

Opening Minds through Art For One (OMA41): Direct Care Workers and Volunteers as Creative Arts Facilitators for Older Adults

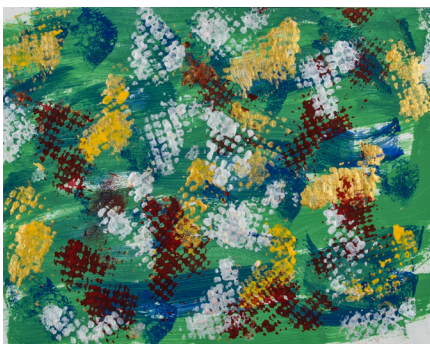
JOAN FOPMA-LOY

Research Brief | January 2016

Background

Opening Minds through Art (OMA), an intergenerational art-making program for people with dementia, uses art to bridge age and cognitive barriers. Volunteers or paid caregivers are trained to assist older adults in creating visual arts projects primarily based on abstract art. The program has been designed so that anyone can succeed and enjoy the art-making process, regardless of frailty or cognitive status. The potential for success and meaningful experience is fostered through a carefully designed structure and processes, including breaking down of each project and materials into carefully designed steps, the use of modern art—rather than children’s art projects—as inspiration for the projects, the use of fine art materials, and training of volunteers in strengths-based approaches in dementia. These volunteers work one-to-one with the same elder for a 5 to 10-week time period, thus allowing for the development of meaningful relationships. OMA typically occurs in a group setting in long-term care facilities; usually weekly, lasting about an hour over a period of several months. At the end of each OMA period an art show, open to the community, is held to celebrate the creativity of the elders—these art exhibitions also help to decrease negative stereotypes regarding the potential of those with cognitive impairments.

According to Gitlin and colleagues in an article published in the *Gerontologist* in 2009, one of the most profound concerns of families is how to meaningfully engage their loved ones who have dementia while also preserving their quality of life. Grounded in person-centered ethics, the OMA program is purposely designed to promote values—such as creating meaningful relationships, knowing the individual as a unique person, and focusing on their strengths and capabilities—that form the core of person-centered care. Studies have found that OMA has positive impacts on



people with dementia and their volunteer partners. Research in *Dementia: The International Journal of Social Research and Practice* found that OMA participants showed greater engagement, social interest and pleasure—and less disengagement, negative emotions, sadness, and confusion—when participating in OMA activities than when participating in traditional activities (Sauer, Fopma-Loy, Kinney, & Lokon, 2014).

Since its inception in 2007, OMA has operated mainly as a group program using student volunteers as the partners who help guide elders through the steps of the art projects. This brief describes the pilot of a program called “OMA41” (OMA For One). The project applied the proven principles and methodology of OMA to the home setting, using home care workers, and volunteers from a nonprofit agency serving older people as art-making facilitators/partners. Frail older adults living in home settings have very limited opportunities for meaningful engagement; consequently, there is limited information regarding the feasibility of offering visual arts programs in home-based settings. Additionally, it was hoped that this project would provide information related to the ways in which training in these programs might enhance the formal caregiver-elder relationship and job satisfaction of paid caregivers. Specifically the goals of the pilot project were to: 1) adapt the training and methodology of the group OMA program for use in a one-on-one format to be implemented in home-based settings; and 2) evaluate the feasibility (logistics, perceived benefits, and perceived barriers) of this program.

Program Description

In fall 2014, 12 OMA41 facilitators were recruited from one home care agency and one nonprofit organization serving community residing elders. Potential OMA41 facilitator participants were recommended by the collaborating agency and organization representatives. No art background or experience was necessary. Twelve older adult participants were also recruited by the two collaborating organization representatives from whom they were already receiving services and paired with the pilot facilitators from that agency. The partnering organizations were asked to recruit older adults who demonstrated or were at significant risk for development of memory challenges. No prior art experience or knowledge was necessary and there was no cost to the older adult. The pilot project was approved by the Miami University Committee for the Protection of Human Subjects. Informed consent was obtained from the partnering organizations, the facilitators, and the older adults or their legal representative; assent was then obtained from the older adult as well.

Eleven of the 12 facilitators provided information about themselves. Facilitators ranged in age from 22-73, with the average being 58 years of age. Nine were Caucasian and two were African-American; eleven of the twelve facilitators were female. Three were high school graduates, three identified having partial college or specialized training, four were college graduates and one facilitator had completed graduate school. Six of the facilitators were employed as direct care providers. Five of the pilot facilitators identified having retired from their primary occupation; hours worked per week ranged from 0 to 70 with those working currently as direct care providers indicating they worked 21-70 hours per week. All of the direct care providers indicated they had previously received eight hours of training on dementia. No demographic or health information was gathered for the older adult participants.

