PROMOTING POSITIVE DEMENTIA ATTITUDES THROUGH OCCUPATIONAL ENGAGEMENT: THE DEVELOPMENT OF A DEMENTIA AWARENESS PROGRAM FOR COMMUNITY OLDER ADULTS

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Abstract

Purpose: This capstone project explored the effects of adding occupational engagement into a dementia awareness program on attitudes toward dementia among community-dwelling older adults, aiming to challenge dementia myths and promote an inclusive environment through occupational therapy perspectives.

Methods: This project used a pre-test, post-test design with convenience sampling to develop and assess a dementia awareness program based on insights from Silverado Red Rock Memory Care Community and participation from members of the Osher Lifelong Learning Institute (OLLI) at the University of Nevada, Las Vegas in the program. Changes in positive attitudes toward dementia were measured using the Dementia Attitudes Scale (DAS). Participants also completed a feedback form regarding their insights upon completing the program. The feedback was reviewed through thematic analysis and identification of positive keywords, phrases, and direct quotations.

Results: A Wilcoxon Signed Rank Test on the DAS showed a non-significant increase from a pre-program average of 102.33 (SD=14.59) to a post-program average of 104.75. However, upon completion of the program, five participants showed an upward trend toward more positive attitudes, which was also reflected in their feedback forms.

Conclusion: While the total scores of the Dementia Attitude Scale (DAS) did not significantly differ between pre and post-program assessment, qualitative feedback indicated a positive program reception, suggesting a beneficial impact on attitudes toward dementia.

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Dedication

This capstone project mirrors the essence of those who have shaped me into who I am today. Thank you to Keisha, who has been my cheerleader since our high school days. Your encouragement and unwavering support have been a constant source of strength.

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List of Definitions

Alzheimer's Disease. The most common type of dementia affecting parts of the brain that control thought, memory, and behavior (Alzheimer's Association, 2023)

Alzheimer's Disease and Related Dementias (ADRD). Refers to the most common forms of dementia, including Alzheimer's Disease, frontotemporal degeneration, Lewy body dementia, vascular contributions to cognitive impairment and dementia, and mixed-etiology dementias (National Institute of Neurological Disorders and Stroke, 2023)

Dementia. A collective term for symptoms including memory loss and cognitive decline, which significantly interfere with daily life, leading to a progressive deterioration of cognitive abilities and independence (Alzheimer's Association, 2023)

Dementia attitudes. Refers to the perceptions, beliefs, and behaviors that individuals and society hold toward people with dementia

Dementia awareness. The level of being informed and understanding dementia, its causes, symptoms, and influences of effects

Dementia knowledge. Refers to the person's knowledge and familiarity with dementia

Occupation. The activities that people do in their everyday lives, as individuals, in families, or in communities providing meaning or purpose to their life (AOTA, 2020)

Occupational engagement. The active involvement, participation, or performance of occupation (AOTA, 2020)

Stigma. The social experience that refers to the perception of others that deem an individual is deviant from the societal norms (Chang & Hsu, 2020)

Introduction

In 2020, more than 55 million individuals worldwide were affected by dementia (World Health Organization, 2023). The projections show a significant rise in the number of people who will have dementia in the coming years. Projections are expected to nearly double every two decades, reaching around 78 million by 2030 and 139 million by 2050. This increase is primarily due to the global aging population, which will result in a significant and rapid growth in dementia prevalence. Annual global societal costs are estimated at $1313.4 billion for the approximately 55 million people living with dementia (Wimo et al., 2023). The significant financial burden imposed by dementia highlights the urgent need for effective interventions and increased awareness. Currently, interventions and treatments related to dementia care are primarily focused at the secondary and tertiary levels. At these levels, dementia has already dominated many aspects of the individual's and their families' lives. However, public health initiatives have pushed for tools such as early detection, reducing risky health behaviors, and community partnerships to mitigate the future impact of dementia. Given the public health concern, addressing dementia at both the community and primary level can have a practical, wider-scale approach. Addressing the issue at the public level not only focuses on the individual but also considers the broader societal context, thereby aiming to create a more dementia-friendly society.

Dementia is an umbrella term for a range of neurological disorders resulting in a gradual decline in cognitive function over time (Alzheimer's Association, 2023). This progressive change mainly impacts cognitive areas such as memory, language, and executive functions, resulting in an escalation in disease severity and a subsequent loss of independence (Lespinasse et al., 2023). The progression of Alzheimer's disease is a continuum. Individuals can move from

normal cognition to preclinical Alzheimer's disease without any noticeable biological changes in the brain (Sperling et al., 2011). This stage can subsequently evolve into mild cognitive impairment, showing mild symptoms of Alzheimer's disease but not severe enough to interfere with daily activities.

Alzheimer's disease and related dementias (ADRD) encompass common forms of dementia, including frontotemporal dementia, Lewy body dementia, vascular contributions to cognitive impairment and dementia, and mixed-etiology dementias (National Institute of Neurological Disorders and Stroke, 2023). In particular, Alzheimer's disease, the most prevalent form of dementia, leads to issues with memory, thinking, language, and behavior. As Alzheimer's disease worsens, it can cause significant declines in memory, language abilities, and executive functioning, leading to a loss of independence and challenges in carrying out activities of daily living (ADLs). In severe cases, individuals with ADRD may struggle to recognize their family and friends. Traditionally, these symptoms are managed with pharmacological interventions, but therapeutic strategies are proving integral to comprehensive care and for delaying functional impairment (McLaren et al., 2013).

Occupational therapy (OT) can provide practical solutions for individuals living with dementia and their caregivers at the community level. This community-based approach incorporates the fundamental principles of individual interventions, such as promoting independence, engaging in meaningful activities, and enhancing quality of life. However, it does so with a focus on the cost-effectiveness of community interventions (Wenborn et al., 2016). Although researchers have explored the role of occupational therapy in improving the quality of life for individuals with dementia, the focus has primarily been on implementing secondary

interventions after a determined diagnosis. This post-diagnostic approach underutilizes the potential for occupational therapy to have a preventative role in dementia care.

There is a significant opportunity to expand the scope of occupational therapy to include educational initiatives about dementia outside of traditional care settings and before the onset of dementia (Maclean et al., 2022). Integrating the concept of occupational engagement into these educational strategies not only aligns with promoting healthy aging but also ensures that interventions are personally meaningful to each individual. By engaging in activities that resonate with their interests and life experiences, individuals can foster a sense of purpose and belonging. This approach not only benefits individuals living with dementia by enriching their daily lives but also aids in building a more informed and inclusive community. Such proactive engagement helps cultivate an environment where understanding and support for dementia are enhanced well before the typical onset of symptoms.

Statement of the Problem

Negative attitudes toward and stigmatization of dementia are a pervasive problem that impacts individuals, their families, and communities (Nguyen & Li, 2020). Stigma can be presented in the form of public fear and the negative perception of dementia from healthcare providers and patients. Negative stereotypes include perceiving those with dementia as dangerous and incompetent in the community. Misconceptions about dementia reflect a general lack of knowledge of dementia among the public, contributing to negative health behaviors, such as reluctance to undergo cognitive screenings or engagement in lifestyle choices that increase the risk of dementia (Kim et al., 2022). Other misconceptions can feature the assumption that dementia is a normal part of aging (Cahill et al., 2015; Cheston et al., 2016). The abundance of misconceptions in the attitudes of older adults toward dementia highlights the need for interventions addressing dementia and improving awareness (Rosenberg et al., 2020).

Occupational therapy interventions for health promotion and prevention can be applied at both individual and societal levels (AOTA, 2020). These interventions aim to enhance the quality of life of clients in their chosen environment and context. Health promotion programs focus on prevention or reduction in illness, promotion of mental health and quality of life, and promotion of healthy living practices and communities. Such programs operate at primary, secondary, and tertiary levels. Occupational therapy practice primarily focuses on secondary and tertiary levels, which involve environmental modifications, assistive devices, and compensatory strategies (McGrath et al., 2014). Although these strategies may cater to individualized needs, community interventions are equally important for individuals and their families affected by dementia to receive sufficient support (Hynes et al., 2016). Therefore, occupational therapy

interventions that target health promotion at the primary level are essential to promote overall health and well-being, both at the individual and societal levels.

The pursuit of value, meaning, balance, and identity development through social and environmental interactions is at the core of occupational engagement (Black et al., 2019). For community-dwelling older adults, participation in various occupations and activities is encouraged to support their health. As cognitive decline emerges as a significant issue among many older adults, examining how specific occupations may act as protective factors or potentially pose risks in the community becomes essential. Additionally, older adults can benefit from learning strategies that facilitate their engagement in various occupations (Leland & Elliot, 2012). Despite the need to address occupational engagement, there is a noticeable absence of programs that integrate occupations into dementia awareness or prevention initiatives. This gap raises an important question: Can a dementia awareness program that includes occupational engagement concepts improve positive attitudes about dementia among older adults in the community?

This capstone project was designed to answer this question by developing an integrated dementia awareness program that incorporates occupational engagement concepts. Through this initiative, the program not only addresses the existing stigma associated with dementia but also fosters empathy and cultivates a more inclusive and informed societal perspective. Ultimately, it aims to transform how older adults perceive and interact with dementia, potentially reshaping community attitudes and improving the quality of life for those affected.

Literature Review

The literature review highlights three key themes. The first theme explores the knowledge and attitudes surrounding dementia. The second theme examines dementia awareness programs designed to reshape these attitudes. The last section discusses occupational engagement in older adults and individuals living with dementia. Finally, the literature review synthesizes these critical elements, demonstrating their interconnected roles in the successful development of an effective dementia awareness program.

Knowledge and Attitudes Toward Dementia

The perception of dementia is affected by social constructs that significantly shape attitudes toward the condition. Dementia knowledge encompasses an understanding of its etiology, diagnosis, symptoms, behaviors, and management (Carpenter et al., 2009). Healthcare professionals generally exhibit low to moderate levels of knowledge, impacting the quality of dementia education provided to patients (Chang & Hsu, 2020; Lawler et al., 2021). This trend is mirrored in the lay public, particularly in low-to-middle-income countries, where levels of dementia knowledge also tend to be low to moderate (Cahill et al., 2015). This lack of understanding often stems from the widespread misconception that dementia is a normal part of aging. Among the public, there is also uncertainty about the differences between age-related memory problems and warning signs of dementia (Cahill et al., 2015; Cations et al., 2018). Efforts to raise public awareness of dementia through educational and advocacy programs play a pivotal role in enhancing dementia care and improving caregivers' quality of life (Ashworth et al., 2022; Cahill et al., 2015). Despite the presence of existing initiatives, both at the population and professional levels, knowledge of dementia remains relatively low. Dementia education courses are provided to diverse groups, including children, students, and healthcare workers, to

help reduce stigma (Bacsu et al., 2022). Despite this, there is a noticeable shortfall in educational offerings specifically designed for the older population. Integrating topics on healthy aging with dementia-related content could effectively address this gap.

Attitudes toward dementia encompass behavioral, cognitive, and emotional responses toward the condition (O'Connor & McFadden, 2009). Negative attitudes toward aging and dementia symptoms can contribute to stigma against individuals with dementia within healthcare services. This stigma can cause those affected to internalize negative beliefs, resulting in depression, lower self-esteem, and decreased participation in activities (Chang & Hsu, 2020). Societal perceptions of dementia are often influenced by harmful dualistic frames that separate the body and mind, devaluing the humanity of individuals with dementia (Cuadrado et al., 2022). Conversely, counter-framing strategies that unite the body and mind can challenge misleading stereotypes. Failure to address these stereotypes results in individuals living with dementia avoiding their symptoms and seeking assistance (Burgener et al., 2015; Low & Purwaningrum, 2020). The widespread stigma poses significant barriers to early diagnosis and treatment (Chang & Hsu, 2020; Kim et al., 2022). Recognizing and addressing stigma toward individuals with dementia and their condition is imperative for changing perceptions of dementia.

The relationship between knowledge and attitudes about dementia is nuanced and remains inadequately understood. Chang and Hsu (2020) highlight that while there is a recognized link between these elements, the precise nature of their relationship continues to require further exploration. A cross-sectional study examined two specific dimensions of attitudes toward dementia: accepting and affective (Lee et al., 2023). The findings indicated that increased knowledge positively influenced accepting attitudes but had no significant effect on affective attitudes. This suggests that while enhanced knowledge may promote greater

acceptance of individuals living with dementia, increased levels of knowledge may not necessarily result in modified emotional responses or more profound personal sentiments toward the condition. In a different cross-sectional study, it was observed that possessing knowledge does not automatically lead to positive attitudes toward dementia (Rosato et al., 2019). This could be due to personal biases that obstruct efforts toward social inclusion. Factors such as a broad understanding of dementia, coupled with a lack of awareness about its risk factors, can contribute to sustaining negative attitudes. The discrepancies observed between these studies may be attributed to the different dimensions of attitudes measured. Understanding and addressing these variations is crucial for developing more effective educational interventions aimed at improving attitudes toward dementia.

