

Eeva-Maria Syrjäniemi

Art for Empowerment

One-on-one art sessions with dementia patients

Helsinki Metropolia University of Applied Sciences
Degree Bachelor of Social Services

Degree Programme in Social Services

Thesis

Spring 2011

Author(s) Title Number of Pages Date	Eeva-Maria Syrjäniemi Art for Empowerment: One-on-one art sessions with dementia patients 25 pages Spring 2011
Degree	Bachelor of Social Services
Degree Programme	Social Services
Specialisation option	Name of the specialisation option
Instructor(s)	Riikka Tiitta, Title (Lecturer) Mervi Nyman, Title (Lecturer)
<p>The objective of this final project was to implement one-on-one art sessions with three geriatric dementia patients who weren't active in daily recreational activities. This activity-based final project could then be used by instructors who are working with the geriatric population. It was also an aim to explore the empowerment of these three dementia patients through the 'Art for empowerment' art sessions. This final project was implemented at the Bradford Valley long term care center in Ontario, Canada.</p> <p>This final project was an activity-based project in which qualitative research methods of data gathering were used. A focused interview for the collection of data from the patients' relatives and the observation of the one-on-one art sessions were used</p> <p>The results showed that the patients momentarily experienced positive feelings from these sessions and clearly enjoyed them, these experiences were momentary because of the illness that they are suffering from. I found that during the sessions the patients were able to express themselves and have an experience of accomplishing something on their own, in their lives where their ability to proceed in everyday tasks is limited .</p>	
Keywords	art for empowerment, one-on-one art sessions, dementia

	patients
--	----------

Contents

1	Introduction	1
2	Bradford Valley	2
2.1	Bradford Valley as a living environment	2
2.2	Service modle	3
2.2.1	Gentlecare	3
2.2.2	Wellness-balance in mind, body and spirit	4
3	Long-term care in Ontario, Canada	4
4	Social Pedagogy and Empowerment	5
4.1	Sociocultural animation	6
4.2	Self-help and Empowerment	7
5	Art Therapy	8
6	Alzheimer's and Dementia	9
7	Methods of gathering background information	12
8	Art for Empowerment: one-on-one art sessions	13
8.1	Before planning sessions	13
8.2	Focused interview	14
8.3	Aims of Recreational programs at Bradford Valley	15
9	Aims of the Art for Empowerment: one-on-one art sessions	16
10	Art for Empowerment sessions	18
10.1	Session 1	18
10.2	Session 2	19
10.3	Session 3	20
10.4	Assessment of all sessions	21
11	Ethical issues	22
12	Discussion	24

1 Introduction

'Art for Empowerment: Art sessions with dementia clients'. This activity-based final project was implemented at the Bradford Valley Specialty care Long-Term care home of Bradford, Ontario, Canada. (later in the text referred as Bradford Valley) This is a care home for geriatric clients who need care and services that their own homes cannot provide. In this time where the geriatric population is growing, the importance of supporting this target group through the work of social services and activation methods is important. As the theme being 'art for empowerment', in this activity-based final project one-on-one art sessions with three elderly dementia patients that weren't active in other recreational activities were held to explore empowerment within these patients.

This functional project is based on the aims and basis of the recreational staff of Bradford Valley. The recreational staff found that it would be meeting their aims if sessions for the inactive elderly clients could be organized. A basis for the project was that the session ideas could be used by volunteers or workers working with inactive geriatric clients to implement one-on-one art sessions.

The idea of holding art sessions and linking it with empowerment is a way of approaching the elders and helping them express themselves because of the barriers of speech problems and the lack of social skills. The aim of these sessions was to give these patients a feeling of being able to do something in the midst of their everyday life where they do not have the ability to do everyday tasks due to their mental health state. Prior interests in art education gave basic knowledge, skills, and ideas of how the art sessions could be implemented. By using art as a tool for empowerment this activity-based project will seek to find if art can provide empowering elements for these three dementia patients. The methods for gathering background information used in this activity-based final project are the observation of the sessions and a focused interview. The focused interview with the patients' relatives will be implemented to find out more about the patient in their past life before they were diagnosed with dementia. What were their interests in the past?

This project description will start by telling about the residential home which will give an idea of what kind of environment these residents live in and the services that they are provided with. It will be continued by giving theories for the project and giving some information about dementia since the patients that are in this project suffer from some form of dementia. The art for empowerment project and its goals will be described and after that they will be evaluated and discussed both constructively and critically.

2 Bradford Valley

2.1 Bradford Valley as a living environment

At Bradford Valley there are 246 residents of which 30 live in each of the eight home areas. In each comfortable residents' home area, each offers a spacious private or shared room, a recreation room, a lounge and living area with a TV, dining room with a family-friendly kitchen, enclosed outdoor patio or courtyard with landscaped walking paths and each home area is secured. For all the residents and different programs there is a large community meeting room for special events and community functions, a court yard and Café where residents and families can meet over coffee, access to several enclosed outdoor patios and walking paths and a wellness centre with a fitness area and equipment. For the residents there are several services offered which come from local service suppliers from the local community. The service providers come to the facility of Bradford Valley to assure their customers a most comfortable experience which is also easy to access. The services are: hairdressing, wellness services: foot care, massage, manicure and pedicure, and also spiritual care services are provided two times a week. A doctor also comes in regularly two times a week to meet the needs of the residents.