OMA41 Training and Evaluation

The OMA41 facilitators received six hours of training in fall, 2014 and early winter, 2015. The initial two-hour training focused on strengths-based approaches to care of those with dementia, effective communication and facilitation of the creative process for those with cognitive challenges, and the OMA philosophy and methodology. Subsequently, facilitators learned how to facilitate two field-tested OMA art projects for the pilot OMA41 sessions by viewing video demonstrations of the projects, making the projects themselves, and holding group discussions regarding potential challenges and modifications in another two-hour session. The final two-hour training session used the same format—viewing of art-making project demonstrations, art-making, and discussion—with participants learning how to facilitate three new art projects. Facilitator evaluation of the three training sessions is presented in Table 1. Ratings of each statement were made on a Likert scale with 1 indicating “strongly disagree,” and 5 indicating “strongly agree.”

Table 1: Evaluation of OMA41 Training

Training Session 1 (*n*= 12)

Better understanding of person with dementia	4.5 (.19)
Better interact with person with dementia	4.6 (.51)
More confident to facilitate art-making	4.4 (.67)
Trainer explained things clearly	5.0 (.00)
Video clips and discussion helpful	4.5 (.52)
Overall rating of the training	4.8 (.39)

Training Session 2 (*n*= 11)

More knowledgeable	4.4 (.67)
More confident	4.3 (.47)
Video demonstrations of art-making/discussions helpful	4.6 (.67)
Art-making helpful	4.7 (.47)
Trainer explained things clearly	4.8 (.40)
Overall rating of training	4.9 (.30)

Training Session 3 (*n*= 10)

More knowledgeable	4.3 (.48)
More confident	4.4 (.52)
Video demonstrations of art-making/discussions helpful	4.9 (.32)
Art-making helpful	4.8 (.42)
Trainer explained things clearly	4.9 (.33)
Overall rating of training	4.9 (.32)

Facilitators were provided with the art supplies for each of the five projects packaged in “kits” along with other needed supplies, such as a tablecloth and art aprons, in a rolling tote. Facilitators coached their partner elder in the projects during regularly scheduled visits in the following several months.

Two facilitators withdrew prior to completion of the pilot due to changed personal responsibilities; one older adult died shortly following the initial training and one older adult declined further

participation after the initial OMA41 visit due to her lack of interest in art. One additional older adult was then recruited. Not all facilitators were able to coach their partner elder in all five projects (move of elder and spouse, illness). Consequently, findings represent 11 facilitator-artist pairs, with pairs completing between one and five art-making sessions.

OMA41 Art-Making Session Evaluation

Following each art-making session both the facilitator and older adult completed evaluation forms relating to their experience of the project and art-making session.

Artist Evaluations of Art-Making Sessions

Artist feedback forms were obtained for 33 art-making sessions representing 11 facilitator-artist pairs. This form contained a mood before and after question in which the artist rated how he/she was feeling using graphics of faces (1= very sad; 2= somewhat sad; 3= neutral; 4= somewhat happy; and 5= very happy). This mood rating scale has been used successfully to assess the person with dementia's mood before and after other art-viewing and art-making programs, including the first museum visiting program for those with dementia and their caregivers, *Meet Me at MoMA*, as well as the *Opening Minds through Art* program. The feedback form contains five additional questions related to the experience of the art-making session rated on a 3-point Likert scale (1= not at all; 2= somewhat; and 3= very much).

Artists' mean mood rating prior to the art-making session was 3.67 (.80), whereas the mean mood rating following the art-making sessions was 4.4 (.54). Artists' evaluations of the projects are presented in Table 2.

Table 2: Artist Session Feedback (n= 32)

	Very Much	Somewhat	Not at All
Enjoy project	68.8%	25%	6.2%
Enjoy socializing	69.6%	27%	3.4%
Freedom of choice in artwork	84.3%	9.4%	6.3%
My time was well spent	88.4%	1.2%	10.4%

Facilitators were also asked to record any comments made by the older adults during the art-making sessions. Eleven comments were recorded; some comments included more than one theme. The comments reflected four major themes:

1 - Fun and enjoyment of art-making, conversation and socialization – (n= 8) “I had fun, I enjoyed every minute.”; “We had so much fun and nice conversation. I had a great time.”

2 - Freedom and choice – (n= 2) “I did whatever came into my mind at the time.” and “I could be as artistic as possible.”

3 - Emotional and cognitive benefits – (n= 2) “It took away my problems for the day.” and “It took a lot of concentration. It really makes your mind work.”