Age differences also present a challenge, as older adults possess more knowledge but demonstrate fewer positive attitudes toward dementia than the youth population (Newton et al., 2021; Wu et al., 2022). Individuals with personal experiences with dementia often possess greater knowledge of dementia through the reality and risk factors of the disease, potentially leading to increased worry (Joo et al., 2021; Kessler et al., 2012). However, those with higher dementia knowledge who engage in cognitive activities such as writing and music can reduce worry and lower their risk of developing dementia. Thus, there is significance in encouraging public engagement in cognitive activities as a preventive measure against dementia (Joo et al., 2021). While a complex relationship exists between dementia-related knowledge and attitudes, evidence indicates that age, personal experiences, and engagement in cognitive activities shape these attitudes. Therefore, increasing public engagement in such activities could potentially modify attitudes toward dementia and may be necessary for older adults.

The interplay between knowledge and attitude surrounding dementia is intricate. Despite increased awareness efforts, the persistent low levels of dementia knowledge across various demographics highlight the need for more effective educational strategies (Cahill et al., 2015; Lawler et al., 2021). Furthermore, the influence of personal experiences and societal stigma on attitudes toward dementia underscores the complexity of changing public perceptions (Cheston et al., 2015; Cuadrado et al., 2023).

Dementia Awareness Programs

With global and national organizations increasing efforts to enhance dementia awareness, there is a growing emphasis on community engagement as a strategy to address dementia (Odzakovic et al., 2021). Dementia education and training at the community level are vital interventions aimed at enhancing understanding, promoting the creation of dementia-friendly environments, and supporting early diagnosis and prevention efforts (Matsumoto et al., 2021). Programs addressing early diagnosis aim to motivate individuals to seek help and receive diagnostic procedures promptly. Training for healthcare professionals aims at refining their skills in early diagnosis of dementia, with reported outcomes showing increased practitioner confidence in both diagnosis and management (Lathren et al., 2013; Schütze et al., 2018).

Apart from individual-focused approaches to diagnosis and prevention programs, some programs address awareness from the perspective of a supportive community. One significant approach is to develop dementia-friendly communities that foster an inclusive environment where individuals with dementia receive understanding, respect, and support (Wu et al., 2022; Hung et al., 2020). These communities actively involve the public in awareness education and create welcoming and accessible environments that support social inclusion (Matsumoto et al., 2021; Phillipson et al., 2019). In order to expand dementia-friendly communities and provide

support for individuals and families affected by dementia, there is a need to raise awareness, improve knowledge, and develop openness to welcome dementia-friendly communities (Parkinson et al., 2022). One six-week dementia awareness and prevention program showed a significant reduction in dementia-related fears among older adults but had minimal impact on their knowledge, attitudes, and health behaviors (Kim et al., 2022). While individual and community-focused programs are crucial steps toward fostering dementia-friendly environments, continuous efforts in education, awareness, and behavioral change are necessary to truly cultivate communities that fully embrace and support individuals with dementia.

Occupational therapy is increasingly recognized as a vital component of dementia awareness initiatives. Through the development of practical tools tailored for daily activities, occupational therapy practice aims to enhance the quality of life for individuals with dementia and positively shifts public perception when applied community-wide (Darlington et al., 2021; Maki & Endo, 2018). Research indicates that integrating these tools into mainstream services is more effective than isolated initiatives improving attitudes toward dementia (Darlington et al., 2021). For the current project's purpose, various types of dementia awareness programs provide insight into how community engagement and education can be optimized to foster a more inclusive and supportive environment for individuals living with dementia.

Occupational Engagement

Occupation refers to the everyday activities people do as individuals, families, or communities that occupy time and bring meaning into everyday lives (AOTA, 2020). The domains of occupation include ADLs, instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation. Occupational engagement refers to active involvement, participation, or performance in

meaningful activities (Black et al., 2019). This section explores occupational engagement in two groups: individuals living with dementia and older adults looking to promote healthy aging. It also highlights the need for increased societal awareness to overcome obstacles that hinder occupational engagement for individuals and their families living with dementia.

Strategies for Sustaining Occupational Engagement in Dementia Care

Occupational engagement is essential for maintaining dignity, a sense of identity, and quality of life in those living with dementia (Han et al., 2015; Kielsgaard et al., 2020; Toit et al., 2018). Meaningful activities, habits, routines, and roles are essential for individuals with dementia to maintain a sense of normality and preferred lifestyle (Han et al., 2015). Beyond mere participation, engagement in occupations provides individuals with a sense of purpose, autonomy, and value (Han et al., 2015; Wolfe et al., 2021). Creating continued opportunities for building agency and promoting occupational justice in residential care can enhance the engagement of individuals with dementia in meaningful occupations (Toit et al., 2018). However, individuals living with dementia often lack engagement in meaningful occupations, which can lead to a decreased quality of life (Kielsgaard et al., 2020). Nevertheless, individuals with dementia have the right to actively engage in social and occupational activities within residential care settings. Therefore, it is vital to promote their engagement in meaningful occupations (Morgan-Brown et al., 2019). Through meaningful activities, those with dementia can not only maintain a sense of agency but also forge vital connections to their identity, others, and the world around them.

For a dementia awareness program centered on occupational engagement, it is essential to comprehend the needs of individuals living with dementia. Social activities and outside occupational pursuits can promote well-being and reduce neuropsychiatric behaviors in those

with dementia (Marx et al., 2019; Morgan-Brown et al., 2019). In addition, activities in landscapes can aid in reorienting individuals with ADRD (Brittain et al., 2010). Occupations in a social context underscore the importance of allowing individuals with dementia to express meaningful activities, requiring mindfulness from those interacting with them (Teitelman et al., 2010). The occupational engagement intervention developed by Kielsgaard and colleagues (2022) emphasizes three components: an activity program, staff workflow, and environmental adaptations. The activity program involves daily clubs, group activities such as games or walks, and staff planning. Environmental adaptations, such as room decorations, aim to address stimuli. Three key components emerged, which guide the effective facilitation of occupational engagement for individuals living with dementia, supporting better understanding and interaction for caregivers, friends, and family members: 1) providing opportunities for engagement in everyday spaces, 2) granting autonomy for individualized engagements, and 3) establishing structured routines for familiarity.

The environmental context plays a pivotal role in supporting individuals with dementia in engaging in their occupational activities, which is crucial for their well-being. Due to the progressive nature of dementia, cognitive and physical deterioration present significant challenges, impeding the ability to participate in meaningful activities. Environmental modifications are essential in facilitating engagement and reducing the demands placed on individuals. Simple yet effective strategies such as adjusting lighting and utilizing color contrasts can greatly enhance comfort and promote independence within residential care settings (Soilemezi et al., 2017). Furthermore, non-pharmacological interventions are instrumental in managing neuropsychiatric symptoms common in dementia, including agitation and apathy. These interventions not only provide relief to the affected individuals but also offer support to

caregivers by easing the challenges associated with these symptoms (Livingston et al., 2020). Tailoring the environment and consideration of interventions are vital to fostering occupational engagement and improving the overall well-being of those with dementia, directly addressing the hurdles posed by cognitive impairments and emotional disturbances.

Environmental challenges extend beyond the home to include hospitals and long-term care facilities, where generic design standards fail to address the specific needs of those with dementia, contributing to distress and disorientation (Catt & Giridharan, 2018; Xidous et al., 2020). The design of living and care spaces emerges as a pivotal factor influencing the well-being of individuals with dementia. Features promoting safe mobility, visibility, and interaction with nature, along with creating homelike environments, play an integral role in improving mood, social interaction, and the overall quality of life (Motealleh et al., 2019). Awareness programs can enlighten older adults about the importance of personalized activities and tailored environments, leading to greater empathy and improved support structures for those living with dementia.

The findings underscore the significance of tailored environments in supporting the well-being of individuals with dementia, highlighting the potential benefits of awareness programs that address occupational engagement concepts. By educating community older adults on the importance of environmental adaptations and personalized activities, such programs could foster a deeper understanding and more positive attitudes toward dementia. This enhanced awareness can lead to greater empathy and support for creating dementia-friendly communities, ultimately improving the quality of life for those living with dementia. Through the strategic design of living spaces and the implementation of non-pharmacological interventions, these programs can

play a pivotal role in promoting inclusivity and well-being for individuals with dementia, reflecting a community-wide shift toward more supportive and understanding attitudes.

Strategies for Promoting Active Aging through Occupational Engagement

Occupational engagement also serves as a cornerstone for promoting healthy aging among the general older adult population (Stav et al., 2012). Meaningful activities can enhance life quality, independence, and well-being across the aging spectrum, making them particularly important for the older adult population. Participation in ADLs and IADLs is linked to improved health outcomes, cognitive enhancement, and diminished dementia risk (Stav et al., 2012; Koh et al., 2021). Further insights reveal that older adults perceive the value of an occupation not only from physical engagement but also through the intensity of the involvement and the enjoyment it brings (Lundgren et al., 2020). Although mental and social engagements are more challenging to quantify than physical engagements, the outcome of enjoyment is still of significance. Embracing a comprehensive understanding of these activities can advance a holistic view of aging that celebrates continued engagement across a spectrum of occupations.

The integration of occupational engagement with daily routines is central to promoting healthy aging, highlighting the importance of activities that enhance life quality, autonomy, and overall well-being. This approach aligns with active aging strategies that emphasize lifestyle changes and meaningful activities to improve health outcomes among older adults. Research suggests that a comprehensive approach targeting various health aspects, including physical activity, psychosocial factors, social support, and healthy eating habits, is effective in addressing the multifaceted determinants of active aging (Menichetti et al., 2016; Stav et al., 2012). While lifestyle interventions typically focus on rectifying specific health behaviors, such as physical

inactivity or unhealthy eating, occupational engagement utilizes a profound approach to explore the significance of meaningful activities to provide purpose and fulfillment.

This holistic view acknowledges the necessity for integrative interventions to navigate the physical and cognitive challenges of aging. Multicomponent interventions that include cognitive training, rehabilitation, psychological support, and lifestyle modifications have shown efficacy in boosting self-efficacy among older adults with subjective cognitive decline (Kim et al., 2022).

Additionally, principles of lifestyle redesign that encourage active participation in meaningful occupations significantly enhance life satisfaction and positively affect physical and mental health. Programs such as the Well Elderly Treatment program, which targets healthy lifestyles and meaningful occupations across various dimensions, such as health awareness, social relationships, and cultural engagement, further exemplify this integrated approach (Jackson et al., 1998). By employing didactic presentations alongside interactive activities such as dancing and puzzles, such initiatives highlight the critical link between cognitive health and occupational engagement, offering valuable insights into their combined effect on well-being. Together, these strategies underscore the imperative of a comprehensive plan for fostering active aging, advocating for the integration of lifestyle adjustments and meaningful activity engagement to markedly enhance the aging process.

This literature review highlights the importance of occupational engagement in promoting healthy aging and enhancing the quality of life for individuals with dementia. It emphasizes the significance of meaningful activities in maintaining dignity, identity, and well-being and outlines the challenges faced by individuals with dementia in engaging in these activities. Multicomponent interventions address these challenges and showcase programs such

as the Well Elderly Treatment program as examples of integrating occupational engagement with lifestyle modifications to improve cognitive health and overall well-being (Jackson et al., 1998). The current program development project is directly informed by emphasizing the need for interventions that engage the broader community in understanding and supporting the needs of individuals with dementia to create more inclusive, empathetic, and supportive environments for older adults.

The literature review delved into dementia-related knowledge and attitudes, evaluated the effectiveness of awareness programs, and explored the role of occupational engagement for those with dementia as well as the wider aging community. It revealed ongoing challenges in raising dementia awareness, highlighting the intricate relationship between knowledge, societal attitudes, and perceptions. While dementia awareness programs are pivotal in altering societal views and reducing fears, their impact on enhancing knowledge and attitudes needs strengthening through more immersive and interactive educational methods. Additionally, the review highlighted the importance of occupational engagement in supporting individuals with dementia through maintaining dignity, identity, and quality of life. The review also advocated for incorporating meaningful activities into the daily lives of the older population to improve cognitive health and well-being, suggesting a holistic approach to dementia awareness that involves community participation and the promotion of dementia-friendly environments. The literature review concludes that effective dementia awareness programs require a comprehensive strategy that boosts understanding, tackles stigma, and integrates occupational engagement while also educating and engaging the community to support individuals with dementia and create an inclusive environment for older adults.

