Integrating Behavioral Health into

Long-term Care:

An Online Manual for Providers

Of Care for the Aging

Introduction

This manual was developed to assist providers of long-term care services with the integration of behavioral health approaches and services into their long-term care operations.

Behavioral health and long-term care have often operated in separate geographic, regulatory, and financial õsilos,ö with integrated care (õgeropsychö) often considered the step-child of both worlds.

Recent reform movements in both behavioral health and long-term care are providing a context for integrating these approaches and providers. In acute healthcare, the era of õcarving outö behavioral healthcare from general medical care appears to be coming to an end. Insurance companies and federal payers increasingly recognize the opportunity for improved efficiency and efficacy that would attend an integrated system of care. In long-term care, the movement for õperson-centered careö and õculture changeö support a higher quality of care based on choice, respect, dignity, and recognition of the õwhole person,ö not one defined by diseases or conditions. The way is opening for holistic, integrated care.

Most of the concepts and practices described in this manual were developed over a three year period at Chandler Hall Health Services, a continuing care retirement community. The last phase of the project õcognitive Fitnessö was developed at Medford Leas, a continuing care retirement community. Medford Leas collaborated with Chandler Hall for the last year of the Behavioral Health project. The project involved all nursing home and personal care residents, their families as desired, their direct care staff (including aides/assistants, social workers, activities/wellness staff, and any other staff with direct contact with residents), managers, senior administrators, and consulting health and behavioral health professionals.

As the project unfolded, the Advisory Board fashioned a õModel of Behavioral Health and Agingö that encompassed three elements: Workforce and Staff Development (to increase stafføs skills and knowledge re: behavioral health); Integration of Health and Behavioral Health Professionals (to improve communication and focus on behavioral health); and a Positive Pursuits Program/Cognitive Fitness for Residents (to integrate the preventive and mood-enhancing benefits of pleasurable activities with a õperson-centeredö care environment).

This manual was developed to carry Chandler Halløs work forward to additional sites of service: other continuing care retirement communities; adult day health centers; senior centers; and home-based care. We hope you find it useful and that your staff and residents enjoy the approaches suggested here. Feel free to adapt the concepts to fit your unique situation. We would love to hear about your experiences; feel free to contact us at the address on the title page.

Preparing for Change

Change begins at the top. Without the support and advocacy of the organization's leadership, change is unlikely to happen, or to be sustained. The CEO/Executive Director discusses implementing the Behavioral Health Model with his or her board. A consultant from Chandler Hall, or another site that has been trained in the model, presents the program and answers questions.

The CEO/Executive Director will engage senior management in support for change. The CEO/Executive Director and members of senior management read this online manual, experience the training õFeeling Better: Understanding Mood and Behavior Symptomsö, discuss the staff booklet õFeeling Better: A Quick Reference Guide to Mood and Behaviorö, personally practice the Positive Pursuits Assessment and recording, and familiarize themselves with the Cognitive Fitness Program.

The health professionals will create a forum where they can share ideas about integrated care. The CEO/Executive Director forms an Advisory Committee consisting of the Chief Medical Officer, the Behavioral Health consultant(s), and key senior administrators. The Advisory Committee oversees and advises the Behavioral Health initiative, and reviews quality measures and literature related to Behavioral Health. The Committee meets monthly to start, but may change to quarterly.

The CEO/Executive Director and the Human Resources Department lead discussions about workforce development (career ladder) and staff development (training and support). The CEO/Executive Director and the HR Director formalize a strategy on workforce development (e.g., creating a nursing assistant career ladder with competencies in behavioral health).

The CEO/Executive Director appoints a team leader and a team to initiate the Positive Pursuits Project. The team consists of managers from nursing, activities, social work, volunteers, and other key departments. This team sets a strategy for location, timing, personnel, evaluation, and other facets of the first pilot project, with projections for further implementation. The team leader presents the implementation plan to the Advisory Committee for approval.

Implementing Change

Expectations for increased staff competencies in behavioral health are made explicit through job descriptions, staff training, and new hire orientation/training. The Human Resources Department coordinates staff and new hire training in behavioral health. Senior management decides whether a career ladder with behavioral health competencies is viable.

