



Arts in Health
Arts and young people
Arts and disability
Arts in prisons

TRAINING HANDBOOK

1st Edition

REACHING PEOPLE WITH DEMENTIA THROUGH THE ARTS

Rosas Mitchell and Morag Lloyds



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Supported by



ARTLINK CENTRAL

Forward

It is an undeniable reality that dementia is a real presence in the lives of many people in Scotland, and will be in the lives of many more in the years to come. An aging population, increasing at a phenomenal rate, means that few of us will remain untouched in some way by the experience of dementia, whether it is as someone living with cognitive impairment, a health or social care professional, or as a carer or relative.

Despite many years of research, study and lobbying, dementia remains somewhat of a mystery within the public realm. Like many things we experience and face in life, it can resist conforming to rules or standard measures, it comes in many guises and variations and can be understood and misunderstood equally.

Memory, communication, independence, mobility, balance and judgment, all of which can be affected by dementia, amongst other areas, are rich and complex territory for clinical practice, research and artistic exploration alike.

Visual artists, musicians and performing artists bring their focus on dementia squarely on the individual. Colour, music, repetition, sensory experiences and movement can be harnessed within the creative process as tools to engage in conversations that can both illuminate and add dimensions

As an arts agency, Artlink Central has a role to play in using the arts to explore this territory, whether it be by reducing barriers to participation in culture, in creating moments and experiences that stimulate memory or capture frames of transitions, or whether it is reducing fears or stigma around dementia for people with dementia, their families, carers or wider audiences; or tapping into creativity itself and for its own sake.

Whatever the art form and whatever the project, the most important consideration for artists working with people with dementia in this context is not how the arts can provide some sort of healing or therapy for the recipient. Rather it is how a creative process can remove the barriers that person experiences in their everyday setting, in their choices and decision-making. The artist's role is first and foremost to find that connection, that point of engagement, where the person with dementia responds on their own terms, creatively and expressively, so that conversation and communication can begin. From that starting point, the possibilities for collaboration are endless.

Kevin Harrison. Director of Artlink Central

About this handbook

This publication gives Artlink Central artists a huge advantage in their approach to dementia patients; from incisive information on types of dementia and the diversity of its many features and natures, to practical approaches to engaging patients in a workshop situation.

‘Reaching people with dementia through the arts’ training was delivered to Artlink Central artists on 7th July by Rosas Mitchell and Morag Lloyds. This was followed by a practical workshop using felt led by Morag which created a sensory book for use with dementia patients. We have included some images from the book in this handbook.

I want to thank Rosas Mitchell and Morag Lloyds for delivering the initial training to a group of our artists and subsequently wrote this handbook which is informed by their own experience.

Sarah Pearson. Artistic Programmer, Artlink Central



‘Seaside memories’ sensory felt book – courtesy of Morag Lloyds.

The pockets on the pages contain shells, seaside postcards and are scented to evoke the sea side.

How to use this handbook

This **Training Handbook** is divided into two sections.

The first, written by **Rosas Mitchell**, helps us to understand what dementia is and looks at the symptoms caused by the damage within the brain and how we can give people the best experience within the constraints of their illness.

The second half is a practical guide to working in the arts with people with dementia based on the experiences of artist **Morag Lloyd**.

The material was first shared at a Training Day provided for Artlink Artists on the 7th July 2010.



‘Seaside memories’ sensory felt book – courtesy of Morag Lloyds

PART ONE

Beginning to work people who have Dementia

ROSAS MITCHELL

“As we discover the person who has dementia we also discover something of ourselves. For what we ultimately have to offer is not technical expertise but ordinary facilities raised to a higher level, our power to feel, to give, to stand in the shoes of another, through use of our imagination.”

Tom Kitwood



Pause to reflect

Why do I feel drawn to this area of work and what are my particular strengths in working and being with people with dementia?

INTRODUCTION

Since the early nineties, dementia care has moved away from the medical model into a more holistic way of working with people. People are encouraged to attend Memory Clinics, receive a diagnosis so that appropriate treatment, counselling and support can help them continue living within the community for as long as possible. It has become a highly skilled area of work with the provision of person centred care, appropriate technological and environmental adaptations and a desire to help people retain self worth, identity and control over their lives. The importance of the arts in bringing meaning, purpose and opportunity for expression is now widely acknowledged.

WHAT IS DEMENTIA?

Dementia is defined as a syndrome of acquired intellectual loss in which memory and at least one other cognitive function (e.g. language, visual spatial perception, judgement, attention, knowledge, skilled action) are damaged to such a degree that the person's normal life and functions are adversely affected.