Statement of Purpose

This capstone project explored whether developing a dementia awareness program that included occupational engagement concepts could lead to a more positive attitude toward dementia among older adults in the community. The goal was to deepen understanding of how active participation in meaningful activities as part of dementia awareness efforts could enhance perceptions of dementia. By employing occupational therapy perspectives, the project aimed to develop a program that would educate the community on how to foster a more inclusive environment and challenge common dementia myths. The focus was on assessing the impact of incorporating occupational engagement into a dementia awareness program on community attitudes toward dementia.

Theoretical Frameworks

Two theoretical frameworks guided the development and implementation of the dementia awareness program. The Canadian Model of Occupational Performance and Engagement played a pivotal role in shaping the program's foundation as it emphasized the importance of engagement for individuals with and without dementia (Polatajko, 2007). This framework provided a comprehensive approach to tackle the multifaceted aspects of occupational involvement. The program was designed to empower adults to identify and actively participate in meaningful occupations, which address both the enhancement of personal fulfillment for adults and the facilitation of engagement for those living with dementia. The framework offers a structured and holistic perspective, which aligns with the program's goal of instilling positive attitudes toward dementia through active participation and occupation.

To complement this foundation, the Adult Learning Theory was considered the best approach to address the target population of older adults. This theory recognizes the unique characteristics of adult learners and underscores the significance of personal experiences and self-motivation in the learning process (Lawler, 1991). Consequently, the program was able to adapt to the unique needs of each individual and provide a personalized learning experience that was both enjoyable and effective. The Adult Learning Theory emphasizes self-directed learning and personal relevance, which was instrumental in ensuring that the dementia awareness program resonated with the participants and facilitated a positive attitude shift through a learner-centered approach. Together, these frameworks not only enriched the content of the dementia awareness program but also ensured its relevance and effectiveness in promoting positive attitudes toward dementia through the lens of occupational engagement.

Methodology

Project Design and Measures

The project was designed with a pretest-posttest framework to assess changes in participants' attitudes toward dementia following a five-week program. This approach aimed to explore the effects of the program in enhancing participants' attitudes by comparing data collected before and after the program's implementation. Positive attitude was measured using the Dementia Attitudes Scale (DAS), a 20-item survey designed to assess beliefs, feelings, and understanding about dementia (O'Connor & McFadden, 2009). The DAS addresses various attitudes, such as empathy, stigma, and knowledge about dealing with dementia-affected individuals (O'Connor & McFadden, 2009). The questionnaire consists of a series of statements related to ADRD, requiring respondents to rate each statement on a Likert scale. Higher scores on the DAS indicate more positive attitudes associated with dementia, with some items requiring reverse scoring (see Appendix A). Each item was scored and then summed to produce a total score for each participant. This aggregate score was utilized to observe changes from pre- to post-program.

The DAS is made up of two factors: Dementia Knowledge and Social Comfort. The scale is reliable, with consistent results across evaluations, as demonstrated by Cronbach's alpha coefficients ranging between 0.83 and 0.85. The scale also shows solid convergent validity, as indicated by significant correlations (ranging from 0.44 to 0.55) with other scales that measure ageism and attitudes toward disabilities. Confirmatory factor analysis supports the DAS's two-factor structure and its applicability in diverse groups, affirming its construct validity. The scale was developed with the input of caregivers, professionals, and students and effectively differentiates attitudes toward dementia from general ageism or disability perspectives,

enhancing its discriminant and face validity. The DAS is a reliable tool suitable for both research and clinical settings to assess and monitor attitudes toward dementia. The DAS includes a section on demographics to capture information on participants' age, sex, gender, and ethnicity. It also inquired whether participants knew someone with dementia.

Upon completing the five-week program, participants were given a feedback survey form in paper format, where they responded to short answer questions (see Appendix B). This form was developed to inquire about key concepts covered during the program, including occupational engagement, to gather insights into each participant's personal experience. The feedback survey served as a qualitative tool to identify aspects of the program participants found beneficial as well as areas of improvement.

Settings

The dementia awareness program was developed and implemented in Las Vegas, Nevada, through a collaborative effort involving two key agencies. The practices and insights from the Silverado Red Rock Memory Care Community informed initial development. This facility is recognized for its innovative approach to care, featuring customized neighborhoods designed to meet residents' needs and promote meaningful engagement through a diverse range of activities. The experiences at Silverado Red Rock provided valuable knowledge about dementia's manifestation and the adaptation of activities to suit the varying abilities of residents. This foundational knowledge was instrumental in shaping the program introduced at the Osher Lifelong Learning Institute (OLLI) at the University of Nevada, Las Vegas. OLLI, a community for adults aged 50 and older dedicated to lifelong learning, offered a course on dementia awareness. The program targeted members of OLLI who would have an interest in learning about dementia. OLLI was selected as the ideal venue for the newly developed course because its

members are in a prime position to deepen their understanding and potentially advocate for positive approaches and practices concerning dementia within their communities.

Target population and Recruitment

All participants in the dementia awareness program were members of OLLI and were selected through convenience sampling. Individuals self-selected into the course at the start of the semester, as they were informed by the distributed course catalog prior to the beginning of the spring semester. This catalog provided detailed descriptions and overviews of available courses, including this specialized five-week course, which was shorter than the typical fourteen-week duration for most OLLI courses (see Appendix C). The enrollment process was designed to allow participants to select classes that aligned with their interests, thereby facilitating a personalized educational journey. The class size was capped at 30 participants to ensure an engaging and interactive learning environment. While enrollment in the program was based on voluntary participation, participants were not mandated to partake in the surveys.

Procedures

The capstone project focused on exploring the benefits of occupational engagement for individuals with dementia through practical experiences at Silverado Red Rock Memory Care. By interacting closely with residents and staff, the project gathered valuable insights into successful engagement techniques and the impact of environmental or communication adjustments on these methods. This information was used to develop a five-week course at OLLI of one hour and 45 minutes that consisted of discussions and interactive activities (see Appendix D).

Program Content

Week 1: Understanding Dementia

During the first week, the session delved into several key areas to enhance students' understanding of the condition (see Appendix E). The session covered the definition and various types of dementia, including Alzheimer's Disease, Vascular Dementia, Lewy Body Dementia, and Frontotemporal Dementia. It also addressed common myths and misconceptions, such as the notion that dementia is an inevitable part of aging (see Appendix E). Students were introduced to the progressive stages of dementia—mild, moderate, and severe—and discussed the cognitive and functional changes that occur at each stage. A video was presented featuring individuals with dementia, emphasizing the detrimental effects of the stigma they encounter. The course also stresses the importance of recognizing dementia as a complex condition that affects individuals differently, thereby challenging the stigma and fostering a compassionate perspective toward those affected.

Week 2: The Importance of Occupational Engagement and Healthy Aging

The second week was centered on the importance of occupational and active engagement in promoting healthy aging, particularly addressing the six pillars of brain health (see Appendix F). The key concepts introduced were physical exercise, food and nutrition, medical health, sleep and relaxation, mental fitness, and social interaction (Jaqua et al., 2023). Safety and balance exercises were emphasized as critical for blood flow and memory improvement, reducing Alzheimer's risk. Nutrition advice highlighted the benefits of antioxidants to combat brain cell oxidation. For medical health, controlling risk factors like hypertension and diabetes was noted as essential in reducing dementia risks. Sleep and relaxation were discussed as vital for reducing stress and the build-up of beta-amyloid plaque linked to Alzheimer's. Mental fitness activities such as puzzles and reading promote brain cell growth and cognitive function. Lastly, social

interaction was shown to slow memory decline and enhance brain health, with community engagement serving as a protective factor against cognitive decline. Each pillar is designed to support overall cognitive health, enabling individuals to maintain independence and a high quality of life as they age.

Week 3: Communication Strategies for Dementia

This week's session focused on the importance of communication strategies in dementia care, with a particular emphasis on the use of spaced retrieval as an effective technique for memory enhancement (See Appendix G). Spaced retrieval involves repeatedly recalling information or behaviors over increasingly longer intervals of time, which helps individuals with memory challenges retain and recall information more effectively. During the session, participants engaged in exercises to practice this technique, such as remembering names or the steps involved in daily activities, starting with short recall intervals, and gradually increasing them to strengthen long-term memory retention. The significance of maintaining communication during interactive tasks was also learned through a collaborative craft activity, emphasizing the practical application of these communication skills in real-life interactions with individuals living with dementia.

Week 4: Building Empathy and Sharing Personal Experiences

The contents of this week highlighted the concept of empathy in dementia care, specifically focusing on its definition and practical applications (see Appendix H). Empathy is defined as the ability to sense, understand, and resonate with the emotions of another person, which includes both cognitive and emotional components. It was emphasized as a crucial skill for effective communication and as a therapeutic tool in care settings. During the week, various activities were conducted to foster empathy, including role-playing scenarios and empathy

mapping exercises. Role-playing involved participants acting out everyday tasks such as dressing, which helped them understand the emotional and physical challenges faced by individuals in the early stages of dementia. This purposeful engagement allowed participants to step into the shoes of those living with dementia, enhancing their empathetic understanding and enabling more compassionate care strategies.

Week 5: Planning the Environment & Ways to Provide Support

In the program's final week, participants were educated on the importance of environmental modifications and support services for enhancing the lives of those with dementia (see Appendix I). This education aimed to equip them with the knowledge and practical skills necessary to foster inclusive, dementia-friendly environments. Additionally, the curriculum included comprehensive ADRD-related resources to broaden participants' understanding and capabilities in supporting affected individuals. For instance, participants were guided on how to utilize the Alzheimer Society's environmental checklist to see if a public space was dementia-friendly (Alzheimer's Society, n.d.). Using both knowledge of creating a dementia-friendly environment and being aware of barriers to a non-friendly climate ensures participants are equipped to contribute effectively to creating supportive community spaces, aligning with the program's goal of cultivating a knowledgeable and empathetic workforce dedicated to improving the quality of life for individuals with dementia.

Data Management and Analysis

The pretest and posttest scores from the DAS surveys were consolidated into a single Excel file for data analysis. Unique identification codes were assigned to each participant, immediately replacing their names in the pretest data to ensure privacy. The numeral values provided by the Likert scale responses of the DAS were inputted into the Excel Spreadsheet. Six

items from the DAS (Item #2, 6, 8, 9, 16, 17) required reverse scoring and were manually adjusted. Categorical demographic information, such as gender, sexual orientation, and ethnicity, was also inputted into the spreadsheet. The data from the Excel spreadsheet was then imported to IBM Statistical Package for the Social Sciences (SPSS) Version 28 for analysis, comparing means using both parametric and non-parametric testing. Due to the small sample size, a paired samples t-test and a related samples Wilcoxon Signed Rank test were used for analysis.

The feedback survey consisted of a 10-questions. The surveys were distributed on paper and subsequently transcribed into an Excel spreadsheet for analysis. Using a thematic approach, each response was meticulously reviewed to extract significant keywords and phrases, which were grouped into overarching themes. This process involved identifying key themes through recurring terms, systematically coding responses with similar terminology according to these themes, and ultimately distilling the main takeaways from the program's qualitative data.

Ethical and Legal Considerations

This project obtained approval from the Institutional Review Board (IRB), designated under the IRB number UNLV-2023-536. At the start of the program, participants received consent forms pertaining to the surveys and collection of data for analysis, offering them the choice to refrain from answering the survey or participating in the course (see Appendix I). Even if participants chose not to engage in the surveys, the option to attend the course remained available to them. While active participation in all classes over the five weeks was encouraged, attendance for all sessions was voluntary. To maintain the impartiality of data collection and accurately reflect participants' experiences and attitudes, the course instructor was not directly involved in survey administration. Instead, this responsibility was delegated to another individual within the research team. No personally identifiable information, such as names and ages, was included in the data collection process to safeguard confidentiality. Each participant was assigned a unique code to ensure the privacy of sensitive information. These measures were imperative for upholding the ethical integrity of the program and demonstrating due respect for the rights and well-being of the participants.

Results

The total scores of the DAS were calculated for each participant pre- and post-program. The participants were also asked to complete a feedback survey regarding their experience with the program in the final week of the program.

