A Hands-On Approach to Teaching About Aging

32 Activities for the Classroom and Beyond

Hallie E. Baker
Tina M. Kruger
Rona J. Karasik
A HANDS-ON APPROACH TO TEACHING ABOUT AGING
Hallie E. Baker, PhD, is Associate Professor, Psychology Department, Muskingum University. Dr. Baker supports traditional and nontraditional students through both face-to-face and online pedagogy as she teaches courses in psychology and the health sciences. Currently she teaches Adulthood and Aging, Adolescence and Young Adulthood, Lifespan Development, Introduction to Psychology, Social Gerontology, and Health Policy. She has taught Behavioral Statistics, Research Methods, and Sociology of the Family in recent years. Her research interests include online pedagogy, disability and aging, long-term care, research ethics, and the pedagogy of gerontology. Currently, Dr. Baker works to train her peers in the best practices in online teaching and works to improve the resources available for online students at Muskingum University. She is also a Licensed Social Worker in Ohio with past experience in geriatric social work.

Tina M. Kruger, PhD, is Associate Professor and Chair, Department of Multidisciplinary Studies, Indiana State University (ISU). Dr. Kruger developed an undergraduate Gerontology certificate program at ISU. She has taught Society and Aging, Health Promotion and Aging, Family Relationships, Health Biostatistics, and Research Methods and is active in several research projects. Dr. Kruger has been recognized for her teaching efforts through the Rising Star Junior Faculty Honor from the Association for Gerontology in Higher Education (AGHE) and the Faculty Outstanding Community Engagement Award from the College of Nursing, Health, and Human Services at ISU. Her research interests include health behaviors and aging, sustainability and aging, art and aging, and the pedagogy of gerontology. Her work includes several community-based participatory research studies related to physical and mental health, primarily conducted with residents of low resource areas.

Rona J. Karasik, PhD, is Professor and Director, Gerontology Program, St. Cloud State University, where she has taught since 1993. She is a Fellow of both AGHE and the Gerontological Society of America and received the AGHE Distinguished Teacher Award in 2010. Dr. Karasik is the author of several articles on intergenerational service-learning, internships, and gerontological education. Currently she teaches a wide range of courses, including Introduction to Gerontology, Health and Aging, Dementia, Aging and Community, and Housing and Transportation Options for Older Adults. Her research interests include gerontological pedagogy, experiential learning and community engagement, and specialized housing for older adults.
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Hallie E. Baker, PhD
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Editors

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Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com

Acquisitions Editor: Sheri W. Sussman
Compositor: diacriTech


Downloadable Worksheets are available to all readers at springerpub.com/baker
Worksheets ISBN: 978-0-8261-4921-3:

17 18 19 20 21 / 5 4 3 2 1

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Library of Congress Cataloging-in-Publication Data
Names: Baker, Hallie E., editor.
Title: A hands-on approach to teaching about aging : 32 activities for the classroom and beyond / Hallie E. Baker, PhD, Tina M. Kruger, PhD, Rona J. Karasik, PhD, editors.
Includes bibliographical references and index.
| ISBN 9780826149213 (worksheets)
Subjects: LCSH: Gerontology—Study and teaching (Higher)—Activity programs.
| Aging—Study and teaching (Higher)—Activity programs.
Classification: LCC HQ1061 .H3367 2018 | DDC 305.26071/1—dc23 LC record available at https://lccn.loc.gov/2017036060

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Printed in the United States of America.
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CONTRIBUTORS

Carrie Andreoletti, PhD  Professor of Psychological Science and Coordinator of Gerontology, Central Connecticut State University, New Britain, Connecticut

Monika Ardelt, PhD  Associate Professor of Sociology, University of Florida, Gainesville, Florida

Hallie E. Baker, PhD, LSW  Associate Professor, Muskingum University, New Concord, Ohio

Connie Beran, MSG  Registrar/Faculty, Concordia University, Texas; Concordia University Nebraska (Adjunct); University of Indianapolis Center for Aging and Community (Adjunct), Austin, Texas.

Cheryl Bouckaert, MSN, RN  Assistant Professor of Nursing, Nebraska Methodist College, Omaha, Nebraska

Pamela Pitman Brown, PhD, CPG  Assistant Professor of Sociology, Albany State University, Albany, Georgia

Jacquelyn Browne, PhD, LCSW  Director, Master of Arts in Gerontology, Nova Southeastern University, Fort Lauderdale, Florida

Maria Claver, PhD, MSW  Associate Professor, California State University, Long Beach, California

Eleanor Krassen Covan, PhD  Professor Emerita, University of North Carolina Wilmington, North Carolina

K. Jason Crandall, PhD, ACSM-CEP  Associate Professor, School of Kinesiology, Recreation, and Sport, Western Kentucky University, Bowling Green, Kentucky
Filipa Cunha, MS  Psychologist, Inspiring Future Association, Lisbon, Portugal

Sharon A. DeVaney, PhD  Professor Emeritus, Purdue University, and Editor, *Family & Consumer Sciences Research Journal*

Susan Dillmuth-Miller, AuD, CCC-A  Assistant Professor, East Stroudsburg University, East Stroudsburg, Pennsylvania

Mary C. Ehlman, PhD, CHES, HFA  Associate Professor of Gerontology—College of Nursing and Health Professions, Director, Center for Healthy Aging and Wellness, University of Southern Indiana, Evansville, Indiana

Kimberly S. Farah, PhD  Professor, Lasell College, Newton, Massachusetts

Rachel Filinson, PhD  Professor of Sociology and Gerontology Coordinator, Rhode Island College (Gerontology Center at RIC), Providence, Rhode Island

Elizabeth Fugate-Whitlock, PhD  Lecturer, University of North Carolina Wilmington, North Carolina

Filomena Gerardo, PhD  Researcher, Instituto Universitário de Lisboa (ISCTE-IUL) and University of Paris, Lisbon, Portugal

Casey Goeller, MS, MA  Lecturer, California State University, Long Beach, California