The staff begins implementation of the first pilot program for the Positive Pursuits Program. Positive Pursuits is an activity-based, behavioral intervention for the treatment of depression and dementia-related behaviors for all levels of long-term care residents. The goal of the program is to identify and support more activities that the resident enjoys doing. A second goal is to increase staff skills, support and confidence in their ability to manage resident behaviors.
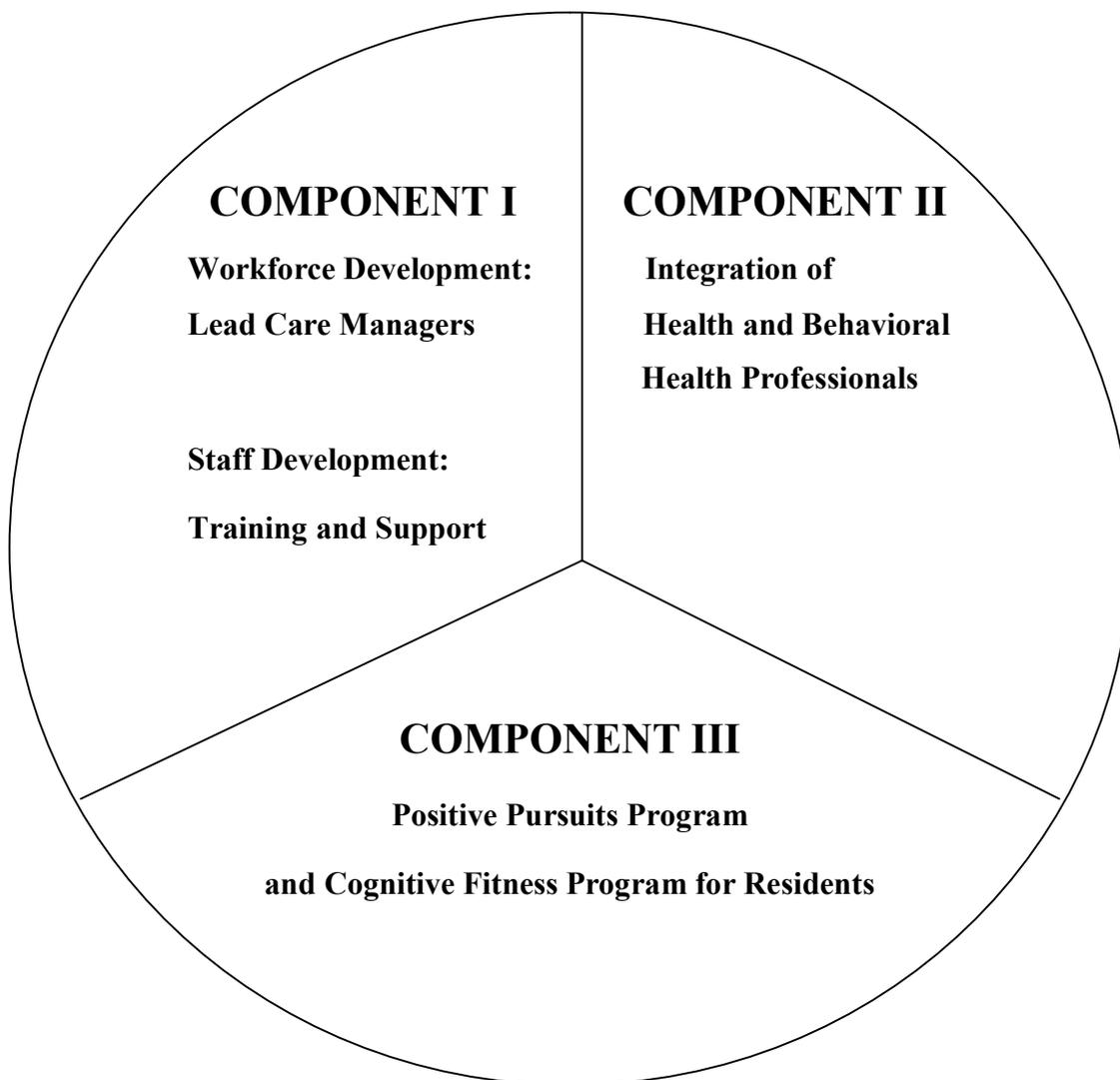
The staff begins implementation of the first pilot program for the Cognitive Fitness Program. Cognitive Fitness is a program that uses pencil and paper games and activities, as well as social strategies to improve cognitive function.

Sustaining Change

After 10 weeks of implementation, the resident, the Positive Pursuits Team, location manager, and the care assistants determine how to sustain the Positive Pursuits and the Cognitive Fitness Programs. The resident requests that Positive Pursuits continue, and states preference for intervals between adding and subtracting Pursuits (e.g., one week, one month, etc). The Positive Pursuits Team, location manager, and care assistants (and if appropriate, family) determine who will be the designated helper, if one is needed.

The location manager, in concert with the Positive Pursuits Project Team, determines how to integrate the Positive Pursuits Project into the ongoing documentation for that location. Be aware that some surveyors do not accept individually chosen, preferred activities to be an equivalent to regularly scheduled group activities that are posted on public calendars. It may be possible to negotiate a compromise of posted individual pursuits.