There are daily programs that are provided by the physio team and the recreational programs team. The physio team is a team of five workers who have schooling in physiotherapy; they provide different strength exercise programs in groups as well as one-on-one programs for the residents. The recreational programs team also have five

workers who hold recreational activities for the residents daily. Once a month the recreation staff make outings with the residents to recreational activities such as bowling, a movie, a picnic by the waterfront or other such outings that the residents would enjoy. The activities by both the physio and the recreational programs teams are held in the home area lounge or in the community rooms and wellness rooms on the main floor where the residents participate from all home areas. Here the residents get to know each other from other home areas.

2.2 Service model

Bradford Valley is one of the long term care homes of Specialty Care out of ten, which has been providing long term care to seniors in Ontario, Canada since 1977. As a family-owned company, Specialty care takes a personal approach to the care and services that are provided in the community. An emphasis on choice, independence and dignity are the family's commitments to the residents and community. The staff are guided and inspired by a philosophy to personalized care that celebrates individuality and wellness by offering choices in daily living for all residents. This level of service is achieved through something they call Enabling CHOICES™ Bradford valleys goal is to exceed the expectations of the residents and the families for service excellence. Relationships make the difference in providing personalized care. Through caring, knowledgeable staff, and ongoing dialogue with the residents and families Bradford Valley assures that their innovative services remain responsive, supporting the needs of each resident. Staff adds thoughtful touches each day making a difference in the lives of the residents. (Specialty care, 2010)

2.2.1 Gentlecare

GENTLECARE® in the specialty care facilities enables the resident to enjoy choices in daily living. Emphasizing flexibility, choice, independence and meaningful connections, the Gentle care approach enables residents to enjoy choices in daily living. Caring staff are on hand 24 hours a day, working in partnership with residents to individualize care. Whether it be assistance with bathing, grooming, dressing, dining, recreation or medication, the focus is on respecting the privacy, dignity and individuality of residents. This is done by evolving the resident in decision making, enabling them to take part in

activities such as pursuing a favorite hobby or assisting with familiar routines, supporting natural wake-up time, and ensure a calming 'hush no rush' approach. (Specialty care, 2010)

2.2.2 Wellness-balance in mind, body and spirit

Enabling CHOICES™ supports a lifestyle focused on wellness. Regardless of age or health condition, residents are encouraged to strive for an improved sense of well-being and enhanced good health. For many people, this includes finding a satisfying balance in mind, body and spirit to fit their lifestyle. Walking programs, exercise groups, physiotherapy services and nursing services help maintain abilities relating to physical health. While social activities, laughter, pet visits and multi-faith worship services promote intellectual, emotional and spiritual health. (Specialty care, 2010)

3 Long-term care in Ontario, Canada

Long term care is assistance and support for people who cannot look after their personal needs by themselves; for example people with a prolonged physical or chronic illness, disability or cognitive disorder. It includes help with the everyday *Activities of Daily Living, (ADLs)*. It includes help for people with cognitive impairment, such as Alzheimer's disease or other forms of dementia. Long term care differs from traditional medical care as it is designed to assist a person to maintain his or her level of functioning, as opposed to care or services that are designed to rehabilitate or correct certain medical problems. In other words, the focus of long term care is on caring, rather than curing.

Long-term care homes are owned and operated by various organizations:

- Nursing homes are usually operated by private corporations.
- Municipal homes for the aged are owned by municipal councils. Many municipalities are required to build a home for the aged in their area, either on their own or in partnership with a neighbouring municipality.
- Charitable homes are usually owned by non-profit corporations, such as faith, community, ethnic or cultural groups.

The Ministry of Health and Long-Term Care (MOHLTC) provides funding for homes. The amount paid by residents for their accommodation is called a "co-payment". If your income is not sufficient to pay for the basic accommodation rate, there is a subsidy available to reduce your accommodation rate. Subsidies are only available for basic accommodation.

There are three pieces of provincial legislation governing long-term care homes. These are: the *Homes for the Aged and Rest Homes Act*, the *Nursing Home Act*, and the *Charitable Institutions Act*.

The Ministry of Health and Long-Term Care (MOHLTC) sets standards for care and inspects long-term care homes annually. It also sets the rules governing eligibility and waiting lists. All homes must post and follow a Residents' Bill of Rights. The MOHLTC encourages homes to get accredited by Accreditation Canada or CARF by providing a funding incentive to accredited homes. (© Queen's Printer for Ontario, 2002)

4 Social Pedagogy and Empowerment

This final project is an activity-based study with a strong social pedagogical framework. The goal for participants in this study is to activate and empower the elder patients that aren't active in other recreational activities. This study is to bring activation to these individuals and to study if it has an empowering effect on them. There is no one agreed set of concepts and approaches to empowerment. The diversity of theories and models of empowerment reflects the lack of a single definition of the concepts. (Adams R. 2003 p.28)

Social pedagogical work favours methods based on creative activity. Different forms of creative activities help people structure and deepen their self-knowledge, to think

about and clarify questions regarding meanings and values, strengthen their self-confidence and solve problems related to their life situations. Different art forms such as literature, music and fine arts are also well suited for social pedagogical working methods. (Hämäläinen 1999:67).

