

ALTERNATIVE THERAPIES FOR INDIVIDUALS
WITH DEMENTIA

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

of

Master

of

Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

April 2008

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Jeannie Marlene Fahlquist

April 2008

ACKNOWLEDGEMENTS

I would like to thank several individuals that made my dream possible. First, I would like to thank Nadine Parker, PhD, RN and Carolyn Caton, MS, RN for all their help and standing by me when things were really tough. Also, thanks to Mary Barrett MA, who spent many hours brainstorming different ideas for this professional project. Thank you for all your assistance.

I am also truly grateful to my children, Anna and Adam. They rejoiced with me with every accomplishment-- small or large. I am also thankful to Lisa Marcille, RN, FNP, a student whom I met and became great friends with during our journey at MSU. Also, thanks to my dearest friend Gayle Wold, for all the wonderful support she has given me. I could not have fulfilled this dream without her.

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ABSTRACT

Dementia is a chronic insidious disease that destroys the individual's cognitive, emotional and mental abilities. Ultimately, the individual is unable to appropriately verbalize basic wants and needs; therefore, behavioral symptoms become the way of communicating. Behavioral symptoms vary greatly from passivity to hostility and aggression. Unfortunately, due to the difficult task of caring for these individuals many families must place their loved ones in a long-term care facility for direct supervision. Long-term care facilities often use chemical restraints in order to treat the behavioral problems. Thus, with the use of pharmacologic restraints quality of care is diminished.

This professional paper will discuss three alternative therapies that, through research studies, have been found to provide optimal quality of care for the individual with dementia. The three therapies that will be examined are Music Therapy, Snoezelen Therapy and Validation Therapy. These alternative therapies will be taught to staff in two nursing homes and one assisted living facility in a western community in Montana. The use of educational brochures and a multi sensory table will be used for the three in-services. There will be a telephone follow-up six months after the in-service to determine if any of the alternative therapies were used. The telephone follow-up revealed that there was a high degree of turnover with staff as well as administration. The results of the study established the need for ongoing in-services for alternative therapies due to the high turnover rate.

CHAPTER ONE

INTRODUCTION

Dementia is a chronic disease that slowly erodes the affected individual's thought processes and personality. According to the American Psychiatric Association (1994), dementia is defined as "an acquired syndrome consisting of progressive deterioration in global intellectual ability of such severity that it interferes with social and occupational performance." The most common form of irreversible dementia is Alzheimer's (Hendrie, 1998). According to Kolanowski, Litaker and Baumann (2002), individuals with dementia experience diminished cognitive abilities which makes it difficult to verbalize needs; therefore, a wide range of behavioral symptoms are exhibited. The problematic behavioral symptoms range from passivity or seeming withdrawn to the other extreme of agitated and disruptive behaviors. Thus, chemical and/or physical restraints are frequently used to control many of these behaviors, which lead to a further decline in well being for the individual with dementia. The use of restraints often causes an increase in social isolation, falls and injuries and a decline in physical performance. Death has also been attributed to the use of restraints. In an effort to decrease the use of physical or chemical restraints, this project will educate staff members about three alternative therapies in order to promote optimal care for the individual with dementia.

Purpose

The purpose of this project is to educate staff members at two nursing homes and one assisted living facility in a western community in Montana about alternative therapies that can be used when faced with difficult behaviors. The three therapies that will be in-serviced are Music Therapy, Validation Therapy, and Snoezelen Therapy. The aim of this project is threefold:

1. Educate staff members in each facility about the three alternative therapy interventions by having a mandatory in-service for all professionals and para professionals that are in direct contact with individuals with dementia,
2. Teach the staff how to use the alternative therapies by distributing educational brochures,
3. Provide the staff with an opportunity to examine and discuss examples of multi sensory objects that are exhibited on a table.

Background

At present, it is estimated that four million individuals have some form of dementia (Kolanowski et al., 2002). This number will continue to rise due to the aging population. In another article by Smith and Buckwalter (2005), it is anticipated that there will be over 13 million individuals with some form of dementia by the year 2050. Many of these individuals will be placed in a long-term care facility because of the difficulty in caring for someone with dementia at home. According to the National Center for Health

Statistics (2005), there are currently 1.6 million individuals that live in a long-term care facility. Approximately half of these residents have some form of dementia (Magaziner et al., 2000). Due to the increasing numbers of people with dementia and associated behavioral difficulties, the nursing profession must be knowledgeable in the special care these individuals require.