SOME STATISTICS

- There are currently 750,000 people with dementia in the UK, 71,000 of them living in Scotland.
- There are over 16, 000 younger people with dementia in the UK
- There will be over a million people with dementia by 2025.
- Two thirds of people with dementia are women.
- The proportion of people with dementia doubles for every 5 year age group.
- One third of people over 95 have dementia.
- The financial cost of dementia to the UK is over £20 billion a year.
- 64% of people living in Care Homes have a form of dementia.
- Two thirds of people with dementia live in the community while one third live in a Care Home/ Hospital.

UNDERLYING DISEASES

Alzheimer's Disease

75% of people diagnosed with dementia have Alzheimer's Disease, either on it's own or in combination with another disease.

Alzheimer's disease slowly and progressively destroys brain cells and their connections. It seems most likely that the damage occurs because some important, complex chemicals, whose normal job is to protect the membrane (outer surface) of the tiny nerve cells, may become poisonous to those cells. This can happen either by too much of the chemical being produced or the wrong type of the chemical being produced.

It has also been found that people with Alzheimer's disease have less of some brain chemicals which carry messages between the brain cells ('neurotransmitters'). The drugs currently available for the disease aim to increase the amount of these chemicals available and so help messages be transmitted.

Vascular Disease

The brain relies on a network of vessels to bring it oxygen-bearing blood. If the oxygen supply to the brain fails, brain cells are likely to die and this can cause the symptoms of vascular dementia. It occurs suddenly following a stroke or over time through a small series of strokes which are called transient ischemic attacks. This can mean a step by step deterioration where insight can be retained as people make recovery from the small strokes.

Dementia with Lewy bodies

This disease gets its name from the tiny spherical structures that develop inside nerve cells. Their presence leads to the degeneration of brain tissue. Memory, concentration and language skills are affected. It shares some characteristics with Parkinson's Disease.

Korsakoff's Disease

This is when the abuse of alcohol causes damage to the brain. Withdrawal from alcohol prevents further deterioration.

Fronto-temporal dementia (including Pick's Disease)

This is focused in the front part of brain and symptoms are more to do with changes in personality and behaviour than memory loss.

There are many other rarer diseases that cause dementia, including HIV and AIDS and Creutzfeldt-Jakob. People with Multiple Sclerosis, Motor Neurone disease, Parkinson's disease and Huntington's disease may also be more likely to develop dementia.

THE BRAIN

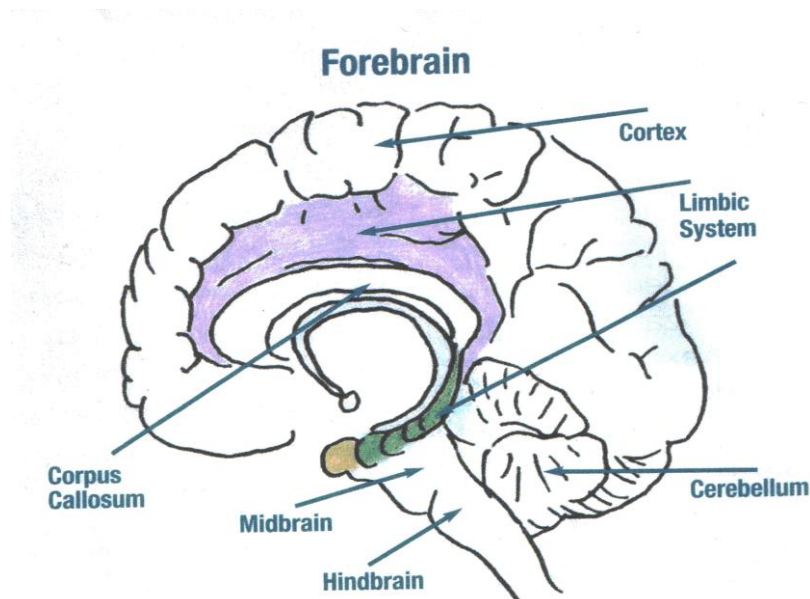
The brain does its work of receiving and storing information and organising all our actions by an unbelievably complicated pattern of connections between billions of microscopic nerve cells.

There are 20 different structures within the brain.

The **hindbrain** underpins the vital functions like regulation of breathing and digestion, instinctive behaviours relating to feeding, nurturing mating.