Phyllis A. Greenberg, PhD, MPA  Associate Professor, St. Cloud State University, St. Cloud, Minnesota

Elena Ionescu, MS  Lecturer, California State University, Long Beach, California

Rona J. Karasik, PhD  Professor and Director, Gerontology, St. Cloud State University, St. Cloud, Minnesota

Kyoko Kishimoto, PhD  Professor, Ethnic and Women’s Studies, St. Cloud State University, St. Cloud, Minnesota

Lisa Knecht-Sabres, DHS, OTR/L  Associate Professor, Midwestern University, Downers Grove, Illinois

Tina M. Kruger, PhD  Associate Professor, and Chair, Department of Multidisciplinary Studies, Indiana State University, Terre Haute, Indiana

Sibila Marques, PhD  Assistant Professor, Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisbon, Portugal

Jennifer Mendez, PhD  Director Co-Curricular Programs & Assistant Professor, Wayne State University School of Medicine, Detroit, Michigan

Joana Mendonça, MS  PhD Candidate, Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisbon, Portugal
Joann M. Montepare, PhD  Director, Center for Research on Aging and Intergenerational Studies Professor of Psychology, Auburndale, Massachusetts

Kelly Niles-Yokum, PhD, MPA  Associate Professor, Director, Gerontology Program, University of La Verne, La Verne, Georgia

Preeya Prakash, BA  Year 3 Medical Student, Wayne State University School of Medicine, Detroit, Michigan

Ricardo Borges Rodrigues, PhD  Researcher and Invited Assistant Professor, Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisbon, Portugal

Heather R. Rodriguez, PhD  Assistant Professor of Sociology, Central Connecticut State University, New Britain, Connecticut

Elaine M. Shuey, PhD, CCC-SL  Professor, Department of Communication Sciences & Disorders, East Stroudsburg University, East Stroudsburg, Pennsylvania

Nina M. Silverstein, PhD  Professor of Gerontology, University of Massachusetts Boston

Colleen Steinhauser, MSN, RN-BC, FNGNA  Assistant Professor of Nursing, Nebraska Methodist College, Omaha, Nebraska

Sasha Stine, MS  Year 3 Medical Student, Clinical Volunteer Opportunities Coordinator, Wayne State University School of Medicine, Detroit, Michigan

April Temple, PhD, NHA  Associate Professor, James Madison University, Harrisonburg, Virginia

Christin-Melanie Vauclair, PhD  Researcher, Instituto Universitário de Lisboa (ISCTE-IUL), CIS-IUL, Lisbon, Portugal

Minetta Wallingford, DrOT, OTR/L  Associate Professor, Midwestern University, Downers Grove, Illinois

Russell J. Woodruff, PhD  Associate Professor of Philosophy, St. Bonaventure University, St. Bonaventure, New York
Welcome! If you are looking for innovative ways to incorporate aging content into your courses, trainings, and workshops for students or professionals, you have come to the right place. The activities found within offer hands-on approaches to engage students of all backgrounds—from social workers to family caregivers, medical students to demographers, nurses to community planners, personal care attendants to students in introduction to gerontology courses. These faculty-tested, peer-reviewed educational activities cover topics ranging from physical aging, media, and demographic portrayals of older adults to disaster planning, public policy, and diversity among older adults.

This collection started as a conversation at the 41st Annual Meeting and Educational Leadership Conference of the Association for Gerontology in Higher Education (AGHE), held in Nashville, Tennessee, in 2015. As we reflected on some of the challenges inherent in teaching about aging and older adults, each of us recalled strategies we used and wanted to share or activities that our peers used with their students or professionals. We agreed it was time to organize a collection of activities spanning multiple topics within the field of aging from a variety of disciplines.

During the fall of 2015, a call for activities went out through AGHE and other sources. The result was astounding. Thanks to 12 wonderful peer reviewers, we were able to review, revise, and finally accept 32 unique and interesting activities for inclusion in the book. The end result is the educational resource book before you now.

Each activity in this collection comes with detailed instructions, basic background information, a materials list, and an explanation of how the specific content aligns with one or more of the AGHE competencies for undergraduate and graduate education in gerontology (www.aghe.org/images/aghe/competencies/gerontology_competencies.pdf). Additionally, all royalties from this book benefit
the AGHE and its mission to “foster the commitment of higher education to the field of aging through education, research, and public service” (AGHE, retrieved 2016 from www.aghe.org). We are proud to support this wonderful organization. If you are unfamiliar with AGHE, we encourage you to find out more about it.

Hallie E. Baker
Tina M. Kruger
Rona J. Karasik

As an aid to using the activities included in this book, all forms and work sheets have been made available as PDFs that can be completed digitally or printed for distribution. To download this supplemental material, go to www.springerpub.com/baker.
The editors would like to thank the following reviewers for contributing to the development of this book:

- **Carrie Andreoletti, PhD** Professor of Psychological Science and Coordinator of Gerontology, Central Connecticut State University, New Britain, Connecticut
- **Pamela Pitman Brown, PhD, CPG, FAGHE** Assistant Professor of Sociology, Albany State University, Albany, Georgia
- **Elisabeth O. Burgess, PhD** Director, Gerontology Institute, Associate Professor of Gerontology and Sociology, Georgia State University, Atlanta, Georgia
- **Christine Ferri, PhD** Associate Professor of Psychology, Stockton University, Galloway, New Jersey
- **Janet C. Frank, MSG, DrPH** Adjunct Associate Professor, Faculty Associate, UCLA Center for Health Policy Research, UCLA Fielding School of Public Health, Los Angeles, California
- **Kristina Hash, LICSW, PhD** Professor and Director, Gerontology Certificate Program, School of Social Work, West Virginia University, Morgantown, West Virginia
- **Joann M. Montepare, PhD** Professor of Psychology, Lasell College, Newton, Massachusetts
- **Anabel Pelham, PhD** Professor Emerita, Gerontology, San Francisco State University President, National Association for Professional Gerontologists, Founding Director, CAFÉ Center for Age-Friendly Excellence, Los Altos Community Foundation, Los Altos, California
- **Amy J. Plant, MA, CDP, CPG** Adjunct Faculty Instructor, Research and Consulting Associate, Youngstown State University, Youngstown, Ohio
- **Nina M. Silverstein, PhD** Professor, University of Massachusetts Boston