Behavioral Symptoms

Individuals with dementia exhibit a wide array of behavioral problems, making it difficult to care and provide for their basic needs. Agitated individuals often become aggressive towards staff, other residents, and/or themselves. At the other end of the spectrum, the withdrawn individual is often forgotten; therefore, those symptoms often get worse. The progression of dementia makes it more difficult for the individual with dementia to communicate his wants and needs effectively. Individuals with dementia have a difficult time verbalizing simple needs, like having to go to the bathroom. As a result, they begin to communicate through their behavior. The individual with dementia may exhibit varying degrees of behavioral symptoms depending on the situation. This pendulum of behavior creates an environment that is difficult for nurses and caregivers to react appropriately to while caring for the individual with dementia (Kolanowski, Litaker, & Buettner, 2005).

According to Kolanowski et al. (2005), agitation is defined as “verbal, vocal, or motor activity that may be abusive or aggressive toward self or others” (p. 220). A withdrawn individual tends to isolate and will not engage in any form of interaction. As the disease progresses, varying behavioral symptoms become more evident because of

the inability to effectively communicate his or her wants or needs. Thus, the behavioral symptoms become more difficult. There must be a better way to assist individuals with dementia who are experiencing behavioral difficulties in order to provide them with a positive sense of autonomy.

Nonpharmacologic Interventions

Because numerous studies have shown the detrimental effects of using pharmacological treatment and/or physical restraints, the nursing profession must find alternative ways to assist the individual. According to Kolanowski et al. (2002), the detrimental effects of using chemical and/or physical restraints include an increase in fall related injuries and deaths. In an article by McGonigal-Kenney and Schutte (2006) the quality of life is improved when nonpharmacologic interventions are used. The use of nonpharmacologic interventions has been shown to calm disruptive behaviors (Fitzpatrick, 1998).

Definitions

Music Therapy

Music Therapy in long-term care facilities has been shown to have a positive therapeutic effect on individuals with difficult behaviors. According to Remington (2002), the use of melodious music in a nursing home can buffer environmental stressors such as excess noise. Music that is slow, neutral, and monotone with little rhythm creates a soothing environment which has been discovered to calm the individual with dementia

(Denney, 1997). According to Suzuki et al. (2004), Music Therapy may improve cognitive and psychological functions. For instance, an individual with dementia remembers the words to “Happy Birthday” when it is being sung. Many times when music is played, individuals actively participate by clapping their hands and/or singing along with the music (Marshall & Hutchinson, 2000).

A variety of musical techniques can be used to assist the individual with dementia in decreasing problematic behaviors. According to Clark, Lipe and Bilbrey (1998), Music Therapy may include having the individual sing and play musical games. Also, playing classical music during meal and bath times, when disruptive behaviors are more evident, may calm the individual there by helping him or her be more cooperative.

In a study by Humphrey (2000) found that music in the nursing home encourages the withdrawn individual with dementia to participate in what is taking place in his or her surroundings. Thus, Music Therapy has been shown to be helpful for the withdrawn or isolated individual. Humphrey states, “People who previously had been completely withdrawn appear more aware of themselves and their surrounding, more focused and displaying interest” (p. 50).

Snnozelen Therapy

Snnozelen Therapy is a multi sensory intervention that stimulates the primary senses of vision, touch, hearing, smell, and taste. Snnozelen means “to sniff and doze” and is commonly used in Europe (Cox, Burns & Savage, 2004). This multi sensory intervention is usually done in a room specifically designed to provide the individual with sensory objects that promote active exploration of the environment. Thus, the

individual's disruptive behaviors can be altered with appropriate sensory stimulation (Ball & Haight, 2005). Appropriate sensory enhancement, such as the use of a Snoezelen room, agitated behavior decreases and the passive or withdrawn individual is better able to participate appropriately in their environment (Cox et al., 2004).

A typical Snoezelen room engages the primary senses, with the exception of taste. According to Chitsey, Haight and Jones (2002), a visual stimulation room may consist of different colored lights projecting against a wall, bubble tubes, and fiber optic strands. For touch, the room may have different textured objects: a sandbox that the patients can run their fingers through or furniture that is very comfortable to sit on. Auditory stimulus may include waterfall sounds, nature sounds such as birds chirping, or soft music that is being played in the background. The sensation of smell may include scented lotions or oils like vanilla and lavender. Another example of a multi sensory sensation is the use of freshly laundered towels which can stimulate smell and touch. To engage these senses, patients are asked to assist in folding towels at the facility.

