

Releasing the Inner Artist:
Approaching Activities Programming in Long Term Care
From a Creative Arts Therapies Perspective
Kathryn Sigman
Kansas State University
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Abstract

Residents in long term care facilities still suffer from a poor quality of life, despite the passage of legislation and recent efforts of culture change to make improvements. Engagement in the creative process may be the key to improvement. Research emphasizes the positive impacts creativity can have on well-being in the later years of life. The focus of creative arts therapies is on the facilitation of the creative process. These therapies can therefore serve as a model for activities directors, in order to create programming that focuses on the creative process and harnesses the benefits of creative activity. Programming that utilizes the creative arts therapies model will emphasize the following aspects of creativity: mastery, identity, connection, and meaning-making. Programming in long term care should also include the following components of creative arts therapies to ensure emphasis on the creative process: safe space, group cohesion, ritualized structure, and adaptability. This analysis explores how quality of life in long term care facilities can be improved by approaching activities programming from a creative arts therapies perspective. My personal position and challenges to incorporating this model are also discussed.

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Life in a long term care facility is not the life most people plan for themselves as they age, but it will be a reality for many. In 2004, there were 1.5 million people living in nursing homes, and by 2050 the number of people needing long term care is expected to double, to 3 million (Moore, Boscardin, Steinman, & Schwartz, 2012). Despite the passage of legislation to improve quality of care and the recent efforts of culture change to make that care person-centered, quality of life in long term care facilities continues to be poor (Kane, 2001; Kapp, 2008; Winzelberg, 2003). Research and residents themselves have identified multiple factors detracting from quality of life in these facilities. These factors include the loss of control, identity, and connection, and the lack of meaningful activity (Centers for Medicare & Medicaid Services, 2014; Kane, 2001; Kane, 2003). Activities programming provides a proactive opportunity to fill these needs, particularly by utilizing creative activity. The following is my analysis of quality of life in long term care facilities and the exploration of how the model of creative arts therapies can be incorporated into activities programming in order to improve quality of life in these settings.

Theory/Framework

Multiple theories and perspectives in the field of gerontology inform my point of view. These include theories of human development and the philosophy of culture change in long term care (LTC). The first theory of human development that informs my thinking is the biopsychosocial perspective. This perspective views development as a “complex interaction of biological, psychological, and social processes” (Whitbourne & Whitbourne, 2011, p.3). A

change in a person's biological (physical) processes affects and influences changes in the psychological (mental) and social processes. For example, if a person suffers from a form of biological distress, such as chronic arthritis, this pain will affect not only the individual's physical well-being, but his/her psychological state of mind and social processes. Chronic pain can cause mental stress, which in turn can affect a person's social interactions. The different aspects of a person's life (biological, psychological, and social) are not separate and unrelated. The biopsychosocial model is a holistic view of the individual, which recognizes how each of an individual's aspects of development intersects and interacts in complex ways throughout the lifetime (Whitbourne & Whitbourne, 2011). Therefore, to meet the needs of individuals, a holistic remedy must be employed. Research on creativity shows that creative activity is holistic; it influences each biopsychosocial aspects of the individual. For example, the psychological benefits of using the brain creatively have been shown to reduce the biological aspect of physical pain (Schmidt, 2006). I believe that creativity fits naturally into, and can naturally benefit, every part of an individual's life. I analyze the needs of LTC residents from a holistic view of development and explore the holistic solution of creativity to meet those needs.

My studies have also been informed by the life span perspective, the view that development is continuous from childhood through old-age. The life span perspective assumes that development does not stop when one reaches adulthood, rather it is a lifelong process and old age is also a time of development (Baltes, 1987; Baltes, Lindenberger, & Staudinger, 2007). While developmental tasks in early life are centered on learning to care for oneself and others, or learning how to behave within social norms, old age allows for the development of, and the realization of, the individual self (Moody, 2010; Schmidt, 2006). This concept is often a central theme in the reflections of aging adults. As writer, Florida Scott-Maxwell expressed, "it has

taken me all the time I've had to become myself" (Scott-Maxwell, 1968, p. 76). Creativity and aging experts such as Gene Cohen and Susan Perlstein have expanded the life span perspective to creativity. Cohen conducted the first experimental, longitudinal study on aging and creativity, which verified that creativity is a lifelong ability that can be nurtured and learned, even into old-age (G. D. Cohen, 2006; Hebert, Cramond, Spiers Neumeister, Millar, & Silvian, 2002; Larson & Perlstein, 2003). Perlstein's arts organization, Elders Share the Arts, was a part of Cohen's study. Her work with older adults has shown that creative arts are a way for aging individuals to "learn new skills and modes of expression, discover new aspects of themselves, and find new ways to perceive the world" (Larson & Perlstein, 2003, p. 146). Creativity and the arts provide an opportunity for continual, life-long human development. My approach to activities programming in LTC is based on the idea that creativity is a tool that aligns with and benefits each aspect (biopsychosocial) of the lifelong process of human development.

My point of view is also influenced by the occurring culture change in long term care. At the center of this culture change is the shift toward person-centered, rather than "total institution", care. Person-centered care is based on the work of dementia care pioneer, Thomas Kitwood. It is a humanistic approach to care that focuses on the entire person, not just medical needs (Kuhn, Ortigara, & Kasayka, 2000). It makes residents the center of life, allowing the people living within a LTC facility to be the driving force of daily life (Kansas Department for Aging and Disability Services & Kansas State University, 2014a). Creativity and creative arts therapies are natural "person-centered" approaches that highlight individual choice, process, and experience and enhance individuality, self-worth, and autonomy (Beard, 2012). Initiatives like Promoting Excellent Alternatives in Kansas (PEAK) support LTC facilities in their shift toward person-centered care. The program focuses on five domains, The Foundation, Resident Choice,

Staff Empowerment, Home Environment, and Meaningful Life (Kansas Department for Aging and Disability Services & Kansas State University, 2014a). In order to provide residents with Meaningful Life, PEAK participating facilities must allow residents the opportunity and assistance to pursue a purposeful life, part of which is to “allow residents to tap into their creativity” (Kansas Department for Aging and Disability Services & Kansas State University, 2014a; Kansas Department for Aging and Disability Services & Kansas State University, 2014b). My approach to activities programming, from a creative arts therapies perspective, fits naturally into the occurring culture change in LTC, promoting the person by providing meaningful activity. The alignment of creativity with the culture change movement, as well as with theories of human development, informs my analysis of the problem of quality of life in LTC and my solution of integrating the creative process into activities programming in these facilities.

