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### Sensory Interventions for Older Adults Living with Dementia

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## Sensory Interventions for Older Adults Living with Dementia

## A Recommendation Tool

Designed and developed by William Tigno

### About the Tool

This tool maps out existing literature on sensory interventions. It is based on a scoping review of the literature on sensory interventions. Our scoping review identified what interventions exist to produce particular outcomes, in particular contexts. It did not address effectiveness. As such, this tool will help you identify what others have done in a particular context, and to produce particular outcomes. It will not tell you which options are most effective. It allows users to select a sensory intervention that might be feasible in their context, produce outcomes that are relevant to them. Users are asked to answer a set of questions that help them decide which sensory interventions to consider.

### Index of Sensory Interventions Explored

- 1. Aromatherapy
- 2. Art Therapy
- 3. Light Therapy
- 4. Multi-component Therapy
- 5. Multisensory Room

- 6. Multisensory Therapy
- 7. Music Therapy
- 8. Nature Therapy
- 9. Touch Therapy

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This tool only works with the latest version of Adobe Acrobat Reader and Acrobat Pro.

Download Adobe Acrobat Reader Here

## What type of sensory intervention might work in my setting?

- 1. Answer each question by selecting one option. <u>Answer the questions as numbered as order is important to the tool.</u>
- 2. After answering all the questions, click the <u>Submit</u> button.
- 3. Click on the <u>Clear</u> button if you want to make changes to your answers.
- 4. The results will appear as buttons that lead you to a more detailed page about the recommended sensory intervention.

01. What type of setting are you in?	02. Who is this intervention targetted to?	03. Which outcome is most relevant to you?	Recommended Interventions
Assisted Living (e.g. Retirement Homes, Long-term Care Home)	Individuals	Behaviour	Aromatherapy
Community (e.g. Community Centres, Museums)	Groups	Physical (Heart Rate, Blood Pressure, or Cortisol Levels)	Art Therapy
<b>Day Program</b> (e.g. Adult Day Program)	Both	Cognition	Light Therapy
Private Residence (e.g. House, Apartment)		Psychological / Mood	Multi-Component Therapy
<b>Specialized Care</b> (e.g. Hospital Unit, Dementia Care Unit)		Movement / Mobility	Multisensory Room
		<b>Overall</b> (Quality of life, Well-being)	Multisensory Therapy
		Sleep	Music Therapy
			Nature Therapy
			Touch Therapy

## Aromatherapy

This involves applying essential oils to the body, or diffusing them into the air to breathe in. Common essential oils are: lavender, lemon balm, tea tree, sweet orange, and rosemary. Aromatherapy may work for those with reduced olfactory functioning, provided that the oil is applied topically.

### Location

**Assisted Living** 

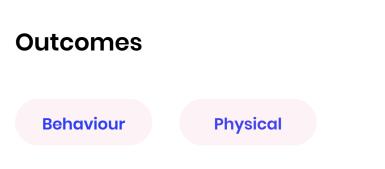
**Specialized Care** 

Aromatherapy is typically used in assisted living (e.g. retirement homes, long-term care) and specialized care (e.g. dementia care units, hospital units). This is because the therapy is often applied in the evening.

## **Target Population**



Aromatherapy is targeted to individuals. Either the oils are massaged onto the arms or back of an individual, or the diffuser is located in their room, near their bed.



The most common outcomes expected from aromatherapy are behavioural (e.g. reduced aggression, reduced wandering, etc.) and physical (e.g. lower heart rate, lower blood pressure, etc.)

## Art Therapy

This involves programming where people look at, handle, or create art. It is often combined with discussion about the art or artifacts. Art therapy can be tactile, visual, and auditory. Visual imagery combined with discussion may promote memory.