Validation Therapy

According to Touzinsky (1998), Validation Therapy encourages the individual with dementia to vocalize his or her feelings. Validation Therapy places a great deal of emphasis on accepting the patient's behavior as a form of communication. Even if the individual is acting out, the nurse is to speak in a calm manner and try to find the reason behind the disruptive behavior. Validation Therapy also focuses on the need not to reorient the individual with dementia. For example, if an individual with dementia thinks the year is 1950, then the nurse should ask questions about that time period instead of

reorienting the individual to reality. The principle in Validation Therapy is to value the Alzheimer's patient's reality, even though it may not be in the present. Validation Therapy may use familiar objects that the individual with dementia may recall, such as old photographs or music that may redirect the individual's disruptive behavior into a more appropriate form of conduct (Woods, Spector, Jones, Orrell & Davies, 2006). Validation Therapy has been found to be an effective communication tool by decreasing the likelihood of agitated or withdrawn behaviors (Touzinsky, 1998).

Feil (2002) developed Validation Therapy because of the inadequate therapies that were offered for individuals who experienced a decline in cognitive function. As stated in her book, *The Validation Breakthrough*, "The techniques of Validation are simple. They do not require a college degree, but do require the capacity to accept and empathize with disoriented older people" (p. 36). Validation Therapy strives to create a person-centered environment by using simple methods to reduce anxiety; the ultimate goal is to retain dignity and self-worth of the individual with dementia.

Conceptual Framework

The conceptual framework for this project is The Neuman Systems Model. This Model focuses on stress and how the individual reacts to stress (George, 1995). According to Neuman (1995), "The Neuman Systems Model is an open system model that views nursing as primarily concerned with defining appropriate actions in stress-related situations" (p. 11). Therefore, the nurse, by being aware of the individual's

stressors, can plan accordingly to achieve a system of stability to prevent problematic behaviors from occurring.

According to the article by George (1995), the Neuman Systems Model is a three step nursing process. The first step is the “nursing diagnosis.” This step collects information on the individual about stressors, likes and dislikes and determines the state of wellness. The second step is the “nursing goals” which include intervention strategies to try and keep a state of stability between the individual and the environment. The third step is the “nursing outcomes” which include the desired outcomes of the nursing intervention.

The Neuman’s System Model will provide a blueprint for incorporating the steps in the professional project. The first step is to obtain information about the individual’s personality traits, his or her cognitive and physical abilities and potential stressors. The second step in the study is to incorporate nonpharmacologic interventions that may be beneficial for the individual. The third step is to examine the results of the interventions.

The Neuman’s Model provides an excellent guide to follow for this project because it views the individual as unique and recognizes the importance of always maintaining his or her dignity and respect no matter what the circumstances (Neuman, 1995). This Model is to maintain some type of normalcy and stability for the individual with dementia.

CHAPTER 2

REVIEW OF LITERATURE

Music Therapy

Research has repeatedly shown the positive correlation of Music Therapy in decreasing problematic behaviors. In a study by Goddaer and Abraham (1994), relaxing music was shown to have a calming effect on individual with dementia. The authors used relaxing, melodious music while individuals were eating. It was theorized that activities that have a higher level of sensory stimulation, such as mealtime, may cause anxiety in the individual with dementia. Thus, disruptive behaviors may become evident. Melodious music during mealtime buffers extraneous noise, which creates a calming effect on the individual. During this four week study, music was implemented on an every-other-week basis and data was obtained to determine if there was an effect on problematic behaviors. The findings proved relaxing music during mealtime did indeed reduce problematic behaviors. When the music was being played, agitated behaviors were noticeably decreased.

A study by Humphrey (2000) theorized that the use of music will help maintain some level of physical, mental and social/emotional function. Individuals with dementia become very anxious when trying to interact with his or her environment. Thus, the individual withdraws due to overwhelming anxiety. When music was used, the once withdrawn individual often interacts and participates in the environment.

In a subsequent study, Remington (2002) discussed the use of Music Therapy on agitated individuals with Alzheimer's in a long-term care facility. The author used an experimental design to determine if using short intervals of calming music would have a direct correlation in the reduction of disruptive behaviors. The results of this study found that exposure to music led to a reduction in disruptive behaviors. The findings in this study support the use of calming music to help alleviate problematic behaviors and that it is a viable treatment option that should be part of the plan of care with Alzheimer's individuals.