Three Components of the Chandler Hall Model of Behavioral Health and Aging

COMPONENT I

Workforce Development:

Lead Care Managers

Staff Development:

Training and Support

COMPONENT II

Integration of

Health and Behavioral

Health Professionals

COMPONENT III

Positive Pursuits Program

and Cognitive Fitness Program for Residents

Component I:

Workforce Development: Lead Care Managers

and

Staff Development: Training and Support

Workforce Development: Lead Care Managers

Overview

The primary purpose of the Lead Care Manager position is to provide direct care to meet the physical, social, recreational, emotional and spiritual needs of each resident. The Lead Care Manager works as a team member, assists co-workers and managers in the pursuit of service excellence, and follows organizational and regulatory policies and procedures in an exemplary manner. The Lead Care Manager acts as a preceptor to new care managers, provides new hire department orientation, mentors staff, and provides in-service to co-workers.

Lead Care Managers have to pass the competency that reflects their knowledge of the training plan and its accompanying policies, procedures, standards of care, culture evolution philosophy, and work relations. The department orientation for all new Care Managers includes an orientation by Lead Care Managers.

Organizational administration identifies individuals within the organization that already meet established competencies for the Lead Care Manager position. Individuals that have demonstrated the potential to meet the Lead Care Manager competencies are identified and trained as well. Additional individuals that demonstrate the potential to meet Lead Care Manager competencies are identified and trained as needed.

<u>Lead Care Manager Competencies</u>

Functional Competencies:

- Acts as a preceptor to new care managers.
- Provides new hire department orientation, mentoring to staff and in-services to coworkers.
- Ensures proper completion by co-workers of necessary documentation such as daily shift report, daily check lists, medication administration records, event reports, and record of participation in Positive Pursuits. Provides in-servicing to staff of proper documentation procedures as needed.
- Acts as a support to residents/families/care managers to triage medical issues or concerns when nurse is unavailable.
- Acts as liaison with medical center/physicians and residential areas.
- Participates in Lead Care Manager peer group meetings.
- Displays the ability to readily apply approaches in tool kits, such as, behavior health tool kit, diversity tool kit, dementia tool kit and mentor staff to do the same.
- Orients new staff to behavior health approaches and mentors staff on an on-going basis to õFeeling Better: A Quick Reference Guide to Mood and Behaviorö for reference.

- Meets with the Resident Manager/Supervisor and other appropriate team members on a regular basis, to assist in identifying and correcting problem areas, in an on-going effort to improve services.
- Acts as campus ambassador when required in absence of Admissions staff.
- Supports medication administration training by acting as a practicum observer for fellow medication certified staff.

Behavioral Competencies:

- *Accountability:* Demonstrates ability to take responsibility and ownership for the outcome of all actions and decisions with particular emphasis on attendance, punctuality, safety and quality.
- *Openness to Change:* Consistently demonstrates openness to change within the department and organization which is demonstrated by providing feedback and encouragement to others in their efforts to change.
- *Communication:* Demonstrates ability to present ideas and information in a timely, accurate, effective, clear and respectful manner through both written and oral forms. Communication is further demonstrated through effective listening skills and behaviors.
- *Customer Satisfaction:* The demonstrated ability to develop and maintain mutually caring and beneficial relationships with both internal and external customers, enhancing trust and respect for others.
- *Initiative:* Consistently demonstrates a proactive approach to work responsibilities and willingly takes on additional work assignments.
- *Positive Attitude:* Demonstrates positive open and approachable behavior and demeanor with all internal and external customers.
- *Stewardship:* Demonstrates awareness and commitment to safe and effective use of all material, equipment and environmental resources.
- *Teamwork:* The demonstrated ability to work toward a shared purpose by cooperating, collaborating or partnering with others in order to meet or exceed departmental and organizational goals.

Staff Development: Training and Support Resources

1. Training Module: Feeling Better - Understanding Mood and Behavior Symptoms

Overview

The term õbehavioral healthö generally includes our mood, behavior and cognition (or thinking). Moods can be positive (such as contentment) or negative (such as depression or anxiety). Behaviors can also be positive (such as exercising) or negative (such as physical or verbal aggression). Our cognitive abilities can be positive (such as good concentration) or negative (such as memory problems).

When people experience negative mood, behavior, or cognition, the symptoms often stem from an underlying cause. Understanding and addressing the cause may alleviate the symptoms. This program is designed to enhance positive mood and behavioral symptoms (well-being), and to decrease negative mood and behavioral symptoms. This is a training program for all staff and new hire training in behavioral health.