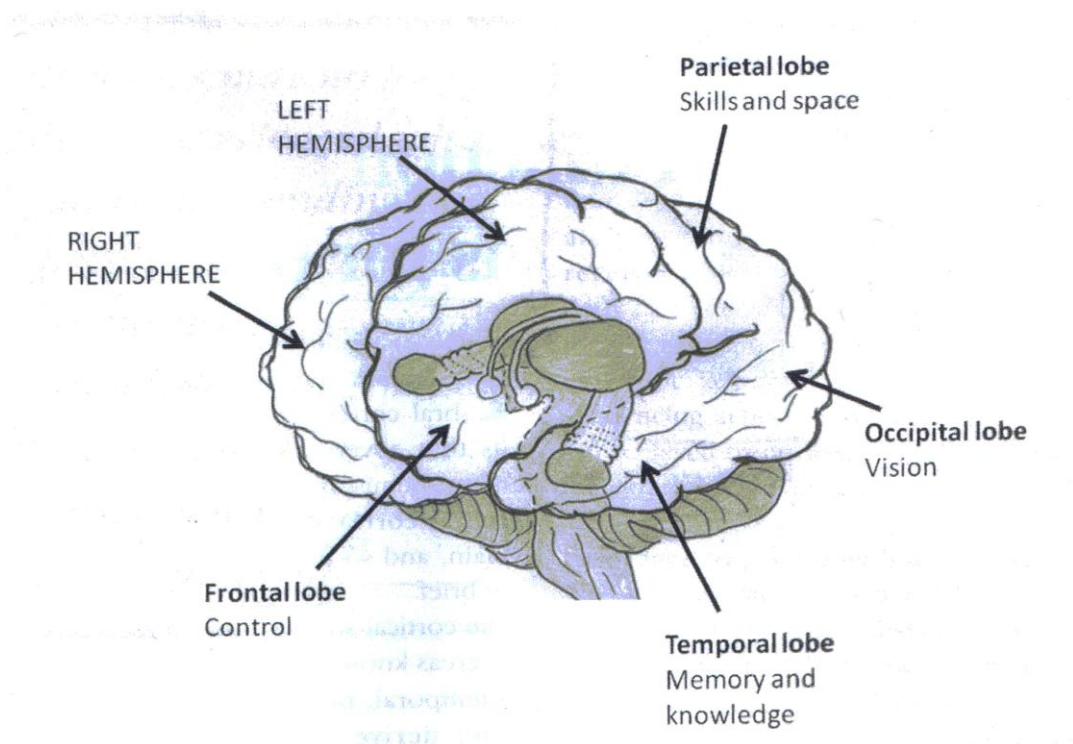
The **midbrain** regulates functions that mediate the flow of activity within and between hindbrain and forebrain.

The **forebrain** is the most recent development. The disease is found mostly in cerebral cortex (seat of our thinking, information, processing functions) and limbic system (crucial for memory and emotion) and often does not reach deeper areas of the cortex and the hindbrain and midbrain.



There are **2 hemispheres** in the brain; the left side which is analytical, takes the whole and breaks it down to constituent parts, detects order and sequence. The right side which takes parts and sees the big picture, makes sense of them as a whole, more visual and emotional with creative and artistic functions.

Each hemisphere has **4 lobes, occipital, temporal, parietal and frontal** which have their different functions. See diagram on the following page.



Paradoxical behaviour

Response to music and rhythm is a more instinctive response relying mostly on the deeper structures of the brain less likely to be touched by the disease.

Knowing about the brain helps to explain why a person with dementia who cannot put on their trousers in the morning, can several hours later dazzle people with their skills on the dance floor. The same with singing: people may find that they cannot hold a conversation but when poetry and songs are on the agenda, the words come straight out from deep within them.

A unique journey

The human brain helps us to understand why for each person the journey of dementia is unique for them.

There are constant interactions between the brain damage and the person's personality, psychological needs, their physical health and social environment and their unique biography.



Pause to reflect

This helps us to approach each person sensitively and expectantly without making assumptions or judgement.

SYMPTOMS OF DEMENTIA

We are going to look at the main symptoms of dementia bearing in mind that each person is unique and will have a unique set of symptoms.

1. Loss of Memory

Memory loss is particularly prevalent (95%) in Alzheimer's Disease. The inner lip of temporal lobe (around the hippocampus) is one of the first areas to be affected. It becomes difficult to lay down new memories because new cells cannot be formed.

People soon become confused and disoriented and this can affect them in different areas.

- **People-** names and recognition
- **Places-** getting home, mental maps, and navigation
- **Objects-** what things are used for and how to use them
- **Knowledge-** all the facts that they have stored throughout their life
- **Time-** a sense of continuity

“For those of us who are cognitively intact, time is like a stream of water in which we float with the current. For someone with dementia, time is frozen into individual snowflakes that touch the skin and melt.”

Everett. 1996

- **Auto-biography-** forgetting parts of one's own story can be devastating.

The deterioration in memory gradually spreads to affect a person's whole understanding of the world and their role in it.