Snoezelen Therapy

Snoezelen Therapy is a multi sensory intervention that promotes relaxation and a sense of well being. Snoezelen stimulates the senses with such techniques as individuals touching textured objects, soothing lights, and pleasant aromas. These techniques have been shown to alleviate disruptive behaviors (Smith & Buckwalter, 2005). For instance, in one research study, an individual with dementia that was pacing was seated next to freshly laundered towels. The individual began to touch and smell the towels. At one point, the individual tried to fold the towels. Thus, with the stimulation of touch and smell the individual began to engage in the environment appropriately (Fitzpatrick, 1998).

A study by Cox et al. (2004) theorized the possible positive effects on individuals with dementia personal well being and the reduction of problematic behaviors with the implementation of a Snoezelen room. This study developed a Snoezelen room with multi

sensory stimulations and compared it to a room with a normal setting. The Snoezelen room had white walls and comfortable furniture with different textures. There was an aroma diffuser providing pleasant smells and softly colored lights reflecting against the wall. This study found that the Snoezelen room was more effective in reducing problematic behaviors than the room with the normal setting.

In a literature review article by Chitsey et al. (2002) examined 26 published articles which used multi sensory stimulation, such as the Snoezelen room. The authors found a direct correlation between the use of a multi sensory room and significant improvement in behavior, affect, social, and verbal skills. Many times individuals with dementia are unable to engage in structured activities because of their cognitive deficits; however, having a multi sensory environment allows the individual with dementia to interact with their surroundings. This promotes a sense of well being and active participation. As was noted by the authors, most of the studies were undertaken in Australia and European countries. These promising results point to the need for more research in the United States.

In an exploratory study by Fitzpatrick (1998), the use of sensory stimulation activities proved to have a positive impact on the behavior of individuals with late stage dementia. At this last stage of the disease, there is profound impairment in all cognitive and functional abilities. Fitzpatrick used sensory stimulation such as aromatherapy, massage and touch. The results of the study indicated that even at the final stages of dementia, there was a direct correlation between multi sensory stimulation and active participation. Active participation was evident by key nonverbal behaviors such as

maintaining eye contact, relaxation of facial muscles, and turning towards the music. In the late stages of dementia, individuals should have some form of sensory stimulation to encourage involvement in their surroundings.

Validation Therapy

A study by Neal and Barton (2003) reviewed the four stages that individuals with dementia go through according to Feil. The four stages include: mal-orientation, time confusion, repetitive motion, and vegetation. The authors examined the use of Validation Therapy on individuals with dementia to determine whether or not it is truly effective. The findings of the study revealed that there were some favorable results when Validation Therapy was part of the usual care and social contact of the individual with dementia.

A case control study by Toni, Ribani, Bottazzi, Viscomi and Vulcano (2007) theorized that implementing Validation Therapy in a nursing home for those suffering with Alzheimer's will have a direct correlation in relieving behavioral and psychological symptoms of dementia. From this research study, it was revealed that the individuals in the Validation Therapy group exhibited less problematic behaviors than the control group where no Validation Therapy was initiated. The problematic behaviors that had the most significant improvement included: irritability, nighttime behaviors, agitation and apathy. As a consequence to the reduction in problematic behaviors, the study also found a decrease in staff burnout.

According to a study by Phinney (2006), it is important to have the individual participates in day to day tasks. This was found to promote a positive sense of well being and helped to maintain some sense of autonomy. This is especially true with individuals that have mild to moderate dementia. The study found, “Three strategies stood out in this data: families made activities easier by reducing the demands of participation; they guided the person through activity by offering reminders and instruction; and they ensured involvement by accompanying the person in their activities” (p.98). The family could allow the individual with dementia to perform simple tasks such as raking leaves, folding laundry, or setting the table. The quality of life for the individual with dementia is improved by increased family involvement.

An experimental design study by Deponete and Missan (2006) was used to determine if Validation Therapy was effective in a group setting with individuals with dementia. Individuals with dementia were randomly assigned to be in a control group, or in a Validation Therapy group. Validation Therapy was shown to diminish problematic behaviors. The control group demonstrated a decrease in cognitive abilities and an increase in problematic behaviors. The study findings revealed that Validation Therapy is a very important therapy in reducing problematic behaviors.