Goals of the program are to:

- Understand the most common mood, behavioral, and cognitive symptoms among older adults
- Learn how to enhance positive behavioral health and prevent symptoms from developing
- Learn how to address basic behavioral health symptoms
- Learn approaches to understand and address complex behavioral health symptoms
- Identify additional resources for help with behavioral health symptoms

2. Integrating Behavioral Health into Long-term Care: An Online Manual for Providers of Care for the Aging

Overview

A manual developed to assist providers of long-term care services with the integration of behavioral health approaches and services into their long-term care operations. The concepts and practices described in this manual provide step-by-step implementation guidelines to long-term care sites: continuing care retirement communities, adult day health centers, senior centers, and home-based care for the implementation of this model.

3. Feeling Better: A Quick Reference Guide to Mood and Behavior

Overview

A hands-on resource guide for staff that have completed the *Feeling Better – Understanding Mood and Behavior Symptoms Training Module*. This quick reference guide provides additional support and suggestions for prevention and management of common mood and behavior symptoms. It also provides guidance for understanding the triggers and causes of behavioral symptoms, as well as conflict management and resolution.

Component II:

Integration of Health and Behavioral Health Professionals

Advisory Committee

Overview

The CEO/Executive Director forms an Advisory Committee consisting of the Chief Medical Officer, the Behavioral Health Clinician(s), and key senior administrators. The Advisory Committee oversees and advises the Behavioral Health Initiative, and reviews quality measures and literature related to Behavioral Health. Behavioral health and long-term medical care have often operated in separate spheres, the Advisory Committee provides a context for integrating health and behavioral health professionals to better serve long-term care residents and their families. The result is increased efficiency, efficacy and communication within the organization. This results in a higher quality of care based on choice, respect, dignity, and recognition of the õwhole personö.   The Committee meets monthly at the outset of the project, but may change to quarterly meetings as needed. This collaborative effort breaks down the traditional barriers of communication among care staff. It facilitates continuous education for staff, as well as regular interaction between medical, behavioral health, and care staff. An additional benefit of this integrated approach facilitated by the Advisory Committee is the availability of more relevant information which is used to make better informed medical and behavioral health decisions for residents. The integrated approach also provides an increased sense of community within all areas of the organization and provides an overall increase in quality of life for residents.

Implementation Committee

Overview

The Implementation Committee, consisting of the Positive Pursuits Project Team, social workers, activities director, volunteer coordinator, and care staff is formed. The committee meets weekly during the Positive Pursuits Program portion of the Behavioral Health Initiative. This Committee provides a forum for caregivers and Positive Pursuits Project Team members to collaborate. It provides additional support and resources for the care staff when implementing activities with their residents. It also provides a forum for care staff to share ideas and feedback on the program. Experience, knowledge, and skills developed as members of the Implementation Committee allow members to extend those skills to other staff members. Committee members develop into informal õgo toö resources and guides for other staff members. Lead Care Managers are also often identified through membership in the Implementation Committee.

Component III:

Positive Pursuits Program and Cognitive Fitness Program for Residents

Mood, Behavior and Cognition

Positive Pursuits and Cognitive Fitness Program for Residents

Overview

The Positive Pursuits/Cognitive Fitness Program is a behavioral intervention for the prevention and treatment of depression and dementia-related behaviors for all levels of long-term care residents. It addresses the three core elements that collectively make up behavioral health – mood, behavior, and cognition. This all encompassing approach creates a robust, comprehensive program.

Positive Pursuits is an activity-based, behavioral intervention for the treatment and prevention of mood and behavioral symptoms related to depression and dementia for all levels of long-term care residents. The goal of the program is to identify and support more activities that the residents enjoy doing. A second goal is to increase staff skills, support and confidence in their ability to manage resident behaviors.

Before participating in this portion of the program, staff members must attend the *FEELING BETTER: Understanding Mood and Behavior Symptoms* training session. The training covers common mood, behavioral, and cognitive symptoms among older adults. It also covers symptom prevention, management of behavioral health symptoms, additional resources for help with behavioral health symptoms and an introduction to the Positive Pursuits Project.

A mental health/activities/Lead Care Manager will assess residents to identify things they most enjoy doing and customized activity plans are developed for each resident. It is a 10-week program and progress is reviewed weekly. Activities are added, removed, or modified each week based on successful completion. At the end of the 10-week program, the resident's new activities are incorporated into the permanent care plan.