According to Siitonen (1999) Empowerment is a process that starts with the individual him/herself and is connected to the individual's own will, setting one's own goals and trusting one's own possibilities and views of oneself and one's own efficiency. Although empowerment is a personal process, it is still affected by other people, circumstances and social structure. Different activating and experimental methods can be used both with individuals and groups. Common activities and experiences often lead to a more holistic understanding of an individual. (Siitonen 1999)

4.1 Sociocultural animation

Looking at the world from a creative point of view is what animation is all about. Various strong ideologies and thinkers have had their part in the creation of it. Thus it is rather loosely defined and widely used. However it is an easy theory to grasp as animators have always existed even if they have not been labeled as such. Animation is a movement of pedagogical thinking, creativity and participation. (Kurki 2000: 11-12)

Scientifically sociocultural animation is based on social pedagogy. It is action which is aimed at all areas of life as well as of all ages and societal groups through a variety of actions. Creating equality among people through education and cultural activities is one of its visible objects. With them comes the ability of an individual to self-determination and better every-day life. Sociocultural animation is also important in preserving traditional values of societies and communities. Action is always voluntary and it underlines the free will, activeness and participation of a person. (Leimio-Reijonen 2002: 21-22)

Traditional thinking of professionalism has actually been a major obstacle to empowerment and thus to animation as well. Recently a transformation from the old habits has begun and more positive methods have come into the picture. However, the old

ways of professionalism should not be forgotten but used whenever suitable. (Thompson 2007: 53)

People using sociocultural animation in their work have to guide the service users into the right direction. Their role varies between that of a spokesperson, guide, leader and protector. They have the ability to bring people together, create new relationships and mediate dialogue between different worlds. The roots of sociocultural animation lie in voluntary work. Today it is quite a universal method of working. The process of animation is completed in a long period of time and it always is linked with practical work. (Kurki 2000)

4.2 Self-help and Empowerment

A fully effective approach to empowering people through participation cannot begin to function until they experience empowerment. (Rees 1991 cited by Adams: 2008) Rees makes the important point that people's biographies and experiences are a foundation of empowerment.

People do not become empowered merely by being invited to participate. They must feel empowered. A holistic approach to empowerment requires that a person's inner experiences- feelings and thoughts are in harmony with what they do. Self-empowerment is the central domain of empowerment and is the area where we begin to work on ourselves and take control of our lives. (Adams: 2008)

5 Art Therapy

The origins of using art in therapy can be understood when we think of art in general, art has been in every society since the beginning of time and is almost as ancient as mankind. Art reflects and predicts trends in society, and had traditionally been a forum for personal expression and creative ideas. (Dalley 1990) When looking at the theory of therapeutic art it can be seen how empowerment is linked to it even though it isn't mentioned in any way. This is why it is important to introduce art therapy in connection with art and empowerment. Art can be linked with empowerment as each individual is able to express themselves through art and this can be an empowering factor for some people.

In Art therapy, the materials used, the working process, the experience of making a picture and expressing one's self are all a process of the therapeutic rehabilitation, the empowerment process and accomplishing goals. (Mantere 2007)

Therapy involves the aim or desire to bring about change in human disorder, and art therapy is the use of art and other visual media in a therapeutic or treatment setting. All creative art therapies are based on the idea that an individual is able to express knowledge and experience from deep within themselves more accurately via the use of symbols than verbal communication. Compared to most art activities that focuses on the final product, in art therapy the person and his or her process of creation are most important. (Dalley 1990)

The learning of new skills helps co-ordination and concentration and results in a sense of achievement, satisfaction. The individual also becomes more aware of immediate surroundings and is given opportunities for social interaction and communication, both verbal and non-verbal, with others....Art therapy can also strengthen self-confidence and improve self-esteem when the individual's work attracts attention and praise from others. (Dalley 1990)

"Landgartn (1983) suggested fostering the therapeutic alliance with a depressed client through a dual drawing created by the client and the therapist together, either by taking turns of by working simultaneously, the therapist responding as needed." (cited by Wald, J. in Malchiodi, A. Handbook of art therapy)

General art therapy goals applicable to all geriatric population (Wald,1983, 1986b,1989) cited by Judith Wald . I chose five of the goals which will be applied in the session goals.

1. Provide art activities within a framework in which the client can succeed. In other words, gear the activity and art materials to the level of the group, minimizing deficits and maximizing strengths.
3. Preserve a sense of pride and dignity as productive adults by making a visual, tangible product.
5. Provide a visual focus for reality orientation, particularly for clients with psychotic disorders or dementia.
6. Provide a nonverbal, visual means of communication for clients whose language skills are comprised, especially the dementia or stroke clients.
8. Allow clients to make their own choices, to be original, to feel a sense of self-worth and integrity.

Wald, J. (2003) *Clinical Art Therapy with Older Adults*. In A.Malchiodi, *Handbook of Art Therapy*. New York: The Guilford Press, 300-301.