The process is slow, anything from 3 to 15 years; there are different types of memory and some of these remain strong whilst the weak ones disappear.

Strong memories can be found in 3 areas:-

COMMON ELEMENTS

These are experiences that are often **repeated** over the course of time and form the core of our “workaday” life. It could be routine expeditions to the same supermarket, locking the front door when leaving home or visiting a neighbour on a regular basis. These experiences are ever more strongly represented in the slow learning mechanisms of the cortex.

However, the contextual detail that distinguishes one particular occurrence from another becomes fragile through lack of repetition and is usually lost or confused with subsequent occurrences.

OLD EXPERIENCES

Some memories are transferred out of the temporal lobe structures to other areas of the brain for long term storage so people’s memories of distant past is much better than memories of recent events. Research suggests that new memories become integrated with existing memories giving a rich set of connections within the system as a whole.

EMOTIONAL EXPERIENCES

Important experiences gain strength with their constant repetition. Research shows bodily response to an emotional event gives a release of additional transmitters into temporal lobe to boost memory formation and consolidation. There also flashbulb memories where intense fear has been part of the experience and these appear to be strongly laid down.

Perceptions and memory

Our memory system is geared up so that what we see in the here and now automatically stimulates related memories from the past. This helps to explain why often the person with dementia relates an incident or experience back to the past as the stronger memory.

For example, Mrs. T is visiting her mother diagnosed with dementia in a Care Home. She brings along her son, the lady’s grandson, to visit. Mrs. T’s mother may mistake him for her own son because his similarity takes her back to her own parenting when her son was that age which is a much stronger memory for her.

Go with what works well.....

- **Feelings and emotions**

Psychological studies reveal that emotional functions to be less vulnerable than cognitive functions. It makes sense to work with people at an emotional level, but we need to be prepared for the fact that the person's emotions are more likely to be subject to sudden change and may be more extreme than our own.

People may **not** be able to tap into the facts but may remember bad feelings after an episode. This can leave a negative impression which a person can carry forward to affect future behaviour.

- **More instinctive, older structures of the brain.**

This could be working with the caring, mothering, protecting, earthy part of the person. This might involve gardening, soil and sand, children and babies, animals etc

- **Validating a person's reality**

Being alongside and getting into the person's world is far more important than trying to re-orientate them to the present. What really matters is that their best interests come first. By using sensitive and gentle comments, the person will often come back into the present on their own accord.

- **Stimulating the senses- touch, auditory, smell, visual, taste.**

For example, if a 90 year old lady is looking for her mother, an invitation to her to talk about her mother may well naturally move her into the present without her feeling threatened or embarrassed. It may also be a clue that she is feeling abandoned and needs some comfort.

Stimulating the senses can often jog memories. Music and smell are particular important here for helping the person access long ago experiences. People can quickly be transported to forgotten times in their life.

"Even when you're not on form you still feel like singing."

"It's out of this world I think. I could be crying. It has an effect."

"In music I remember a lot."

Residents of a Care Home

It's important that you know as much as you can about the person, their biography and likes and dislikes, their preferred sense, so that you can choose which will stimulate and avoid anything which might upset them.

- **Reminiscence**

This is a key tool in working with people with dementia and should be ubiquitous in all communication. It is probable that each time a memory is relived, the strength of the neural connections that support that memory is augmented and so may have a role in protecting memories against the advance of the disease.

- **Life story work**

This involves the above but is more personal with definite outcomes in terms of a book, DVD, collage or document that can be used throughout the illness to protect the person's sense of identity, value and personhood as memories inevitably fade. The subject of separate training!