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• **Jim Tift, MA**  Assistant Professor, Interprofessional Education, St. Catherine University, St. Paul, Minnesota

• **Andrea Gossett Zakrajsek, OTD, OTRL**  Associate Professor & Aging Studies Program Director, Eastern Michigan University, Ypsilanti, Michigan

The editors would also like to thank the following individuals for their contributions in editing and supporting the development of this book: **Troy Gray, Elena Hafner, and Jennifer Kruger.**
Share

A Hands-On Approach to Teaching About Aging: 32 Activities for the Classroom and Beyond
If media (TV, commercials, magazines, advertisements, etc.) portrayed an accurate picture of society, we would expect to see relatively few people of color, working class or lower class individuals and families, and certainly few older adults (particularly any with disabilities) in the real world. Media portrayals of aging are far from accurate though, with older adults being vastly underrepresented and the diversity of the aging experience being virtually nonexistent (Vickers, 2007).

Typical students in college classes (those age 18–24) are exposed to an average of 58.78 hours of media (TV, radio, TV-connected devices like console games or DVDs, personal computers, smartphones, or tablets) per week, according to the fourth quarter Nielsen Company (2015) Comparable Metrics Report (and the numbers are even higher in older age groups). Cultivation theory (Gerbner & Gross, 1976) posits that the more TV people watch, the more they come to believe that TV’s portrayal of society is realistic and accurate. Thus, many students in college classrooms are likely to believe the misrepresentation (and underrepresentation) of older adults conveyed through various media sources.

Milner, Van Norman, and Milner (2012) describe four types of ageism (personal, institutional, intentional, and unintentional), explaining how media perpetuates ageism in a variety of ways. They go on to describe various negative outcomes for older adults who are exposed to such negative portrayals of aging, including decreases in physical and cognitive performance, heightened stress responses, lower likelihood of engaging in health promoting behaviors, and reduction in life
expectancy (among other outcomes). Younger people exposed to such messages are more likely to fear aging and older adults, treat older people with contempt, and perpetuate microaggressions against older adults. A recent article on the *Huffington Post* (Brenoff, 2015) highlights various ways people (both young and old) undermine the value of aging in our society and propagate ageism.

**AGEISM AND AGING EDUCATION EXERCISES**

To facilitate learning about aging, we as teachers must first tear down these beliefs students (and ourselves) have internalized through years of exposure to inaccurate media representations of aging. The activities presented in this chapter help to do just that.

Activity 2.1, Aging as Portrayed in Children’s Picture Books, challenges students to think critically about the earliest messages people receive about aging. By examining representations of aging in picture books, students begin to see how early negative or inaccurate messages about aging are conveyed to children.

Similarly, through Activity 2.2, Aging in the Movies, students examine the ways in which aging is portrayed in various popular films, again critically reviewing the accuracy of those portrayals and the impact movies have on viewers’ beliefs. In Activity 2.3, imAGES: Intervention Program to Prevent Ageism in Children and Adolescents, students work in multigenerational groups to examine sources and contents of their beliefs about aging and work together to generate an awareness campaign about aging to disseminate locally. This activity promotes efforts to confront inaccurate beliefs held by people of multiple generations and develop messages to counter ageism.

Activity 2.4, Examining the Social Clock Through YouTube, facilitates challenges to the idea that there is a “typical” path people follow through life, highlighting the facts that people over 60 maintain active and satisfying sex lives and that childbirth is not the sole province of 20-, 30-, or even 40-, or 50-somethings. Together or individually, these activities should foster critical self-reflection, intense discussion, and, ideally, reduction of ageist beliefs among participants.

**REFERENCES**


ACTIVITY 2.1 AGING AS PORTRAYED IN CHILDREN’S PICTURE BOOKS

Pamela Pitman Brown

ACTIVITY INFORMATION

Type

- X In class
- _____ Online
- X Take home
- X In community

Difficulty

- X Introductory
- X Intermediate
- _____ Advanced

OVERVIEW

Images and suggestions, whether through art, literature, or other media, push stereotyping/ageism into the forefront of our accumulated knowledge base of older adults. Children’s books play a critical role within socialization of children toward cultural norms and expectations. Picture books are often the first books children see and have read to them. Research has previously indicated that picture books provide gendered stereotyping, and age stereotyping/ageist attitudes, as well as biases toward older adults. Stereotypes are “learned, widely shared, socially validated general beliefs about categories of individuals. While usually inaccurate, they are widely shared as truth and are very powerful” (Turner-Bowker, 1996, p. 461). Stereotyping of older adults is often in relation to older adults’ memory, their physical abilities/appearance, their taste in clothing, their skill sets, and what grandmothers/grandfathers do with their “free” time.

KEY TERMS

Ageism
Stereotyping

ACTIVITY LEARNING GOALS

Following this activity, students should be able to . . .

• Critique and analyze a children’s picture book based upon ageist stereotypes of older adults.
• Relate the author’s words and the artist’s drawings to common stereotyping of older adults.
• Synthesize suggestions to the author/artist to combat the ageism or stereotypes of the older adults portrayed within the story.

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES

• Develop comprehensive and meaningful concepts, definitions, and measures for well-being of older adults and their families, grounded in humanities and arts.
• Develop a gerontological perspective through knowledge and self-reflection.
• Critique and analyze assumptions, stereotyping, prejudice, and discrimination related to age (ageism) at both personal and public levels.
• Analyze how older individuals are portrayed in public media and advocate for more accurate depictions of the diverse older population using research-based publications and multi-media dissemination methods.

MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS

• 5 to 50

TIME NEEDED TO IMPLEMENT ACTIVITY

• 1 week

SETTING(S)

• Library
• Classroom

MATERIALS

Required
• Children’s picture books from library

Optional
• Bring children’s picture books that you have previously selected to use during class.
• Examples of excellent age-friendly books can be found at the following links:
  ○ http://library.lmunet.edu/booklist
  ○ www.aghe.org/publications/books-for-k-primary-students

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PROCEDURES

Preparation

Students should have covered ageism and stereotyping of older adults prior to the activity. If students are to select the books, prepare them for the visit to the library by discussing what they will need to search for in the children’s book section (see the introduction script). It is usually a good idea to call ahead, notifying the librarian that the class will be searching for picture books, and ask that a librarian be available for assistance. Do not tell the students exactly what the activity will consist of as prior activities have shown that students will find books that include almost no older adults, or they will find one that they do not find offensive (or go with their old standby favorite).

Introduction

(SCRIPT): Today we will be searching for a children’s picture book that has older adults featured in the text and in the pictures. I would like for you to search for a book that you think will interest you. Do not read the book ahead of time, but you may glance at the pictures to give you an idea of whether you would like the story or not. When you have completed your search, you should immediately check the book out, complete your book information slip, and turn it in to me (see Appendix 2.1A for Book Information Slips).

After the student hands in the Book Information Slip, hand the student the Activity Sheet to complete for homework (see Appendix 2.1B for Activity Sheet).

Activity

Students will complete the Activity Sheet at home as homework and then will return to class during the next class period to share their book and findings either with the class as a whole (if the class is small) or with a small group if the class is larger.

Discussion/Reflection

Students are allowed to make changes to their Activity Sheets if they choose after having discussed the book/findings with their peers.

Wrap-Up

Go around the room and have each student tell one thing learned from this activity or one thing that was similar among the books of their group. Also ask the students whether they enjoyed the activity and why, as well as what they liked/disliked about the activity.

Assessment

Students will turn in their Activity Sheet for a grade. I use this as a critical thinking piece, and offer between 25 and 50 points for the activity (see Appendix 2.1C for Rubric).

REFERENCE

APPENDIX 2.1A: BOOK INFORMATION SLIPS

BOOK INFORMATION SLIP:
Name: ______________
Name of Book: __________________________________________
Author(s): _______________________________________________
Artist(s): _______________________________________________  

BOOK INFORMATION SLIP:
Name: ______________
Name of Book: __________________________________________
Author(s): _______________________________________________
Artist(s): _______________________________________________  

BOOK INFORMATION SLIP:
Name: ______________
Name of Book: __________________________________________
Author(s): _______________________________________________
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Artist(s): _______________________________________________  

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BOOK INFORMATION SLIP:

Name: ____________________
Name of Book: ___________________________________
Author(s): _______________________________________
Artist(s): _______________________________________
APPENDIX 2.1B: ACTIVITY SHEET: CHILDREN’S PICTURE BOOK

Name: ____________________

Activity Sheet: Children’s Picture Book

Name of Book: ____________________

Author(s): ____________________

Artist(s): ____________________

Characters in the book (include relationships/approximate ages).

Write a synopsis of the plot/storyline of the book (one to two paragraphs).

Write about the roles of the older adults.

**Author:**
What stereotyping/ageism do you see within the text of the book?
Relate the author’s words to common stereotyping of older adults.
From your list of stereotypes from the previous question, synthesize suggestions to
the author to combat the ageism or stereotypes of the older adults portrayed within
the story.
Integrate what we discussed in our textbook/class on ageism and stereotyping.

**Artist:**
What stereotyping/ageism do you see within the pictures of the book?
Relate the artist’s drawings to common stereotyping of older adults.
From your list of stereotypes from the previous question, synthesize suggestions to
the artist to combat the ageism or stereotypes of the older adults portrayed within
the story.
Integrate what we discussed in our textbook/class on ageism and stereotyping.
Name: ___________________
Name of Book: ___________________
Author(s): ___________________
Artist(s): ___________________

