

## Diversional Activity Zones by Debbie Hommel, ACC, CTRS

Meeting the needs of the diverse functional abilities of the elderly is a daily challenge for the activity professional. It is all too common for the activity professional to be faced with a room filled with residents who need to be occupied for a specified length of time. To add to the challenge, the residents often have varied needs, both physically and cognitively. We quickly discover that gathering everyone into one single group is ineffective in meeting the needs of the group. Even though grouping the residents into smaller more appropriate groups would be more appropriate, how does the activity professional meet the needs of the many with only one group leader in the room?

One approach which I have found effective is something called "Diversional Activity Zones". We came upon this technique by accident in 1995. I was working with a facility who had just received a deficiency in programming for their cognitively impaired residents. It was an older facility and the residents were gathered daily into a large room. The activity staff had been providing programming daily, but of the 25-30 residents in the room, only half were participating. The more impaired residents sat idly on the perimeter of the room, often dozing. We introduced more cognitively specific programming for these residents which worked to some degree. But there still remained a number of residents who would not or could not participate. Additionally, the activity staff were in the common room for almost two hours in the morning and another two hours in the afternoon. Keeping cognitively impaired residents focused on structured programs for that amount of time is difficult, if not impossible, as well.

One day, out of frustration, we brought all the supplies and equipment we had available for cognitively impaired programming to the room. We organized the materials, by category, onto the tables. One table had folding tasks; another had kitchen sorting tasks; another had the "babies" and baby clothes to fold and one table had simple craft tasks with fabric, yarn and pompoms to sort. We created an office area with file boxes, note pads and coupons to sort. We created a men's area with sporting magazines, pipe works, wood and sanding paper. As the nursing assistants brought the residents to the room, we seated them at tables which were appropriate to

their needs and interests. By mid morning the room was filled and we were dumbfounded. We looked around the room and miraculously, all the residents were engaged and intent on their tasks. We found the residents enjoyed their smaller groups. They were sitting with peers of similar interest and ability which provoked socialization. The limited staff "worked the room", going from table to table, monitoring for safety, providing cues and encouragement as needed. Somewhere along the way, the term Diversional Activity Zones was used and it stuck.

What are the benefits of this type of programming to the residents?

- \*Residents with limited attention spans and impaired cognitive skills will remain engaged in diversional tasks and activities for longer periods of time within the zones than traditional structured group programming.

- \*Attention span will improve as residents can concentrate on familiar tasks with success.

- \*Negative behaviors are reduced as self stimulating and disruptive behavior is diverted into familiar tasks.

- \*Self esteem is improved through successful participation in familiar tasks.

- \*Residents can utilize remaining skills and abilities which promote independence.

- \*There is an enhanced relationship between resident and caregiver, as it allows the resident to be seen as a viable person as opposed to a resident diagnosed with dementia and afflicted by various losses.

How do I set up a Diversional Zone Program?

- \* Assess resident population, categorize by interest and functional level.

- \* Establish area for program, ensuring privacy and ample space.

- \* Secure appropriate materials (life skill tasks, diversional materials based on life history and interests) and storage containers or areas.

- \* Organize the zone activities on separate tables, by category. For example, the laundry, ironing and folding type activities would be in one table. For zones with a larger interest, place two tables together to allow ample space.

- \*Residents should be seated at zones according to their past life interest, functional abilities and behavior. The staff member facilitating the program should be aware of the residents' history and individual needs.

If necessary, a method to communicate history and activity preferences should be introduced.

\*The staff member must give the task meaning through verbal cues and encouragement. It is not simply enough to say "do this" and hope the resident keeps busy. Reminiscence, utilization of past skills and the significance of the past skills are the goal.

\*The worker needs to be very intuitive to the residents' behavior and response level. If the resident seems to be losing interest, an alternative approach should be introduced. The resident should not be forced to complete a task or remain at a zone. There will be some days when they do not feel like doing anything.

\* It is often appropriate to integrate refreshment into the program. The residents often enjoy a cup of coffee or juice midway through. Introducing it as a "coffee break" is understood and appreciated.

\* Zones should be tailored to the needs and interest of the population. If there are more impaired residents, a sensory zone can be created. If there are more active residents, a sports zone can be created.

\*The goal of the activity is the process not the outcome. Do not rush. Take your time to "smell the flowers".

There have been variations on this type of programming documented in books, journals and periodicals. Parallel programming is a popular term used to describe multiple activities or tasks being offered concurrently. The residents are engaged according to their ability and interest. Cameron J. Camp and the Myers Research Institute have applied Montessori Principles of learning stations to activities for persons with Alzheimer's disease. They have created several manuals outlining activities which focus on basic tasks of sound discrimination, scooping tasks, and pouring activities, fine motor activities, care of the environment tasks and care of the person tasks.

All these approaches are based on the belief that each person with cognitive loss remains a person with abilities and strengths. Through these individualized approaches, the person can continue to utilize these abilities to function with meaning and purpose. Successful involvement in familiar tasks provides the resident with opportunity to remain connected with their personal sense of self while also connecting meaningfully with others.