

Activity Program Design A Basic 101 Introduction



The Activity Program

All activity programs must be planned and have an objective in mind. This paper covers the basic needs to be considered when beginning the planning processes. You must always plan for success!

Is the Activity Program designed to meet any of the following needs?

- Physical
- Intellectual
- Psychosocial
- Cultural
- Spiritual
- Sexual
- Emotional

Is the Activity Program designed to meet any of the following choices?

- Are the activities meaningful to clients?
- Do clients enjoy attending?
- Are they designed so that the clients enjoys success?
- Are the designed to maintain clients existing success?
- Can the activities be broken down into small steps?
- Are they culturally appropriate?

Programmes can be greatly enhanced by staff involvement, where staff are able to make decisions and suggestions.

Plan and Implement a Programme

To successfully plan and implement an Activity Program, one must be aware for the individual needs of the clients.

1) Having chosen your activities, what are your aims?

Is your programme aimed at offering one or more of the following?

- Individuality
- Communication
- Self-esteem
- Socialisation
- Reminiscing
- Release of tension and aggression (if applicable)
- Community involvement

2) Plan activities that will result in success. Therefore choose your clients according to their abilities. You may need to adapt an activity to the individuals or group's needs. Anticipate areas of resistance or difficulty.

Remember always be flexible.

3) Use small groups (6 - 8), or maybe less with the confused. If the group is too large, clients will lose concentration and those unable to feel apart of the group may become bored and restless. Making the activity less successful than planned and lowering the self-esteem of client and therapist, who may be tempted to consider 'Why bother?'

4) Document the activity - involve staff.

5) Use a register to document participation.

Do's and Do Nots

The following list to help you gain the best results from all your activities:

- DO make meaningful, not demeaning.
- DO offer choices, this encourages decision-making and social independence.
- DO use preferred names. Introductions are important.
- DO affirm people for who they are, rather than what they can do.
- DO encourage participants to work in pairs and assist each other.
- DO adapt activities and games to assist those with disabilities e.g. large print quiz sheets, thick felt tipped pens, flash cards etc.
- DO remember that not everyone maybe an active participator. Stress that listening and learning are just as important.
- DO keep activity segments brief. Monitor concentration levels.
- DO arrange the room with chairs and tables, preferably in a U-shape facing the group facilitator. This will allow for good interaction and enables assistance with activities.
- DO constantly evaluate, modify and change programmes where necessary.
- DON'T present topics in a juvenile manner.
- DON'T award prizes for games of knowledge - educational backgrounds may vary. However, prizes for table games and games of chance can create incentive to participate.
- DON'T ask quiz questions individually, as this can be threatening.
- DON'T presuppose frailty or old age prevents enjoyment of a challenge.

Activity Tips

The choice of activities is extremely important. Most patients are aware of their memory loss, and failing in a simple activity, will only add to their frustration. Ask beforehand if the activity in question will minimise the possibility of failure and give opportunities for success.

Following guidelines will assist in selecting activities

Simplicity

Use simple, familiar activities based on the person's previous hobbies, employment or lifestyle. Patients who enjoyed cooking will still have fun mixing foods together or preparing very simple recipes such as Orange Juice or Fresh Fruit Salad. Former carpenters may enjoy working with blocks of wood, nails and a hammer, while a potter might enjoy kneading a ball of clay. Simplicity is the key to success. Simplify the activity even further when the person seems confused by something that was previously in his grasp. The feeling of success will be retained long after the activity is over and done with.

Focus on Assets

Use activities that draw on the persons remaining abilities and knowledge and are compatible with his level of comprehension and awareness. For example, a former handyman may have lost the skills for complex jobs. But he may still be able to do simple jobs around the house: jobs such as painting, sanding, washing the car and cleaning the garage.

Repetition

Choose repetitive activities that even quite impaired patients can perform. The sense of accomplishment that comes from repetitive chores like sanding wood, polishing or dusting may be the only person's only remaining source of satisfaction.

Stimulation

As well as those activities, which entertain and occupy the patient, select ones that provide cognitive and sensory stimulation and opportunities for self-expression. Reading, exercising, reminiscing and colouring are just some examples.

Safety

Since people with A.D have difficulty interpreting what is safe or unsafe, you must make sure all activities are hazard free. If, for example, the patient can no longer control sharp tools, such as scissors or knives, replace them with harmless substitutes. A plastic shovel can be used instead of a metal trowel. A wooden mallet can often be as effective as a metal hammer. Use non-toxic art supplies such as pastels, watercolours and crayons.

Variety

Be creative and flexible in devising activities. Add new sights, sounds, and resources. Varying activities increases involvement and motivation. Not all activities are suitable, however. Because of the loss, which accompanies the disease, it's important to avoid certain activities.