Participant Characteristics

Fourteen members of the Osher Lifelong Learning Institute (OLLI) self-enrolled in the awareness course. Of these, only nine attended the first session, where they completed the consent form and the DAS pretest survey. By the conclusion of the five-week program, eight participants had completed the post-program survey. The participants' ages ranged from 60 to 90, with an average age of 77.11 years (*SD* = 9.72). Gender distribution was relatively balanced, with males constituting 55.6% (n = 5) and females 44.4% (n = 4) of the overall course sample. Detailed demographic data is presented in Table 1.

Table 1: Demographic Characteristics of Sample

Demographic Characteristics		***n* = 9**
Age	Mean Age	77.1 years old
	Age Range	60-90 years old
	Standard Deviation	9.727
Gender Identity	Female	4 (44.4%)
	Male	5 (55.6%%)
Sex	Female	4 (44.4%)
	Male	5 (55.6%%)
Latino/Hispanic Origin	Yes	1 (11.1%)
	No	8 (88.9%)
Ethnoracial Identity	White	5 (55.6%)
	Asian	3 (33.3%)
	Native American	1 (11.1%)
Have you ever known or worked with someone living with dementia?	Yes	5 (55.6%)
	No	4 (44.4%)

Data from the Dementia Awareness Scale

As the data collected from the Dementia Awareness Scale (DAS) did not conform to a normal distribution, a related sample Wilcoxon Signed Rank Test was employed to determine the statistical significance of the results regarding participants' understanding of dementia before and after the five-week program.

The Dementia Attitudes Scale (DAS) spans from 20 to 140, with higher scores indicating more positive attitudes toward dementia. At baseline, the average score recorded was 102.33. The scores at baseline were in the top half of the possible range and well above the lowest score possible, indicating baseline knowledge about dementia. The Dementia Attitudes Scale (DAS) is measured on a scale from 20 to 140, where higher scores reflect more positive attitudes towards dementia. Initially, the average score was 102.33, placing it in the upper half of the scale and significantly above the minimum possible score. This suggests a foundational understanding of dementia among the respondents.

There was a moderate level of variation among participants, indicated by a standard deviation of 14.59. The scores ranged from 79 to 132. Most participants' scores fell within the interquartile range of 93 and 109, with a median score of 102. After participants completed the program, their average score slightly increased to 104.75, with a standard deviation of 14.24. The post-program score spread from 81 to 127, with the interquartile range also broadening to 94.5 to 115.5 and a median score of 105. The statistical analysis indicated that the observed change in scores fell within a range of the distribution that was not significant enough to reject the null hypothesis of no difference. For a comprehensive comparison of DAS scores before and after the program, refer to Table 2.

Table 2: Results from Dementia Attitudes Scale Pre- and Post-Dementia Awareness Program

	Pre-DAS		Post-DAS		*z*	*p*
	M (SD)	***Md***	**M (SD)**	***Md***		
Total Score	102.3 (14.5)	102	104.7 (14.2)	105	-1.18	0.23

Note. Md = Median scores.

Out of the eight participants, five showed positive ranks, indicating their scores improved after the program, with a mean rank of 4.20 and their ranks reaching 21.00. In contrast, two participants showed negative ranks, meaning their scores decreased, with a mean rank of 3.50 and a total rank of 7.00. Additionally, one participant's scores remained the same before and after the program. Although these results indicate a slight trend toward improved attitudes toward dementia following the program, the change in scores was not statistically significant. See Table 3 for more detailed information on the ranks.

The quantitative analysis also included a demographic variable indicating whether participants had known or worked with someone living with dementia to explore potential trends in how personal experiences influence outcomes related to positive attitudes. In the analysis of pre- and post-test score variations, five participants showed an increase in scores; two had experience in dementia care, while three did not have experience. Conversely, among the two participants whose scores decreased, one had prior experience with dementia, while the other lacked such experience. Both groups are represented across all outcomes, displaying a nearly even distribution between participants with and without experience. This balanced

representation complicates the ability to identify a definitive trend linking experience with a positive attitude in this sample.

Table 3: Ranks from the scores of the DAS Post-Dementia Awareness Program

	n	Mean Rank	Sum of Ranks
Negative Ranks	2	3.50	7.00
Positive Ranks	5	4.20	21.00
Ties	1		
Total	8		

Note. n = 8

Feedback Survey Results

The analysis of the survey responses was conducted using a thematic approach. Initially, all responses were thoroughly examined to identify key words and phrases. These elements were then categorized into common themes. Subsequently, responses containing similar words and phrases were coded to align with these identified themes. From the survey responses, six central themes emerged: Influence on Attitudes, Understanding of Dementia and Occupational Engagement, Perceptions of Dementia, Useful Resources, Recommendation Likelihood, and Areas of Improvement. Table 4 provides an overview of themes to offer a structured analysis of the collected feedback.

Table 3: Frequency of Keyword Occurrences by Question

Themes	Frequency of Keywords	Question(s)
Influence on Attitudes	22	2, 3, 5, 6, 7, 10
Understanding Dementia and Occupational Engagement	16	3, 4, 5, 7
Perceptions of Dementia	14	1, 2, 3, 5, 6, 10
Useful Resources	11	2, 3, 4, 5, 7, 8, 9, 10
Recommendation Likelihood	6	9
Areas of Improvement	3	8, 10

Among these themes, the most prevalent pertains to the program's significant impact on influencing participants' attitudes. Table 5 describes the main themes derived from related keywords or phrases as well as direct quotes demonstrating the theme.

Table 4: Identified Themes in Feedback Survey Responses

Theme	Keywords or Brief Phrases	Direct Quotes
Influence on Attitudes	Positive influence, practical value, supportive	"Be positive, less emotional, and focus on the needs of the person." "A more positive and caring attitude will make them feel better and worthwhile."
Understanding of Dementia and Occupational Engagement	Informative, real-life examples	"I am better equipped to handle dementia matters – be it knowledge or learning resources." "It [the program] broadened my horizons on understanding occupational engagement."
Perceptions of Dementia	Fearful, uncomfortable, more tolerant	"Scary. I am at a new life and it seems to be getting worse." "More afraid of getting dementia than anything else."
Useful Resources	Resources	"This program provides additional resources I would not have known if I did not take this class."
Recommendation Likelihood	Recommendations to incorporate occupational engagement	"Yes. It would be helpful to incorporate the occupational engagement aspects with some of the other dementia classes." "I would say the reality was much more challenging, but an education like this program definitely is very helpful."
Areas for Improvement	Real-life examples, over-positive outlook	"Provide more real-life examples with input from the class if possible." "It would be helpful to cover more on moderate and severe dementia where patients have reduced capabilities."

The feedback survey revealed several key themes regarding the impact of the program on participants' understanding and attitudes toward dementia. Pertaining to the theme of Influence on Attitudes, responses mentioned several instances of positive influence. Participants noted a shift in their approach, with comments such as, "I am more compassionate and can be helpful when dealing with people living with dementia" and feeling as though they can be "more helpful to that person." These reflections emphasize the program's impact in fostering a more supportive and empathetic perspective toward individuals living with dementia.

The theme of Understanding Dementia and Occupational Engagement emerged from responses highlighting that the program significantly boosted participants' understanding of dementia and the importance of occupational engagement. Participants noted that it "greatly improved my understanding" and taught them how to be "more helpful to a person living with dementia." Additionally, remarks such as "I thought dementia was not as bad as Alzheimer's disease" prior to the program revealed their initial misconceptions and emotionally driven perceptions of the condition.

The theme of Perceptions of Dementia was predominantly defined by negative emotions, with participants expressing fear and discomfort prior to the program. They shared their personal experiences with dementia as being "difficult" and "emotional." Notably, one participant admitted to feeling "uncomfortable talking about dementia," which not only underscored the prevalent negative perceptions but also reflected how these attitudes influenced their behaviors and interactions related to the condition.

The theme of Useful Resources emerged prominently as many participants recognized the value of the program's materials. They expressed appreciation for how these resources

enhanced their ability to manage situations more effectively. They commented, “I think I have better eyes on how to deal with my husband,” and “knowing what resources to get for help.” Furthermore, participants noted that "learning resources" not only deepened their understanding of dementia but also equipped them to approach challenges with a more positive attitude.

All eight participants affirmed the effectiveness of the program in addressing the importance of occupational engagement, with each responding "yes" when asked directly. Additionally, six participants recommended the program to others. Comments such as, "Yes, it would be helpful to incorporate the occupational engagement aspects with some of the other dementia classes," suggest that the program's approach was not only valued but also seen as a beneficial addition to existing dementia education courses.

Lastly, the theme of Areas for Improvement emerged from participant feedback, highlighting opportunities to enhance the program. One participant noted, "The instructor’s outlook is so positive; I think it will wear off for the others within this room." This comment reflects a concern about whether older participants can sustain the positivity displayed by the instructor over time.

Discussion

The purpose of the capstone project was to develop a dementia awareness program that integrated educational content with principles of occupational engagement and evaluate an increase in positive attitudes toward dementia among older adults. Developed to dispel common misconceptions about dementia, the program also introduced participants to various occupational engagements, such as physical exercises, cognitive activities, communication strategies, and empathy building, from a preventative perspective. The awareness program encouraged participants to actively engage in these occupations and to understand how individuals living with dementia could participate in similar activities.

This program represented the first known initiative to explicitly incorporate occupational engagements into a dementia awareness curriculum, setting a precedent in occupational therapy. Additionally, it aligned with the principles of health promotion within occupational therapy (OT) practice, emphasizing the role of meaningful activities in maintaining and enhancing quality of life (AOTA, 2020). By integrating occupational engagement into the program, the project underscored the potential of OT practices in health promotion, particularly in educating and shifting perceptions about dementia among older adults.

Quantitative Results from the DAS

The quantitative analysis of the total scores from the DAS did not demonstrate statistical significance in the improvement of participants' attitudes toward dementia before and after participation in the program. This finding is consistent with results from other integrated interventions, which similarly reported no significant alterations in dementia-related knowledge and attitudes (Kim et al., 2022). Notably, despite the lack of knowledge and attitudinal changes, a reduction in participants’ fear of dementia was observed for an integrated dementia awareness

program (Kim et al., 2022). Higher levels of knowledge do not invariably lead to more positive attitudes, as factors such as age and personal experiences with dementia can play a role in cementing such attitudes (Rosato et al., 2019). The intricate relationship among attitudes, knowledge, and fear concerning dementia underscores the necessity for employing varied outcome measures. Such measures would facilitate a more comprehensive understanding of the dynamics influencing positive attitudes toward dementia.

The DAS results showed that while five participants demonstrated improvements, two exhibited a decrease in scores, and one participant's score remained unchanged. These variations did not yield statistically significant differences in the DAS scores before and after the program. The lack of statistical significance may be attributed to several reasons. One reason is the limited capacity of the outcome measure to detect more subtle changes in attitude. Also, the brief duration of the five-week intervention might not have been sufficient to capture nuanced shifts in attitudes. It has been suggested that longer interventions are more likely to yield significant improvements (Kim et al., 2022). Additionally, the participants' initially moderate to high baseline attitudes, which could have been shaped by personal experiences with dementia, might have influenced these findings. Research indicates that individuals with personal connections to dementia tend to have more positive views toward the condition (Cheston et al., 2015; Newton et al., 2021). An analysis of the pre- and post-test scores relative to each participant's experience with dementia revealed varied outcomes. Among the five participants whose scores increased, two had prior experience with dementia, while three did not. Conversely, of the two participants whose scores decreased, one had experience with dementia, and the other did not. These results demonstrate that both groups are represented across all outcomes, complicating any definitive conclusions about the impact of personal experiences on test score changes in this sample.

Qualitative Findings from the Feedback Surveys

The thematic analysis of the feedback surveys revealed the participants' overall positive experiences and perceptions of the program. Prior to the program, many participants regarded dementia as uncomfortable, emotional, scary, and difficult. These perceptions prior to the start of the program are aligned with the general public's perception of dementia, which could be categorized as uncomfortable, ashamed, or unfriendly (Chang & Hsu, 2020). After the program, participants expressed an increased readiness to support individuals with dementia. The high frequency of keywords related to practical value and positive attitudes toward dementia demonstrated through a better understanding of the condition and feeling empowered, illustrated a bridge between acquiring knowledge and application of empathy and providing support. Notably, interactions with those experiencing dementia and access to resources to promote occupational engagement in personal lives were highly valued. The overwhelming consensus was one of endorsement, with many participants expressing a willingness to recommend the program to others, suggesting the importance of integrating occupational engagements into broader dementia-related educational efforts.

