

# *Joining the Club Improves Communication & Memory in People with Dementia*

McConnell Place West - Edmonton, AB

Fall 2011, a group of masters students completing their practicums with Speech-language Pathology Consulting Services in Continuing Care, Alberta Health Services, began a trial lunch club, with a group of six residents living at McConnell Place West. The program was designed to increase independence in activities of daily living and



*The McConnell Place West lunch club (from left to right): Jean Creusot, Eve Zomer, Una Woodhead, Katherine Lahola, Rose Mackewetzky and Eleanor Scott.*

to improve social communication in people with dementia. The trial program was developed based on a study that examined the effectiveness of group communication treatment (Pietro & Boczko, 1998).

For six weeks, the six residents prepared, served, ate lunch and cleaned-up together during the group. A different staff member attended each session so that the lunch club, or

elements of the lunch club, might continue following the end of the trial.

People with dementia can still participate in many of the activities they did before having dementia, but may require accommodations to be made or the method of completing tasks to be altered. Some of the difficulties that people may have are with object recognition, visual-spatial skills, initiation of motor or communication tasks and decreased confidence. Loss of memory can also result in people with dementia forgetting what they were doing, their own intention, steps in a task, names of objects, the topic of a conversation, the beginning of a question and the answer or correction.

While conscious memory can be lost, routine motor memory can be maintained or trained and was developed through a variety of methods during the lunch club. Examples of this include cueing, which can include giving people choices vs. asking open ended questions (e.g. 'would you like raspberry or peach yogurt' vs. 'what kind of yogurt would you like'); hand-over-hand support (e.g. pouring coffee together); written key words for orientation and to reduce anxiety; labels (e.g. picture and word of 'eggs' on the fridge); supporting residents' decisions (e.g. slicing celery and serving as a side vs. putting it in the chili); validating residents' comments and feelings vs. correcting; using redirection; talking about here and now; reminiscing using long term memory (e.g. games played in childhood vs. games played yesterday); using residents' proper names (e.g. Jane vs. Sweetie).

In the beginning of the program, many of the residents required hand-over-hand support to complete motor tasks such as spreading butter, in addition most of the residents spoke directly to the students and would answer questions when asked. Near the conclusion of the six week trial, residents had improved in several of the areas the practicum students had been targeting. A few examples include: residents completing motor tasks independently or requiring only minimal cueing and residents speaking to each other, rather than primarily the students. Additionally, residents demonstrated increased ability to maintain a topic of conversation and formed or maintained relationships (e.g. comments such as 'we're all friends here' were noted) and residents' moods improved during and after the group (e.g. many were joking with each other and laughing). Other skills that were developed in this group were: problem solving (e.g. cleaning up spilled juice) and initiating helping other members of the group (e.g. cutting up meat for one another). Overall, the results were very positive and beneficial for everyone involved, because of this, staff have chosen to continue with the program.



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#### References

- Social care institute for excellence SCIE. (2009). eLearning: The Open Dementia Programme. Retrieved from <http://www.scie.org.uk/publications/elearning/dementia/index.asp>
- The Breakfast Club: Results of a study examining the effectiveness of a multi-modality group communication treatment (Peitro & Boczko, 1998)



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