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<thead>
<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Book Choice</strong></td>
<td>Book meets/exceeds criteria, including older adults featured prominently in the text/pictures.</td>
<td>Book meets criteria, including older adults in the text/pictures.</td>
<td>Book somewhat meets criteria, with at least one older adult in the text/pictures.</td>
<td>Book has an older adult in either the text or the picture.</td>
<td>Book has no older adults in text or pictures.</td>
</tr>
<tr>
<td><strong>Characters in the Book</strong></td>
<td>Student meets/exceeds criteria and lists all characters in the book, as well as includes relationships/approximate ages.</td>
<td>Student meets criteria and lists most of the characters in the book, as well as includes most of the information on relationships/ages.</td>
<td>Student somewhat meets criteria and lists most of the characters in the book, but has little information on relationships/ages.</td>
<td>Student lists some characters but no information on relationships/ages.</td>
<td>Student fails to list characters and provides no information on relationships/ages.</td>
</tr>
<tr>
<td><strong>Synopsis</strong> (one to two paragraphs)</td>
<td>Student writes one to two paragraphs, with full controlled explanation of plot/storyline. Includes specific details.</td>
<td>Student writes one to two paragraphs, but does not capture plot or storyline sufficiently.</td>
<td>Student writes one paragraph synopsis (five sentences/more). Incomplete work.</td>
<td>Student writes less than one paragraph synopsis (fewer than four sentences).</td>
<td>Student fails to write synopsis of plot/storyline.</td>
</tr>
<tr>
<td>Roles of the Older Adult</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Student discusses adult(s) character(s) role (e.g., grandmother/grandfather, teacher), and interaction within story line. Clarity of meaning.</td>
<td>Student discusses adult(s) character(s) role (e.g., grandmother/grandfather, teacher), but fails to integrate fully with storyline.</td>
<td>Student discusses adult(s) character(s) role (e.g., grandmother/grandfather, teacher) only.</td>
<td>Student fails to discuss adult character’s(‘) role(s).</td>
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<tr>
<td>Student clearly states stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and synthesizes to text using specific examples/details to fully address question. Uses page numbers of book/text.</td>
<td>Student states a few examples of stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and relates to text using limited examples/details to answer question.</td>
<td>Student states an example of stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and fails to relate to text.</td>
<td>Student lists author’s words to describe stereotyping/ageism.</td>
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<td>Author</td>
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<td>Student clearly states stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and synthesizes to text using specific examples/details to fully address question. Uses page numbers of book/text.</td>
<td>Student states stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and relates to text using limited examples/details to answer question.</td>
<td>Student states an example of stereotyping/ageism within the text of the book, relays author’s words to describe stereotyping/ageism, and fails to relate to text.</td>
<td>Student lists author’s words to describe stereotyping/ageism.</td>
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<td>Artist</td>
<td>Student clearly states visualized stereotyping/ageism within artist’s drawings, relates artist’s drawings to common visual stereotyping/ageism, and synthesizes suggestions to artist for overcoming visual stereotyping/ageism. Uses page numbers of book/text.</td>
<td>Student states visualized stereotyping/ageism within artist’s drawings, relates artist’s drawings to common visual stereotyping/ageism, and synthesizes suggestions to artist for overcoming visual stereotyping/ageism.</td>
<td>Student states one to two examples of stereotyping/ageism within artist’s drawings, limited information given to relate artist’s drawings to common visual stereotyping/ageism, and offers limited suggestions to artist for overcoming visual stereotyping/ageism.</td>
<td>Student states one to two examples of stereotyping/ageism within artist’s drawings, limited information given to relate artist’s drawings to common visual stereotyping/ageism, and offers limited suggestions to artist for overcoming visual stereotyping/ageism.</td>
<td>Student states one to two examples of stereotyping/ageism within artist’s drawings, gives no information to relate artist’s drawings to common visual stereotyping/ageism, and offers no suggestions to artist for overcoming visual stereotyping/ageism.</td>
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<tr>
<td>Mechanics/Conventions</td>
<td>Student’s writing has clear, correct simple/complex/compound sentences with correct punctuation. No errors.</td>
<td>Student’s writing has clear, correct simple/complex/compound sentences with correct punctuation. One to three errors.</td>
<td>Student’s writing has limited, correct simple sentences with correct punctuation. One to three errors.</td>
<td>Student’s writing has limited, correct simple sentences with correct punctuation. Four or more errors.</td>
<td>Student’s writing has numerous errors in both usage and mechanics, with sentence fragments. Errors interfere with meaning.</td>
</tr>
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</table>
ACTIVITY INFORMATION

Type

_____ In class
_____ Online
X Take home
_____ In community

Difficulty

X Introductory
_____ Intermediate
_____ Advanced

OVERVIEW

Despite an aging demographic, older adults are consistently underrepresented in popular media, including television and movies. For example, although people age 65 and above represent about 13% of the population, this group accounts for fewer than 2% of prime-time television characters (Dahmen & Cozma, 2009). Furthermore, the media often portrays older adults in a negative light, reinforcing age-based stereotypes of dependence, decline, incompetence, and worthlessness, with women being particularly vulnerable to ageism and ageist roles (Dahmen & Cozma, 2009). Even when aging is portrayed in a seemingly positive manner, the media often depicts an unrealistic image of older adults who have defied the aging process (Milner, Van Norman, & Milner, 2012). Given the portrayal of older people in the mass media is predominately negative, this exposure perpetuates ageist attitudes and stereotypes within society and impacts the views older people have of themselves, even contributing to worsening health and functional decline (Dahmen & Cozma, 2009; Milner et al., 2012). Although realistic images of aging in the media are beginning to emerge, a more balanced approach toward the portrayal of the challenges and successes of aging is needed.

The purpose of this activity is for students to identify and evaluate the depiction of older adults and/or the aging process as presented in popular movies. Students use critical thinking skills to recognize relevant gerontological concepts as well as analyze whether the content was accurately portrayed based on content knowledge. This activity also contributes to an overall understanding of ageism and stereotypes in the mass media. It is a well-received activity particularly in undergraduate, introductory gerontology courses.
KEY TERM
Ageism

ACTIVITY LEARNING GOALS
Following this activity, students should be able to . . .

• Identify relevant gerontology concepts from a selected movie.
• Substantially relate the concepts presented in the movie to course content (e.g., in lectures, textbook readings, and/or outside research).
• Evaluate whether concepts were accurately portrayed in the movie based on learned information.

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES

• Utilize gerontological frameworks to examine human development and aging.
• Relate biological theory and science to understanding senescence, longevity, and variation in aging.
• Relate psychological theories and science to understanding adaptation, stability, and changes in aging.
• Relate social theories and science of aging to understanding heterogeneity, inequality, and context of aging.
• Develop comprehensive and meaningful concepts, definitions, and measures for well-being of older adults and their families, grounded in humanities and arts.
• Distinguish factors related to aging outcomes, both intrinsic and contextual, through critical thinking and empirical research.
• Develop a gerontological perspective through knowledge and self-reflection.

MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS
This activity works best in small to moderate class sizes up to approximately 60 students.

TIME NEEDED TO IMPLEMENT ACTIVITY
As a take home activity, students view the movie and complete the writing assignment outside of class time. It may take approximately 1 hour of class time to provide a contextual background of aging in the media and to explain the guidelines for the activity (see Appendix 2.2). Upon completion of the activity, the instructor may also wish to use a class meeting to facilitate a discussion of the gerontology concepts identified in the movies and the portrayal of older adults and/or the aging process in television/film.

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SETTING(S)

Students complete the assignment on their own time outside of class. The initial introduction of the activity and final reflection occur within class meeting(s).

MATERIALS

Required


PROCEDURES

Preparation

To prepare for this activity, instructors will need to become familiar with the movies included on the approved list. Instructors may also wish to adapt the list of movies according to certain themes or topics that are particular to a specific gerontology course (such as only movies that pertain to a Psychology of Aging course). The instructor should review the relevant content sources listed at the end of this activity to gain a general overview of ageism and the portrayal of older adults in the media. Last, the instructor will need to review and potentially adapt the assignment guidelines included in Appendix 2.2.