4 - Evaluation/pride in work – “I am going to frame it.” and “Would like to do this project again and do a better job of it.”

Facilitator Evaluations of Artist Response and Their Experiences of Art-Making Sessions.

Facilitators also recorded their observations and perceptions regarding the artists' experiences as well as their own experiences of the art-making coaching. Facilitator perceptions of the process, benefits, barriers, as well as their suggestions for improvement were also obtained through focus groups held with caregivers/volunteers from both partnering organizations.

Ratings of the art-making sessions on the session evaluation forms were on a 1-5 scale, with 5 signifying "all of the time." As shown in Table 3, facilitators perceived that the art activities were appropriate for the artists, that the artists were highly engaged, socialized and were happy during the art-making, and enjoyed the art activity. "Artist was proud of finished piece" had the lowest average rating of the items with a mean of 4.2.

Table 3: Facilitator Feedback about Artist Response (*n*= 32)

Activity was appropriate for artist	4.7 (.64)
Artist was engaged	4.8 (.60)
Artist enjoyed art activity	4.5 (.68)
Artist was happy/content during activity	4.5 (.68)
Artist socialized during activity	4.5 (.93)
Artist was proud of finished piece	4.2 (.90)

Facilitators provided narrative comments about art-making experiences with eight of the older adult artists. Themes of the narrative comments were similar to the themes identified in the artist verbalizations as discussed above. The themes of facilitator comments made on the written evaluation forms and in focus group sessions were:

1 - Socialization and relationship building – "We have become closer because of these interactions."; "I learn something new about her each week."; "I enjoyed the session with her very much. We had a great time."; "Chatting with her after we do the art brings us closer."; "It's always calming to do these projects with her."; "We did it side by side."; "We got to know each other better."; "It gives her another person to talk to during the day-her children live elsewhere."

2 - Experiencing autonomy, confidence and pride – "She loved being able to do her own thing."; "She took a very long time painting and choosing her colors-it was something very different for her-she liked it."; "She was surprised by how well it turned out. And pleased!"; "She loved having conversation sprinkled in with the learning. I only suggested the steps-she ran with the ideas."

A facilitator who partnered with an elder who had been an artist described "She's an artist so she enjoyed doing what a real painter would do...she took up the detail brush on her own...she definitely enjoyed it...she enjoyed it when people commented on it."

In a focus group, a facilitator described the older adult's crippling arthritis and how the adapted paintbrush provided to her seemed to contribute to increased confidence. One facilitator also described the pride of the elder's family, who had already framed and displayed all five of her art pieces.

3 - Pain relief — “Usually she complained of pain. She’d be a completely different person. She’d be up, dressed. We’d laugh. It gives her something to look forward to.” Another facilitator described “She’s a ‘crier.’ She never cried the whole time we were doing art.”

One facilitator described a response atypical of other older adult participants. The older adult she was coaching expressed that instead of art-making “I’d rather you do my laundry.” Interestingly, this was the only facilitator from the organization who had previously been a friendly visitor for the elder she was paired with for the OMA41 pilot. Consequently, the older adult’s expectations may have been influenced by these earlier interactions with the volunteer visitor.

Facilitators reported that the time needed for art-making sessions ranged from 60 to 90 minutes, including set-up and clean-up, although this varied depending on the project complexity and individual artist.

Ratings of the facilitators’ experiences were consistent with these narrative themes, as seen in Table 4.

Table 4 Session Facilitator Feedback (n= 28)

	Yes	Somewhat	No
Enjoy coaching the artist	85.7%	14.3%	0.0%
Enjoy socializing with the artist	89.2%	7.0%	3.8%
Able to give artist choices	78.6%	21.4%	0.0%
Felt closer to artist	64.2%	28.6%	7.2%
My time was well spent	92.9%	0.0%	7.1%

Facilitators were also asked to record any challenges they experienced in facilitating the OMA41 art sessions. Challenges identified in writing and in the focus groups were similar. The challenge most frequently identified (identified seven times) was that there wasn’t a large enough space in the home setting for art-making. On five occasions facilitators identified that the older adult artist initially did not want to do the art project, while on four occasions “the art project took more time than expected” was noted to be a challenge. In two instances the facilitator identified that he/she “wasn’t sure how to change the project so that the older adult could succeed.” Drying and storing the project safely was identified as a challenge only once. The “clutter” caused by the art-making supplies during the experience was identified by two facilitators as a major factor affecting the artist and/or family member’s enjoyment of the experience.