Cognitive Fitness is an intervention that uses pencil and paper games and activities, as well as social strategies to improve cognitive function in long-term care residents with mild cognitive impairment. The program can be adapted for residents with more severe levels of impairment. The goal of the program is to improve cognitive function in the following critical areas: storing long and short-term memory, retrieval, attention, spatial relations, perception, language function, and socialization.

A mental health professional will assess resident history to identify appropriateness for participation in the program. It is an 8-week intervention, delivered three times per week, with one hour sessions. Program activities include word puzzles, alphabetization, crossword puzzles, trivia, recalling the past and development of those memories, and trying something new!

Implementation of the Positive Pursuits Program

1. Each organization will have a Positive Pursuits Project Team and a Positive Pursuits Project Team Leader. The team consists of managers from nursing, activities, social work, volunteers, and other key departments. The Positive Pursuits Project Team selects the initial groups of residents for participation in the first 10-week pilot project. Each group should contain between 8 ó 12 residents. The project was initially designed to include one group from each area of the organization (Personal Care, Dementia, and Skilled-Nursing). The number and scope of resident groups participating in the program during each 10-week period can be modified based on your organizationøs needs. A timeline for participation for all additional residents is developed. The team leader presents the Implementation Plan to the Advisory Committee for approval.

2. Once the Implementation Plan has been approved. Letters are sent to families to introduce the project and invite participation.

3. A õtown meetingö is held with residents and staff for the locations that will participate in the first round of the Positive Pursuits Program. The Positive Pursuits Team Leader or team member facilitates the meeting. He or she provides background information on the Positive Pursuits Program and a rationale for its implementation. It is a treatment to reduce depression that works by increasing the number of enjoyable activities residents participate. The Team Leader explains what will happen in the following weeks and encourages questions from residents and staff members. He or she stresses that the Program involves collaboration between caregivers and residents.

4. The Positive Pursuits Team selects a caregiver from each group of the locations that will participate in the first round of the Program. The selected caregiver is referred to as the õChampionö. The Champion is selected based on past performance and recommendation from supervisory staff and organizational leadership. The Champion coordinates the completion of selected activities for each resident in his or her group and works with a member of the Positive Pursuits Team to facilitate the program.

5. Residents from each of the locations that will participate in the first round of the Program are interviewed by social workers (or other staff members as deemed appropriate) using the *Resident Positive Pursuits Assessment*. This is an instrument designed to identify activities the individual enjoys doing. The assessment takes approximately 15 ó 30 minutes to complete, depending on the individual being assessed. Caregivers and family members can assist residents who are unable to participate in the assessment independently. Three activities are selected for each resident for the first week.

Additional activities are added, removed or modified for each individual based on request, viability, and successful completion. The goal is 6-8 new activities for each resident at the end of the 10-week program, but this goal is flexible based on individual needs and abilities. The Positive Pursuit can be completed independently by the resident, or with the help of the Champion, other care assistants, a family member, or another staff person. The Champion completes, or ensures completion of the activities through the use of the *Resident Positive Pursuits Daily Log*. A *Resident Positive Pursuits Daily Log* is completed for each resident for each of the 10 weeks of the program. The Daily Logs should be kept in a binder in a central location (e.g. the nurse's station) for each group.

6. A *Resident Activity Summary Sheet* that includes a list of the selected activities for each resident is posted and updated each week by a member of the Positive Pursuits Team. The summary sheet should be posted in several prominent locations in each participating location. The care staff from each location can provide valuable feedback regarding the placement of the summary sheet.

7. A member of the Positive Pursuits Team schedules and meets with the Champion, the caregivers, and the supervisor for each of the locations that will participate in the first round of the program right before the start of the program. It is recommended the program begin on a Monday. The Positive Pursuits Team reviews the Positive Pursuits Program and how it will work. Procedures and caregiver expectations are discussed. It is stressed that the caregiver staff will help the resident carry out the selected activities during the 10 week program. It is also stressed that all members of the caregiver staff are responsible for the completion and recording of the activities. The collaborative nature of the program is stressed again. Encourage questions, comments and feedback from the staff.

8. An *Implementation Committee* consisting of the Positive Pursuits Project Team, social workers, activities director, volunteer coordinator, and "Champions" for each of the locations that will participate in the first round of the program is formed. The Committee meets weekly during the ten (10) week Program. This Committee provides a forum for Champions and Positive Pursuits Project Team members to collaborate. It provides additional support and resources for the Champions when implementing activities with their residents. It also provides a forum for Champions to share ideas and feedback on the program.

9. The Implementation Committee also developed activity kits containing items to aid lead care managers in facilitating completion of activities with residents. Kits contained items such as: small puzzles, decks of cards, nail polish, hand lotion and stress balls.