Introduction

It should take approximately 30 minutes to 1 hour to introduce the activity. The introduction should include a brief contextual background of ageism and aging in the media (see content sources listed at the end of this activity). The instructor should also discuss and review the objectives of the activity and the guidelines and evaluation criteria of the written assignment (see Appendix 2.2).

Activity

For this activity, students are first instructed to view a movie from the approved list (or others as approved in advance by the instructor) outside of class time. Most movies are available to borrow through the university or local library or as an inexpensive rental through services such as Amazon Instant Video or Netflix.

While viewing the movie, students need to identify the two to three most salient gerontology concepts presented in the movie (e.g., physical changes in aging, death and dying, caregiving, long-term care, dementia, retirement, sexuality).
After viewing the movie, each student will write a short, four- to five-page paper that relates two to three gerontology concepts presented in the movie to what the student has learned about those topics from class lectures, readings from the textbook, and/or outside research. The paper should also include a discussion of whether these concepts were accurately portrayed in the movie based on learned material.

Sample instructions for students are included in Appendix 2.2.

Discussion/Reflection
Upon submission of the activity, the instructor may wish to use a class meeting to facilitate a discussion and evaluation of the gerontology concepts identified in select movies. This discussion could take the form of a larger class discussion or students could be put into smaller groups based on shared movies. Discussion questions could include,

• What were the salient course topics identified in each movie?
• For each concept, was it accurately portrayed in the movie? If not, what content was lacking or misrepresented?
• How could the movie have captured a more realistic view of the topic(s)?
• Did the movie depict age-based stereotypes and/or ageism?
• What influence may this movie have on the audience’s perspective of aging/older adults?

Wrap-Up
In addition to the discussion/reflection described earlier, the instructor can wrap-up the activity by relating the assignment more broadly to the portrayal of older adults and/or aging in the media as well the implications of age-based stereotypes. See Appendix 2.2 for suggested content sources.

Follow-Up
By reading individual student papers, the instructor will be able to grasp whether students have a solid understanding of various gerontology concepts. Individual follow-up with students can be conducted by providing feedback on their papers. If there are common misconceptions or misinformation across several papers, the instructor has the opportunity to provide clarification to the whole class.

Assessment
The topics of individual papers will vary depending upon the movie selected and the gerontology concepts identified within each movie. A sample grading rubric based on the Association of American Colleges and Universities (2009) *Critical Thinking VALUE Rubric* can be used.
REFERENCES


APPENDIX 2.2: AGING IN THE MOVIES—ASSIGNMENT SHEET

AGING IN THE MOVIES: SAMPLE GUIDELINES FOR STUDENTS

The objectives of this assignment are to: (a) identify relevant gerontology concepts from a selected movie; (b) substantially relate the concepts presented in the movie to course content (in lectures, textbook readings, and/or outside research); and (c) evaluate whether concepts were accurately portrayed in the movie based on information learned in the course.

The following popular movies illustrate real life issues faced by older adults that are covered in this gerontology course, including physical changes in aging, death and dying, utilization of long-term care, caregiving, dementia, retirement, and sexuality. Select one of the following approved movies to view on your own time outside of class: Driving Miss Daisy (1989), About Schmidt (2002), Away From Her (2006), The Notebook (2004), Fried Green Tomatoes (1991), The Bucket List (2008), Calendar Girls (2003), The Curious Case of Benjamin Button (2008), UP (2009), Hope Springs (2012), R.E.D. (2010), The Best Exotic Marigold Hotel (2012), In Her Shoes (2005), Still Alice (2015), and The Intern (2015). Other movies may be selected if approved by the instructor in advance.

The final outcome of this assignment is a four- to five-page paper that identifies, relates, and discusses gerontology concepts within the selected movie to material learned in the course. The paper must include the following:

• Identify two to three of the most salient gerontology concepts in the selected movie.
• For each concept or topic identified, provide a contextual background that describes how it was depicted in the movie.
• Substantially relate each concept or topic to course content using evidence from lectures, textbook readings, and/or outside research. Do not simply summarize the movie but rather integrate specific learned material to demonstrate a sophisticated understanding of each concept. Be sure to include appropriate in-text citations and a full reference page.
• Evaluate whether or not each concept was accurately portrayed in the movie based on content knowledge.
ACTIVITY 2.3 IMAGES: INTERVENTION PROGRAM TO PREVENT AGEISM IN CHILDREN AND ADOLESCENTS
Sibila Marques, Christin-Melanie Vauclair, Ricardo Borges Rodrigues, Joana Mendonça, Filomena Gerardo, and Filipa Cunha

ACTIVITY INFORMATION
Type

- [X] In class
- [ ] Online
- [X] Take home
- [ ] In community

Difficulty

- [ ] Introductory
- [X] Intermediate
- [ ] Advanced

OVERVIEW
The imAGES intervention program was originally developed for children and adolescents in the K-12 group. Nevertheless, it may also be extended to undergraduate students, with some adaptations to make the activities more interesting for this age group. Additionally, the intergenerational activities foreseen in this intervention program rely on the voluntary collaboration of active adults over 60 years old.

The term ageism refers to generalized negative opinions, attitudes, and practices toward individuals based solely on their age (Nelson, 2002). Evidence shows that older people are special targets of this type of negative evaluation (Marques, 2011; Marques, Lima, Abrams, & Swift, 2014; Marques et al., 2015). Ageism has negative consequences for older people, affecting their mental and physical capabilities (Levy, 1996; Whitbourne & Sneed, 2002).