The Problem: Quality of Life in Long Term Care Facilities

Long term care facilities designed to care for the aging have many names: nursing home, long-term care institution, nursing facility, adult care home. Regardless of what term is used, these facilities are not the place most people want to live out their last years of life. There is a general feeling that the quality of life in nursing homes is poor, with restrictions on choice, a lack of privacy, and generally constrained circumstances (Kane, 2001). Whether it is desirable or not, living in a LTC facility will become a reality for many, as the population continues to age. As previously noted, in 2004, 1.5 million people were living in nursing homes and the number of people needing long term care is expected to double by 2050 (Moore et al., 2012). Attempts have been made to address standard of care and quality of life in these institutions, but negating factors persist.

The Nursing Home Reform Act (NHRA) of 1987 was implemented to improve quality of care and quality of life in nursing homes. The Act set standards that established a comfortable and safe environment, a high quality of care, and the assurance of resident rights (Sehrawat, 2010). The main goal of the act was that each facility, “provide services and activities to attain or maintain, for each resident, the highest practicable physical, mental and psychological well-being” (Institute of Medicine (US) Committee on Nursing Home Regulation, 1986; Kapp, 2008, p. 563). Although the reform addressed many deficiencies in quality of care, a large portion of LTC facilities continue to operate under the “total institution” model, restricting residents’ rights and neglecting quality of life (Winzelberg, 2003).

One examination of long term care and quality of life found that, “excessive expectations for promoting health and safety are often accompanied by low expectations and excessive compromise regarding quality of life” (Kane, 2001, p. 295). I have seen this to be true in my own personal experience. The measures taken by nursing homes to protect residents with dementia can greatly negate quality of life. It is a common safety regulation that residents with dementia are not allowed to leave the facility unaccompanied. This can lead to feelings of entrapment. Even the most current, non-restrictive, protective measures can impede on quality of life for residents with cognitive impairment. Security measures are often alarming, frustrating, and embarrassing to those people they are meant to protect. The awareness of, and demeaning nature of, these measures are seen when a resident becomes startled, angry, and embarrassed when setting off an alarmed door with her “safety” bracelet. Frustration is seen as a resident waits for a locked door to be opened to let her and her escort out. Another resident anxiously exit seeks, not understanding why he cannot leave a certain area. It appears that the stringent regulations put in place to uphold the quality of care goals of the NHRA may have

detrimental effects on residents' quality of life, further restricting their freedoms and choices, in order to promote health and safety. The needs of residents in LTC facilities create a major challenge to maintaining quality of care while simultaneously improving quality of life.

Nursing homes house the most vulnerable individuals of the aging population, the oldest-old, the frail, and the disabled (Department of Health & Human Services, 2013). Residents in nursing homes may suffer from chronic illness, cognitive deficiencies, and very often require assistance with activities of daily living (Kane, 2001; Winzelberg, 2003). The reasons precipitating a move to an adult care home are rarely positive and are usually accompanied by some form of loss (Magniant, 2004), as "loss is a normal part of aging" (Larson & Perlstein, 2003, p. 149). The loss can be physical, such as diminished eye sight, hearing loss, and reduced physical stamina. Psychological changes, in the form of cognitive decline, are very often a driving factor in nursing home placement. Statistics show that 51% of nursing home residents are diagnosed with dementia (Moore et al., 2012). Residents of LTC facilities also face social loss, of familiar routines, social support networks, social roles, identity, and at least some independence (Magniant, 2004). Residents of LTC facilities are plagued by boredom, loneliness, lack of meaning, loss of control, and feelings of entrapment (Kane, 2001; Kane, 2003). It is unfortunate, but not surprising, that studies show that 35% of nursing home residents suffer from depression (Moore et al., 2012). The circumstances leading to, and surrounding life in a LTC facility make it difficult to promote health and safety, while simultaneously maintaining quality of life.

Defining Quality of Life in Long Term Care Facilities

Defining and assessing quality of life is difficult, as it is a subjective standard. However, emerging studies, including direct studies and interviews with nursing home residents, are

beginning to define what constitutes a good quality of life in a LTC facility (Centers for Medicare & Medicaid Services, 2014; Kane, 2001; Kane, 2003). In an extensive study, Kane (2001) defines 11 domains of quality of life in LTC: a sense of safety, security, and order, physical comfort, enjoyment, meaningful activity, relationships, functional competence, dignity, privacy, individuality, autonomy/choice, and spiritual well-being. There is also a large body of research that has demonstrated how important a sense of control and mastery are to well-being (G. D. Cohen, 2005; Langer & Rodin, 1976). This is especially true in LTC facilities where so much of residents' daily life is dictated by forces outside of their control.

The best source for the definition of quality of life comes from nursing home residents themselves, who express that aspects of relationships, activity, stimulation, control, and autonomy are all important (Kane, 2003). A study by the Centers for Medicare and Medicaid Services interviewed 160 residents, in 40 different nursing homes, to determine how the residents defined quality of life. Residents equated quality of life with dignity, which they defined as "independence" and "positive self-image". Residents also assigned great importance to activities, and not just "busy-work", but activities of importance, with a purpose, that required thinking, and were relevant to their lives (Centers for Medicare & Medicaid Services, 2014).

As expressed previously, the conditions of life in LTC facilities create multiple barriers to the meaningful activity that is desired by residents. The increased regulations of the NHRA, while improving quality of care, have done little to improve quality of life. Loss of control, identity, connections, and meaning are the main detriments to quality of life in these facilities (Kane, 2001; Kane, 2003; Larson & Perlstein, 2003; Magniant, 2004; Moore et al., 2012). While loss is a normal part of aging, it does not have to be the central theme of life in LTC facilities.

The following will explore how creativity, and in particular creative arts therapies, can be utilized to mitigate loss and improve quality of life in these facilities.

