## Non-Pharmacological Interventions: Therapeutic Recreation Value

<table>
<thead>
<tr>
<th>Psychosocial Outcomes</th>
<th>Physical Outcomes</th>
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<tbody>
<tr>
<td>• Enhance body image perceptions.</td>
<td>• Reduce pain.</td>
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<tr>
<td>• Change attitudes toward disability.</td>
<td>• Increase muscular strength.</td>
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<tr>
<td>• Improve sense of self.</td>
<td>• Improve flexibility and balance.</td>
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<tr>
<td>• Achieve control over stress.</td>
<td>• Improve cardiovascular functioning.</td>
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<td>• Enhance self-efficacy.</td>
<td>• Develop consistent activity routine for diabetes maintenance.</td>
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<tr>
<td>• Reduce/eliminate negative behaviors.</td>
<td>• Reduce decubiti and urinary tract complications.</td>
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<td></td>
<td>• Increase endurance.</td>
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### Improved Physical Functioning and Reduction in Medical Complications

**Benefits of Recreational Therapy**

<table>
<thead>
<tr>
<th>Improved physical functioning</th>
<th>Reduction in medical complications</th>
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<tbody>
<tr>
<td>• Improved mobility.</td>
<td>• Improved strength.</td>
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<tr>
<td>• Improved range of motion.</td>
<td>• Increased appetite.</td>
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<tr>
<td>• Increased rate of healing.</td>
<td>• Improved coordination.</td>
</tr>
<tr>
<td>• Increased activity tolerance, endurance and reduced heart rate.</td>
<td>• Improved speech, hearing.</td>
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<tr>
<td>• <em>Reduced pain.</em></td>
<td>• Improved locomotion.</td>
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<td>• Improved development.</td>
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<tr>
<td></td>
<td>• <em>Improved Behavior.</em></td>
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nctra.org/professional/benefits.htm
What are Behaviors?

Behavioral and Psychological Symptoms of Dementia (BPSD)

The Alzheimer’s Association lists/refers to many of the following behaviors as very commonly associated with Alzheimer’s/dementia:

Aggression (verbally/physically abusive/aggressive)
Agitation
Anxiety
Apathy
Confusion
Depression
Hallucinations/Delusions
Hostile
Repetition (motor/verbal perseveration)
Screaming
Sleeplessness
Socially Inappropriate (sexual dis-inhibition, disruptive, resistive to care)
Sun-downing
Suspicion
Wandering
Withdrawn

These behaviors may be exhibited in a few, some or many of the individuals with Alzheimer’s/dementia and may be isolated or chronic and may be predictable and/or non-predictable. The causes and/or triggers for each individual and each behavior may vary considerably!
Very sedating medication with an acute effect, is most likely due to the sedating effect and not the antipsychotic effect

Strategies to reduce use of antipsychotics

- Focus on implementing environmental, communication and therapeutic activity programs to minimize the use of antipsychotics by promoting:
  1. Non-pharmacologic strategies to manage individuals with dementia
  2. Changes to how we view dementia behaviors as attempts to communicate unmet needs
  3. Strategies (understanding causes and manifestations of behaviors)
  4. Staff training on interacting with individuals with dementia
  5. Policy adoption on minimal use of medications for individuals with dementia
  6. Consistent assignment implementation

Dementia re-examined

a. Experiencing the world in a different way
b. What are “behaviors”?
c. Medical symptoms?
d. Predictable human responses to the situation perceived?

Key questions to ask:

- What is this person trying to tell me?
- What is distressing this person?
- What does he or she need to be in well-being?

Questions to ask for before reordering new prescriptions”

- What did you do to try and understand why the person was doing <fill in the blank>?
- What is the individual trying to communicate to us about their <fill in blank>?
- What is the reason for the individual doing <fill in blank>?

**** Unacceptable answer (Dementia or sun-downing) ***

- What did you try before requesting medications?
Non-pharmacological approaches for the treatment of BPSD

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<th>Verbal therapies</th>
<th>Non-verbal therapies</th>
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<td>Behavioral therapy</td>
<td>Aromatherapy</td>
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<tr>
<td>Cognitive behavioral therapy</td>
<td>Bright light therapy</td>
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<tr>
<td>Interpersonal therapy</td>
<td>Exercise and activities</td>
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<tr>
<td>Reality orientation</td>
<td>Multisensory therapy</td>
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<tr>
<td>Reminiscence therapy</td>
<td>Music therapy</td>
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<tr>
<td>Validation therapy</td>
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</table>

Treatment of dementia  (R Overshott, A, Burns)  
*J Neurol Neurosurg Psychiatry* 2005
Environmental Considerations

I. Distractions:
   a. noise level
   b. opened doors
   c. use of blinds, shades, windows, lighting

II. Space:
   a. color
   b. textures
   c. glare

III. Cueing/Labeling: (Verbal and Visual)
   a. orientation
   b. recognition
   c. familiarity

IV. Group Process and Dynamics:
   a. physical layout
   b. placement of persons (seating and awareness of interactive dynamics)
   c. arrangement of furniture, objects, equipment
COMMUNICATION IS MORE THAN JUST TALK

“DO’S and DON’TS of COMMUNICATION”

When Communicating with a Person Who is Depressed:

**DO:**
- reach out to the person
- show acceptance
- use short, simple sentences
- talk about the person’s concerns or needs
- sit down – in silence, if necessary

**DON’T**
- discourage anger, complaining or irritability
- be overly cheerful
- hurry the person
- expect too much from the person

When Communicating with a Person Who is Hostile:

**DO:**
- use a matter-of-fact approach
- give brief explanations
- pay attention to the complaint
- find out as much specific information as you can
- direct the person to appropriate personnel, if you have difficulty managing
- show concern without acknowledging fault or promising too much