Age is a fundamental dimension along which children organize their perceptions of people in their social world (Lewis & Brooks-Gunn, 1979). Children’s perceptions of older adults tend to be negative: children as young as 3 years old have been found to have negative ideas about older people (e.g., Middlecamp & Gross, 2002). When comparing older to younger adults, children report preferring to spend time with younger people (Seefeldt, 1987) and present negative views of aging, classifying older people as helpless, stubborn, and senile (Pinquart, Wenzel, & Sörensen, 2000). There is also evidence showing that this preference prevails...
throughout adolescence and adulthood (e.g., Falchikov, 1990; Levy, 2003; Marques et al., 2014). Emphasizing the great diversity that exists within the older population, for example, by presenting information that contradicts what is usually expected from this group, can be an effective way to change such stereotypical perceptions (Garcia-Marques & Mackie, 1999). Similarly, intervention programs aiming to promote intergenerational contact between younger and older individuals are promising strategies to counter ageist beliefs and behaviors (Pettigrew & Tropp, 2006).

ACTIVITY LEARNING GOALS

Following this activity, students should be able to . . .

• Understand the interindividual diversity within the group of older people.
• Apply positive behavioral intentions when interacting with older people.

ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES

• Promote quality of life and positive social environment for older persons.
• Employ and design programmatic and community development with and on behalf of the aging population.
• Engage in research to advance knowledge and improve interventions for older persons.
• Develop a gerontological perspective through knowledge and self-reflection.

MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS

• Learning sessions: one class of 20 to 30 students.
• Contact session: one class of 20 to 30 students and the same number of older adults.

TIME NEEDED TO IMPLEMENT ACTIVITY

• First learning session: 1 hour and 15 minutes
• Second learning session: 45 minutes
• Contact session: 1 hour and 15 minutes

SETTING(S)

• Learning sessions: classroom with chairs.
• Contact session: classroom with several tables with chairs around them, where younger and older participants should be seated by teams, alternating by age: younger, older, younger, older, and so on.
MATERIALS

Required

- For the two learning sessions: computer, slideshow, whiteboard, markers, worksheet, identification cards, characters’ masks, homework sheet, pretest questionnaire, posttest questionnaire.
- For the contact session: computer, slideshow, whiteboard, markers, worksheet, blank posters, handwork materials (such as color pencils, markers, scissors, glue, and cardboards), posttest questionnaire, a light snack.

PROCEDURES

Introduction

The imAGES intervention program to prevent ageism in children and adolescents is based on a theoretical model comprising the main factors referred to in the literature as having influence in changing negative stereotypes (Figure 2.1).

![Theoretical Model of the imAGES Intervention Program](image)

Figure 2.1 Theoretical Model of the imAGES Intervention Program.

Studies suggest that learning about the out-group, that is, acquiring new and positive information about its members and creating affective ties, for example, when engaging in conversations and activities that foster emotional closeness, results in less negative perceptions about discriminated groups (Pettigrew & Tropp, 2006).

Perspective taking, that is, assuming the perspective and role of other people, counters stereotypical perceptions by allowing one to realize what it is like to be the object of discrimination, as well as the positive characteristics and experiences of others (Galinsky & Moskowitz, 2000).

Positive intergroup contact has been shown to be effective in decreasing prejudice, as it has the potential to increase perspective taking and affective ties between groups, leading to more positive views regarding the other group (Kenworthy, Turner, & Hewstone, 2005).

Exposure to counter-stereotypical information is another effective method to challenge stereotypes. For example, presenting examples that contradict what is usually expected in a group has been shown to result in a more individualized view
of its members, by giving the idea that not everyone is alike (Garcia-Marques & Mackie, 1999).

Implementation intention strategies that encourage individuals to think of behavioral alternatives when interacting with members of the discriminated group also promote positive and nondiscriminatory modes of interaction (Mendoza, Gollwitzer, & Amodio, 2010).

Based on this theoretical model, the imAGES intervention program targets these multiple factors with the goal of reducing ageism. To accomplish this, the intervention comprises a set of activities based on sociocognitive training along with direct contact experiences. More specifically, two learning sessions are held to promote the discussion of real examples of older people and, consequently, to raise awareness on the part of younger participants to the heterogeneity of this age group. A contact session involving intergenerational activities is also carried out, allowing younger participants to create affective ties with older individuals and learn more about their age group.

Activity

First learning session

The trainer begins the first learning session by welcoming the participants and explaining the goal of the session: to learn more about age. This is followed by an “icebreaker” in which all participants are asked to say their name and mention one characteristic that society commonly attributes to older people. The trainer writes all these characteristics on the board.

Participants then form small groups, and each group is given an identification card that describes a positive and active example of a real older person for all members to analyze together. After that, each group selects a spokesperson to impersonate this real example and introduce oneself to the class, while wearing a mask with the face of the older person. Before starting, the trainer demonstrates how to perform the presentation. The trainer also writes the main characteristics mentioned for each older person on the board during the presentations.

Afterwards, the trainer compares the two groups of characteristics written on the board: those of real older people and those attributed to them by society. While promoting this discussion, the trainer deconstructs the stereotypes about older people and highlights the diversity that exists within this age group.

Before ending the session, the trainer gives two homework assignments for the following session. In the first assignment, participants are asked to choose, among the real examples of older people, both whom they liked the most and whom they would like to be in the future. In the second assignment, participants are asked to imagine how they would interact with an older person they know. The trainer makes sure they understand the assignments and gives some examples. Finally, the trainer ends the session by thanking everyone for their participation and reminding the date of the next session.

Second learning session

At the start of the second learning session, the trainer asks participants whether they did their homework and whether they had any doubts. To analyze the homework, the trainer asks for their answers to the first assignment, emphasizing that ageing involves different outcomes for each person. Similarly, the trainer asks for
their answers to the second assignment, allowing them to discuss the many behaviors possible when interacting with older people.

Following the homework analysis, the trainer presents several stereotypical sentences about older people, while also deconstructing them and showing why they are false. The trainer also compares these sentences with the real examples of older people discussed in the previous session. The trainer then ends the session by highlighting once again the great diversity that exists regarding older people.

**Contact session**

In the contact session, the trainer welcomes the participants and explains the goal of the session: to create an awareness campaign to improve their city. This is followed by the creation of small groups containing the same number of older and younger participants.