While the feedback on the program was largely positive, there were also notable areas for improvement. One participant suggested incorporating more real-life examples with input from the class. As the Adult Learning Theory assumes that adults learn effectively when new information is connected to their existing knowledge and experience, future sessions may consider more encouragement from class members to share their experiences or observations of dementias to provide diverse perspectives and enrich collective understanding of dementia (Lawler, 1991). Feedback also indicated a need for the program to delve more into the complexities associated with moderate and severe dementia. This suggests an opportunity to

further explore the challenges and strategies for supporting individuals as their dementia progresses. Aligning this with principles of the CMOP-E, the program could enhance its curriculum by focusing on how to adapt the environment and activities to meet the evolving needs of individuals with dementia, considering their physical, social, and cultural contexts. This adjustment would offer practical insights into maintaining engagement and supporting the quality of life for those in the later stages of dementia.

The dichotomy between the statistical data and the qualitative feedback reflects a broader challenge in evaluating dementia awareness programs. While quantitative measures did not show significant improvements, the positive qualitative insights suggest a favorable perception of the program among participants. This discrepancy emphasizes the complexity of gauging attitude changes and the potential limitations of relying exclusively on quantitative metrics to capture the nuanced outcomes of educational interventions.

Limitations and Assumptions

This capstone project was designed to develop a dementia awareness program aimed at enhancing the attitudes of older adults toward dementia. As the program was a novel approach that explicitly integrated occupational engagements into a dementia awareness program, several limitations and underlying assumptions merit discussion.

A significant limitation of this program was the small sample size, which might have restricted the ability to achieve statistically significant findings. The limited number of participants poses challenges in detecting subtle yet potentially meaningful changes in attitudes toward dementia, which are critical for assessing the effectiveness of the program. This small sample size also impacts the statistical power of the DAS results, thereby reducing the confidence in the results and limiting the extent to which these findings can be generalized to a broader population.

The utilization of the Dementia Attitudes Scale (DAS) as the sole instrument to assess changes in dementia awareness may not have comprehensively captured the multifaceted aspects of attitudes toward dementia. This focus raises the question of whether other dimensions, such as knowledge or fear associated with dementia, might have shifted without being detected by the DAS. Given that the DAS is specifically designed to gauge shifts in attitude, its sensitivity to detect nuanced changes in other cognitive or emotional responses to dementia, such as knowledge acquisition or fear reduction, is likely limited. This limitation suggests the use of a broader array of assessment tools in future iterations of the program. Incorporating measures that can capture knowledge enhancement and changes in emotional responses, such as fear or anxiety associated with dementia, would provide a more comprehensive understanding of how such programs impact participants beyond just attitudinal shifts.

Furthermore, the baseline data indicated that the initial total scores on the DAS fell within a moderate range, suggesting that participants started the program with a moderate awareness of dementia. The pre-existing moderate levels of positive attitudes could have obscured the detection of significant changes in attitudes as a result of the program.

Conclusion

This program development project examined the impact of a five-week dementia awareness initiative targeted at community-dwelling older adults against the backdrop of the global dementia concern. With projections indicating a tripling of dementia prevalence by 2050 (WHO, 2022), the need for increased public awareness and understanding becomes increasingly urgent. Despite such prevalence, the general public's grasp of dementia is notably deficient, a gap that often fuels negative attitudes toward those affected (Cations et al., 2018; Kim et al., 2022; Rosato et al., 2019). Weaving occupational engagement into the fabric of the program aims to shift the narrative and improve attitudes toward dementia among older adults. Although the changes in DAS scores were minor and did not achieve statistical significance, qualitative feedback painted a picture of positive reception, highlighting the nuanced impact of the program.

Implications for Research

The capstone project's findings illuminate critical paths for future research in dementia awareness. Research should explore longitudinal designs to assess the long-term impacts of dementia awareness programs, providing insights into the sustainability of attitude changes. Additionally, incorporating mixed methods approaches can enrich the understanding of program impacts, allowing for a comprehensive analysis that integrates quantitative outcomes with qualitative experiences. This broader methodological spectrum could unveil intricate dynamics affecting dementia awareness and attitudes, facilitating the development of more targeted and effective interventions.

Implications for Practice

The project emphasizes the importance of integrating dementia awareness into community engagement initiatives by OT practitioners. Practitioners are encouraged to utilize

person-centered approaches that highlight the significance of occupational engagement in enhancing the quality of life for individuals with dementia. This includes advocating for environments that support meaningful activities tailored to individual capabilities and interests. Furthermore, practitioners should consider collaborative efforts that bridge the profession with other disciplines and community resources, enhancing the effectiveness of dementia awareness programs. These practices not only contribute to improving societal attitudes toward dementia but also reinforce the role of OT in promoting health, well-being, and inclusive communities.

Future Implications for OT

The findings suggest several future directions for OT in the context of dementia care and awareness. There is a clear opportunity for OT professionals to lead in the development and implementation of dementia awareness programs that are grounded in occupational engagement. Such programs could emphasize the preventive aspects of OT by focusing on lifestyle modifications and early cognitive health interventions. Additionally, OT practitioners could play a crucial role in research, exploring innovative approaches to dementia care that prioritize meaningful engagement and occupational justice. By demonstrating the effectiveness of occupation-based interventions in improving attitudes toward dementia, OT can advocate for policies and practices that support a more dementia-inclusive society. Ultimately, these efforts can contribute to a shift in how dementia is perceived and addressed, highlighting the value of occupational engagement in fostering a compassionate and informed public response to dementia.

Appendix A

Dementia Attitudes Scale

The Dementia Attitudes Scale

Melissa O'Connor, Ph.D. and Susan H. McFadden, Ph.D.

Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. *Please be honest. There are no right or wrong answers.* The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias."

	1	2	3	4	5	6	7
1. It is rewarding to be around with people who have ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
2. I am afraid of people with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
3. People with ADRD can be creative.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
4. I feel confident around people with ADRD	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
5. I am comfortable touching people with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
6. I feel uncomfortable being around people with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
7. Every person with ADRD has different needs.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
8. I am not very familiar with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
9. I would avoid an agitated person with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
10. People with ADRD like having familiar things nearby.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
11. It is important to know the past history of people with ADRD.	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree

Turn Page Over

	1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neutral	5 Slightly Agree	6 Agree	7 Strongly Agree
12. It is possible to enjoy interacting with people with ADRD.							
13. I feel relaxed around people with ADRD.							
14. People with ADRD can enjoy life.							
15. People with ADRD can feel when others are kind to them.							
16. I feel frustrated because I do not know how to help people with ADRD.							
17. I cannot imagine taking care of someone with ADRD.							
18. I admire the coping skills of people with ADRD.							
19. We can do a lot now to improve the lives of people with ADRD.							
20. Difficult behaviors may be a form of communication for people with ADRD.							

DEMOGRAPHIC INFORMATION

1) Age: ____

Sex*: (Please check one that best applies to you)*
____Female
____Male
____Intersex
____Prefer not to ~~say~~
____Other: _____

Which gender do you identify as? *(Please check one that best applies to you)*
____Woman
____Man
____Transgender
____Non-Binary
____Prefer not to say
____Other: _____

Are you of Hispanic/Latino/Spanish origin?
____Yes
____No

How would you best describe yourself?
____American Indian or Alaska Native
____Asian
____Black or African American
____Native Hawaiian or Other Pacific Islander
____White

2) Have you ever known or worked with someone who has ADRD
____Yes
If yes, please explain. How long have you known, or did you know the person or people with ADRD? How close was your relationship?

_____
_____
_____
_____

____No

You're done! Thank you for your help!

Appendix B

Feedback Survey

Thank you for your participation in the dementia awareness program. Your insights and experiences help me understand the program's potential impact on attitudes toward dementia. Please take a moment to share your thoughts on the program in 1-2 sentences.

1) Before participating in this program, what were your perceptions and attitudes toward dementia?

2) Did this program influence your attitudes or perceptions about dementia? If so, in what ways?

3) To what extent do you feel the program improved your understanding of dementia and occupational engagement?

4) Did the course content effectively address the importance of occupational engagement in the dementia awareness program?

5) Please describe any specific moments or insights from the program that contributed to a more positive attitude toward dementia.

6) In what ways do you think a more positive attitude toward dementia can benefit individuals living with dementia and their caregivers?

7) Do you feel more prepared or empowered to engage with individuals who have dementia in your personal or professional life after participating in this program?

8) Were there any challenges or areas where you believe the program could have done more to promote positive attitudes about dementia?

9) Would you recommend this program to others to foster positive attitudes toward dementia?

10) Do you have any additional comments or reflections on the impact of this program on your attitudes toward dementia?

Appendix C

Example of Recruitment Material

UNDERSTANDING DEMENTIA THROUGH OCCUPATIONAL ENGAGEMENT: A DEMENTIA AWARENESS PROGRAM

This five-week program is an engaging and informative course designed to empower adults to engage in meaningful activities and participation. This is also a dementia awareness program, where we will cover knowledge about dementia and deconstruct misconceptions about the condition. In each week, there will be lectures, as well as opportunities for physical and cognitive activities and discussions related to the weekly topic. This program is part of a capstone research project to see if a dementia awareness program with occupational engagement content can improve positive attitudes toward dementia.

UNLV OLLI Campus

Thursdays, February 15th - March 21st, 2024 (5 weeks)

Time: 1:45 PM - 3:30 PM

Instructor: Cynthia Lee is a third-year student at UNLV's Occupational Therapy program. At the end of spring 2024, Cynthia aims to graduate and become an occupational therapist who helps people across their lifespan to develop or regain the skills needed for everyday activities and meaningful activities to increase independence and achieve overall well-being. During her time as a student, Cynthia has experience working with children and adults in various settings. As this is a research project, please contact Dr. Samantha John at samantha.john@unlv.edu if you have any questions.

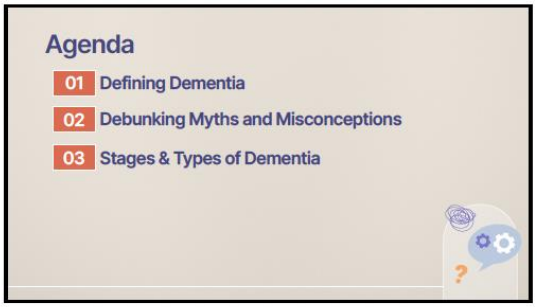
Appendix D

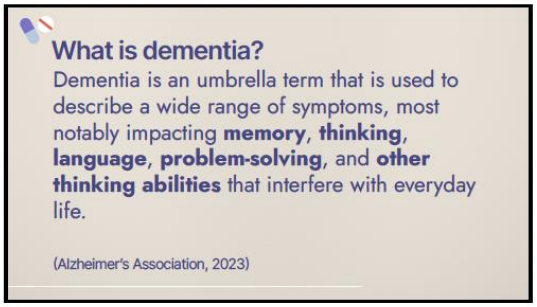
Summary of Interactive Content

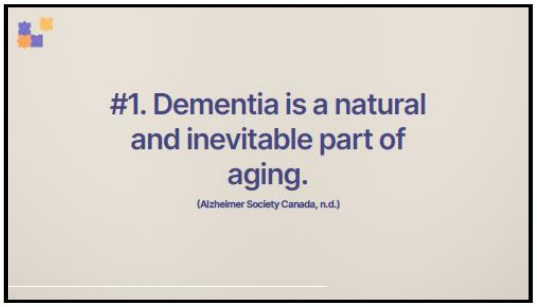
Week	Topics	Activities/Materials
Week 1: Understanding Dementia	Debunking Misconceptions, Deciphering between age-related memory issues versus dementia	True/False Questions Brief Case Scenarios
Week 2: The Importance of Occupational Engagement and Healthy Aging	Physical Health Cognitive Health Occupational Engagement	Balance exercises; Energy conservation tips Word Games: A through Z associations Group Discussions
Week 3: Communication Strategies for Dementia	Spaced Retrieval Ask, Encourage, and Acknowledge Giving Instructions	Roleplaying scenarios Using Communication Strategies with Origami Folding Activity
Week 4: Building Empathy and Sharing Personal Experiences	Perspective of Dementia Creative Storytelling Empathy Mapping	Videos Using pictures and guiding questions to form stories Group Empathy Mapping with case scenario
Week 5: Planning the Environment & Ways to Provide Support	Home modifications Use of memory aids Dementia Friendly Communities Community Resources	Group discussions Using environmental checklists Scenarios

Appendix E

Example of Lecture Material from Week 1







#2. People with dementia cannot understand what's going on around them.