10. A Positive Pursuits Team member meets with each Champion weekly to review progress and problem solve as necessary. The meeting should take place during the end of the week (e.g. Thursday or Friday) so the Champion has sufficient feedback on the success of the activities designated for each resident that week. Unresolved issues are forwarded to the Positive Pursuits Project Team and the location supervisor. A member of the Positive Pursuits Project Team completes the *Resident Positive Pursuits Weekly Summary* for the current week and the *Resident Positive Pursuits Daily Log* for the following week in collaboration with the Champion. Additional activities are added, removed, or modified for each individual based on request, viability and successful completion.

11. After ten (10) weeks of implementation, the resident, Positive Pursuits Team, location manager, and care assistants determine how to sustain the Positive Pursuits Program. The resident states preferences for intervals between adding and subtracting Pursuits (e.g. one week, one month, etc.). Positive Pursuits Team, location manager and care assistants (and if appropriate, family) determine who will be the designated helper, if one is needed.

12. The location manager, in concert with the Positive Pursuits Team, determines how to integrate the Positive Pursuits program into the ongoing documentation for that location.

Instruments for Implementation of the Positive Pursuits Program:

Forms are available at the end of this document:

Implementation of the Cognitive Fitness Program

1. Each organization will have a Cognitive Fitness Project Team and a Cognitive Fitness Project Team Leader. The team consists of managers from nursing, activities, social work, volunteers, and other key departments. The Cognitive Fitness Project Team selects the initial groups of residents for participation in the first 8-week pilot project. Each group should contain between 16 ó 20 residents with mild cognitive impairment. The program is delivered three times per week, with one hour sessions. The program can be adapted for residents with more severe cognitive impairment. The number and scope of resident groups participating in the program during each 8-week period can be modified based on your organizationøs needs. A timeline for participation for all eligible residents is developed. The team leader presents the implementation plan to the Advisory Committee for approval.

2. Once the implementation plan has been approved, letters are sent to families to introduce the project and invite questions.

3. A õtown meetingö is held with residents for the locations that will participate in the first round of the Cognitive Fitness program and staff that will administer the program. The Cognitive Fitness Team Leader or team member facilitates the meeting. He or she provides background information on the Cognitive Fitness Program and a rationale for its implementation. It is an intervention designed to improve cognitive function in long-term care residents with mild cognitive impairment through the use of pencil and paper games and activities, as well as social strategies. He or she explains what will happen in the following weeks and encourages questions from residents and staff members.

4. Residents from each of the locations that will participate in the first round of the program are administered the Mini Mental State Examination (MMSE) by social workers (or other staff members as deemed appropriate). This is an instrument designed to screen for cognitive impairment. The 30-point assessment takes approximately 10 minutes to administer, depending on the individual being assessed. Individuals with mild cognitive impairment are eligible to participate in the program. Mild cognitive impairment includes individuals with MMSE scores between 21-26. Normal cognitive function scores range from 27-30. Individuals with MMSE scores between 27-30 are also eligible to participate in the program for prevention, stimulation, and enjoyment. Individuals with normal cognitive function are encouraged to participate because they often provide a leadership or mentoring role to other participants.

5. The Cognitive Fitness Team Leader or team member coordinates scheduling of the dates/times the program will take place with care managers and staff. The program is delivered for 8 weeks, three times per week, with one hour sessions.

6. The following items should be available for each session: pencils, folders, and name tags.

7. The room should be set up by staff in the following manner before the beginning of each session. Tables with seating for four to five individuals should be available. Pencils and are placed on the tables. An easel with paper and markers is placed at the front of the room for use during the session.

8. The first session of the program is an introductory session.

Cognitive Fitness Program: Sample Day 1 Session Format

- Introductions
- Expectationsí oursí theirs
- Discussion on brain plasticity
- Make name tagsí have residents introduce themselves using an adjective that begins with the same letter as their first nameí (e.g Hungry Harry)
- Fact of the Dayí explain the use of it. Give the first fact. (e.g. The Mona Lisa has no eyebrows). A record should be kept of each new dayøs fact for recall on the last day of the program.
- Pass out folders. Write name and days and time of class on the cover.
- Warm-up exercise (e.g. name ten parts of the body made up of only three letters). Participants complete this written exercise individually, then discuss as a group.
- Memory Activity (e.g. Name the other halfí Fred Astaire & _____). Participants complete this written exercise individually, then discuss as a group.
- Riddle of the Day (e.g. Give it food it will live, give it water it will die. FIRE.)
- Repeat fact of the Day: The Mona Lisa has no eyebrows
- Introduction to Buzz Game: Go around the room and count out loud. Say õbuzzö instead of the number 7 every time it comes up.
- Perception Activity: Recognizing Advertising Logos Sheet (e.g. Campbelløs soup label, Gerber baby, Arm & Hammer detergent). Participants complete this written exercise individually, then discuss as a group.
- Repeat fact of the Day: The Mona Lisa has no eyebrows
- Homework: Memory Activity: Crossword Puzzle