In a case study by Touzinsky (1998), Validation Therapy was used when a confused individual displayed inappropriate social behavior in a nursing home. The man kept exclaiming that he had no arms even though he did. The family kept trying to reorient the individual by explaining he did have arms but to no avail. Family members were getting very upset and did not want to visit him; however, a social worker employed

techniques of Validation Therapy. The social worker informed the family members not to reorient the father but to empathize with him about having no arms. The family members started to use Validation Therapy. Thus, the father's anxiety subsided which led to a desirable outcome for the whole family. This case study found that use of Validation Therapy for this family provided a better approach in communicating with the individual with dementia. The greatest objective for using Validation Therapy is to provide empathy and acceptance of the patient regardless of his or her cognitive impairment.

CHAPTER 3

METHODS

Project Design

Two nursing homes and one assisted living facility in a western community in Montana agreed to have an in-service on the three alternative therapies. The Director of Nursing (DON) was informed prior to the in-service on the type of format that would be utilized pertaining to educating the staff on alternative therapies with individuals with dementia. A table displayed several multi sensory objects allowing staff members the opportunity for active participation at the in-service. It was explained to the DON at all three facilities that direct questions concerning confidential resident information would not be asked. The in-service consisted of generalized questions about what therapies, if any, the staff was using. The DON's posted a mandatory in-service for all staff that had direct care of patients with dementia. Continuing education credits for this in-service were not available. The in-services lasted between 20-30 minutes. The outline for the three in-services included:

1. Introduction: author's name and affiliation
2. Purpose: the author discussed the reason for the in-services and brochures
3. Discussion of the three therapies in detail

4. Open discussion for general questions about the three therapies. Also, the author encouraged the present staff members to describe what therapies, if any, they use when caring for an individual with dementia
5. Demonstration: The author displayed several multi sensory objects for the staff to handle (tactile), smell (olfactory), listen to (auditory), and see (visual)
6. Closing: Thanking the staff and any closing remarks

Multi Sensory Table

A multi sensory table with various sensorial items was displayed for the staff. Sensorial items were selected from researched articles. Visual items that were displayed included different colored rocks and marbles. Auditory stimulation was provided by soft music being played in the background. Tactile items included different textured fabrics, buttons of various shapes and sizes and a small sandbox with a variety of seashells and different textured balls. An assortment of aromas including lavender, vanilla, and rose was used for olfactory stimulation. Other olfactory stimuli included coffee grounds and fabric sheets.

Brochure

An educational brochure was handed out at the beginning of the in-service to all staff members. This brochure included information on the three alternative therapies that

were later discussed in detail. The author designed this brochure from information gathered through the reading of numerous research articles.

Telephone Follow-up

Six months after the mandatory in-service an informal telephone conversation with the DON's took place to find out if any of the alternative therapies had been implemented. The telephone conversation provided the author with information concerning the effectiveness of the in-service. These conversations also helped determine the necessity of additional in-services.

First Nursing Home

Setting

The first in-service was a nursing home that was in the downtown community. This nursing home has 55 beds consisting of private and semi private rooms. There were 105 patients in the nursing home. According to the interim DON, approximately 60% of those residents had some form of dementia. Inside the nursing home, the walls were off white with brown trim. There was minimal natural light. The rooms were small. The nursing station had two plants. There were few paintings on the wall. Many of the residents were in wheelchairs sitting in the narrow hallway or in his or her room.

In-service

Attending the in-service were eight nursing students from the University of Montana, two registered nurses (RN), a licensed vocational nurse (LVN) and four nursing

aides. The DON was also in attendance. Soft music was played in the background. The multi sensory table was on display. The brochures were handed out first to give the staff the opportunity to read the information. The author followed the outline for the in-service. Many of the staff came up to the table after the in-service to examine the different sensory enhanced items.

Assisted Living Facility

Setting

The second in-service was at an assisted living facility in the community. The facility was housed in a ranch style home that was built in 2004. This facility had 30 beds. Approximately 60-70% of residents in this facility had some form of dementia. The walls were painted in warm colors. There was plenty of natural light. There was comfortable looking furniture in the large room where many of the residents gathered. There were sensory objects in the large room such as an aquarium with fish, numerous plants and books and magazines. The smell of popcorn filled the air. The backyard had a large fenced area where residents were welcome to sit. There was also a gardening area.

In-service

There was 12 staff members present at the mandatory in-service. The staff consisted of the DON, two licensed vocational nurses, and nine nursing aides. Soft music was played in the background. The multi sensory table was on display. The brochures were distributed first so staff could look over the information. The author followed the outline for the in-service. The staff actively participated in the open discussion. Many of

the staff members made comments on how the different therapies would work in the facility. After the in-service, several staff members came up to examine the multi sensory table. The DON stated, “It is the policy of this facility to have numerous in-services and active participation is a requirement for the staff” (personal communication, March 20, 2007).

