



## Therapeutic Activity Kits

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**WHY:** Adults with dementia have feelings that are often difficult to express due to cognitive impairments in language, memory, and executive function. Communicating frustration, boredom, fear, loneliness, anxiety, or pain may be expressed as resistance, agitation, wandering, frequent requests for assistance, and repetitive calling out. These distressing symptoms experienced by the person are referred to as BPSD which stands for “behavioral and psychological symptoms of dementia”. Up to 90% of persons with dementia experience one or more of these symptoms during the course of their illness (de Oliveira, Radonovic, de Mello et al., 2015). Apraxia, impaired recall, and the anxiety that accompany cognitive loss often impact the person’s ability to cope with stress, such as care transitions and hospitalizations, making these distressing symptoms more common. Caregiver impatience and rushing, clinician assessments, unfamiliar surroundings, and an overstimulating environment may also provoke distress. Older adults often have periods of intense aloneness in unfamiliar environments, such as hospitals; staff and family members can provide companionship and facilitate purposeful activity. The use of an activity kit provides an opportunity for cognitive stimulation as well as focused and intentional dialogue between caregiver and older person with dementia. It can also make the time spent alone, between caregiver and family visits, meaningful and less frightening.

**BEST PRACTICES:** Non-pharmacologic methods are first line treatment in the management of non-emergent BPSD. The evidence for the effectiveness of psychotropic medications for distressing symptoms of dementia is modest, at best. In addition, potential side effects of these medications increase the risk of falls, stroke, and extrapyramidal symptoms. Once medical causes for the symptoms are ruled out, activities that may improve mood, function, and behavior are initiated. The use of activities as an intervention to reduce BPSD has been shown to reduce agitation and depression (de Oliveira, Radonovic, de Mello et al., 2015). Ideally, activities should be person-centered and tailored to individual likes and interests. An activity kit that has a collection of tactile, auditory, and visual items may provide solace, an opportunity for emotional expression. These activities should be implemented before behavioral symptoms begin. The activity kit includes a wide range of items that are commonly used to provide diversion such as games, audiotapes, and nontoxic art supplies. A family photo book or a “knowing me” book can serve as an effective way families can provide others with a glimpse into the person’s life, character, likes and dislikes. In addition, items such as pieces of textured fabric, cloth to fold, tools, and key and lock boards, are included for the person with more advanced dementia.

**TARGET POPULATION:** Older adults with dementia during care transitions and hospitalizations with suspected or confirmed dementia, whether or not they exhibit behaviors described above, as well as older adults with depression and/or limited family contact. Knowledge about the person including usual behavior and function markedly enhances the ability to provide person-centered care. Standardized screening for cognitive impairment, including dementia, delirium, and depression, should be performed upon admission and periodically in the hospital, during care transitions, and during follow-up in primary care. [See *Try This:*® MoCA, Mini Cog; A Brief Evaluation of Executive Dysfunction; Confusion Assessment Method; Geriatric Depression Scale].

**STRENGTHS AND LIMITATIONS:** Assessment and appropriate selection of activities is critical to avoid overstimulation or agitation. The items should reflect/match the person’s preferences, cognitive capacity, and physical abilities. It is crucial to avoid items that infantilize, insult, or threaten the person’s self-image. The items listed in this publication are suggestions. Families should be encouraged to individualize contents by providing audiotapes, photo albums, videotapes, and activities that the person enjoys. **All kit items should be provided for the person to keep, eliminating the need for cleaning between use and infection control concerns.**

**ENHANCING USE OF THE KIT:** Nursing and rehabilitation staff work with the person’s family to identify pre-dementia activities and pleasant events the person enjoyed. This facilitates selection of appropriate kit activities and personalization of some items provided by the family.

### MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>.

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# Suggested Therapeutic Activity Kit Contents

Item	Activity	Performance Skills	Target Areas
<b>Peg Board</b>	Place pegs in resistive plastic board	Psychosocial Cognitive Motor Vision Sensory	Sense of purpose or relaxation Sequencing, spatial operations, categorization Coordination, crossing midline, ROM, pinch Color discrimination, depth perception, eye/hand coordination Proprioception, light touch
<b>Art supplies</b> (Colored pencils, watercolors, paper, clay)	Drawing, painting, sculpting	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation, sense of purpose, self expression, or relaxation Attention span, spatial operations Fine motor movement Color discrimination, depth perception, visual perceptual skills Light touch
<b>Wash Cloths</b>	Fold towels/Stacking towels	Psychosocial Cognitive Motor Vision Sensory	Stimulation, sense of purpose or relaxation Sequencing, problem solving, attention span ROM, coordination, bilateral integration, pinch Depth perception Light touch
<b>Fit-a-space puzzle</b>	Assemble & take apart various puzzle pieces/shapes Lace shapes together	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation, sense of purpose or relaxation Object recognition, attention span, spatial operations Coordination, bilateral integration, visual/motor integration Form constancy, position in space, figure ground Proprioception, light touch
<b>Cones</b>	Stacking cones	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation, sense of purpose or relaxation Sequencing, attention span, problem solving Grip, ROM Color discrimination Light touch
<b>PVC Piping</b> (Pipe Tree)	Assemble piping in patterns/ shapes	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation, sense of purpose or relaxation Problem solving, motor planning, sustained attention Pinch, grip, coordination, ROM, bilateral integration Eye/hand coordination, visual perceptual skills Proprioception, light touch
<b>Finger Fidgets</b>	Exercise fingers with ball	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation, sense of purpose or relaxation Attention span Pinch, coordination, bilateral integration Color stimulation Proprioception, light touch
<b>Playing Cards</b>	Play games, sorting, shuffling	Psychosocial Cognitive Motor Vision Sensory	Enjoyment/stimulation Sequencing, memory, picture recognition, attention span, categorization Coordination, bilateral integration, ROM visual motor Figure ground, depth perception, visual memory Light proprioception, touch
<b>CD</b>	Listen to music	Cognitive Psycho-Social Sensory	Arousal/Relaxation Enjoyment/stimulation or relaxation Auditory
<b>Videos</b>	Watch movie	Cognitive Psycho-Social Vision Sensory	Arousal, attention span, orientation, memory Enjoyment/stimulation or relaxation, age appropriate Visual attention Visual, auditory

NOTE: Skills required for each task vary and it is up to the professional to determine which activity is appropriate/most therapeutic for the patient

**Psychosocial** = emotional well-being; **Cognitive** = cognitive integration; **Vision** = perceptual processing; **Motor** = motor/neuromusculoskeletal skills; **Sensory** = sensory stimulation