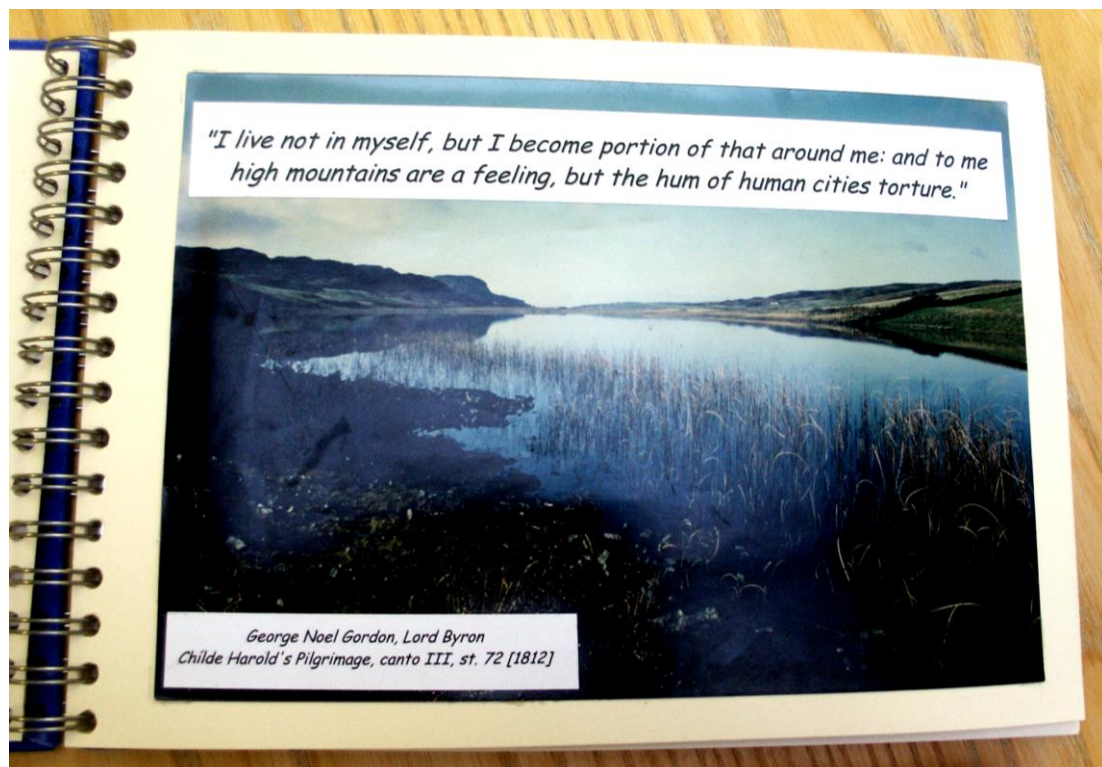


2. Thought processes, Decision Making, Knowledge.

The very large sheet of nerve cells that covers the entire surface of both cerebral hemispheres underpins many “thinking” or “information processing” functions and tends to be affected early on in the disease process. Hear how it feels for people.

“The locus of my attention is definitely shifting from my head to my heart. I feel and think about feelings more than I think about thinking.....sometimes I am very happy and sometimes I am very sad, and at all times I am aware of all my feelings.” Taylor 2007

“I am stretched out somehow, more linear, more step by step in my thoughts. I have lost that vibrancy, the buzz of inter-connectedness, the excitement and passion I once had. I have lost the passion, the drive that once characterised me. I am like a slow motion version of my old self- not physically but mentally.”



3. Visual, Spatial Perception

The occipital lobe is dedicated to the analysis of visual information. The network of cells process light information sent from the retina of the eye to detect differences in the colour, location and intensity of light. From this information the networks build up complex and detailed visual perception of the external environment. The outputs from the occipital lobe networks form the foundation for everything that is seen, foregrounds and backgrounds full of people and objects, words and pictures, things near and far, things that move and things that stay still.

Occipital damage is rare in Alzheimer's disease but more likely to occur in vascular dementia. The symptoms may be:-

- Blind spots
- Ability to see light but not perceive the environment accurately
- May not see boundaries

Damage to other parts of the brain may also influence vision and spatial awareness for people with other types of dementia.

- Knowledge that helps to make sense of what we see.
- The parietal lobe combines visual information with bodily information to make three dimensional important for navigating around space.
- In the later part of the illness, people can develop difficulty with spatial tasks, such as getting dressed, dealing with cutlery, coping with stairs and furniture. Eventually, this can leave people with a very limited field of vision.

In terms of colour, findings indicate that older people are best able to discriminate highly saturated colours at the "warm" end of the spectrum, and that colours with a high degree of brightness (e.g. yellow) are particularly visible. However, for ageing vision, contrast becomes as important as colour.

IN PRACTICE

A response

- A comprehensive **risk assessment** should be made available.
- Environmental adaptations using **colour, contrast and clear signage**.
- Limited vision means that activities should **focus** on verbal abilities and **other senses more accessible to the individual**.

4. Mood and Behaviour

People with dementia can know surprise, joy, patience, laughter, happiness as they journey. Often, especially when alone and/or isolated, their predominant feelings are:-

- **Sadness**
- **Depression**
- **Low self worth**
- **Frustration**
- **Anger**
- **Fear**
- **Embarrassment**
- **Confusion**
- **Loneliness**
- **Lack of confidence**

For some people, the disease will mean:-

- **Changes in personality**
- **They find it hard to initiate, to plan ahead and organize their lives**
- **They can be disinhibited**
- **Their behaviour becomes disorganized without purpose and often repetitive**



Pause to reflect

Imagine how you might feel if you had developed some of the symptoms of dementia.