6 Alzheimer's and Dementia

Dementia is a serious loss of cognitive ability in an ageing person. It may be a result of a brain injury or it may have been progressing on its own over the years, it is not a normal ageing process although dementia is far more common in the geriatric population, it may occur in any stage of adulthood. (Erkinjuntti, Huovinen 2003)

Alzheimer's is one of the most common forms of dementia and this is the type of dementia that the clients in this functional project are suffering from. Alzheimer's is a degenerative disease, progressing from mild forgetfulness to widespread neurological impairment and ultimately death. Chemical and structural changes in the brain gradually destroy the ability to create, remember, learn, reason, and relate to others. As critical cells die, drastic personality loss occurs and body systems fail. (Robinson, L., Saisan, J., Segal, J. 2011)

The seven stage Global Deterioration Scale, also known as the Reisberg Scale, includes the following dimensions:

Stage 1 – No impairment. Memory and cognitive abilities appear normal.

Stage 2 – Minimal Impairment/Normal Forgetfulness. Memory lapses and changes in thinking are rarely detected by friends, family, or medical personnel. Half of those over 65 begin noticing problems in concentration and word recall.

Stage 3 – Early Confusional/Mild Cognitive Impairment. Subtle difficulties impact functions. Try to hide problems. Problems with word retrieval, planning, organization, misplacing objects, and forgetting recent learning affect home and work environments. New learning, complex planning and organization may be impacted. Depression and other mood disturbances can occur. Duration: 2-7 years.

Stage 4 – Late Confusional/Mild Alzheimer's. Problems handling finances result from mathematical challenges. Recent events and conversations are increasingly forgotten. Still know selves and family, but have problems carrying out sequential tasks, including cooking, driving, and home management tasks. Ordering food at restaurants, independent shopping, and other sequential tasks are affected. Often withdraw from social situations, become defensive, and deny problems. Need increasing assistance with the "business" of independent living. Accurate diagnosis of Alzheimer's disease possible to last roughly 2 years.

Stage 5 – Early Dementia/Moderate Alzheimer's disease- Decline is more severe, and requires assistance. No longer able to manage independently in community. Unable to recall personal history details and contact information. Frequently disoriented to place and or time. A severe decline in numerical abilities and judgment skills leaves patients vulnerable to scams and at risk from safety issues. Even if able to dress, feed, and perform other basic daily living tasks, require supervision. Loss of current information is inconsistent and personal history is no longer reliably recalled. Duration: average of 1.5 years.

Stage 6 – Middle Dementia/Moderately Severe Alzheimer's disease- Total lack of awareness of present events and can't accurately remember the past. Progressively

lose ability to dress and bathe independently. Bowel and bladder incontinence often occur, repetitive verbal or nonverbal behaviors are present, wandering, suspicion, and other dramatic personality changes are common. Can't remember close family members but know they are familiar. Agitation and hallucinations are particularly present in the late afternoon or evening. Late in this stage, need care and supervision but can respond to nonverbal stimuli, and communicate pleasure and pain behaviorally. Lasts approximately 2.5 years.

Stage 7 – Late or Severe Dementia and Failure to Thrive. Severely limited intellectual ability. Communicate through short words, cries, mumbles or moans. When speech is lost, also lose ability to ambulate without help. Health declines considerably as body systems begin to shut down, swallowing is impaired, and the brain is no longer able to interpret sensory input. Generally bedridden, increased sleeping, seizures possible. No longer responds to environmental cues and requires total support around the clock for all functions of daily living and care. Duration is impacted by quality of care and average length is 1-2.5 years. (Robinson, L., Saisan, J., Segal, J. 2011)

Patient 1 (as the resident will be referred to in the art for empowerment sessions) was at the stage 6 of dementia which is the Middle Dementia/Moderately Severe Alzheimer's disease. Her speech was gone and she wasn't able to verbally express herself except with very rarely saying yes. She expressed herself with being stubborn if she didn't want to do something. She was still able to walk at the time of the art sessions. She needed help getting dressed and wasn't able to use the washroom on her own. Support in feeding situations was also needed at times. She was very confused and disoriented at all times. It was difficult for her to control the movements of her hands if she wasn't concentrating.

Patient 2 (as this resident will be referred to in the art for empowerment sessions) also was at stage 6, the Middle Dementia/Moderately Severe Alzheimer's disease. This patient was able to speak, but her speech was very confused and at times hard to understand. She used a walker to support her walking and moving around. She also needed support with getting dressed and using the toilets. And at times assistance in feeding situations was also needed. She was at times also very confused and disoriented.

Patient 3 (as this resident will be referred to in the art for empowerment sessions) was at a stage 5 the Early Dementia/Moderate Alzheimer's disease. Her speech was at most times comprehensible and she was able to express herself. At times she was disoriented. She talked about her past and at times would forget the present. She was able to dress herself with a little assistance and eat on her own.

7 Methods of gathering background information

To implement this project I found it crucial to use different research methods to get the different data that was needed to assess this activity-based final project. These Qualitative research methods were an interview and observation.