Participating facilitators offered several suggestions for improvement of the program. Facilitators all agreed that it was helpful to have the written project instructions; several facilitators identified that it would be helpful to either include suggestions for adaptation for different ability levels on the project instruction sheet or “level” the projects for different ability levels. One facilitator suggested that the training and/or the manual include ideas for how to connect the art-making project to family and special occasions to increase the older adult’s motivation and sense of purpose for the art-making. A method for making a table top easel was an idea offered by another volunteer facilitator. Facilitators also expressed a desire for more art projects as their older adult partners had verbalized a desire to continue the program.

Partnering Organizations' Administrator Perceptions of OMA41

Brief interviews were conducted with each of the administrators of the partnering organizations in order to elicit their views of benefits and challenges of OMA41 and any suggestions for improvements. Both administrators voiced that the only challenge was the scheduling of the trainings so that all facilitators would be able to attend. One administrator suggested that providing the entire six hours of training in one Saturday workshop might be advantageous. The affiliation with Scripps Gerontology Center and Miami University was viewed as a benefit for the organizations. Other benefits cited included the enhanced training and engagement of the home care workers with elders and their work—"it adds more joy to the client's day and satisfaction for the employee." The home care agency administrator stated that all of the organizations' caregivers would benefit from receiving the training in the future.

Conclusion

Grounded in person-centered ethics, the OMA program is purposely designed to promote values—such as creating meaningful relationships, knowing the individual as a unique person, and focusing on their strengths and capabilities—that form the core of person-centered care. Although this was a small pilot project, responses of participants suggest that through the OMA41 training, DCWs and volunteers were further exposed to these principles; then, as they worked with their partners in the creation of art they were able to put these values into practice. Session evaluation forms suggested that participating older adults did benefit from opportunities for creative expression, autonomy, meaningful activity, and development of deeper relationships with in-home care staff and volunteers. Along with benefitting elders, OMA41's person-centered approach appeared to benefit workers and volunteers. Beer and colleagues reported in *Gerontology and Geriatrics Education* that training in person-centered care approaches contributed to improvements in the quality of care, increased DCW job satisfaction, retention, and perception of competence. Pilot results suggest that for home care providers and volunteers, facilitating the art projects may provide an additional way of engaging with older adults that enhances meaningful relationships. Home care workers who participated in the pilot were able to facilitate the art-making within their usual work hours as they were personal care/respite care workers with usual shifts of four or more hours. OMA41 training was incorporated as part of monthly staff meetings/training. Cited challenges were minimal and could easily be addressed with minor modifications. Although further testing is needed, the feasibility and benefits of OMA41 for pilot participants—older adults, facilitators, and organizations—suggest consideration of the OMA41 program as a programmatic component in addressing the requirement of the Affordable Care Act (ACA) that services provided by the Centers for Medicare and Medicaid demonstrate a person-centered approach.

The potential for this program is illustrated through one volunteer facilitator's description of the OMA41 experience for her and her elder partner—

“She loved having conversation sprinkled in with the learning. I only suggested the steps—she ran with the ideas. She really, really doesn't want it to end (the OMA41 sessions). We have become closer because of these interactions.”

References

Beer, L. E., Hutchinson, S. R., & Skala-Cordes, K. K. (2012). Communicating with patients who have advanced dementia: Training nurse aide students. *Gerontology & Geriatrics Education*, 33(4), 402-420. doi:10.1080/02701960.2012.702165.

Gitlin, L. N., Winter, L., Earland, T. V., Herge, E. A., Chernet, N. L., Piersal, C. V., & Burke, J. P. (2009). The tailored activity program to reduce behavioral symptoms in individuals with dementia: Feasibility, acceptability and replication potential. *Gerontologist*, 49(3), 428-439. doi:10.1093/geront/gnp087.

Sauer, P., Fopma-Loy, J., Kinney, J., & Lokon, E. (2014). "It makes me feel like myself": Person-centered versus traditional visual arts activities for people with dementia. *Dementia: The International Journal of Social Research and Practice*. 0(0), 1-18. doi:10.1177/1471301214543958.

Acknowledgements

We would like to acknowledge Anju Paudel, Gerontology graduate student, for assistance with implementation and evaluation of this project.

This research was funded by a grant from the Ohio General Assembly through the Board of Regents to the Ohio Long-Term Care Research Project.



To download the full report, scan the QR code with your mobile device or go to:

<http://hdl.handle.net/2374.MIA/5922>



MIAMI UNIVERSITY

SCRIPPS GERONTOLOGY CENTER

An Ohio Center of Excellence

100 Bishop Circle, Upham Hall 396, Oxford, OH 45056

ScrippsAging.org | 513.529.2914 | Fax 513.529.1476 | Scripps@MiamiOH.edu