Building Geropsychiatric Nursing Competencies and Enhancing Quality of Life through Creative Arts Programming

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Summary Theory and Research Supporting Use of Creative Arts Programming in Teaching and Practice of Geropsychiatric Nursing.

Explain the Philosophy and Methodologies Common to the TS and OMA Programs.

Describe Processes and Outcomes of Program Implementation.

Aging of the Population is “one of the greatest future challenges for professional nursing education” (Wilson, 2010, p. 14).

Limited student and professional nurse interest in working with older adults (Sounder et al., 2012).

Student nurses often have experiences in “impoverished” environments of care (Brown et al., 2008).
THE STORY CONTINUES . . .

- "Of all the complexities faced in nursing, dementia is one of the most challenging . . . " (Penrod et al., 2007, p.66)
- A dementia-centered illness context is pervasive (Dementia Initiative, 2013).
- Caregivers’ relational behaviors are associated with mood and affect of persons with dementia (McGilton et al., 2012).

WILLIAM ÜBERHÖLLEN'S SELF-PORTRAITS


1967 2000

WHAT CAN WE DO?
PERSON-CENTERED CARE AND THE CREATIVE ARTS

- Enriched model of dementia care (Kitwood, 1997)
- "VIPS" of PCC: Value, Individualized, from Perspective of service user, Social environment that Supports psychological needs (Brooker, 2007)
- Dialectical nature of maintenance of personhood (Ronch, 2003)
- Hope and mutuality of moments (McFadden et al., 2008)
**WHAT CAN WE DO?**

**THE CREATIVE ARTS AND PERSON-CENTERED CARE**

- Engagement in creative work results in hypothalamic stimulation, parasympathetic arousal and release of endorphins and other neurotransmitters (Lane, 2005).

- Engagement in the arts has the potential to reveal the self and strengths still remaining to family and paid caregivers (Johnson & Sullivan-Marx, 2006).

- Greater engagement and pleasure demonstrated by participants while engaging in visual arts activities vs. non-creative activities (Kinney & Rentz, 2005; Pepin, Holley, Moore, & Kosloski, 2006; Rowe, Fowell, & Montgomery, 2006).

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**THE SHIFT THAT HUMANIZES THE PERSON WITH DEMENTIA**

- Focusing on losses/disabilities
- A patient that needs to be entertained
- Preschool reference

- Capitalizing on strengths/abilities
- A person that can grow and learn
- Fine art reference

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**WHAT HAPPENS NEXT: CREATIVE ENGAGEMENT PROGRAMMING**

Photo by Jan Tik

www.timeslips.org  www.scrippsoma.org
**Shared Principles and Practices of TS & OMA**

Recognition of needs and capacities:
- PWD need to express themselves, can grow/learn.
- PWD need and can have genuine, reciprocal relationships.
- Relationships enhance personhood of both parties (PWD and Pw/oD)

TS and OMA both:
- Foster development of valued new roles
- Do not privilege intact cognition
- Process and product equally important
- Culminate in final celebration and community sharing

**Research Supporting TS and OMA**

- Increased engagement and pleasure.
- Increased communication and social interaction, improved staff-resident interactions and relationships.
- Improved student attitudes.

Sources: Bahlke et al., 2010; Fritsch et al., 2009; George, 2011; George & Houser, 2014; Philips et al., 2010

- High percentage of social interest, engagement, pleasure demonstrated during sessions.
- Improved student attitudes; reciprocal relationships formed.

Sources: Sauer et al., 2014; Lokon et al., 2012

**Who is Doing This? How Are They Doing It?**

Senior BSN Students
Required 2 Cr. Hr. / 4 contact hour clinical course
- Focus on PCC, Culture Change, EBP
- Service-Learning Pedagogy
  PCC Intervention with 1-2 Residents
  OMA and TS Roles

- Reflection (5 C’s): (Eyler & Giles, 1999)
  Connected
  Continuous
  Contextual
  Challenging
  Coaching
WHAT HAPPENS NEXT?
PROCESS AND OUTCOMES

- Weekly OMA/TS session evaluations
- Creative Engagement Abilities Assessment (CEAA) (Gottlieb-Tanaka et al., 2008)
- Student Reflection Responses
- Quality of visual art and stories created
- Program Evaluation
- Community Celebrations

HOW DOES IT TURN OUT? GROWTH IN SELECTED GEROPSychiatric NURSING COMPETENCIES

Recognize values/attitudes/expectations and their impact
- Adopt the concept of individualized care
- Identify opportunities for promoting mental and cognitive health
- Communicate effectively . . . including with those with cognitive symptoms
- Assess and implement evidence-based interventions
- Recognize and manage geriatric syndromes
- Prevent or reduce risk factors contributing to decline
- Support and advocate for older adults in non-coercive decision-making

JOURNAL RESPONSES: 55 WORD STORIES

Anxiety

Fear, angst, and another slightly unnerving feeling
Could I become this? The ultimate loss of the most important thing in my life.
I wouldn’t be able to recognize my own family, remember their names.
Would they still visit? Why would they still visit? It would still be me, just hidden underneath a fog.
Panic

Knock knock. Re-introduce myself. Another new aide. No walker today? Wheelchair it is. (Annoyed). He can use his walker . . . Is it just easier for you this way? It's not about you. Talk to him, not about him. Yes, he needs to eat before leaving. I'll get it. No advocate. (What happens when he is alone?)

The mind of muted
Tisk, Tisk, Tisk
You Define me!
Who ARE you? Rhetoric. "THAT'S MY EAR!"
Honey/sweetie? Belittlement.
You label me: Confused, forgetful, hard-of-hearing, fragile, stubborn, NONCOMPLIANT.
Segregation, Concentration, For women's rights; I Fought! I FIGHT! Who are YOU?
Pill-pusher, Eye-Roller, Frustrated.
What did I do?
Compassion. Care. Nursing, where are you?
Tired!
Spoken: "I GIVE UP!"
HOW DOES IT TURN OUT? :  
ART, STORIES, EVALUATIONS

“We See a Sea Story”  
Photo: Two Friends by John Burke

“In a Dog’s Life”  
Photo: Superdog by Beatrice Murch/blmurch

WHAT DID THEY LEARN?

• Through OMA I realized that the way I initially assessed and interacted with my partner infantilized her . . . This limited my ability to see her as an individual . . . I have learned to posture myself as learner and the client as teacher, because they are the experts on themselves.
• The most important thing that I have learned is that it is possible to communicate with every individual, no matter what the disability. Every person deserves to feel respected and to have a voice . . .
• The most important thing I have learned is to be in the moment. I have come to realize that the here and now matters the most . . . I have learned more about nursing presence.

WHAT DID THEY LEARN?

• Working with PC I have noticed several weeks where her mood, participation, alertness, and posture have been different than her baseline. These have been ways that she has manifested pain. . . I have learned from PC that pain can be overlooked . . .
• I viewed them as a group of people that needed to be taken care of and had little to offer in return . . . This was flipped upside down and I have been able to recognize how much value and wisdom these clients possess.
• I can sense that my attitude has changed . . . dementia may be a part of a person, but it is not what defines them. I am thankful for the way that my partner has not only helped me grow as a person, but has touched my heart at the same time.