Second Nursing Home

Setting

The last in-service was in a nursing home approximately ten miles outside of western community in Montana. This is a 60 bed facility with some private rooms. At the time of the in-service the nursing home had 60 residents. Approximately 30 residents had some form of dementia according to the DON. Inside the nursing home, the walls were light brown. There was minimal natural light. The large room where residents spent a great deal of his or her time was sparsely decorated. There were very few sensory stimulation items available such as plants, puzzles, books.

In-service

The author noted a great deal of tension from the staff members. There was 30 staff members present at the in-service. The staff present included the activity director, RN's, LVN's, nursing aides, cooks, and janitors. Soft music was played in the background. The multi sensory table was displayed. The brochure was distributed prior to the in-service for the staff to review. The author followed the outline for the in-service.

There was minimal active participation during the open discussion. Approximately five staff members came up to the multi sensory table after the in-service.

CHAPTER 4

RESULTS

The in-services from all three facilities had favorable results. There was positive feedback from the staff members that were present at the in-service as well as from the DON's. The staff in all three facilities had valuable information to share concerning the variety of therapies that they had tried in the past.

First Nursing Home

During the in-service, the open discussions were found to be instrumental in developing new ideas. The nursing aides were more active in discussing what type of therapies was beneficial when dealing with difficult behaviors. The nursing staff, except for the DON, kept going in and out of the in-service because of other job requirements. The licensed nursing staff did not actively participate in the discussion part of the in-service. One licensed vocational nurse did comment on not having enough time to do any of these therapies. There was also some frustration voiced because in-service was used several years ago but due to management changes it was stopped. One nursing aide stated, "The nursing home did have individuals from the community come and play music to the residents; however, it was not consistent" (personal communication, March 10, 2007). There was a general consensus that having an in-service was highly effective for the residents.

This nursing home did have a specific room referred to as the activity room. This was a type of multi sensory room, where residents could go to paint, do puzzles and use different crafts; however, due to limited space the activity room was now being used for custodial purposes. Although no longer available, the facility had at one time offered pet therapy to the residents. Individuals from the community would bring small animals for the residents to enjoy. One nursing aide stated, “We used to take residents outside so they could pet dogs and even a goat. The residents got such enjoyment from it, now we don’t even have that” (personal communication, March 10, 2007).

Telephone Follow-up

Six months after the in-service, the author did an informal phone interview with the DON to determine if any of the alternative therapies were utilized. According to the DON, many of the staff members that were present at the meeting were no longer working there. The particular DON had been at the facility for one month. The DON stated, “For the past six months, I know that this nursing home has gone through two DON’s and has lost many of its employee’s. Right this minute, most of our staff is temporary because we are unable to find permanent staff members” (personal communication, October 30, 2007). She agreed that it is important to use alternative therapies and would like another in-service; however, she wanted to wait until permanent staff was obtained.

Assisted Living Facility

The response to the in-service was very receptive. The staff actively participated in the open discussion. All of the staff members discussed different therapies that he or she had tried. The staff members were already familiar with the alternative therapies discussed at the in-service. The DON mandates that all employees who are involved in patient care must stay abreast of the latest therapies used in treating dementia. It is the policy of this facility to provide multiple in-services for the staff and active participation is a requirement.

The licensed nursing staff was just as involved with the discussion portion of the in-service as the nursing aides. That was a vast contrast from the nursing homes. The DON wanted input from the staff on trying to implement some of the alternative therapies that were discussed. One idea that seemed to hold particular interest was to have a sandbox made available to the residents with different textured seashells. The nursing aides wanted to put freshly laundered towels on a table for the residents to fold and touch.

Telephone Follow-up

An informal telephone conversation with the DON took place six months after the in-service to determine if some of the alternative therapies were used. The DON stated, “We had been working hard to use some of the therapies even before the in-service. This in-service did help remind us how beneficial it is to use alternative therapies” (personal communication, October 24, 2007). When asked if there has been much staff turnover she stated, “All of our licensed personnel are still here; however, it is the nursing aides that

keep quitting. I try really hard not to hire young individuals but there is not enough qualified individuals applying for the nursing aide positions” (personal communication, October 24, 2007). The DON recognizes the importance in having knowledgeable staff and would like to have another in-service to educate new employees about alternative therapies.