Creativity

Humans have been engaging in the creative arts for over 35,000 years (Bailey, 2006). Creativity is an integral part of human activity and culture, yet it is a complex phenomenon we struggle to understand. There are many views of creativity. Studies of distinguished creative output, conducted by George Beard in 1874 and later by Harvey Lehman in 1953, helped perpetuate the myth that creativity is an ability that some people have and others do not. Their work also viewed creative ability as something that declines significantly with age (Kastenbaum, 1992). These detrimental views of creativity have led many people to believe that they are not, and cannot be, creative. Creativity is often viewed as an anomaly, possessed only by artists with great skill. It is seen as something extra, superfluous, and inessential. Because of these views, many people, older adults especially, may not view creativity as a necessary or beneficial part of daily life (Cohen, 2000). This is an extremely unfortunate attitude to hold, as more recent studies have shown the positive effects that engaging in the creative process can have on well-being and health throughout the life span.

Defining Creativity

Thanks to recent researchers like Gene Cohen, creativity and aging is an emerging and rapidly growing field that has great potential for improving quality of life for older adults, particularly older adults living in LTC facilities. The general public has become more aware of this field through accessible publications by Gene Cohen such as, *The Mature Mind: The Positive Power of the Aging Brain* and *The Creative Age: Awakening Human Potential in the Second Half of Life*. Organizations like the National Center for Creative Aging, are also bringing

public awareness to the link between creative expression and healthy aging through programs and advocacy (National center for creative aging.2015).

But what exactly is creativity? E. Paul Torrance (2003) defined creativity as a natural human process, used to find solutions for problems or difficulties. Torrance viewed creativity as a process that is accessible to everyone, at every age, and as a process that can be nurtured and taught. By establishing an accessible definition of creativity, Torrance contested the long-held belief that creativity is an ability a person is either born with or without. Torrance's work demonstrated that creativity is something everyone has, can use, and can learn, to their benefit (Torrance, 2003).

Gene Cohen (2005) agreed with Torrance's view. He further defined creativity using the concept of big C versus little c. Famous painters, writers, and musicians experience big C creativity in their lives, which is creative distinction that is recognized by the larger society. However, every person has the ability to experience little c creativity, which can be as simple as solving new problems, drawing a picture, adding a new ingredient to a recipe, or singing a song. Just because one type of creativity receives broader social recognition does not mean that it is any more valuable or beneficial than the everyday type of creativity (G. D. Cohen, 2005). In fact, Cohen views little c creativity as an essential part of being. He, like Torrance viewed creativity as a process, rather than a set ability. Cohen defines creativity as an innate human quality, a "desire for inner growth and self-expression" (G. D. Cohen, 2000, p. 12). It is the *process* of creativity that is so rewarding and that provides multiple benefits to well-being. The fact that creative activity produces a product (a painting, a song, a play) may be part of what makes it beneficial, but it is not the product that benefits its creator, it is the multiple biological,

psychological, and social processes that work together in the effort of creation that makes a difference.

Benefits of Creativity

Research shows that creative activity positively influences each of the three domains of human development and aging: biological, psychological, and social. As previously discussed, older adults face declines and loss in each of these domains as they age, but creative activity has the potential to counterbalance these declines with the positive benefits it provides. Research has shown that participation in creative arts interventions can combat physical decline. Participating in creative activity has shown a positive correlation with disease prevention, reduction of blood pressure, lowering of stress hormones, increased physical activity, and improved immune system (G. D. Cohen, 2006; Madden & Bloom, 2004; Magniant, 2004; Patterson & Perlstein, 2011). Creative activity can even serve as a pain reducer; because it requires higher-order thinking, people engaged in the creative process no longer focus on somatic problems (G. D. Cohen, 2005). Higher-order, creative thinking can even physically produce painkilling chemicals. Continual creative thinking engages neurological pathways that increase concentration and can even transcend pain (Schmidt, 2006). Gene Cohen conducted the first formal longitudinal study on the impact of participation in art programs on well-being for older individuals. Over a two-year period the experimental groups participated in intensive community-based art programs ranging from painting, pottery, dance, music, poetry, drama, etc. Results of the study showed that participation in the arts programs improved physical health, as participants reported fewer falls and less medication use than comparison groups (G. D. Cohen, 2006).

Cohen's study also showed positive benefits of creativity in the psychological domain of human development. The older adults in the experimental groups who participated in the arts

programs reported relieved depression and decreased loneliness, along with improved morale (G. D. Cohen, 2006). Tony and Helga Noice also conducted studies surrounding creative arts interventions, in their case theatre interventions, used with older adults. Their studies found results similar to Cohen's study. The older adults who participated in the theatre intervention showed significant improvement on the measured cognitive variables of recall and problem solving. They also showed significant improvement on psychological well-being measures (Noice, Noice, & Staines, 2004; Noice & Noice, 2009). Additional research shows multiple psychological benefits, as creative engagement positively correlates with lowered stress hormones, increased growth of dendrites and synapses in the brain, increased sense of control (a major issue facing residents in LTC), improved psychological health, alleviated depressive symptoms and anxiety, increased motivation, self-esteem, and self-confidence, and improved cognitive functioning and mood (G. D. Cohen, 2006; Madden & Bloom, 2004; Magniant, 2004; Patterson & Perlstein, 2011; Stallings & Thompson, 2012).

This body of research also found that creativity benefits the third domain of human development, as it combats the social loss that is often experienced with aging. The participants in Cohen's study sustained participation in all social activities (not just the intervention activity that was a part of the study) over a two-year period, while the comparison group's total activities declined over the same period (G. Cohen et al., 2007). Additional research has found that participation in creative activity increases social engagement, creates meaningful interaction, enhances a sense of community, creates new roles and identities for participants as artists and members of the group, and increases sense of belonging (G. D. Cohen, 2006; Magniant, 2004; Noice et al., 2004; Noice & Noice, 2009; Patterson & Perlstein, 2011). The large and growing body of research available on creative activity proves that engagement in creativity is beneficial

to all aspects of human development (biopsychosocial), throughout the entire life span.

Activities programming in LTC should therefore facilitate the creative process itself. In order to gain the benefits of creative activity, the focus must be on the creative process, not *what* is being created (the product), but *how* it is being created (the process). In order to ensure that the creative process is the focus of the activity, activities programming in LTC should be approached from a creative arts therapies perspective.