Qualitative research aims to find or discover meanings that already exist, in opposite to verifying certain statements. Information is gathered in peoples' natural environment and in their actual settings. In qualitative research, the researcher is the instrument for gathering the data. The researcher relies upon his or her own individual observations and these observations are grounded on actual research experiences. In qualitative research it is recommended to concentrate on methods' which allow the object of the research to freely express their views and opinions. These kinds of methods' being; theme interviews, observation and the analysis of different documentations. (Hirsjärvi, S. Remes, P. Sajavaara, P. 2009: 164)

A focused interview, as written in (Frankfort-Nachmias, C. & Nachmias D. 1997 p.234) cited from (Merton, R. Kendal, P. 1946 The Focused Interview. American Journal of Sociology, 51: 541-557) has four characteristics: It takes place with respondents known to have been involved in a particular experience. It refers to situations that have been analyzed prior to the interview. It precedes on the basis of an interview guide specifying topics related to the research hypotheses. It is focused in the subjects' experiences regarding the situations under study.

In using a focused interview for data collection and interviewing a close relative of the patient, they know the situation of the patient who is no longer able to relate of themselves and tell about themselves. The relative in this situation has the particular expe-

rience of being able to tell about the patient. The interview relates to situations and happenings that have taken place prior to the interview in the patient's life. The experiences of the relative help with the data collection and analysis of this activity-based final project.

In this final project observation is also used as a method. A fieldwork journal or research diaries contribute to reflexivity, and thus data analysis, by providing a place for the researcher to explore thoughts and feelings about the research process. (Carpenter, C. Suto, M. 2008 p.107) A field work journal was kept during the sessions where all observations, thoughts and ideas were written.

8 Art for Empowerment: one-on-one art sessions

8.1 Before planning sessions

Before introducing the activity-based final project I will relate what was done before the planning of the sessions was done. In the first month of being at Bradford Valley I chose a home area where I got to know the residents better. I got to know their habits and was able to get some kind of contact with the residents. This would mean that I would talk with them, play games, and be with them. I would hold art sessions to the whole group and got to know them better. After this period I noticed that there were three individuals (which are referred to as patients in this project) who weren't able to or didn't have the capability of participating on their own. After discussion with staff we came to the result that with these individuals who were dementia patients, I would start to do the activity-based final project. These three patients were chosen because it had been noticed among the staff and I also noticed that these patients were not active in the recreational activities. This could be because their mental health and cognitive skills were very limited which makes it difficult to attend recreational activities where there is personal assistance.

It was discussed that by experimenting and holding these three individuals individual sessions, that would they be active or interested in these sessions. These patients were otherwise passive and difficult to get social contact from. These sessions were to

see if the instructor/mentor could provide sessions in which these individuals would express themselves in some way and show if the activities are in anyway interesting and empowering. To learn more about these patients, focused based interviews were planned to be held for their relatives. There are other issues that were processed before the sessions were planned. In the following the interview will be explained, the aims of the recreational programs will be explained as well as ethical issues that are important to discuss in this activity-based final project.

8.2 Focused interview

I attempted to hold a focused interview with the patients' relatives and ask them about the patient's interests and hobbies. Have they liked to do art before in their life? How has the illness affected on their skills or ability to act? To my disappointment I was only able to interview one patient's relative. The other two patients didn't have relatives that would have come often to see them as one of the patients relatives lived far away and the other patient was an OPG which means that the patient has a government representative who makes decisions on behalf of the patient. I found that it would be very enriching for the project and useful to know about the patients' past. This is why I wanted to hold a focused interview for a relative of the client and ask about interests that they have had in the past.

The focused interview that was able to be held was with Patient 1's daughter. She says told that when her mother was younger and healthier she loved to paint. She had painted a lot of paintings and she was also very creative. She also did a lot of crocheting and needle work. When she started to show signs of dementia she stopped doing challenging crocheting work. She would only do simple and short crocheting tasks that didn't take a long time. She continued by telling that she had tried to encourage her to paint now that she is in the nursing home because there isn't a lot to do there but she may have felt that she is not as good as she has once been so she didn't want to even try. It has been a while since she has tried to get her to paint.

From this I learned that patient 1 has liked to paint and that it may be difficult to get her encouraged to paint if her daughter hasn't been able to encourage her to paint. It is clear that she has creative talents that must be encouraged to be used.

8.3 Aims of Recreational programs at Bradford Valley

Here in a list of eight are the aims of the recreational programs of Bradford Valley. In this team there are five workers who take care that the residents at the home have daily activities to attend to. It is important to mention these aims because as being a volunteer at Bradford Valley at this time these aims must also be met by myself in the activities that I hold with the patients and other residents.

1. Recreation and leisure programs offered to residents shall include empowerment activities which promote self-respect, independence, decision making, self-expression, personal responsibility and choice
2. Creative expression activities such as art and crafts, music, dance, gardening and writing.
3. Treat each resident with dignity and respect; refer to each resident by name
4. Encourage residents to participate in activities of their choice. No resident is required to attend a program against his/her wish.
5. Provide ongoing opportunity for residents to make decisions
6. Provide activities and programs that reflect and attempt to enhance each resident's physical and mental status.
7. Seek ongoing input regarding activities and programs from both individual residents and resident groups.
8. Provide ongoing opportunities of leadership based on residents' abilities, interests and needs.

9 Aims of the Art for Empowerment: one-on-one art sessions

The aim the one on one art sessions is to enhance empowerment and well-being of the patient. By getting to know the residents before the sessions and by doing the interview to the patient's relative it was possible to see and know what the interests of at least the one patient. With the other two patients it was a little more difficult.

Out of the aims of the art therapy I chose aims which I felt were most appropriate and fit into this art for empowerment project.