Second Nursing Home

There was minimum open discussion from the staff. Some of the nursing aides did discuss ways that he or she has tried to assist the demented individual. These ways included playing music prior to mealtime and to use a form of Validation Therapy. After the in-service there were a few staff members that came up to examine the multi sensory table. One of staff present at the table was the activities director. The activities director explained the importance of having a multi sensory environment to comfort all the residents. The activities director does plan on implementing Music Therapy and have multi sensory items for the residents.

The DON explained that there are a lot of forthcoming changes for this facility. The DON wants this nursing home to have a more inviting atmosphere. The DON mentioned that the nursing home is going through a major transition and using the information provided by the in-service will be very helpful when trying to restructure the facility.

Telephone Follow-up

An informal telephone conversation with the DON took place six months after the in-service to determine if some of the alternative therapies were implemented. The DON that was present at the in-service had resigned. The new DON has been at this facility approximately five weeks. She stated, “There is new ownership in this nursing home and due to these changes many of the staff that had been present at the in-service was no longer working there” (personal communication, November 1, 2007). The DON discussed the need for another in-service on alternative therapies; however, she first wants to get more comfortable with her position.

CHAPTER 5

DISCUSSION

Overview

The goals of this project were met by educating, training and exploring alternative therapies for individuals with dementia. The first and second goals were met by educating the staff about alternative therapies and training them how to use these therapies. An educational brochure was distributed to each staff member present that described each therapy in detail. The third goal was met by displaying different multi sensory objects on a table. This multi sensory table provided the staff with hands on experience of sensorial objects that through research studies were found to be valuable for the demented individual. An open discussion proved beneficial in giving the staff the opportunity to share personal experiences in dealing with the demented individuals problematic behaviors.

Implications

This project provided and educated staff about important information concerning the use of alternative therapies. According to numerous research articles, the use of alternative therapies, in the nursing homes and the assisted living facility, provides better quality of care for the individuals with dementia. However, implementing these therapies was limited by such factors as the high employee turnover rate, as well as changes in

upper level management in the two nursing homes. These issues were identified during an informal follow up telephone call.

According to Castle, Engberg, and Men (2007), high staff turnover in a nursing home environment has detrimental consequences. The consequences of employing inexperienced workers include emotional distress for the patients and lack of continuity. Ultimately, quality of care is diminished. The high rate of turnover especially with the nursing assistants that are involved in direct care is 100% in several facilities. For licensed personnel the annual turnover rate is 35.8% of RN's and 39.7% for LVN's (Castle & Engberg, 2006). This high turnover rate for licensed personnel, as well as nursing aides, was apparent with the two nursing homes and assisted living facility that were used for this project.

Some of the reasons for such high turnover rate in the nursing homes, especially with nursing aides, were discussed in a study by Bowers, Esmond and Jacobson (2003). Many of the nursing aides that were interviewed for the study gave lack of respect by the organization and/or the nursing supervisor as the reason for leaving a particular facility. Belittling personal interactions with the upper management caused the staff to feel unappreciated. Thus, these staff members leave the position. An example given in this study was the administration yelling at the whole group for a mistake made by one individual.

Staff burnout is another reason for high turnover rate in nursing home facilities. According to Castle et al. (2007), this is especially true when staff is constantly being confronted with individuals' vast array of difficult behaviors. Providing direct patient

care for individuals with dementia that are disruptive causes a great deal of stress for the staff. This study found that when patient care is highly demanding it ultimately leads to staff burnout and subsequent employee turnover. Staff burnout due to disruptive behaviors caused by individuals with dementia may be lessened if alternative therapies are implemented. According to Feil (2002), the level of burnout might be reduced when nurses and/or caregivers interact with demented individuals with acceptance and empathy. Feil went on to mention that the highest priority should be the nurses and/or caregivers' own well being in order to be helpful to the demented individual.

The high turnover rate of upper management is especially troublesome because as personnel changes so do the ideas of how to operate the facility. This is a vicious circle with changes in upper management, leading to changes in staff, resulting in poorer quality of care of the residents. The new DON at the second nursing home stated, "I have been here over a month and I am still trying to figure out all of the policies. I haven't had the time to get to know the residents" (personal communication, November 1, 2007). This is just another example of how a change in upper management can be detrimental to the residents in a nursing home environment.

Limitations

The in-service and brochure provided an overview of information concerning the alternative therapies; however, whether or not employees at these facilities used some or all of these therapies is unknown. During the in-services, many staff members did discuss the importance of using the three therapies. If the author had been able to observe the use

of the therapies being implemented in the facilities, there could have been further instructions provided to assist the staff members.