Creative Arts Therapies

The creative arts have been utilized in healing practices since their inception over 35,000 years ago. Creative arts therapies only appear to be a new practice because of the recent organization of the professional field (Bailey, 2006). Creative arts therapies (CATs) utilize a wide range of creative art modalities, with the intent of facilitating and fostering the creative process, in order to stimulate inner growth and self-expression and enhance well-being (Brooke, 2006). The National Coalition of Creative Arts Therapies Associations (NCCATA) explains it this way, “creative arts therapists use intentional applications of the arts and creative processes to ameliorate disability and illness and optimize health and wellness” (National coalition of creative arts therapies associations, inc.2015). The most recognized CATs are: music therapy, visual arts therapy (also known as art therapy), drama therapy, dance/movement therapy, and poetry therapy (Brooke, 2006). These are also the modalities that most readily lend themselves to activities programming in LTC. The important thing is not what creative arts modality is being used (painting, singing, dancing, etc.) but how the activity is being facilitated. How CATs are facilitated can serve as a model for activities programming in LTC. This does not mean that LTC programming will be therapy. Rather, the CATs model can be used in order to better facilitate the creative process.

In my review of CATs literature and through my personal experience with multiple modalities, I have discovered that the CATs, no matter what modality is used, emphasize certain underlying principles of the creative process. Similar examinations of CATs have highlighted commonalities between the therapies for the purpose of research and advocacy (Rossiter, 1992). Former chairman of the National Coalition of Arts Therapy Associations, Kenneth Bruscia, described the link between CATs in this way, “we search for the energy and joy that lies within the core of every human being, and we work (often together) to release them through the arts” (Bruscia, 1986, p. 95). My purpose for this discussion is to identify the commonalities of CATs that can be applied to activities programming in LTC facilities, in order to meet residents’ needs and improve quality of life. With this goal in mind, I have identified the following as aspects of the creative process that are emphasized by the CATs: mastery, identity, connection, and meaning-making.

Mastery

Creative arts therapies promote mastery because they are process-oriented; the end result of the activity does not matter and often is not predetermined (Basting, 2006). It is the process of creation that is emphasized, rather than focusing on the final product. In order to emphasize the process, rather than the product, the activities of CATs are presented in a way that makes the activity “failure free”. There is no “right” or “wrong” way to be creative; the parameters are wide-open, all methods, answers, and processes are accepted (Basting, 2006; Beard, 2012). In a sense, everyone is a master from the very beginning. For example, if the activity for the day is mask-making, each individual’s mask, whether it is made with paper and crayons, sculpted clay, or three-dimensional objects, would be right. As long as the individual is creating and expressing, the activity is a success, no matter how it is accomplished. Mastery addresses one of

the detriments to quality of life in LTC, as mastery is strongly linked to control. When a person masters a process or skill he/she feels an increased sense of self-worth, self-esteem, and locus of control (G. D. Cohen, 2005). LTC facilities are designed to care and provide for residents. This care can cause residents to lose their sense of choice and control, which can lead to depression, declines in health and activity, and increased mortality rates (Langer & Rodin, 1976). Presenting activities as CATs present them, in a process-oriented, “failure-free” manner, enables participants to experience a sense of mastery and increased sense of control.

Identity

Creative arts therapies also promote a sense of identity. Older adults are more heterogeneous than any other age group. As the population ages, individuals become more different than they are alike (Hedden & John, 2004). At the same time, life in a LTC facility is often accompanied by a loss of social roles and identity, as individuals become labeled as “residents”, “patients”, “persons with dementia”, etc., rather than known as a whole individual (Kansas Department for Aging and Disability Services & Kansas State University, 2014a). Creative arts therapies emphasize individual identity by promoting each individual’s abilities, strengths, and talents (Brooke, 2006; Magniant, 2004). The main goal of CATs activities is not to draw the picture exactly as I, the activity leader, have drawn the picture. The goal is to provide the tools and opportunity for each individual to learn about his/her individual, creative process; to allow an opportunity for self-expression, “allowing the individual to build on his or her strengths and life experience (Stephenson, 2006, p. 24). Each participant independently dictates his/her own creative process, so the result is an expression of self, an extension of the individual, a part of the person’s identity. LTC residents participating in creative arts activities that promote individual artistry take on the new role of artist. When encouraged to use their

strengths and talents older adults are surprised at their capabilities, shifting their own view of themselves, to see themselves as capable artists, with something to contribute to their community (G. D. Cohen, 2006; Magniant, 2004).

Connection

The third principle of the creative process that CATs emphasize is connection. Individual identity is an important aspect of quality of life in LTC, but so too are relationships and connections with other people (Kane, 2003). The creative arts are a means to self-expression. Humans are social, not solitary creatures, so once a new art work is created people often feel the urge to share what they've created, experienced, and discovered. They may do this through an art gallery display of paintings, a dance or music recital, sharing poetry with a friend, or performing a play. Art is a tool for social cohesion, because it provides a place for humans to express themselves in the presence of others (*The art of connection*. 2012).

Different modalities offer different opportunities for social connection. Writing poetry can be a solitary experience or, an entire group can work together, with each individual contributing, to form a group poem (Brooke, 2006). Modalities like drama are inherently social, as members of a group work together, playing simple theatre games or rehearsing for a performance (Bailey, 2015; Emunah, 1994). No matter what creative modality is used, the opportunity for social connections is present. An example of the use of creative activity to form connections is seen in the program TimeSlips, a creative storytelling intervention created by Anne Basting, which is used with persons with dementia. The TimeSlips facilitator presents a photo or picture and elicits ideas from the group. Each individual's contribution, whether it is a sentence, a sound, or a movement, is accepted and used to create a group story about the picture (Basting, 2006). A study of TimeSlips in LTC settings found that the creative activity had

positive effects on the connections of nursing home residents, not only between residents themselves, but between residents and staff. Residents who participated in TimeSlips were more likely to engage with others. Staff who participated saw residents in a more positive view and were less likely to devalue persons with dementia (Fritsch et al., 2009). Programming based on the CATs model not only promotes individual identity, but fosters the connection between individuals, to further enhance quality of life.