**DON’T**
- change the subject
- take the complaint personally
- give false hope or promises
- place blame on anyone
- say this is a common complaint
Do’s and Don’ts of Communication (continued)

When Communicating with a Person Who is Confused:

**DO:**
- get the person’s attention before speaking
- speak slowly and clearly
- use short, simple sentences
- call the person by name
- ask one question at a time and wait for an answer
- repeat yourself, if necessary, but repeat the sentence exactly the same way

**DON’T:**
- speak to the person as if he/she were a child
- speak to the person when he/she can’t see you
- talk a lot
- use long sentences, “big words” or slang

When Communicating with a Person Who is Suspicious:

**DO:**
- use a matter-of-fact approach
- give brief explanations

**DON’T:**
- be overly friendly
- attempt to draw the person out
- whisper or laugh around the person
Non-Pharmacological Interventions Through Therapeutic Recreation
For
Behavior Management and Pain Reduction

I. Music: According to research, which was published in the Journal of Advanced Nursing, listening to music can reduce chronic pain by up to 21% and depression by up to 25%. Further results indicated that listening to music had a statistically significant effect on the two experimental groups, reducing pain, depression and disability. (Dr. Sandra L. Siedleck from the Cleveland Clinic Foundation. – ScienceDaily.com)

Benefits:
   a. creates distraction, turning attention away from the pain
   b. promotes relaxation and stress management
   c. alters heart rate and breathing patterns (meditative music promotes calm state and releases tension)
   d. promotes a positive state of mind and facilitates chronic pain management and reduces depression (“guided listening” - focus on listening to themes, lyrics, instruments, musical elements, etc.)
   e. lowers blood pressure, eases muscle tension

Options:
   • Music can be live or taped
   • Music can be listened to or played
   • Consider group drumming circles (individuals sharing rhythm, getting “in tune” with each other and with themselves, by playing drums/percussion instruments)

NOTE:
   • Identify individual music preferences
   • Use headphones discriminately

II. Guided Imagery

Benefits:
   a. promotes relaxation and pain reduction/management
   b. creates peaceful images in the mind thereby creating a “mental escape”
   c. develops positive thoughts and positive self-talk

III. Art Therapy: (Art as a medium may be passive or active and provides an opportunity for either self-expression or as a spectator for viewing calming scenes, water, landscapes, etc.)

Benefits:
   a. promotes behavior management
   b. reduces blood pressure and stress levels
   c. provides distraction from pain
Non-Pharmacological Interventions Through Therapeutic Recreation
For
Behavior Management and Pain Reduction continued

IV. Exercise
Benefits:
   a. reduces pain
   b. promotes stress management and behavior management
   c. serves as a constructive physical release to manage agitation, anger, aggression, etc.

NOTE:
- An exercise program should be developed/adapted to address the type and level of pain the individual is experiencing

Options:
- Range of motion to relieve stiffness and joint pain (e.g. dance, Tai Chi)
- Low Impact Aerobic or endurance exercises (e.g. cycling) relieves inflammation
- Yoga relieves pain by incorporating gentle stretching and positional changes
- Stretching and strengthening reduce low back pain
- Physical activity (e.g. marching) as distraction for wandering

V. Aromatherapy: Aromatherapy has been increasingly used as an approach to pain management. The effects of touch and smell involved in aromatherapy are acknowledged to affect the parasympathetic nervous system to a level that can induce a deep state of relaxation, and this, in turn, can alter persons' perceptions of pain.

Benefits:
   a. reduces pain levels (lavender and peppermint oils)
   b. contributes in the management of chronic pain
   c. reduces agitation and restlessness

Options: Aromatherapy may be administrated through various routes:
- Inhalation
- Bathing
- Massage
- Topical application

Note:
- There are certain chronic illnesses and/or conditions that are contraindicated for using aromatherapy and should therefore be avoided. These conditions include: Asthma, respiratory allergies and chronic obstructive pulmonary disease (COPD). Certain volatile oils may lead to airway spasms. Some oils may contribute to skin irritation particularly on areas near the eyes, nose and mouth. In general oils should not be used near the face, eyes or mouth as not only can oils irritate the skin but also the membranes in those areas.
Non-Pharmacological Interventions Through Therapeutic Recreation
For Behavior Management and Pain Reduction continued

VI. Pet Therapy/Animal Assisted Treatment
Benefits:
   a. reduces blood pressure
   b. provides companionship, comfort and unconditional acceptance
   c. acts as a diversion and thereby reduces pain

NOTE:
- Benefits of pet therapy or animal assisted treatment are much more effective with persons
  who have had pets throughout their lifetime rather than trying to introduce pets later in life.

VII. Bright Light Therapy (mixed opinions regarding effectiveness)
Benefits:
   a. reduces night-time sleep disturbances
   b. reduces behavioral problems and sun-downing symptoms

VIII. Snoezelen (Multi-sensory therapy) Stimulates the primary senses of sight, hearing, touch, taste
and smell through the use of lighting effects, tactile surfaces, meditative music and aromatherapy.
Benefits:
   a. promotes relaxation and sense of well-being
   b. facilitates manifestation of calming behaviors

IX. Reality Orientation – Reminds individuals with dementia, through discussion and presentation of
materials, facts about themselves, current affairs and their environment.

X. Reminiscence Therapy – Focuses on past events and helps individuals with dementia relive pleasant
earlier experiences and significant events.

XI. Validation Therapy – Promotes communication with individuals with dementia by empathizing with
the feelings and meanings hidden behind the individual’s current experience. The focus is on the emotional
content of what is being said rather than the person’s orientation to the present.

NOTE: There are mixed opinions regarding the effectiveness of this therapy and additional concern with
the distress it might cause to the individual with dementia.