(Alzheimer Society Canada, n.d.)

#3. People with dementia are violent and aggressive.

(Alzheimer Society Canada, n.d.)

#4. People with dementia cannot contribute meaningfully to society.

(Alzheimer Society Canada, n.d.)

#5. A dementia diagnosis means the end of a meaningful life.

(Alzheimer Society Canada, n.d.)

The Unspoken Impact of Dementia: Video

Dementia is the

2nd

most feared condition in both young and old adults

(Watson et al., 2023)

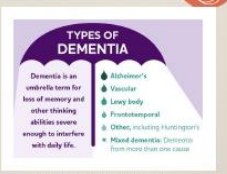
03

Stages & Types of Dementia

Common types of dementia

Most common types of dementia are identified as

- Alzheimer's Disease
- Vascular dementia
- Dementia of Lewy bodies
- Frontotemporal dementia
- AIDs-related dementia
- Creutzfeldt-Jacob Disease (CJD)
- Alcohol-related dementia



(Alzheimer's Association, n.d.)

Alzheimer's Disease

Alzheimer's Disease is a progressive neurodegenerative disorder affecting **cognition and memory**

Due to: Built-up of beta-amyloid and tau proteins in the brain

Prevalence: ~5.8 million people in the United States have Alzheimer's disease and related dementias (ADRD)[4]

- By 2060, the number of ADRD cases are predicted to rise to 14 million people.

(Alzheimer Society Canada, n.d.)

Alzheimer's Disease

Symptoms: Memory loss, cognitive decline, disorientation, behavior changes, language difficulty, and decline in executive function

Risk Factors: Age, APOE gene, genetics, head injuries, cardiovascular

- Modifiable vs. Non-modifiable risk factors?

Typical Age of Onset

- 60+

(National Institute on Aging, n.d.)

Vascular Dementia

Vascular dementia occurs when there is damage to the blood vessels that provide oxygen to the brain. This results in cognitive decline.

Prevalence: 2nd most common cause of dementia

Due to: Different conditions that interrupt blood flow and oxygen supply to the brain

(Dementia Australia, n.d.)

Vascular Dementia

Symptoms:

- Memory, disorientation, difficulty planning, mood changes, coordination problems, slurred speech

Risk Factors: Vascular conditions, stroke, diabetes, smoking, high cholesterol

Typical Age of Onset:

- 65+

(Alzheimer's Association, n.d.; National Institute on Aging, n.d.)

Frontotemporal dementia

Frontotemporal dementia is the progressive damage to the frontal and temporal lobes of the brain

Due to: Abnormal amounts of tau and TDP-43 protein within the neurons located in the frontal and temporal lobes → leading to degeneration of neurons

(National Institute on Aging, n.d.)

Frontotemporal dementia

Symptoms: Personality, behavior, language difficulties, executive functioning, memory problems

Risk Factors: Genetics, age

Typical Age of Onset

- 45-64

(National Institute on Aging, n.d.)

Lewy Body dementia

Lewy Body Dementia is characterized by the presence of abnormal protein deposits in the brain, leading to a combination of cognitive fluctuations, visual hallucinations, and motor symptoms reminiscent of Parkinson's disease.

Due to Abnormal protein deposits called Lewy bodies in the brain.

Prevalence: 3rd most common dementia

Lewy Body dementia

Symptoms: Cognition, movement, sleep, and behavior

Risk Factors: Age, gender, family history

Typical Age of Onset

- 50

Mixed dementia

Mixed dementia is when a person has more than one type of dementia.

Prevalence: Relatively common

Common types of mixed dementia:

- Alzheimer's disease and vascular dementia
- Alzheimer's disease and Lewy body disease

(Alzheimer's Society, n.d.)

Mixed dementia

Symptoms: Memory loss, cognitive decline, behavior and mood changes, motor skills and coordination difficulties, language and communication problems

Risk Factors: Age, cardiovascular risk factors, genetics, history of stroke/vascular issues

Typical Age of Onset

- 65

(Alzheimer's Society, n.d.)

STAGES OF DEMENTIA

All types of dementia are progressive.

(MIDDLE)
MODERATE

1 — 2 — 3

MILD (EARLY)

SEVERE (LATE)

Mild stages

- Often not diagnosed
- Episodes of forgetfulness
- Develop coping mechanisms
- Likelihood for depression
- Communication skills are intact
- Able to complete Activities of Daily Living (ADLs)

Mild Cognitive Impairment vs. Dementia: Definitions

Mild Cognitive Impairment	Dementia
• Transitional stage • Not enough to significant interfere with daily life	• Syndrome characterized by decline • Impairs daily functioning and quality of life

Mild Cognitive Impairment vs. Dementia: Memory loss

Mild Cognitive Impairment	Dementia
• Memory loss may be observable, but can be compensated	• Memory loss is more short-term memory, forgetting familiar people, places, or important events

Mild Cognitive Impairment vs. Dementia: Progression

Mild Cognitive Impairment	Dementia
• Not everyone may progress to dementia • Some may revert to normal cognitive function	• Progressive condition; symptoms will worsen over time

Mild Cognitive Impairment vs. Dementia: Diagnosis

Mild Cognitive Impairment	Dementia
• Objective cognitive testing	• Comprehensive assessment, medical history, evaluation of daily functioning

Scenario 1

Susan occasionally forgets where they put their keys or glasses and struggles to remember names. However, they can recall the information later in the day.

Scenario 2

Jeff has trouble balancing their checkbook and frequently forgets to pay bills on time. They struggle to comprehend financial statements.

Scenario 3

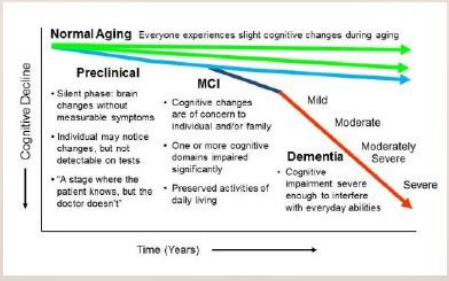
Katherine repeatedly asks the same question in a short period, seemingly forgetting previous answers.

Scenario 4

Ben often gets disoriented and takes a wrong turn while driving in familiar neighborhoods.

Scenario 5

Manny was once outgoing and sociable. Now he has been increasingly withdrawn, showing signs of social apathy and disinterest.



How to support someone in the early stages

- Open communication
- Lifestyle adjustments
- Community participation
- Cognitive stimulation

Moderate stages

- More noticeable cognitive impairment
- Assistance with ADLs
- Self-neglect
- Communication difficulties
- Word finding
- Behaviors

How to support someone in the moderate stages

- Establish a consistent and predictable routine
- Use simple and clear language
- Take safety measures for mobility

Advanced Stages

- More dependent for all care
- Verbal communication becomes non-existent
- Bed bound
- May still have episodes insight

How to support someone in the advanced stages

- Prioritize comfort and dignity
- Adjust care plans
- Gentle tones for reassurance

True or False?

The stages of dementia are often clearly represented in an individual living with dementia.

False. Dementia manifests differently in each person.

Embrace the individuality of each person to promote compassion and respect.

04

Healthy Aging

Prioritizing healthy aging not only can reduce dementia risk but also enhances overall well-being.

Risk Factors

Non-Modifiable | **Modifiable**

Risk factors represent an increased likelihood of getting a disease due to characteristics of your lifestyle, environment, and genetic background.

(Alzheimer Society of Canada, 2018)

Risk Factors

Non-Modifiable

- Age
- Gender
- Genetics
- Other medical conditions

Modifiable

- High blood pressure
- Smoking
- Diabetes
- High Cholesterol
- Obesity
- Lack of physical activity
- Poor diet

Strategies for Healthy Aging

Taking care of your...

Physical health

Exercise
Diet
Sleep

Mental health

Social life
Stress
Depression
Leisure

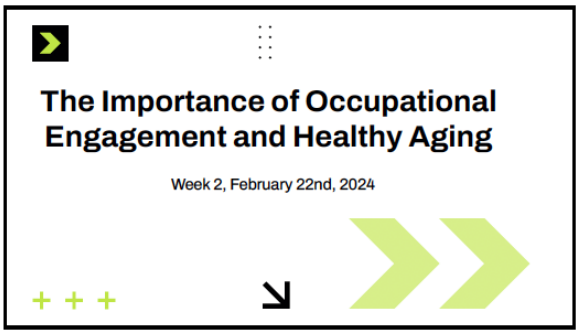
Cognitive health

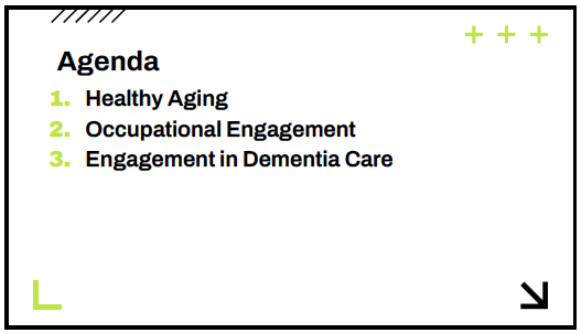
Learning new skills

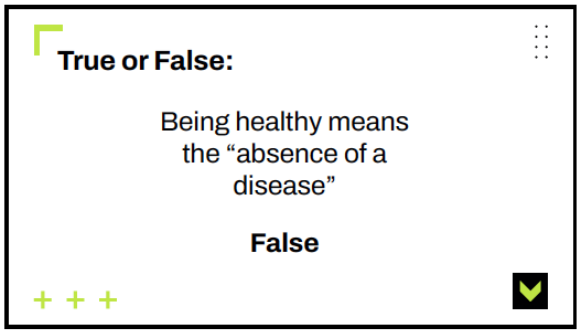
(National Institute on Aging, n.d.)

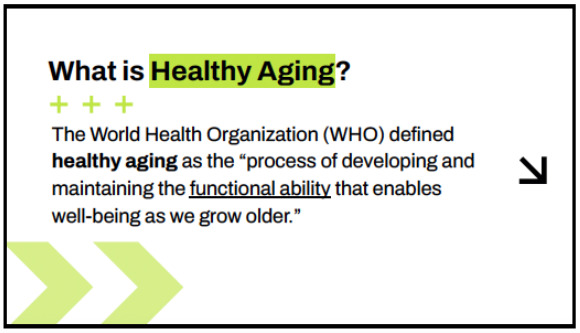
Appendix F

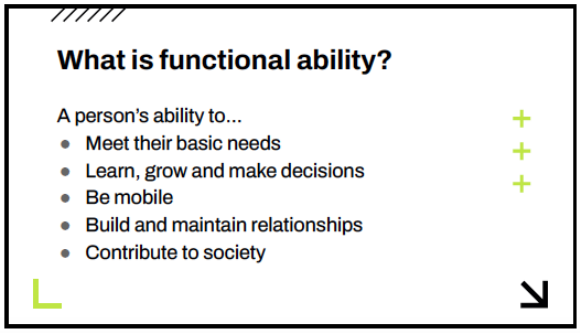
Example of Lecture Material from Week 2











6 Pillars of Brain Health

1) Physical Exercise
2) Food & Nutrition
3) Medical Health
4) Social Interaction
5) Sleep
6) Mental Fitness

(Cleveland Clinic, n.d.)

Why is cognitive health so important?

Cognitive health is vital for supporting independence, quality of life, and the ability to engage in daily activities with resilience and adaptability.

Cognitive Health

- Crossword puzzles
- Sudoku
- Jigsaw puzzle
- Memory games
- Chess / checkers
- Word search
- Reading aloud
- Learning a new language
- Brain training apps
- Music recall
- Storytelling
- Strategy board Games
- Math challenges
- Discussion groups
- Art appreciation
- Pictorial memory
- Daily journaling
- Computer Skills
- Logical reasoning exercises

Why is physical health so important?

Physical inactivity is related to higher rates of mortality, higher likelihood of disease, and decreased levels of function.

Physical Activities for Healthy Aging

- Adults 65+ need at least **150** minutes a week of moderate-intensity activities.
  - Cycling
  - Swimming
  - Dancing
  - Gardening

(Centers for Disease Control and Prevention, n.d.)

Physical Activities for Healthy Aging

- Adults 65+ need at least **75** minutes a week of vigorous-intensity activities.
  - Hiking
  - Jogging/Running
  - Cycling (faster pace)
  - Aerobic Classes
  - Tennis

(Centers for Disease Control and Prevention, n.d.)

Physical Activities for Healthy Aging

- It is recommended that adults 65+ engage in muscle-strengthening activities at least **2x** a week
  - Resistance Training
  - Bodyweight Exercises
  - Yoga
  - Pilates
  - Water Aerobics

(Centers for Disease Control and Prevention, n.d.)