Meaning-making

The final principle of the creative process emphasized by CATs, and perhaps the most important one for the purpose of activities programming in LTC, is that of meaning-making. Residents of LTC facilities have identified meaningful activity as one of the most important components to maintaining quality of life (Centers for Medicare & Medicaid Services, 2014) and yet, lack of meaning is one of the main problems plaguing residents (Kane, 2001). Programming approached from a CATs perspective can address this problem. Creative arts therapies go beyond simply providing an activity to do, the activities are designed to explore the creative process and to assign meaning to the activity. The creation of an art form, whether it is an individual sculpture, a play, or a group poem, is a way of expressing a part of yourself and sharing it with others; because it is personal, it is meaningful (*Access to the arts*. n.d.; Rubin, 2004). Although I will not be presenting activities in a therapeutic manner, by presenting the activities as process-oriented activities that promote mastery, individual identity, and connection, the activities have meaning. The creative process itself can be therapeutic (Beard, 2012) and each individual participant can assign meaning to his/her own creative activity and product. The job of the activities director is to provide the tools and opportunity for the creation of something meaningful.

Incorporating CATs Principles in LTC Programming

Components of CATs to be utilized in LTC Programming

Next I will explore how creative arts therapists provide these tools and opportunities for creation and how then, activities directors in LTC facilities can do the same. Unfortunately, there is not a step-by-step guide to the creative process. One of the beneficial principles of the CATs approach is that it is individual, the creative process is different for each person. However, there are certain components of activity facilitation that creative arts therapists employ, no matter what modality is used. Activities directors can use the following components of CATs to better facilitate the creative process: safe space, group cohesion, ritualized structure, and adaptability.

Safe Space. First and foremost, in order to facilitate open, uninhibited creativity, a safe, creative space must be generated. This is transitional space, a potential space, where anything can happen; it is “the imaginary world that is created when we play or imagine together in a safe, trusting situation” (Bailey, 2015). It is the leader’s job, whether that leader is a creative arts therapist or an activities director, to foster that trust. The most important factor to creating and maintaining trust is respect. Facilitators of creative activity must make it explicitly clear that the creative space is a place where everyone is respected and everyone must show respect (Bailey, 2011; Emunah, 1994; King, 2014). Many people show reluctance about being creative due to the fear of looking foolish in front of others (Bailey, 2011). Having a trusted leader is very important. In order to establish myself as a trusted leader and be well-attuned to the group, I will partake in the activities with the group. It is impossible to know if the creative space feels safe if I am outside of it. “An effective leader plays along with the group of players, as opposed to controlling the group from a position as an outside manipulator” (Bailey, 2011, p.11). By being

a part of the creative process and participating in the activity I have the opportunity to model the respect that it is expected from each group member, as well as the opportunity to gain the group's trust.

Creative arts therapists also use the method of a framework to ease participants into the creative process and create a safe space. This framework for the creative activity, provides clear rules and goals (Bailey, 2011). This does not mean the framework is specific and narrow; the wide-open parameters of the CATs approach still apply. The instructions may be as simple as saying "paint what you are feeling today". This provides the rules (painting, however each individual paints) and the goal (express what you feel, whatever that means to each individual). A framework provides a starting point, it makes the creative activity less intimidating by giving participants a guide of what to expect (Bailey, 2011). This is especially important in LTC settings, as older adults often feel that they are not creative. They have been influenced by the historic view of creativity as an ability that they may not possess and if they did, it declined with age (G. D. Cohen, 2005). Activities directors in LTC facilities can use the tool of a framework to ease reluctant participants into the creative process safely and slowly, revealing to them their own creative ability.

Group Cohesion. Another important component of the CATs process, that can be used to benefit activities programming in LTC, is the slow and deliberate building of the group. Renee Emunah (1994), a pioneer in the field of drama therapy, has identified five phases of group development. Her experience and explanation surrounds drama therapy groups, but the phases align with other models of group development. I believe these phases can be used to help activities directors understand group formation. The first step is Play, in which participants in the group get to know each other through simple, easy techniques (Emunah, 1994). In this stage,

name games are used frequently, so that everyone in the group feels seen and valued. Simple, failure-free activities allow members to build trust in the leader, each other, and the creative process (Bailey, 2011). In this phase trust is developed, acceptance of self and others begins, while connections between group members begin to develop (Emunah, 1994).

Once the initial group is formed and trust is built, the second stage, called Scenework, is entered. In this stage the leader begins to introduce new skills for members to learn, skills that will be necessary for continuing activity in the group (Emunah, 1994). For example, if a creative arts group in a LTC facility were going to embark on a six week painting course, the activity director would use the Scenework phase to introduce different methods of painting (brushstrokes, different paint types, canvases, etc.) so that participants could experiment with and practice different skills, in order to build a level of comfort. The skills and group interaction can become more refined and complex, depending on the group's abilities and needs, and the type of activity.

The next three stages of Emunah's (1994) group development are more appropriate for therapy groups, so would most likely not be used in the LTC setting. These stages, role play, culminating enactment, and dramatic ritual, deal with more personal issues with the goal of problem-solving and resolution. The level of group cohesion and work done in these stages are necessary and appropriate for achieving therapeutic goals (Emunah, 1994). For the purpose of activity in LTC, the focus on the first two stages, of building a trusting group, in which participants are comfortable enough to practice new skills, are the most applicable. If the group is together for an extended time, enough trust may be present that participants may reach a deeper level of group cohesion. Some participants may want to share and communicate about their creative work. It is up to the group leader to facilitate communication in order to maintain

respect and a safe creative space. Again, the aims of these activities in LTC settings are not therapeutic, but if participants want to verbally communicate within the group about the creative process or their artwork, a safe, respectfully facilitated communication can help build meaning and connections, two aspects vitally important to quality of life in LTC settings.

Ritualized Structure. Another component creative arts therapists utilize to create and maintain a creative space, build group cohesion, and assign meaning to creative activity is the ritualized structure. Practicing drama therapists and activities leaders have used the ritualized structure of activity with great success in LTC facilities (Basting, 2006; King, 2014). A reoccurring ritual makes it obvious that the activity is outside of the ordinary, daily activity, it is something different, unique, and more meaningful (Emunah, 1994). As an activities director I would utilize the following ritualized structure to enhance activities: a check-in activity, a warm-up, the creative activity, communication or sharing, and a closing activity.

The check-in activity is an extremely simple activity, used to indicate the beginning of the experience and to find out what the mood, needs, and abilities of the participants are (Emunah, 1994). An example of a check-in activity is asking members of the group, “if you were a type of weather what would you be”. One member may answer, “a clear, blue, sunshiny sky”, while another may answer “a dark, rolling thunderstorm”. This type of activity allows the leader to determine if individuals in the group are feeling similar or opposite things. It also begins the process of creative thinking, as the activities are often metaphorical in nature (Bailey, 2015). Depending on the group’s ability level, the check-in may be as simple as a smile, handshake, or hug for each member from the leader, along with saying hello, using the person’s name. The check-in should make everyone in the group feel welcome and seen, and let them

know that they are all valued for being present with the group (King, 2014). It is a sign of welcome and an invitation to create.

