting, and sharing stories of one's life that works best with higher-functioning older adults in the community, residential setting, or day center.

The writing group experiments with a variety of suggested writing techniques, including narrative, journaling, letters, and poetry.

Personal narratives are shared with the group, and other members are encouraged to comment on positive

aspects of the author's writing technique and style.

Security and confidentiality are key to group success since they allow individuals a comfortable and safe environment in which to share their life experiences.

By allowing time for self-expression and group support, activities that both nurture and heal, life story writing has demonstrated its therapeutic effects at any stage in life. Life stories can be written, recorded on audio or videotape, scrapbooked, and even blogged.

Finding the right participants may be a challenge for this activity. Therefore, older adults in independent or assisted living settings may be the best place to begin. Typically, participants enjoy this workshop and after the initial session want to continue.

A writing group may consist of people with a similar experience, such as surviving stroke or breast cancer, or an

occupation, such as teaching or nursing. In some cases, simply living in the same setting works well.

Soon after starting a life story, one participant—Miss Joy—wrote to a local fifth grade class because she had taught that age group for many years. As a result, the school adopted the facility at Christmas time, and students collected gifts and came to visit.

There was 100 percent participation among the residents on that day. The children learned about life in a nursing facility, while the residents felt like they were part of the community.

Prior writing skills are not required to succeed in life story writing. Encouraging participants to continue writing is important.

#### **Life Experience Only Requirement**

Everyone has a life story, and as Ralph Waldo Emerson noted, "There is properly no history, only biography."

One of the many benefits of telling personal stories is that people learn more about themselves. The very process requires considering what each person believes, what matters most, and what the sum of their life experiences has taught them.

Many facilities have implemented these activities for their residents, and in some cases, reported increased well-being and cognitive functioning among participating residents. Implementing these creativity tools supports, encourages, and inspires residents, their families, and staff.

These stories touch people in remarkable ways, no matter what age or ability. ■

#### **For More Information**

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