5. Language and communication

The language centre in the brain is found in the temporal lobes of the cerebral cortex. People with dementia may develop some of the following problems:-

- Word finding difficulty
- Conversation less specific in content
- Repetition
- Cut off mid sentence
- Not able to initiate in communication
- Have difficulty both receiving and expressing information
- Frustration with not being able to articulate need/ opinion means people can use behaviour as a form of communication
- Express themselves through the use of metaphor. This is explained more fully over the page.

John Killick, a teacher and a poet, has been actively involved in talking with people with dementia and recording these conversations in such a way that we realise that much of what they are saying is symbolic, metaphorical, even poetic.

*In a poem ‘**The Monkey Puzzle**’, Killick captures some of the frustration of a person with dementia who feels that her whole existence has become managed without consultation, managed in an authoritarian fashion:*

**“I’m suffering from the Monkey Puzzle.
 The Monkey Puzzle is this place.
 The puzzle is how to cope with the Monkeys.
 I can’t remember anything of today
 Except the peppering of my tongue. Yes,
 My mouth was peppered again this morning.
 I believe it is part of the Monkey Puzzle.
 These little Monkeys have two legs,
 You know, and wear suits.

 I’ve come to the conclusion
 That what we should do
 Is educate these Monkeys.
 We should make it perfectly clear
 That there are certain things
 That are not done, even though
 I know that they are laughing
 Their heads off behind my back.”**

IN PRACTICE

You can make a difference....

Check basic communication skills:-

- Make sure that you have the person's attention.
- Gently touching them and saying their name can help gain their attention
- Ensure eye contact.
- Sit in a position where the person can see you
- 90% of communication is non verbal so concentrate on facial expressions, gestures, tone of voice etc
- Be self aware and check out attitudes and assumptions
- Have a calm approach

Good communication with people with dementia:-

- Keep what you say short and simple.
- When you are asking the person to do something stick to straightforward ideas and use one -step instructions.
- Use mirroring when appropriate
- Avoid giving too much choice or no choice at all
- Avoid asking questions that test memory
- Avoid childish tone of voice
- Avoid correcting the person and never argue
- Respond to the feelings behind the words
- Restate what you think people are saying
- Provide clues about what is going on
- Check you are comfortable with silence. People may take time to process what they have heard and what they have to say in response.
- Focus on what the person remembers
- Focus on what the person can do
- Enable people to take control

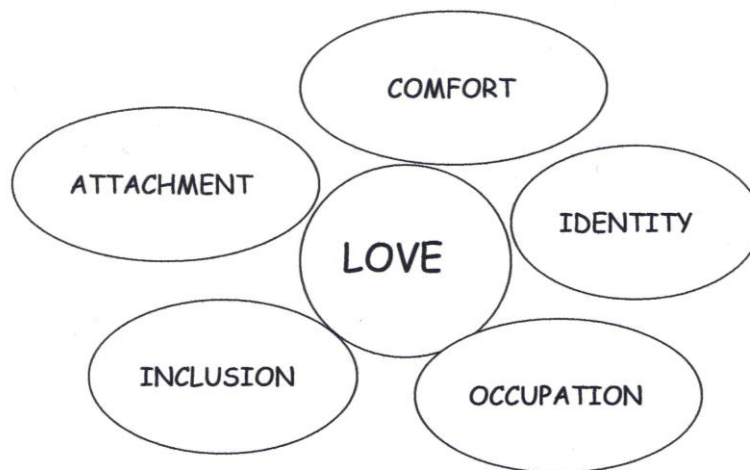
THINKING HOLISTICALLY

A Check List

Our emphasis so far has been about dementia and the way it can affect people's lives; the way it develops in the brain and some of the symptoms it can cause. We have also mentioned about holistic awareness necessary for person centred care. The diagram below helps us to check carefully that we are aware of these other areas before we embark on an activity.



Adapted from The Alzheimer's Society Book of Activities



Using activity to meet psychological needs.

Tom Kitwood.

Pause to reflect

How can I consider the relevance and appropriateness of building the attributes mentioned in the diagram above and the list below into my practice?

'Relationship-centred care and the 'Senses' framework

- Security
- Belonging
- Continuity
- Purpose
- Achievement
- Significance'

Mike Nolan, Sue Davies, Tony Ryan, John Keady

Consider this for ALL stakeholders, older person, staff, family carers and students.

PART TWO

Working with people who have Dementia

MORAG LLOYDS



'Seaside memories' sensory felt book – courtesy of Morag Lloyds

"Denied my two most familiar means of communicating - talking and doing art - I was forced to find other ways to make contact. In the end it wasn't the cleverness of the project, the results, or the materials that led to meaningful contact and successful activities. It was the degree to which on any given day I could be fully present and responsive to each person."