The next step in the structure is the warm-up. Again, this is a simple activity, used to further ease the group into the creative space and process. The warm-up can be tailored to the activity that will follow for the day. If the main creative activity for the day is going to be writing poetry, the warm-up may be a simple rhyming game. The warm-up does not have to be long. If possible, it should incorporate some sort of physical movement to get blood circulating and re-energize people (King, 2014). The movement can be as simple as waving hands, tapping toes, or stretching, the intensity should be tailored to the abilities of the group.

After the warm-up, the main creative activity takes place. Again, exactly what creative activity is done is dependent on the group, as it should be driven by the interests of the participants. For example, some residents in LTC may be interested in learning to paint, others may want to be part of a chorale group, and another group may want to put on a play. Creative activity lends itself to spontaneity and person-centered care because anything can happen in the creative space and the creative process is driven by the individual (Brooke, 2006; King, 2014; Magniant, 2004). An activities director should be flexible and adaptable enough to offer the activities residents ask for. As described earlier though, it is important for the activities director to provide a framework, so that participants feel comfortable in the creative space. Although the activity for each session may be different, it should be clear what the creative activity for the day is going to be, what tools will be used, and what the purpose of the activity is. The activity may be individual, such as the creation of memory collages, with each person making his/her own collage from a communal store of supplies. Or the activity could be done in partners, while the rest of the group watches, such as taking turns reading dialogue from a script. Or it could

include the entire group, such as a drum circle. The activities director should make the form, modality, and expectations of each activity explicitly clear at the onset, or prior to, the beginning of the creative session. During the activity the director should check in periodically with individuals to make sure everyone is comfortable and has access to the tools and materials they need. The goal of the main creative activity is to facilitate creative expression in a fun and safe environment.

Once the creative activity is complete, there should be an opportunity for sharing and communication about either the process itself or the product. Participants should only share if they are comfortable doing so. While not a typical or necessary component of activity in LTC settings, it is important to have this opportunity when exploring the creative process, as it allows the leader of the group the opportunity to listen carefully to see if there are any residual emotions that need to be addressed. The creative process is an emotional one. Even though the activity is not presented with therapeutic intent, one can never know what memories or emotions will be awakened by the creative process (Larson & Perlstein, 2003). When leading activity programming in LTC it is important that I am aware of this possibility and know what resources are available, so that I can refer individuals to the appropriate professionals in situations I am not certified or experienced enough to handle.

Finally, the last step in the ritualized structure is the closing activity. This activity is again very simple, similar to the check-in. In fact, it may be a repeat of the check-in activity. The closing activity is another opportunity for the leader to be attuned to the feelings of the group and address any issues that may have arisen during the creative process. It also marks the end of the creative process. The closing ritual is a signal for the group to return to reality, no longer in the creative space of the creative process. It draws the entire activity to a conclusion

and allows the individuals to move on to the next event in the day (Emunah, 1994). One of the major components of quality of life that is lacking in LTC, according to residents, is meaningful activity (Centers for Medicare & Medicaid Services, 2014; Kane, 2001). The ritualized structure of CATs not only helps facilitate a safe creative space, but more importantly, it assigns meaning to the creative activity that takes place within the structure, filling a need of residents in LTC.

Adaptability. Creative arts therapies capitalize on the adaptability and flexibility of the creative arts. In fact, “one of the greatest strengths of the creative arts is the number of ways they can be adapted so as to be appropriate for anyone, regardless of age or ability” (Stephenson, 2006, p. 25). There are numerous examples of master artists adapting to changing abilities in older age, in order to continue creating art. Georgia O’Keeffe developed macular degeneration in the later years of her life. After becoming legally blind she began creating ceramics, relying on her tactile senses, rather than vision (Schmidt, 2006). Another famous painter, Henri Matisse, in too much pain from cancer and unable to stand at an easel, created a technique of cutting and arranging paper shapes, in order to continue to pursue his creativity (Schmidt, 2006).

Not only can the creative arts be adapted to accommodate differing physical abilities, they can also adapted and used with great success with people of varying degrees of cognitive capacity. Older adults who are uncomfortable memorizing lines can still enjoy the experience and benefits of acting by taking part in reader’s theatre, where actors read from the script. Creative activity can be especially beneficial for persons experiencing cognitive decline due to dementia. Numerous studies have shown a correlation between participation in creative arts therapies and improved quality of life for persons affected by dementia. Examples of positive outcomes of the use of creative arts therapies with persons with dementia include increased well-being, improved staff-resident relationships, enhanced communication, increased self-care,

improved cognitive performance, and enhanced self-worth (Beard, 2012; De Medeiros & Basting, 2014; Magniant, 2004). Creative arts therapists operate from the understanding that everyone is creative, it is the facilitator's job to adapt the tools and modalities to fit the needs of the participants (Brooke, 2006; Magniant, 2004). As an activities director in LTC, I would employ the same mindset, that it is my job to find the creative arts modality that best fits each individual's needs and abilities, and that as these needs and abilities change, the tools of creative expression can be adapted to accommodate those changes.

Examples of Current Professionals

There are a few examples of professionals currently working in LTC settings, using components of the CATs model. One example is Susan Perlstein, cofounder of the Center for Creative Aging. Perlstein's program, Elders Share the Arts, was one of the sites in Gene Cohen's landmark study of creativity and aging (G. D. Cohen, 2006). Elders Share the Arts is a non-profit arts organization that blends reminiscence and the creative arts in a safe, enjoyable, and trusting atmosphere. In order to create this atmosphere, Perlstein uses the same ritualized structure (check-in, warm-up, arts activity, sharing, and closure) discussed previously. She also acknowledges the importance of the creative product as an extension and representation of the self. Elders Share the Arts recognizes the importance of sharing the creative product with an audience, whether it is showing a painting to a friend or performing a play for the entire community. The "public witnessing" of an older adult's creative achievement allows the audience to see the entire person, not just the labels society has put on him/her, such as "patient" or "resident". This public sharing of a positive part of the self greatly enhances the self-worth of the older adults who participate in this program (Larson & Perlstein, 2003). Although Susan

Perlstein is not a creative arts therapist, her work with creativity and aging closely aligns with the principles and components of the CATs model that I wish to incorporate in LTC settings.