Physical Activities for Healthy Aging

- Balance
  - Heel-to-Toe walk
  - Tandem stance
  - One-leg stand
  - Balancing wand
  - Leg swings
  - Marching in place
  - Chair sit-to-stand
  - Clock reach
  - Side leg raises
  - Toe taps
  - Yoga tree pose
  - Weight shifts

(Centers for Disease Control and Prevention, n.d.)

Chair/Seated Exercises:
Get your heart rate pumping!

Marches

Tap Dance

Toe Taps

Jumping Jacks

Chair/Seated Exercises:
Strength Training

Seated Leg Lifts

Chair Squats

Seated Row

Bicep Curls

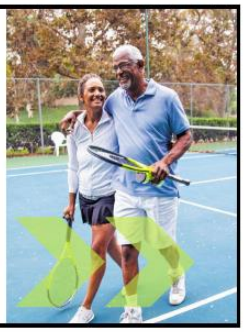
Chair/Seated Exercises:
Flexibility and Range of Motion

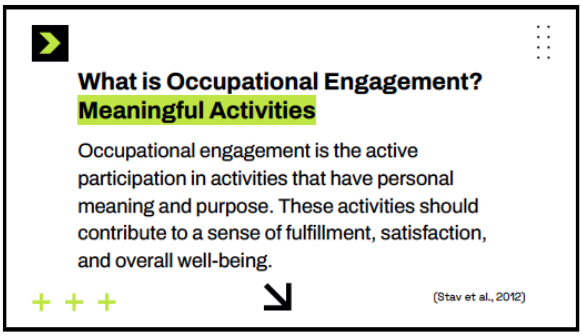
Neck Stretches

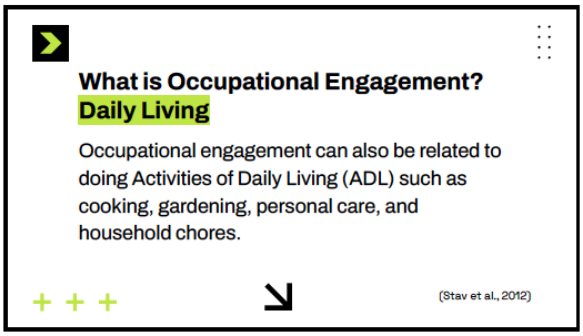
Shoulder Rolls

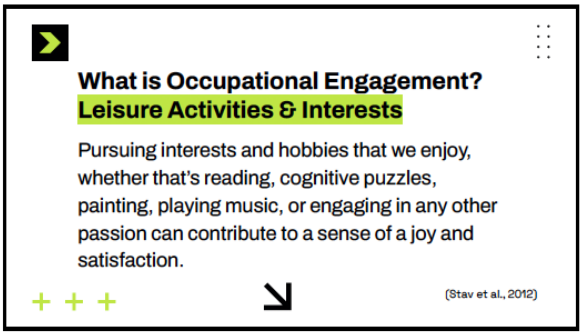
Wrist & Ankle Rotations

2.
Occupational Engagement

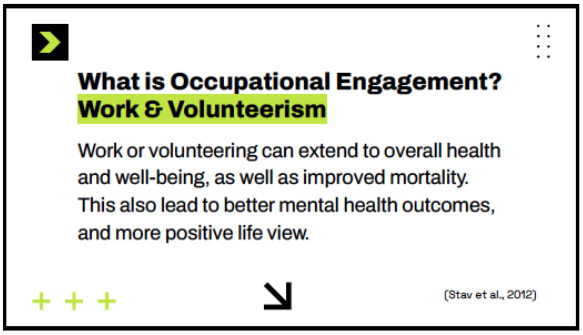



What is Occupational Engagement?
Meaningful Activities
Occupational engagement is the active participation in activities that have personal meaning and purpose. These activities should contribute to a sense of fulfillment, satisfaction, and overall well-being.
(Stav et al., 2012)


What is Occupational Engagement?
Daily Living
Occupational engagement can also be related to doing Activities of Daily Living (ADL) such as cooking, gardening, personal care, and household chores.
(Stav et al., 2012)


What is Occupational Engagement?
Leisure Activities & Interests
Pursuing interests and hobbies that we enjoy, whether that's reading, cognitive puzzles, painting, playing music, or engaging in any other passion can contribute to a sense of a joy and satisfaction.
(Stav et al., 2012)


What is Occupational Engagement?
Social Participation
Staying socially connected is the key! Engage in activities with friends, family, or community groups can decrease cognitive and physical decline and improve quality of life.
(Stav et al., 2012)


What is Occupational Engagement?
Work & Volunteerism
Work or volunteering can extend to overall health and well-being, as well as improved mortality. This also lead to better mental health outcomes, and more positive life view.
(Stav et al., 2012)


What is Occupational Engagement?
Holistic Well-Being
Occupational engagement encompasses physical, mental, social, and emotional dimensions. It's about nurturing a sense of purpose and maintaining a fulfilling lifestyle.
(Stav et al., 2012)

More occupational engaging activities

- Walking the dog
- Dancing
- Swimming
- Playing a musical instrument
- Knitting
- Woodworking
- Fishing
- Yoga/Tai-chi
- Cooking
- Social sports

3. Engagement & Dementia Care

How do individuals living in the early stages of dementia participate in occupational engagement?

Forms of Occupational Engagement: **Cognitive Activities** - Brain Games

- Scrabble
- Mad Libs
- A to Z Word Associations

Let's Try It! - A to Z Word Associations

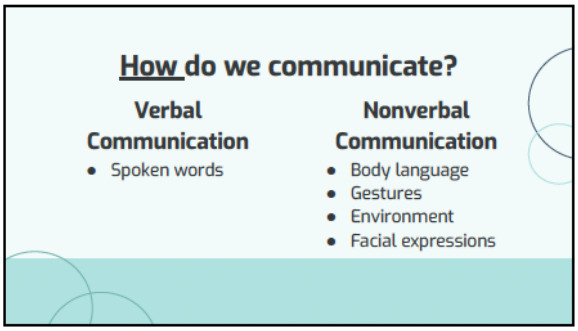
Category: Food

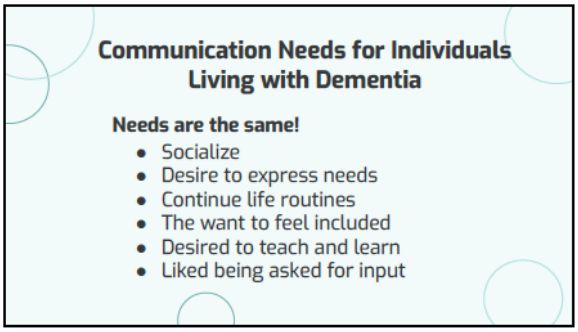
A	H	O	V
B	I	P	W
C	J	Q	X
D	K	R	Y
E	L	S	Z
F	M	T	
G	N	U	

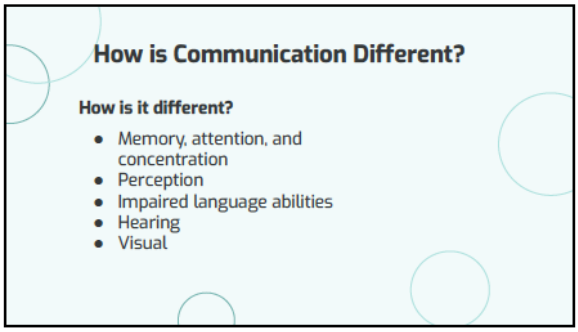
Forms of Occupational Engagement: **Cognitive Activities** - Bingo

Appendix G

Example of Lecture Material from Week 3







How Does Memory Affect Communication?

- Disoriented to time
- Forget people's names
- Lose ideas about what to say/talk about
- Repeat stories or questions
- Cannot retain information in conversation

How does Language affect communication?

- Trouble finishing sentences
- Staying on topic
- Losing train of thought
- Word finding
- Word salad

Types of Attention Affected In Early Dementia

Preserved
- Sustained

Affected
- Selective
- Divided
- Alternating attention

How to Enhance Attention

- Limit the number of choices
- Environmental cues
- Task breakdown
- Have routines

Nonverbal Communication: Body Language

- Eye contact
- Facial expressions
- Tone of voice
- Rate of speech
- Volume of speech
- Gestures

Effective Communication

Things to consider...
- Find the right pace when you speak
- Invite and thank the person when participating
- Problem solve together

Effective Communication

- Say their name first
- Get at eye-level
- Gestures
- Lower eye contact
- Smile

Effective Communication

Ways to Simplify Your Communication

- Ask one question at a time
- Provide choices
- Repeat
- Use cues if needed
- Ask yes/no questions

Effective Communication

Pay Attention

- Do not ignore rambling
- Do not argue or quiz
  - Instead, **VALIDATE**!

Ineffective Communication

- "Do you remember when?"
- Speaking to someone behind them
- Speaking to someone across the room
- Speaking about others
- Sarcasm, eye-rolling

Common Challenges

What do we feel when we forget?

Confused | Vulnerable | Frustrated | Anxiety | Embarrassment

Addressing Behavioral Challenges

- Provide reassurance
- Seek a calm or quiet environment
- Offer activities that give pleasure and confidence

Repeating Questions

- Be patient
- Offer reassurance
- Help the person find the answer themselves

Restlessness and fidgeting

- Make sure the person has plenty to eat and drink
- Daily routine
- Accompany them on walks or tasks

Step into their Reality

- Center yourself
- Reminisce and show empathy
  - **ASK, ENCOURAGE, ACKNOWLEDGE**

Example: An individual living with dementia is wandering without understanding the potential risks.

ASK:
ENCOURAGE:
ACKNOWLEDGE:

Scenarios

Let's go through some scenarios where you would use your communication strategies

Scenario 1

Your friend living with dementia is becoming agitated and frustrated because they can't find their keys, even though they are in plain sight.

How would you **ask, encourage,** and **acknowledge?**

Scenario 2

Your friend living with dementia is repeating the same question, not remembering the answer you gave a few minutes ago.

How would you **ask, encourage,** and **acknowledge?**

Spaced Retrieval

- **Memory enhancement technique**
- Involves repeated the information and behavior over increasing intervals of time
- **GOAL:** To retain and recall information for adults with memory challenges

Spaced Retrieval

Rooted in:

- **Classical conditioning**: forming an association between to stimuli
- **Spacing effect:** when information is retained more when learning is spaced out over time
- **Errorless learning:** teaches correct information without making you feel like you make mistakes
- **Priming**: activates particular representations in memory before carrying out a task – don't have to necessarily remember

Spaced Retrieval: Directions

- Choose the specific information, task, or skills
- Assess the individual's baseline about the task, skill, or information
- Create clear instructions or prompts
- Start with short intervals (i.e., few seconds)
- Provide immediate feedback
- Gradually increase intervals
- Encourage independence
- Use visual aids if needed
- Positive reinforcement
- Space out sessions

What tasks, skills, or information might be improved with spaced retrieval?

- Recalling people's names and taking daily medication…

Pick a skill, task, or piece of information. Practice spaced retrieval and share what you would do!

Are you ready for an origami exercise?

First, watch the video as is.

Then, follow my instructions as we follow along to the video.