Another limitation was the degree of participation by the nursing staff. This was especially evident in the two nursing homes. The assisted living facility had equal participation between the licensed nursing staff and the nursing aides. There was minimal participation of the licensed nursing staff in the nursing home settings. One reason could have been the additional job requirements of the licensed personnel making it difficult to discuss alternative therapies.

Summary

The informal telephone conversation six months after the in-services provided the author with valuable information. Due to the high turnover rate of staff and upper management, instructional in-services on a regular basis is imperative. Periodic in-services would allow new staff to become acquainted with the three alternative therapies. It would teach the staff how to handle problematic behaviors exhibited by the individual with dementia. Instructing the staff on how to better handle problematic behaviors exhibited by those with dementia may slowly begin to change the high rate of staff turnover.

Using alternative therapies when caring for individuals with dementia would be of benefit to not only the patients but also the caregivers. Staff members would be better able to manage disruptive behaviors and as a result, would be more likely to continue his or her employment. In summary, the importance of using alternative therapies to assist

the individual with dementia has been proven to be highly effective in providing quality of care. It was also found that there is a need to provide periodic in-services to the nursing home and assisted living facilities due to the high turnover rate. The use of Music Therapy, Snoezelen Therapy and Validation Therapy are ways of improving the quality of care and reducing problematic behaviors for individuals with dementia. Dementia may destroy the individual's ability to reason and communicate but it should not destroy their dignity, self-worth and respect.

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APPENDIX A

EDUCATIONAL BROCHURE

DEMENTIA

Today, there are approximately 4 million individuals with some form of dementia. It is estimated that over 13 million individuals will have some form of dementia in 2050. Individuals with dementia lose their ability to communicate their wants and needs effectively. The use of a variety of alternative therapies may assist the individual with dementia to promote a sense of well being. The three discussed in this brochure are Validation Therapy, Music Therapy and Snoezelen Therapy.

Validation Therapy

*Validation Therapy was developed by Feil. Validation Therapy embraces the reality of the individual even if it may not be the present. The only requirement for using Validation Therapy is to accept and empathize with the demented individual. It is important when using Validation Therapy to maintain genuine close eye contact as this has been found to help your patient to feel loved and valued. Depending on whether or not the person with dementia likes to be touched, holding his or her hand or massaging their scalp when washing their hair can be a beneficial use of Validation Therapy. Feil also discovered that identifying an individuals preferred sense such as sight, smell, hearing, touch and incorporating that preference when working with the patient is helpful. Also, reminiscing with your client as well as mirroring their behavior has been found to calm disruptive behaviors for the demented individual. A more thorough examination of Feil's techniques can be found in her excellent book entitled, *The Validation Breakthrough*.*

Music Therapy

Music Therapy has been shown to help reduce disruptive behaviors and also assist the individual that is withdrawn or depressed to participate. Slow, melodic music creates a soothing environment especially during mealtime, changes in shift, and bath time.

Familiar melodies that are sung may assist the individual to actively participate. Music Therapy should be individualized in order to provide the most beneficial care for the individual.

Snoezelen Therapy

Snoezelen is a term derived from two Dutch words meaning to “to sniff” and “to doze.”

This therapy uses sensory stimulation such as vision, auditory, smell, and touch to soothe the individual with dementia without making any demands on their thinking process.

Most of the time Snoezelen Therapy is designed in a room specifically for sensory enhancement; however, it does not have to be a designated room. The goal is to provide enough sensory stimulation to promote a relaxing calm environment. The caregiver should introduce different sensory stimulation slowly so it does not over stimulate the individual. There are many different sensory items that can be used. Some of the items that were found to be beneficial included:

Visual: Lava lamps, different colors that are projected on a wall, a bubble machine, color sticks, mirror ball

Auditory: Music with nature sounds, ocean sounds, birds chirping

Smells (Olfactory): Relaxing oils such as lavender, chamomile, rose. Familiar smells such as vanilla, flowers, homemade cookies, freshly laundered towels

Touch (Tactile): Various shaped and textured balls, box of sand, stress balls, sea shells, vibrating pillow to hug

Validation Therapy, Music Therapy and Snoezelen Therapy are just three of the ways to assist the individual with dementia a better quality of life. Dementia may destroy the person's ability to reason and communicate but it should not destroy the DIGNITY, SELF WORTH AND RESPECT. The caregiver is in a unique position to provide holistic care and acknowledge the life of the demented individual.

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