## Location

Community

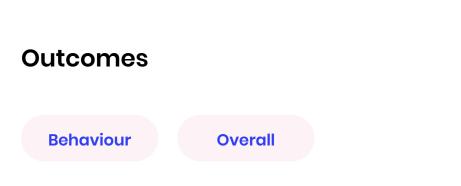
**Specialized Care** 

More than any other sensory intervention, art therapy is conducted in community settings (museums, art galleries, etc.). In some cases, art and art classes are brought into specialized care settings (e.g. dementia care units, hospital units).

## **Target Population**



Art therapy is typically conducted in groups because the programming often includes open discussion and group art classes/creation.



The most common outcomes measured in art therapy interventions are behavioural (e.g. reduced aggression, improved attention, etc.) and overall (e.g. improved well-being and improved quality of life).

# **Light Therapy**

This involves exposing people to bright lights or increasing their exposure to natural light. Light therapy is attractive in some settings because it is a "passive" intervention and does not necessarily require the active participation of target users.

### Location

**Assisted Living** 

Light therapy studies are almost always conducted in assisted living settings, likely because in these settings, the light can be most easily and consistently modified.

## **Target Population**



### Individuals

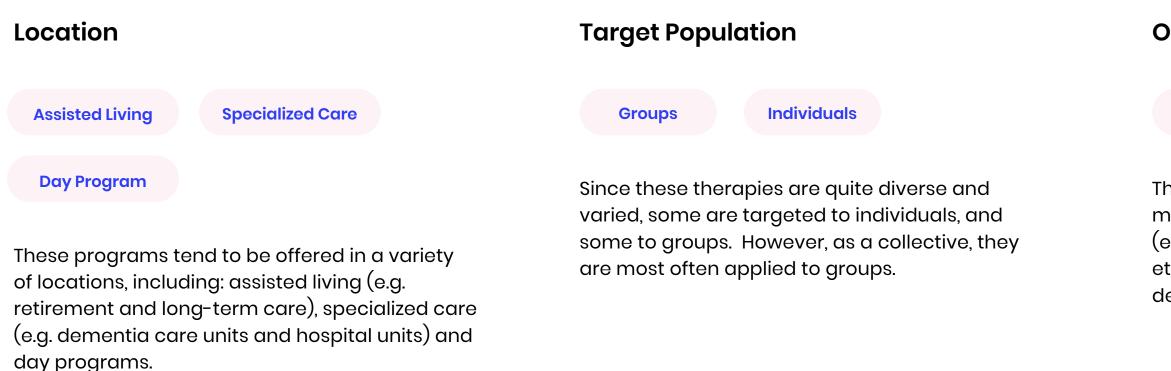
Light therapy is mostly targeted to individuals. However, large overhead lighting in heavily used communal areas has been used to help groups.



The most common and important outcome for light therapy is sleep. Light therapy can improve the quantity and quality of the user's sleep. Light therapy can also affect behaviour (e.g. confusion, aggression).

## Multi-component Therapy

This includes sensory therapy interventions applied in combination with other interventions designed to help people living with dementia. Popular combinations include: combining music with physical exercise programming, and combining multisensory therapy with motor stimulation. If an exercise component is part of your intervention, you might expect improved physical outcomes, such as heart rate and blood pressure. Adding a sensory component to an exercise program may increase engagement and participation.



## Outcomes



Psychological / Mood

The most common outcomes measured in multi-component interventions are behavioural (e.g. reduced aggression, improved attention, etc.) and psychological/mood (e.g. reduced depression, reduced anxiety).

## Multisensory Room

This is a specialized room that contains multisensory tools and equipment, such as fibreoptic lights, bubble tubes, and spray projectors. "Portable" multisensory rooms exist, where the equipment is loaded onto a cart and can be brought to people who are bed-bound.

## Location

**Assisted Living** 

**Specialized Care** 

Since this requires a dedicated room, it is most often implemented in assisted care (e.g. retirement and long-term care) and specialized care (e.g. dementia care units and hospital units).

## **Target Population**



Multisensory rooms are most often targeted to individuals. A caregiver (formal or informal) leads them through the various interactive components and works with them.