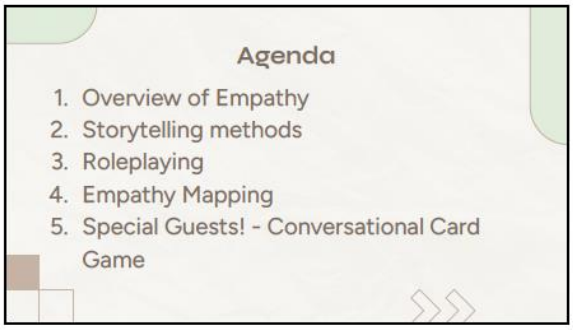
Communication Activities

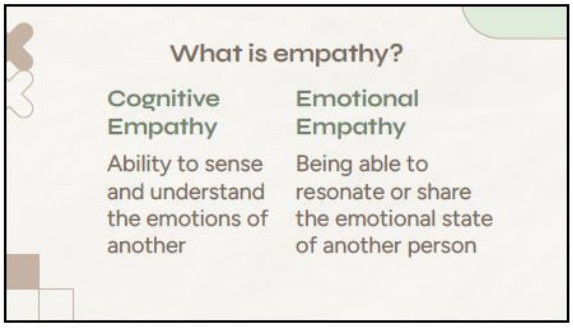
Activities

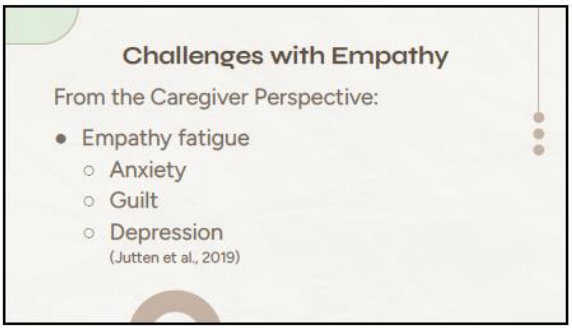
- Exercise Routine
- Personal Care Routines
- Baking Cookies
- Direction to Home
- Dressing
- Building a Sandwich
- Puzzle Assembly
- Art

Appendix H

Example of Lecture Material from Week 4







The Power of Storytelling

- Storytelling involves imagination, emotions, and narrative techniques
- Step into the emotions, challenges, and perspective that one with dementia might experience

Creative Storytelling Guiding Questions

- "Close your eyes and imagine the forest. What sounds do you hear? Can you smell the fresh air or feel the cool breeze?"
- "Did you ever visit a forest or wooded area? What memories do you have from that experience? Can you describe the colors, sounds, or smells you remember?"
- "Imagine the forest in different seasons. How does it look during spring, summer, fall, or winter? What changes do you notice in the colors of the leaves or the activities of the animals?"

Empathic Curiosity

Key Elements:

- Open-mindedness
- Active Listening
- Asking thoughtful questions
- Respective boundaries
- Learning attitude

Activity: Role Playing

Let's use empathic curiosity in some everyday activities.

- Example 1: Putting on Clothes

One person will be the caretaker and the other will be roleplaying as an individual living with dementia.

Scenario 1: Dressing & Grooming

The individual living with dementia is having difficulties with putting on a button down shirt and pants due to confusion about clothing items, fine motor skills, and forgetfulness about the order of how to dress.

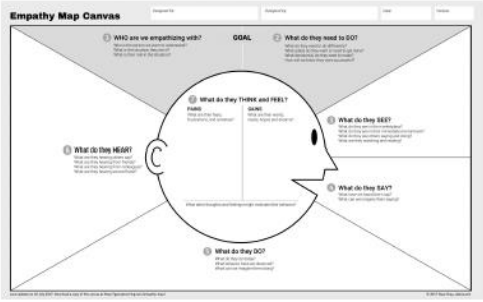
Let's act it out!

Scenario 2: Baking Cookies

Setting: *In a cozy kitchen, the caregiver (C) is teaching the person living with dementia (D) how to bake cookies.*

Act out this scenario and identify some challenges that D might have. Use empathic curiosity when addressing these challenges.

Empathy Mapping



Conversational Cards

Get to know each other through conversations about travel, personality, careers, and more!

Appendix I

Example of Lecture Material from Week 5

Planning the Environment & Ways to Provide Support

Week 5, March 21st 2024

Agenda

01 Aging in Place

02 Environmental Design

03 Dementia-Friendly Communities

01

Aging in Place

The ability of individuals to remain in their own homes or communities as they age

True or False: The diagnosis of dementia automatically results in being admitted into an assisted living facility.

If given the choice, 77% of adults over 50 would prefer to age in place.

(AARP, 2021)

Aging in Place: Benefits

- Maintaining autonomy & independence
- Familiarity and comfort
- Community connection
- Cost-effective

(Ratnayake et al, 2022)

Aging in Place: Challenges

- Safety & accessibility concerns
- Lack of check ups
- Lack of transportation
- Social isolation, loneliness

Strategies

Individual Level

- Become educated in the support systems you have
- Advocate for others

Community Level

- Addressing accessibility, mobility, supportive services
- Creating supportive, built environments

Aging in Place Challenges for Cognitive Decline

- Memory decline
- Emotional challenges
- Social isolation
- Difficulty with mobility and physical tasks
- Activities of Daily Living/complex tasks
- Lack of educational resources

Aging in Place with Dementia

Although challenging, aging in place with dementia can be possible with the right support systems in place.

- Being familiar with surroundings
- Feeling safe
- Opportunities to take care of oneself

02 Environmental Design

Overview of Environmental Design Principles

The environment should...

- Create a familiar place
- Reduce risk
- Allow people to be seen
- Differentiate between helpful and unhelpful stimuli
- Be structured and stable
- Have environmental routines
- Promote recollection

The built environment has significant impact on our independence and well-being.

Ability to engage in our ADLs and IADLs

Well built environments can allow us to flourish, while poorly designed spaces can make us feel frustrated

Can act as therapeutic role

Sensory perceptions of space and place (bedroom, garden, etc.)

Ways to Make Your Home Dementia-Friendly

1. Better lighting
   a. Open curtains in the home
   b. Night light / sensor lights
2. Carpets/cushions absorb background noise
3. Safe flooring
   a. Avoid rugs or mats
4. Contrasting colors
5. Remove mirrors

Ways to Make Your Home Dementia-Friendly (continued)

6. Labels and signs
   - Clear and straightforward
   - Have an appropriate picture
   - Slightly lower than normal
   - See through cupboards

Ways to Make Your Home Dementia-Friendly (continued)

7. Household items
   - Digital clocks
   - Reminder devices with audio prompt
   - Smooth edge tables

(NHS, 2022)

Home Modifications

Grab Bars

Non-Slip Mats

Moving Items at Waist-Level

Sensor Night Light

Other Tips

- Consider the layout of the home
- Signage is secondary
- Consider dividers
- Declutter the environment

Using the Environment to Engage in Meaningful Occupations

- Bringing in objects like sand, seashells, or other items
- Taking a short walk in a familiar location
- Providing a change of scenery by taking the senior outdoors
- Brushing their hair, trimming their nails, or going all out with a full spa treatment

03 Dementia Friendly Communities

What is a dementia friendly community?

A city, town, or village where people with dementia are understood, respected and supported.

Dementia Friendly Environment Checklist

(Alzheimer's Society, n.d.)

How to be dementia friendly:

Things to consider:

1. What is the setting?
2. What are the types of behaviors you might encounter?
3. What are the possible causes of this behavior?
   a. Cognitive?
   b. Psychological?
   c. Physical or Motor?
4. What are ways I can provide support?

	Behavior	Possible causes of the behavior (cognitive, psychological, physical?)	What are ways I can help?
Setting: Grocery Store - Checking Out	Misunderstanding the payment	Cognitive - impaired comprehension Physical - hearing impairment	Count money with the person; tell them or write down the correct amount
	Attempting to leave without paying	Cognitive - Impaired memory, attention deficit	Speak in a calm tone

	Behavior	Possible causes of the behavior (cognitive, psychological, physical?)	What are ways I can help?
Setting: Grocery Store - Leaving	Having trouble remembering the way home	Cognitive - topographical disorientation, impaired memory	Suggest the person to call their family to get picked up Help the person recall the way home. If difficult, contact the police

Appendix J

Informed Consent

Department of Brain Health – Occupational Therapy

Title of Study: UNDERSTANDING DEMENTIA THROUGH OCCUPATIONAL ENGAGEMENT

Investigator(s): Samantha John, PhD; Cynthia Lee, OTD/S
For questions or concerns about the study, you may contact Dr. Samantha John at 702-895-4580. For questions regarding the rights of research subjects any complaints or comments regarding the manner in which the study is being conducted, contact the UNLV Office of Research Integrity – Human Subjects at 702-895-0020 or via email at IRB@unlv.edu.

It is unknown as to the level of risk of transmission of COVID-19 if you decide to participate in this research study. The research activities will utilize accepted guidance standards for mitigating the risks of COVID-19 transmission: however, the chance of transmission cannot be eliminated.

Purpose of the Study
You are invited to participate in two surveys. The purpose of these surveys is to see if the contents of the program played a role in increasing positive attitudes about Alzheimer's Disease and Related Dementia (ADRD) and those living with ADRD.

Participants
You are being asked to participate in completing the surveys because of your willingness to participate in completing these surveys as part of the program.

Procedures
If you volunteer to participate in these surveys, you will be asked to do the following:
Complete the Dementia Attitudes Scale (DAS) before and after the program
The DAS is a questionnaire that you will be asked to complete as a part of the program. The DAS is a questionnaire that seeks to understand your thoughts and feelings about dementia. It consists of questions regarding your opinions and attitudes toward dementia. It is important to note that there are no right or wrong answers for any of these surveys. We kindly request that you provide your honest thoughts and feelings in your response
There are no right or wrong answers for any of these surveys. Please provide your honest thoughts and feelings.
At the end of the survey, the DAS will have a short section for demographic information. No identifiable information will be obtained. You are not required to complete this section if you choose not to.

Complete a feedback survey about the program itself at the end of the last session.

This is a 10-item short-answer questionnaire that will ask you about the contents of the program.

Benefits of Participation

There may not be direct benefits to you as a participant in these surveys. However, we hope that your participation may be a valuable learning experience for you.

Risks of Participation

There are risks involved in all research studies. Completing this survey may include only minimal risks. Surveys will be administered via hard copy forms in the course. Additionally, you may feel some discomfort answering the questions. However, surveys are anonymous and you are encouraged to be honest about your own feelings and experiences.

Confidentiality

All information gathered from this survey be kept as confidential as possible. All hard copy records will be stored in a locked filing cabinet within a locked room at UNLV.

Voluntary Participation

Your participation in this survey is voluntary. You may refuse to complete the surveys at any point of the program. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions the program and surveys at the beginning or at any time during this program.

Participant Consent

I have read the above information and agree to participate in this program. I have been able to ask questions about the program. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant: Date:

Participant Name (Please Print):

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Curriculum Vitae

Cynthia Lee
Email: cynthialee0202@gmail.com

Education

University of Nevada, Las Vegas May 2024
Occupational Therapy Doctorate Program
Capstone Title: *Understanding Dementia Through Occupational Engagement: A Dementia Awareness Program for Community Adults*
Faculty Mentor: Dr. Samantha John, Ph.D.

University of Nevada, Las Vegas May 2021
Bachelor of Science in Kinesiology

Research Experience

Graduate Research Assistant 2022-2023
Department of Nursing, University of Nevada, Las Vegas

- Assisted nursing associate professor in conducting sports-related research
- Assisted in study protocol focusing on the relationship between mental health and body balance
- Conducted literature review related to saccadic eye movements among sports-concussion athletes
- Assisted in the preparation and submission of research findings for publication in peer-reviewed academic journals

Teaching and Mentoring Experience

Graduate Teaching Assistant 2022
Department of Online General Education, University of Nevada, Las Vegas

- Developed a course inventory for DAN 101 online course
- Developed University Undergraduate Learning Outcome assessments
- Collaborated with the course instructor to develop engaging and informative course materials, including lecture notes, readings, and multimedia content
- Developed a comprehensive course syllabus, outlining course objectives, grading policies, and assignment schedules

Related Experience

Level 2 Fieldwork
Silver State Pediatrics May 2023-August 2023
Setting: Pediatric Skilled Nursing Facility

- Applied developmental milestone knowledge into treatment plan

- Worked with clientele with rare medical conditions
- Collaborated with nursing, physical, & respiratory therapy

Dignity Health, St. Rose Dominican Hospital May 2022-August 2022
Setting**:** Acute Hospital (Medical-Surgical, ICU, Orthopedic)

- Conducted OT evaluation and treatment in medical-surgical, ICU, orthopedic, and emergency floors
- Developed clinical skill in conducting evaluation and treatment plans in acute setting

Level 1 Fieldwork

The Garden Foundation September 2023
Setting: Community Adults

Silver State Pediatrics February 2023
Setting: Pediatric Skilled Nursing Facility

Cornerstone Christian Academy October 2022
Setting: Pediatric Community

Centennial Hills Hospital March 2022
Setting: Acute

Nevada Senior Services November 2021
Setting: Adult Daycare

<u>Student Organization</u>

Social Media Chair 2022-2023

- Operated and maintained the organization's social media presence across various platforms
- Boosted the organization's digital footprint by expanding the follower base
- Fostered interactive relationships with related community accounts to enhance visibility and engagement
- Amplified the reach of student activities to the broader community through strategic social media campaigns

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Social Media Chair 2022-2023

- Operated and maintained the organization's social media presence across various platforms
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- Amplified the reach of student activities to the broader community through strategic social media campaigns

Services

Dementia Friends Champion since August 2023

Raising awareness to change attitudes through Dementia Friends Session

References

Available upon request.