An example of a professional creative arts therapist currently working in LTC facilities is Registered Drama Therapist and Creative Engagement Specialist, Kareen King. King facilitates what she has dubbed, Golden Experiences, utilizing theatre processes such as improvisational storytelling, group poetry, music, and creative hypotheticals, in order to stimulate imagination and enhance the well-being of LTC residents (King, 2015a). King's Golden Experience is made up of three underlying components: The Golden Nugget Pursuit, The Golden Rule Principle, and The Golden Age Philosophy. The Golden Nugget Pursuit emphasizes being totally present in the moment and looking for the deeper meaning that is present in ordinary, daily life. It operates on the understanding that all activity is meaningful. The Golden Rule Principle is one of respect; this principle focuses on making the Experiences welcoming and engaging, a place where love and connection are fostered, and everyone is accepted. The Golden Age Philosophy addresses the ability of creative activity to aid in the construction of identity. The Golden Age Philosophy views old age as a time of enrichment, a time to realize one's full potential and experience self-actualization (King, 2014).

King's (2014) Experiences also utilize a ritualized structure of warm-up, opener, background material, activities, and conclusion. The outline of this structure, as well as ideas and materials needed to lead a variety of Golden Experiences are found in her recently published book, Engage! 28 Creative Enrichment Experiences for Older Adults. Kareen King's work with older adults goes beyond basic needs. She recognizes the importance of and need for activity that "spotlights our deepest longings for love, acceptance, belonging, esteem, self-expression, and peak moments...regardless of physical or mental limitations" (King, 2015b). Her model

works, as residents have expressed their pleasure in the activities saying: “You get kinda down and it peeps you right back up. I look forward to the days you’re here. You make my day” and “you stimulate our minds and you care. I love you” (King, 2014, p. viii). Besides leading the Experiences, King also provides workshops and training in her Experiences and model, as an effort to inform LTC facilities of the benefits of creatively engaging residents (King, 2015b). She is a leading pioneer, a role model for addressing the overlooked needs of LTC residents, by using engaging, creative activity.

Another example of an exemplary arts program established in a LTC setting is the Artworks Studio Program at the George Derby Centre in British Columbia, Canada. The George Derby Centre is a continuing care facility for veterans. The Artworks Program serves as the main hub of the center, through its studio location in the main corridor, and its numerous outreach programs to the different units within the facility. The program is focused on the visual arts, providing a comprehensive range of creative arts activities to all residents. The goal of the program is to enrich life through art making, with the view that artistic expression is not just a time-filling activity, but a mode of being. The program promotes aesthetic awareness beyond the self, mastery, the creative process, and connection. It does this by providing a safe space, encouragement, social interaction, and recognition of artwork (Magniant, 2004).

The art studio is an open space, with identified areas for weaving, sewing, painting, sculpture, drawing, hand-building, needlework, woodworking, ceramics, and computer-based art projects, among others. Five full-time and four part-time art instructors, who have experience in the fine arts and in art instruction, oversee the activity in each of these areas. Initial involvement in the Artworks Program includes an informal assessment from instructors. Instructors assess participants’ physical and cognitive abilities, interests, and level of motivation. This helps the

instructor recommend an art activity that is based on the individual's needs and interests so as to ensure success at a meaningful project (Magniant, 2004). This assessment is person-centered and helps promote mastery.

The Artworks Program is not limited to the studio space, but also utilizes outreach activities throughout the Derby Centre and the larger community. Residents who are unable, or reluctant, to visit the studio have shortened, creative activities provided in their rooms by art instructors or volunteers. Group workshop sessions are also provided in each of the four residential units. Each contribution to the group project is appreciated, valued, and validated, reminiscent of the theories and principles of creative arts therapies. Artwork from residents is also promoted in the wider community, through displays and sale in the center, displays at local libraries and art galleries, and entries in county fairs and exhibitions. This public acknowledgement of artistic achievement encourages residents to take pride in their work and acknowledges their identity as artists (Magniant, 2004).

Over 175 of the 300 residents living in the George Derby Centre are involved in some aspect of the Artworks Program. The Artworks Studio has 30-50 residents working in it on any of the six days a week it is open. Residents see their participation in these creative activities as more than busy-work, for many their artwork is an important vocation. The integration of the Artworks Program makes creative activity an ongoing part of daily life in the Derby Centre. This allows residents to develop an artistic vision and identity over time (Magniant, 2004). "The emphasis of the program is not on art making as an individualistic, object-related activity, but on art making as an aesthetic, social, and communicative experience...[that] serves to *create* community and culture" (Magniant, 2004, p. 96). I would love to work for an organization like the George Derby Centre, one that recognizes the multiple benefits of, and promotes a

commitment to, the creative process. The Artworks Program, Kareen King, and Susan Perlstein, among other professionals, provide the examples I will strive toward as I combine my knowledge of gerontology and creative arts therapies and apply it to the area of activities programming in long term care facilities.

Personal Position

There are numerous aspects and components incorporated into my philosophy about activities programming in LTC. At this point I am operating from a position of theoretical and learned knowledge. I know that my point of view and knowledge will change and evolve as I apply my ideas in actual settings. The following is merely an explanation of my position as it stands now. The use of creative arts therapies can fall anywhere on a spectrum of purpose that runs between education/art and therapy/clinical (Bailey, n.d.). As I incorporate underlying principles and components of the CATs into activities programming, I will do so from the education/art side of the spectrum. It is not my intention to use the creative process to achieve therapeutic goals. It is my intention to teach individuals about the forms of creative expression that are available to them, to create a safe space in which they can explore and create, and to validate their strengths, abilities, and self-expression. There is a common misconception that creative arts therapies are extreme in methods and overly dramatic (Brooke, 2006). I believe that often, all people need is a basic introduction to the creative arts modalities, the tools of the art form, and a safe place to create. After these basic needs are met, the creative process, along with all its benefits, happens naturally. Art and the capability for expression are already within each individual. My philosophy aligns with that of Sandtray Therapy which “values facilitation over direction, exploration over excavation, and growth over insight” (Homeyer & Sweeney, 2005, p. 181). With these values of facilitation, exploration, and growth in mind, I will use the guiding

principles and core components of the creative arts therapies process to empower residents in long term care facilities to release their own inner artists.