1. Provide art activities within a framework in which the client can succeed. In other words, gear the activity and art materials to the level of the group, minimizing deficits and maximizing strengths.
3. Preserve a sense of pride and dignity as productive adults by making a visual, tangible product.
5. Provide a visual focus for reality orientation, particularly for clients with psychotic disorders or dementia.
6. Provide a nonverbal, visual means of communication for clients whose language skills are comprised, especially the dementia or stroke clients.
8. Allow clients to make their own choices, to be original, to feel a sense of self-worth and integrity.

Wald, J. (2003) *Clinical Art Therapy with Older Adults*. In A.Malchiodi, Handbook of Art Therapy. New York: The Guilford Press, 300-301.

I chose these aims because by fulfilling these aims there is most likely that the patient is able to experience empowerment since these aims are activating, encouraging,

adapting to the patients abilities, preserving dignity, providing focus on reality, providing non verbal communication, allowing patients to make own choices and giving the patients a opportunity to feel a sense of self-worth and integrity by giving them the experience of doing art on their own.

From the recreational programs aims all the aims are very important but I chose the aims that were most relevant to this art for empowerment project.

Aim 1. Recreation and leisure programs offered to residents shall include empowerment activities which promote self-respect, independence, decision making, self-expression, personal responsibility and choice.

Aim 2. Creative expression activities such as art and crafts, music, dance, gardening and writing.

Aim 3. Treat each resident with dignity and respect; refer to each resident by name responsibility and choice

Aim 6. Provide activities and programs that reflect and attempt to enhance each resident's physical and mental status.

These aims were chosen because they all have elements of empowerment. Empowerment activities that promote self-respect, independence, decision making, self expression and choice. By treating the patient with dignity and respect it is important in this empowering process. Encouragement, praise and being supportive in the activities will also most likely give empowering outcomes.

10 Art for Empowerment sessions

The one-one art for empowerment sessions were held in a recreation and lounge room where there were tables and resources available that were needed. The room is bright with big windows. The atmosphere in the room is homey and comfortable like throughout the home the atmosphere is home like and comfortable. In the room during the sessions music is played to give a calm atmosphere.

To start with all necessary materials are brought into the room from the storage room. They are brought to the room in a trolley where they are most accessible. A sheet is spread over the table for hygiene reasons and also that the tables do not get dirty. Materials are set out in the middle of the table so the residents can see what they have for options.

The sessions were held in the morning usually from 10-11 because this is the time that the patients are most likely to be awake and alert. It was discussed with the nurses that the morning would be the best time for the sessions because after lunch most of the patients go for a rest and may sleep most of the afternoon.

The sessions were held by myself and wasn't able to get help from other staff members. Of course help was available if there was to be a situation where the help of a nurse would have been needed but they didn't have time to come and watch the sessions.

10.1 Session 1

Aim: To provide the patient an empowering experience of exploring their own talents and creativity and to experience a positive, social moment through painting.

Activity: Painting on a big piece of paper of different options using different liquid paints and different sponges and brushes.

Procedure: Each patient is asked to participate. If they have consented the instructor goes with them into the designated room where everything is laid out ready. Music is

playing in the background and the atmosphere is calm and relaxed. It is explained to the patient that the activity today will be painting. The patient is able to choose the materials and colors that she wants and sets down to do the activity with the encouragement of the instructor.

Closure: Together with the patient look at the finished piece of art work. Together take the painting and hang it up on the wall of their room and admire it. Thank the patient for coming to the session.

Assessment: The patients enjoyed the session very much. Patient 1 who wasn't able to fully control her hands loved mixing the paints. She mixed the paints and always wanted more paint to mix. For her it seemed therapeutic to watch the colours mix as she mixed them. She then took a sponge and dabbed the paper which became a beautiful painting of something that looked like a forest line. Patient 3 chose a paper with a picture of flowers on it. She concentrated fully on painting it and stopped once in a while to rest her arm. It seemed like she didn't have the energy to paint for long periods. She would stop and I massaged her arm for a while and she would want to continue. She painted a very nice painting with colourful flowers. She was enjoying the session and painting the flowers. After she was done she just looked at her painting and was satisfied.

Adaptation: Patient 2 at first needed some encouragement to start painting in which I used the method of dual drawing which is a method created by Langartn (1983) which is a method of taking turns in painting. This encouraged patient 2 a lot and in the end we had a beautiful painting which she named 'shower safe'. The painting was of a girl standing under an umbrella when it was raining.

10.2 Session 2

Aim: Provide the patients with an experience of decision making, self-expression, pride and dignity.

Activity: Painting, drawing or coloring on a piece of paper to a given theme. This was 'remembering something enjoyable.'

Procedure: Each patient is asked to participate. If they have consented the instructor goes with them into the designated room where everything is laid out ready. Music is playing in the background and the atmosphere is calm and relaxed. It is explained to the patient that the activity today will be painting or drawing an enjoyable memory. The patient is able to choose the materials and colors that she wants and sets down to do the activity with the encouragement of the instructor.

Closure: Together with the patient look and admire the finished piece of art work. Together take the painting and hang it up on the wall of their room and give the patient praise. Thank the patient for coming to the session.