## Outcomes

**Behaviour** 

Movement / Mobility

The most common outcomes measured in multisensory room interventions are behavioural (e.g. reduced agitation, improved engagement, etc.) and psychological/mood (e.g. reduced depression, reduced anxiety).

## Multisensory Therapy

These are programs which expose users to two or more sensory stimulants (for example, videos which incorporate music, or aromatherapy combined with touch therapy). These programs are often intended to soothe and engage. They are diverse and flexible in their design and application. Most multisensory therapy programs in the literature are located in assisted living facilities (e.g. retirment homes, long-term care). However, many of the interventions in the literature are tested in multiple locations (e.g. hospitals, day programs, private residences). This is a testament to their flexibility and utility.

### Location

**Assisted Living** 

**Day Program** 

Most multisensory therapy programs in the literature are located in assisted living facilities (e.g. retirement homes, long-term care). However, many of the interventions in the literature are tested in multiple locations (e.g. hospitals, day programs, to private residences). This is a testament to their flexibility and utility.

## **Target Population** Outcomes Individuals Groups **Behaviour**

Multisensory therapy is often targeted to individuals, but it can also be done in groups, however, it is highly dependent on what the specifics of the program are. For example aromatherapy combined with touch therapy is targeted to individuals, while a video and music intervention could be targeted to either.

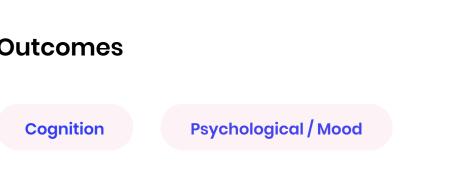
Psychological / Mood

The outcomes expected from a multisensory intervention are dependent on the specifics of the intervention. However, as a collective, they tend to target behavioural outcomes (e.g. aggression, wanderding) and psychological/ mood outcomes (e.g. anxiety, depression).

# **Music Therapy**

This includes listening to music, singing to music, and/ or playing instruments. Often songs that are familiar to the users are chosen to increase enjoyment and reminiscence. Music therapy interventions led by a trained music therapist also commonly measure physical outcomes (e.g. heart rate, cortisol levels).

Target Population	Ou
Individuals Groups	
Music therapy is most often conducted in arouns, although individual listening-only	Co cor
programs exist.	mu me
	Individuals Groups Music therapy is most often conducted in groups, although individual listening-only



Cognition and psychological/mood are the most common types of outcomes measured because music has been documented to improve memory and mood.

## Nature Therapy

These interventions include exposure to wander gardens, Zen gardens, English gardens, etc. They are natural multisensory rooms. Nature therapy is increasing in popularity. The type of garden used depends upon cultural salience.

## Location

**Assisted Living** 

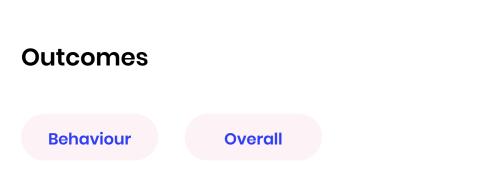
**Specialized Care** 

Since this requires a dedicated area, it is most often implemented in assisted care (e.g. retirement and long-term care) and specialized care (e.g. dementia care units and hospital units).

## **Target Population**



This therapy is easily applied to both individuals and groups. Often educational components are added to the intervention to enhance engagement.



The most common outcomes measured in nature therapy interventions are behavioural (e.g. reduced agitation, improved engagement, etc.) and overall (e.g. improved well-being and quality of life).

# **Touch Therapy**

Involves gentle touching of the hands or other parts of the body, such as shoulders, or simply holding hands over the body and "energetically" touching. This should not be confused with massage therapy. Specialized training is required to learn the method.



## Outcomes

**Behaviour** 

Psychological / Mood

The most common outcomes measured in touch therapy interventions are behavioural (e.g. reduced agitation, reduced aggression, etc.) and psychological/mood (e.g. reduced depression, reduced stress).