Challenges

The two main challenges to incorporating the creative arts therapies perspective into programming in long term care facilities lie in the areas of research and communication. Multiple literature reviews point to the lack of empirical research in the field of creative arts therapies, particularly when used with older adults in LTC facilities (Beard, 2012; De Medeiros & Basting, 2014; Stallings & Thompson, 2012; Stuckey & Nobel, 2010). While there are examples of successful programs and compelling evidence of the benefits of CATs when used with older adults, much of this evidence is qualitative and anecdotal in nature. One of the major barriers to the advancement of research in this field is a lack of methodological consensus, leading much of the research to be non-replicable. There is a lack of definitive designs, measurements, and evaluations for such elusive variables as creativity, and outcomes as quality of life. The research that has been conducted does not focus on the value of the process, but instead focuses on quantitative outputs (Beard, 2012). The struggle lies in how to scientifically prove intrinsic values like creativity and quality of life.

Most research that does address quality of life in LTC, focuses on persons with dementia. Tools such as Dementia Care Mapping and the Greater Cincinnati Chapter Well-Being Observation Tool have been developed to measure the well-being of individuals with dementia. Studying how these tools have been used may give researchers an example of how to address elusive research components like quality of life. The Greater Cincinnati Chapter Well-Being Observation Tool observes seven domains of well-being: interest, sustained attention, pleasure, negative affect, sadness, self-esteem, and normalcy (Kinney & Rentz, 2005). The tool is fairly

new and does have limitations, including the need for training before use and the fact that the tool has only been used to study persons with dementia, so its ability to measure quality of life in cognitively-well persons is unknown. Despite limitations, this tool “offers a systematic and comprehensive way to determine if affected individuals are experiencing a sense of well-being while participating in a structured activity” (Kinney & Rentz, 2005, p. 226). Using this tool, facilities can assess activities as to their ability to measurably enhance quality of life. For example, in one study persons with dementia were observed in an adult care center participating in an arts therapy activity and in some other structured activity. Using the Greater Cincinnati Chapter Well-Being Observation Tool researchers observed that “participants demonstrated significantly higher levels of interest, sustained attention, pleasure, self-esteem, and normalcy during Memories in the Making (the art therapy activity) than during the other activity” (Kinney & Rentz, 2005, p. 225). LTC facilities could use this research tool to determine what types of activities best enhance quality of life.

Another method that could advance research in this area is field research and case studies. Case studies are often overlooked in research due to the misunderstanding that general, context-independent knowledge is more valuable than context-specific knowledge (Flyvbjerg, 2006). However, while this may be the historic view of the physical sciences, it does not apply to social research. Leading expert in program management and planning, Dr. Bent Flyvbjerg, revised this misconception of case studies, stating, “Predictive theories and universals cannot be found in the study of human affairs. Concrete, context-dependent knowledge is, therefore, more valuable than the vain search for predictive theories and universals” (Flyvbjerg, 2006, p. 224). The case study is an important part of development of every professional field. A growing body of in-depth case studies can be used to build the field of qualitative, descriptive evidence, find

similarities in methods, and point to common benefits of various methods (Johnson & Emunah, 2009). While this type of research is not easy, quick, or cheap, it should not be overlooked as an invaluable tool that can be used to gain a deeper understanding of the benefits of the creative process when used in LTC facilities.

The lack of research is only one challenge to convincing LTC facilities to approach activities programming from a CATs perspective. Perhaps the bigger challenge is that there is not a step-by-step guide or a clear template for this kind of approach. Rather, this approach is a philosophy about the creative process, which can make it a difficult concept to communicate. However, there are multiple methods available to integrate the CATs model of activities programming into LTC facilities. One example is for LTC facilities to hire creative arts therapists to be the facilities' activities directors, like Kareen King. As discussed previously, King is a Registered Drama Therapist whose work brings joy, learning, and expression to the lives of older adults in LTC facilities. Her work in these facilities began as an activities director (King, 2015b).

If facilities are unable to hire a creative arts therapist, another solution would be for them to provide CATs-centered training to current activities directors. Creative arts therapists often provide workshops, whether at conferences or for hire on their own time. Kareen King offers a workshop entitled, "The Golden Experience" and is open to visiting LTC facilities to explain her philosophy and approach to activities programming (King, 2015b). As a part of a growing field, creative arts therapists are usually excited about sharing their knowledge and view of creativity with others. Anne Basting also offers training to become a certified TimeSlips facilitator (Basting, 2006), training current activities directors could use to their advantage. These types of training would help inform activities directors of the concepts of the CATs model, such as

utilizing ritualized structure, creating a failure-free environment, and emphasizing the creative process.

Another idea is to utilize the resource of local creative arts therapy students. An example of a successful art therapy program that did just this took place in Dayton, Ohio. The program combined the services of an art therapist with interns, who were studying art therapy at the local university, to benefit nursing home residents. Grant money was secured for the program, which allowed a part-time registered art therapist to supervise five art therapy interns. Together they provided 20 hours of art therapy services per week at two different facilities. The program provided an educational opportunity for the university interns, while saving money for the facilities through grant funding and the use of a part-time, rather than full-time, supervisor. The residents of the facilities experienced the following benefits from the program: enhanced socialization, increased self-esteem, and improved memory retrieval. The staff at both facilities found the program to be so valuable that they arranged to continue it after the conclusion of the pilot program (Ferguson & Goosman, 1991). The challenge is to connect LTC facilities with professionals who understand the power of the creative process, so that they can provide programming that benefits participants on a more fulfilling and meaningful level.

Conclusion

Programming in long term care facilities should not be approached as a space-filler, as a way to entertain residents for an hour at a time. By utilizing meaningful activity, such as creative engagement, programming in LTC can provide an opportunity to tap into the potential of each aging individual. As an activities director, I would view programming not as something that I provide for the residents, but as an opportunity to facilitate creative expression, which can lead to mastery, identity, connection, and meaning. It is my job to provide the safe space, the

group cohesion, the structure, and the adaptations necessary to facilitate the creative process. By approaching activities programming in long term care from a creative arts therapies perspective, I can help residents discover their own inner artist, engage in the creative process, and use this process to improve quality of life.

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