Assessment: Patient 1 participated by colouring in a picture of flowers she liked this picture of flowers that she saw on the table and wanted to colour it. As she concentrated she was able to control her hand and at times color beautifully. Patient 2 and 3 also enjoyed painting, as they had chose painting again. They seemed to enjoy it even though at times patient 2 seemed confused and disoriented and to start she wanted to practice the dual painting again as had been done the time before. Patient 2 and 3 both painted something that was of joy to them and patient 1 coloured a flower bush which brought good memories. The individual attention seems to have given the patients a new light into their life.

10.3 Session 3

Aim: Provide an activity to enhance the patients' mental health status and well-being.

Activity: Making a flowerpot out of tissue paper and cardboard. Items needed: cardboard, scissors, different coloured tissue paper, glue. Draw a flowerpot with a dome on top for an area for the flowers on a piece of cardboard. Cut tissue paper into squares. Set out glue on a paper plate and set out the cardboard and different colours of tissue paper out on the table.

Procedure: Each patient is asked to participate. If they have consented the instructor goes with them into the designated room where everything is laid out ready. Music is playing in the background and the atmosphere is calm and relaxed. It is explained to

the patient that the activity today is making a flowerpot on a cardboard with tissue paper balls that will be crumpled up and glued onto the sheet to make a beautiful pot of flowers. The remainder of the paper can be cut off.

Closure: Together with the patient look and admire the finished piece of art work. Together take the flowerpot and hang it up on the wall of their room and give the patient praise. Thank the patient for coming to the session.

Assessment: Client 1 didn't want to make a flowerpot she instead pointed at my art trolley and insisted on taking the paints. She had enjoyed the painting so much on the first session that she wanted to paint again. I then gave her paints from which she chose blue and red. She again started to mix these paints and watch how the colours changed. She then painted another painting by dabbing the paper with a sponge. This she enjoyed very much. Client 2 and 3 made the flowerpots but this task may have been a little too difficult for them. I helped them make the flowerpots as it was very tedious for them and wanted my help. In the end they were very satisfied with the finished product.

10.4 Assessment of all sessions

It seems that the patients that I worked with in these sessions were in a state of confusion or disorientation most of the time. They were a little confused but it was a joy working with them. It was totally clear when they were concentrating and understanding what they were doing. It felt as though they enjoyed what they were doing since they could do it on their own if they wanted to.

In many ways we are able to criticize this project: Were the one on one art sessions really empowering? In (Adams2003:15) it is emphasised about the risks of empowerment. The empowering process may in the end be disempowering to the client. In this case the clients could have felt that there were no empowering elements in the one on one art sessions since they felt that they did not know how to paint or do art at all. To avoid this from happening it is important to emphasise that all paintings and drawings of all kinds and of all talents are all fine pieces of art work. Positive thinking is important in this case. Everyone is an artist was my main encouraging phrase.

As it was possible to get to know these residents beforehand and know a little about them, the journal helped to look back and remember what went on even before the sessions started, this made it possible to make individual, one on one art sessions for these patients. As there were not very many resources (helping hands) I held the art sessions on my own with one resident at a time. At the same time I made observations and wrote them down as the sessions proceeded. Knowing the residents beforehand made the observations easier to complete as it was possible to see if the art had an empowering effect on the residents by looking at their expressions, emotions, and evaluating their activeness in the sessions.

The results showed that the patients momentarily experienced positive feelings from these sessions and clearly enjoyed them. These experiences were momentary because of the illness that they are suffering from. I found that during the sessions the patients were able to express themselves and have an experience of accomplishing something on their own, in their lives where their ability to proceed in everyday tasks is limited. The experience of having individual attention was a positive one as in the every-day life of a long term care home there is a lot of caring but the individual attention and activities other than the care they receive could be few.

The nurses were very pleased that I held the patients' individual sessions. They were envious that they didn't have the time to give the patients individual session as I had as they would want to do this if they had more time. It may have been helpful if a nurse would have been at the session at the same time since they know the patient even better than me.

11 Ethical issues

It is important to remember that there is always ethical issues that must be dealt with when working with clients in the social work field. Because this activity-based final project requires observation as a research method it is understandable that ethical issues may arise. Miles and Huberman (1994) (cited by Colorado State University editor) list several issues that researchers should consider when analyzing data. They caution

researchers to be aware of these and other issues before, during, and after the research had been conducted. Some of the issues involve the following:

- Informed consent (Do participants have full knowledge of what is involved?)
- Harm and risk (Can the study hurt participants?)
- Honesty and trust (Is the researcher being truthful in presenting data?)
- Privacy, confidentiality, and anonymity (Will the study intrude too much into group behaviors?)
- Intervention and advocacy (What should researchers do if participants display harmful or illegal behavior?)

(Ethnography, Observational Research, and Narrative Inquiry: 2005)

It is important to reflect and think about these ethical issues as working with the patients. First of all informed consent: When holding the sessions the patients were never forced to participate. Another ethical issue also arises which is; that do the patients really know that an activity-based final project through the observation of them is being made. Even though they are told and they have agreed to attend the art sessions it is most likely possible that they do not remember that a project is being implemented. But as there is no personal information distributed there is no way of these patients getting hurt in anyway by attending these sessions. It is most important that they have given consent to attending at the beginning of every session. When working with dementia patients it is clear that they may be in conditions where they have no will to come and attend any kind of activity or even let caregivers give them the care that they need. Although there didn't occur any situation that could have been like this, on one occasion one of the patients didn't want to come to the art session at the time that it was to be, but an hour later when asked again they willingly came.