9. Each Subsequent Session follows the same basic format.

Cognitive Fitness Program: Sample Session Format

- **Warm-ups** a õwarm-upö exercise sheet and pencil is placed at each seat of the tables for participants to complete on their own. Review warm-up material, provide participants with an opportunity to respond. Ten minutes of the session hour is allotted for the warm-up exercise. Suggestions for õwarm-upö exercises include the following:

  * Name 10 foods that begin with the letter õpö
  * Name all the states in the U.S.
  * Name 10 things smaller than an egg
  * Name 10 places that begin with the letter N, S, etc.
  * A-Z name cities, countries, fruits, birds, etc.
  * Name 10 parts of the body spell with 4 letters
  * Name 10 major U.S. cities

- **Review Fact of the Day** The next 5 minutes of the session is dedicated to remembering the õFact of the Dayö from the last session and enforcing a new õFact of the Dayö for the current session. Staff asks participants to recall the õFact of the Dayö from the last session and facilitates recall of the fact if necessary. Next, a new õFact of the Dayö is introduced for the current session. The õFact of the Dayö should be spoken and written, and participants should be encouraged to say the õFact of the Dayö several times out loud. Staff should ask participants to recall and say out loud the new õFact of the Dayö several times during the curse of the session. Examples of õFacts of the Dayö might include:

  * Walt Disney, the creator of Mickey Mouse, was afraid of mice.
  * A peanut is not a nut. It is a legume.
  * The lifespan of a squirrel is about nine years.
  * There are more than 50 different kinds of kangaroos.
  * A group of twelve or more cows is called a flink.
  * Greyhound dogs can see better than any other breed of dog.
  * The first words that Thomas A. Edison spoke into the phonograph were, õMary had a little lamb.ö
  * The toothbrush was invented in 1498.
  * The brain has 100 billion neurons.

Sample Administration Fact of the Day: Walt Disney the creator of Mickey Mouse was afraid of mice.

Ask: What is the fact of the day?

If no one responds correctly:

Ask: What is the fact of the day? It has something to do with mice.

If no one responds correctly:

Remind: It has something to do with Disney & mice.

(Try not to just give answersí rather give them clues that will help them come up with the right answer.

- **Review Homework Assignment** Suggestions for homework assignments might include simple crossword puzzles, word searches, finding differences between two similar pictures. 5 minutes is allotted for reviewing the homework assignment.

- **Choose several activities from the following categories (25 minutes):**

    1. **Memory**
       Long term memory, Retrieval
           Trivia
           Clichés & proverbs
           Crossword puzzles
           Reminiscing
           Find the differences
           Information processing
           Buzz
       Short term memory
           Fact of the Day
           Memorizing lists
           Learning new names and facts about people
           Reading and remembering

2. **Language**

Verb generation

Split words

Antonyms

Homonyms

Homophones

Give 6 wordsí tell them to write a story

Generating words

Word association

Updating your vocabulary

3. **Spatial Relations**

Anagrams

Puzzles

Counting Shapes

Map Reading

4. **Flexible Thinking**

Riddle of the Day

Changing Words

Rebuses

Word Search

List 10 things you can do withí

5. **Perception/Attention**

Find the differences

Remembering what you saw

Advertising logos

Word decoding

6. **Reasoning**

The common factor

Sudoko

Identifying Patterns

Verbal analogies

õYou be the Judgeö

Minute Mysteries

7. Math

Elementary arithmetic

Word problems

Calculating senior discounts/sale

Figuring out the check

a. **Socialization**

Thumb Ball

Name adjective

Two truths & a lie

One word story

Pass the clap

Line up (without speaking) first names, birth date, height

When I was littleí

Zip, zap, zop

Pet, animal, hobby, foodí   õTalkö

Dr. Know it all

People Bingo

Marooned

Adult Show & Tell (bring something that is important to you and talk about it)

Magic Wand

Catch & Say Name

Improvisation (bring out objects and shout out alternative uses for them)

- **Riddle of the day**

- **Close by repeating the new Fact of the Day**

- **Give out new homework assignment (5 minutes)**
  (Go over at least one example so they understand how to complete the assignment.)

10. At the end of the 8 weeks residents are administered the Mini Mental State Examination (MMSE) by social workers (or other staff members as deemed appropriate).