Sarah Zoutewelle-Morris

SECTION ONE – PLANNING AND STRUCTURE

1. Before going out to a project.

Phone up your contact on your contract sheet.

During this initial quick chat ask what it is that the nurse in charge or your contact would like to see as a finished project.

- What are the abilities of the dementia patients?
- What they would like to have physically on the wall or as a book at the end of the project?
- What would be important other than the physical finished article (i.e. the fact that the dementia patients are more involved)?

This gives you a bit of a head start.

- Ask if there are any allergies you should be aware of (perfume etc for asthma sufferers).
- Ask what is the name of your support nurse or assistant, this is VERY important and is just a nudge that you will be expecting one.
- Ask if there is any kind of progress sheet you could maybe use to show how the project may have helped each individual. (You could maybe say that this information is to help improve the way you deliver your project. Check with the contracting programmer as they might already have something in place.)

Arrange a meeting as soon after the first session as possible and sort this out at this phone call. Otherwise you may have problems organizing it later. You want to have this appointment very quickly so that you can iron out any problems. Check you are both singing from the same hymn sheet and maybe talk about any changes or adaption's you have had to make.

Ask who you should ask for when you turn up and where you will be holding your sessions are there plenty of tables etc, ask if they have a record player or could get hold of one, you may want to bring some L.Ps with you!

All this gives you a bit of a head start and allows you to be a little more prepared.

2. First meeting after the start of the project

- At this point you can mention any problems that have occurred during your first one or two sessions and get them ironed out.
- Arrange a further meeting for half way through the project to discuss any good or bad things and maybe to explain any slight alterations that have been necessary. Also arrange a final party for the end of the project.
- Make it a celebration of the time spent together and a chance to discuss with the nurses and helpers how they all felt it went

Sometimes there are problems with support from nurses and this is the time to bring this up, a time to nip any problems in the bud before they turn into something bigger. Remember you are there to provide a relaxed environment for creativity, be it painting music or any other pursuit.

You are not there to provide nursing care or to cover whilst others go on a break. If you do this once it will be expected on each visit and you will be so stressed about people needing the toilet or food etc that you won't be able to concentrate on the job in hand. Also you may find yourself trying to help someone in or out of a chair and they may fall leaving yourself open to all sorts of health and safety issues.

This is also an opportunity to maybe discuss changing the remit a little, you can go into a project with an idea but this can change a million times due to the needs and wants of the service users.

Being adaptable and having an open mind is KEY. You can say "Well I've found this doesn't work for Mr. or Mrs. A or B so I'm changing it to this..."

3. Mid meeting

At this meeting you can both talk about how you feel each person has progressed not just about the work you have actually done. “Mrs. X is talking more, communicating with others more, told me a story about...” some of this information could be lost or never passed on.

At this meeting it would be a great idea to arrange a little party for the last day, this could just be tea and cakes but you could theme it to the 50’s or whatever you feel would be appropriate to your project, it is a time for everyone to join in and gives the project a nice finish to remember.

I would also at this point ask to have a final meeting. You may not have all the work finished at the end of the project. You may need to come back to deliver it. This would be a good time to have the final meeting, which is basically a way of wrapping the whole thing up, talk about how things have gone on both sides, any communication problems etc.

4. Final meeting

This is a chance to talk about how each party felt the whole project went and any ideas for improvement in future projects.



SECTION TWO - IN PRACTICE

PRIOR TO A PROJECT CONSIDER THE FOLLOWING

PROJECT IDEAS AND PLACES TO FIND Resources FOR REMINISCENCE

Personally I have found that working with felt to be a great medium but you will all have your own ideas. I like the idea of books either in textiles or paper, but I have found textiles to be better as they are more hard wearing, which allows for the constant use that you will hope for. Sometimes I have mounted pages of a book into an open box frame maybe 4 or 6 pages each one under the other with little pull out bits and little pockets for keeping things like photographs in. I always try and leave a blank one at the bottom so that there is a space for future outings and photographs. It's like saying you're still getting out and about having fun and I acknowledge that... not this WAS your life!!! Sometimes you have nothing to go on. No information about someone's past. What can you do? Well think of things that bring back memories to you, the sound of the sea, the smell of a perfume, music, the senses are the strongest memory joggers of all and if you have nothing else you can start the ball rolling with any of these things...