There are no risks of the patients getting hurt by participating in this project since these were sessions that were activating and enjoyable they would more likely benefit from these sessions in getting individual attention and socialisation with the instructor/mentor.

Privacy, confidentiality, and anonymity is an important issue in this activity-based final project, since working with individuals it is important to keep their privacy, this is why there is no specific information (names, or ages). This issue was discussed with my supervisor and we came to the conclusion that the patients would be referred to as Patient 1, Patient 2, and Patient 3.

It is known that dementia patients can be at times aggressive, it is important that if there was to be a aggressive situation with the patient that a nurse that is working on the floor would be nearby. This is why it is important to also inform the nurses when these sessions are going on so they know where that patient is and can quickly come give assistance if need be, for the safety of everyone.

12 Discussion

This activity-based final project has been an experience to experiment the empowerment with the geriatric generation through the use of art. The art for empowerment sessions in this project can be used by other professionals working in the geriatric field or in any field. They can be adapted to any age group as social pedagogy and social work is meant for all age groups in the community.

Being able to work at Bradford Valley long term care centre gave me the opportunity to make this kind of project where it would be possible to see the patients daily and get to know them. The positive feedback from the nurses was very encouraging and empowering for myself as there had been improvement with the patients in their conduct and well-being. It was a pleasure walking down the hallways of the Lake house home area where the residents had learned to know me and I the residents.

The patients in this project were able to experience empowering activities where they could make own choices, be original, feel a sense of self-worth and integrity. They were provided a nonverbal, visual means of communication which enhanced the well-being and empowerment of the individual. These art sessions gave the patients the experience to do something on their own and to also show that they have talents of

their own when on the other hand have few opportunities to do independent tasks like getting dressed or using the toilets. In the world where patient's capabilities are limited it is important to give tasks that they are able to proceed with. These tasks like these art tasks enhance empowerment as the patients had a feeling of being useful and creative.

References

- Adams, R. (2008). Empowerment, participation and social work fourth edition. Hampshire. Palgrave Macmillan
- Alzheimer Society of Canada . Internet document. www.alzheimer.ca Read 5.4.2010
- Bradford Valley specialty care long term care home. Internet document <<http://www.specialty-care.com/index.php/bradford-valley>> Read 5.4.2010
- Carpenter, C. Suto, M. 2008 Qualitative research for occupational and physical therapists a practical guide. UK.Blackwell
- Dalley, T. (1990) Art as Therapy: An Introduction to the Use of Art as a Therapeutic Technique. London. Tavistock
- Erkinjuntti, H., Huovinen, M.(2003) Kun muisti pettää. Porvoo.WS Bookwel Oy
- Frankfort-Nachmias, C.& Nachmias, D. (1997) Research Methods in the Social Sciences. GB. London
- Hirsjärvi, S., Remes, P., Sajavaara, P. (2009) Tutki ja Kirjoita. Helsinki. Tammi.
- Hämäläinen, J. (1999) Johdatus Sosiaalipedagogiikkaan. Kuopio. Kuopion Yliopisto
- Kurki, L. (2000). Sosiokulttuurinen innostaminen. Osuuskunta Vastapaino. Tampere.
- Leimio-Reijonen, S. (2002). Valistuksesta vastuunottoon. Tutkimus sosiokulttuurisesta innostamisesta, ehkäisevästä päihdetyöstä ja sen toteuttamisesta nuorten parissa. Stakesin monistamo. Helsinki
- Malchiodi, A. (2003) Handbook of Art Therapy. New York. The Guilford Press
- Ontario Ministry of Health and Long-term Care. Internet Document <http://www.health.gov.on.ca/english/public/program/ltc/15_facilities.html#3> Read 14.03.2011

Robinson, L., Saisan, J., Segal, J. (2011) Alzheimer's Disease: signs, symptoms, and stages of Alzheimer's Disease. Internet Article. <http://www.helpguide.org/elder/alzheimers_disease_symptoms_stages.htm> Read 5.4.2010, Re read 15.3.2011

Rankanen, M., Hentinen, H., Mantere, M. (2007) Taideterapian perusteet. Hämeenlinna. Karisto Oy

Stevenson, O. (1996) Old People's Empowerment. Internet document. <<http://www.olivestevenson.com/publications/>> Read 16.1.2011

Thompson, N. (2007). Power and empowerment. Russell House Publishing Ltd. Alden. Oxford

Wald, J. (2003) Clinical Art Therapy with Older Adults. In A. Malchiodi, Handbook of Art Therapy. New York: The Guilford Press, 300-301.

Rolly Constable, Marla Cowell, Sarita Zornek Crawford, David Golden, Jake Hartvigsen, Kathryn Morgan, Anne Mudgett, Kris Parrish, Laura Thomas, Erika Yolanda Thompson, Rosie Turner, and Mike Palmquist. (2005). *Ethnography, Observational Research, and Narrative Inquiry*. Writing@CSU. Colorado State University Department of English. Internet document read: 15.3.2011
<http://writing.colostate.edu/guides/research/observe/>.