Key Principles for Implementation of the Cognitive Fitness Program:

1. The warm-ups are done while the group is gathering. Judge the time needed depending on the difficulty.

2. When residents are working always issue a 5 minute warning. Residents do not like to be stopped abruptly.

3. Keep it funí when you start hearing lots of sighs time for the next activity to be fun.

4. Room should be free of distractions/noise while the residents are doing the exercises.

5. Attendance should be taken.

6. Be prepared. Know the answers to the questions/quizzes you are giving them.

References for Program Activities

Allard, L. (2002). Picture This! A hands on activity book. Oak Hill Publishing.

Artman, J. & Grimm, G. (2000). Remembering and Reminiscing õThe 1940øsö. Gary Grimm &

      Associates Publishers.

*Gary Grimm Publishes a wide variety of puzzle books that may be duplicated for resident use.
They are all in large print for easier reading.

Galli, A. (2006). Word games to make you think. Lone Pine Publishers.

Kilpatrick, K. (2010). Reminiscing through the 20th century: Brain teasers. Gary Grimm &

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Seagull, B. & Seagull, S. (2005). Mind your mind: A whole brain workout for older adults.

      Attainment Company, Inc.

Thompson, S. (2006). Trivia (Best of New Day). Gary Grimm & Associates Publishers.

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      adulthood.

This manual was developed to assist providers of long-term care services with the integration of behavioral health approaches and services into their long-term care operations. In long-term care, the movement for õperson-centered careö and õculture changeö support a higher quality of care based on choice, respect, dignity, and recognition of the õwhole person,ö not one defined by diseases or conditions. The way is opening for holistic, integrated care.

The concepts and practices described in this manual were developed over a four year period at Chandler Hall Health Services and over one year at Medford Leas, continuing care retirement communities. The project involved nursing home and personal care residents, their families as desired, their direct care staff (including aides/assistants, social workers, activities/wellness staff, and any other staff with direct contact with residents), managers, senior administrators, and consulting health and behavioral health professionals.

This manual was also developed to carry forward the work done at Chandler Hall and Medford Leas to additional sites of service: other continuing care retirement communities; adult day health centers; senior centers; and home-based care. We hope you find it useful and that your staff and residents enjoy the approaches suggested here. Feel free to adapt the concepts to fit your unique situation. We would love to hear about your experiences; feel free to contact us at the address on the title page.

POSITIVE PURSUITS ASSESSMENT   Participant:_____   Date:_____
Date of Initial Assessment: _____   (Adapted from Meeks, Looney, Van Haitsma, and Teri, 2008; Logsdon & Teri,

Rate the following pursuits on whether you think they are enjoyable and/or meaningful to you.

Pursuit	Enjoy? Meaning? 0=No 1=Yes	Pursuit	Enjoy? Meaning? 0=No 1=Yes
1. Going outside		20. Exercise	
2. Listening to music (in room, performance, etc.)		21. Going for a ride	
3. Watching T.V.		22. Shopping or buying things	
4. Listening to nature sounds		23. Learning new things	
5. Reading or listening to books		24. Going on a cultural outing or other trip	
6. Doing handwork or crafts		25. Participating in group activity (aromatherapy, bingo, word games)	
7. Doing games or puzzles		26. Gardening	
8. Making a choice (ex:)		27. Going out to eat	
9. Meeting spiritual needs (prayers, services, meditation)		28. Visiting with family/friends	
10. Watching others		29. Recalling/talking about past	
11. Napping		30. Discussing current events, politics, and/or sports	
12. Visiting with children		31. Laughing	
13. Being with a pet		32. Talking on the telephone	
14. Doing beauty/grooming regimens (nails, lotion, hair, bathing)		33. Getting/sending cards, letters, e-mails	
15. Wearing favorite clothes		34. Talking with another resident	
16. Making or eating snacks		35. Giving or receiving compliments	
17. Enjoying a drink or Happy Hour		36. Being told I am loved	
18. Having coffee, tea, cocoa with others			
19. Sharing a meal w/family/friend			
		OTHER:	

RESIDENT POSITIVE PURSUITS WEEKLY SUMMARY

NAME: _____   NEIGHBORHOOD:_____ DATE: _____

WEEK #: _____

PURSUIT	DID ACTIVITY OCCUR? 0=NO; 1=YES	FREQUENCY: 0=NOT AT ALL; 1=1-6 TIMES; 2=7 + TIMES	HOW PLEASANT? 0=NOT AT ALL; 1=SOMEWHAT; 2=VERY PLEASANT	COMMENTS
Total:				

Add additional activities or activity times for next week:

Problems trying to complete activities in current week:

1._____

2._____

3._____