- old picture postcards,
- old photographs
- old magazines,
- old records
- musical instruments
- games
- jigsaws
- sewing or knitting patterns
- old bank notes old coins
- Clothing, hats, ties, shorts, dresses.
- Items from around the home collectables old cups measuring jugs etc or millers antiques and collectables guides
- Taste maybe incorporate into a tea time treat cake sweets, drink. Even if at the end of all of that all you can get is recognition to a smell well that's something. A little book with pockets and cotton wool with the oil of lavender may be something and there is the fun of making it.

These can all be found in various places such as:

- **Antique and collectors fairs** (try, Scot Fairs which are held in Stirling, Glasgow and Edinburgh) paper is very cheap i.e. old train tickets etc and most of the dealers will be happy to search for special things for you.
www.scotfairs.co.uk
- **Postcard fairs** these are held in Kinross and various other sites around the country again the dealers will always be happy to search for particular things i.e. a church someone was married in or a favorite beach for holidays
http://www.postcard.co.uk/dealers_scotland.php or dalecollect@yahoo.co.uk
- **Charity shops**, they will look out things for you too. Tell them what you are doing, sometimes they will give you a big discount
- **Museums** such as the Secret Bunker over in Fife. www.secretbunker.co.uk
- **Auction houses**, especially local may have old maps and old pictures
- **Out on a walk** collecting pebbles, pressing flowers, collecting sand.
- **Shops**...Some shops such as "Past Times" when they have a sale on. Sometimes places like "The Works" have books on Social history.
- **Library**, great source for Social History
- **Internet**. I use this to research a place someone has told me about to see if I can get a picture and download and print off images. These can be printed onto the special paper you can get at PC world for printing onto fabric... which is great for books.
- Felt products and a great wee shop...

▪ <http://www.twistfibrecraft.co.uk/>

What to wear

Try to wear cheerful clothes, I learnt that by dressing smartly in a jacket and shirt can actually work against you. When after several weeks of being looked at in an odd way I realized after a series of comments about pain etc, that everyone thought I was a Doctor and that my bag of navy blue didn't help. So try and wear bright happy colours and keep wearing the same thing each week for the continuity. Also you could have some bright bags to keep those things in that you are going to use in your project... A clear plastic bag (with holes) with lots of coloured wools or material is a good idea too as these can be seen straight away and look bright and cheerful...

The first few weeks of a project

The first few weeks of a project I take a bunch of big envelopes with me. I put each person's name and an idea of identity (it can be hard to remember everyone's names at the start) so it could be James (who is always whistling) or Harry (who is always humming).

I keep these envelopes close by me then I put out on a table a whole load of items that I have brought with me, things I have mentioned above like old postcards etc, maybe a bit of background music to get the mood right that's why I mentioned asking if they have a record player so you could bring some old records.

Even if the reaction you get to some of your goodies is just a slightly longer look at something or a quick 2 second flicker in the eyes of recognition, then I put that image straight into the envelope reserved for that person.

After a few weeks I have a bunch of envelopes with little collections in each that I know will trigger something, bigger..... Sometimes it's just a word or a colour and if that's the case I will write the word down or put the colour onto paper and put that in the envelope. I then just take these things in each week and it seems to develop each time into a little more and a little more...

It's that first trigger that sets off a bigger chain. I also feel that eye contact is important and if you are so busy writing things down you will miss those special moments which you can develop into something even bigger.

And Finally....

The one thing I would say from my experiences is have a Plan yes but have a Plan b, c, d, f you have to be open to ideas and be prepared for changes. Its less stressful for all that way and it's a rewarding way to work.

Working with people who have dementia can be very rewarding and the amazing results can be even more amazing if you have a team of nurses rooting for you and supporting the project. So I would say, try and get them involved maybe by working in partnership perhaps by asking them to monitor any changes they have noticed for the better after you have left .After all you are not there all the time and they are.

Leaving some things behind in the nurse's care that they can carry on with the work you have done with them. While In some cases some Care Homes ask a nurse, who is the main care nurse, to actually work on a project with a resident, this is then something that is developed and used as part of their nurses care plan.

You should see yourself as a link between the nurses or even family and the person who has dementia. You may find out something that no one else knew anything about. This has happened to me, because you are in a relaxed atmosphere, or at

least this is what you are trying to **achieve**. These things sometimes come out and to be able to pass this on is a gift that could open up all sorts of doors.

I used to keep a diary in one of the places I worked. I would put down all the tiny little details, the little magic moments. Perhaps that is something you can do and then make a little note about each person that you can pass on to the Nurse in charge. **I personally feel this communication is vital.**



REFERENCES

For further information, explore:-

www.alzheimers.org.uk

www.alzscot.org

www.dementia.stir.ac.uk

or visit the library at Dementia Services Development Centre
at Stirling University by phoning 01786 467740

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