After sitting in chairs around tables, they form intergenerational pairs within each group for an icebreaker. This activity involves getting to know their partner by asking several questions given by the trainer, including their name; whether they live in the city; if so, for how long; and what they enjoy doing there. In the last question, both partners jointly answer which place in the city they would like to go together. Afterwards, the trainer asks each pair to share their response to the final question and writes their answers on the board.

Before starting the main intergenerational activity, the trainer presents the theme of the campaign and highlights its importance, mentioning that there are many different people living in the city and that everyone should feel included in its community. The trainer asks each group to create a poster with appealing messages to motivate others to make their city a better place to live.

After distributing one poster per group and other necessary materials, the trainer gives an initial orientation, suggesting that the title should be written before creating the rest of the poster and encouraging participants to think together about what should be changed in the city to make it better and more inclusive for everyone. During the poster development, the trainer makes sure that all members of each group are participating, preventing their exclusion or isolation, and ensures that the activity is completed within the available time.

After the groups finish their posters, the trainer congratulates all the groups for their excellent work and points out that their suggestions on how to improve the city were very important and should be shared with others. For that reason, the trainer informs that the posters will be displayed in the classroom to be seen by all. Finally, the trainer thanks everyone for their participation and invites them for a light snack.

**Discussion/Reflection**

In the first learning session, the discussion of real examples of positive and active ageing, including the comparison with negative societal perceptions toward older people, aims to expose younger participants to counter-stereotypical information about this age group, thus promoting a more balanced and diversified idea of older people and making the younger participants realize that the consequences of ageing are different for each person. Additionally, the impersonation of these real examples has the goal of stimulating perspective taking and making younger participants learn more about older people.

Besides reinforcing what participants had learned during the first session, the homework assignments for the second learning session also aim to promote perspective taking, by asking them to think about their own ageing, as well as positive
behavior intentions, by asking them to think about future interactions with older people.

The goal of the contact session is to promote a situation of positive intergroup contact between younger and older people, allowing them to learn about the other group while facilitating the development of affective ties. In this intergenerational activity, younger and older people are invited to work in teams toward a common goal. The choice of a theme unrelated to ageing, yet relevant and known to both age groups, is instrumental to establish a relationship of equality between them. Last, the light snack provided to all participants at the end of the session also intends to promote further interaction between the two age groups.

Assessment

Assessing the impact of the imAGES program requires the administration of self-report questionnaires in three different stages: a pretest questionnaire applied 1 week before the intervention, and a posttest questionnaire applied two times: after the second learning session and after the contact session. This questionnaire is available in Marques et al. (2015) listed in the Content Sources at the end of this activity. This book is available as open-access and is an important guide to this activity.

To measure stereotypical perceptions about older and younger people, both questionnaires include an age stereotyping scale for each group (“Thinking about older/younger people, in what degree do you think they are . . .”), based on the Stereotype Content Model (Fiske, Cuddy, Glick, & Xu, 2002). The scale is composed of six items divided into two subscales: competence (three items: capable, confident, and skilled) and warmth (three items: friendly, sincere, and trustworthy). All items are rated on Likert-like scales ranging from 1 (“They are nothing like that”) to 7 (“They are a lot like that”). Since older people tend to be rated high on warmth but low on competence (Fiske et al., 2002), a successful intervention should lead participants to perceive older individuals as both warm and competent. Thus, the imAGES intervention should result in significant increases in competence ratings as after the second learning session and especially after the contact session.

Other optional questions may also be included to collect control and supplementary data, such as frequency and quality of contact with older people and their grandparents, open questions about participants’ perceptions regarding older people and the contact session, as well as demographic questions. Ideally, the intervention group should be compared with a control group, to make sure that the differences between the different stages in the intervention are due to the impact of the learning and/or contact sessions rather than to other uncontrolled/external factors that may co-occur between the sessions.

ADDITIONAL CONSIDERATIONS

imAGES is a promising intervention program to reduce ageism in younger generations, with positive results in three different European cultural backgrounds: Portugal, Austria, and Lithuania. Testing and disseminating this program in other countries would be of great importance to evaluate its impact across different cultures. It is preferable to apply the entire intervention, including both learning sessions and the contact session, as this is the modality that yielded more significant changes in participants’ perceptions of older people. The degree of previous contact with older people should also be an important point to consider in the application of the imAGES intervention program.
REFERENCES


**CONTENT SOURCE**

This is the relevant content source that the reader needs to be aware of to be able to try this activity.

ACTIVITY INFORMATION

Type

- X In class
- X Online
- X Take home
- ___ In community

Difficulty

- X Introductory
- ___ Intermediate
- ___ Advanced

OVERVIEW

Social gerontologists study later life through the *life course* framework, investigating how social change in the public sphere can affect entire cohorts of individual biographies in the private sphere. Social stratification based on class, race, or gender as well as the circumstances of early life further influence the trajectory of the life course, the sequence of transitions and turning points that occur throughout it, and their timing. Recognized in this perspective, therefore, are the limits to human agency in shaping one’s own life journey. The life course can be disrupted by societal catastrophe and personal misfortune, but even without such disturbance, the life course is constrained by social dictates known as *age norms*. These are the unwritten, informal rules that determine the standard deadlines for entering and exiting significant social roles related to education, work, and family.

We tend to believe that vital life events are governed by biology, but age norms regarding these major decisions are only loosely based on biology. The social nature of norms is evident in their substantial cross-cultural and historical variations that exceed biological differences. The norms with respect to the appropriate age for entering or leaving social roles follow a *social clock*. In U.S. contemporary society, the early hours of our “social clock” are traditionally devoted to completing education, finding a mate, and leaving the parental home. In the later hours, it is customary to raise children and establish a career. At the latest hours of the social clock, withdrawal from work and family responsibilities are anticipated.

Age norms and the social clock serve as a template for a predictable, organized progression of major adulthood landmarks, but historical events, early experiences, and social disadvantages can impede conformity to them, and life satisfaction can be diminished as a consequence, particularly when deviations
engender sanctions. At the same time, adherence to age norms and the social clock can have unfavorable outcomes if the norms are so prescriptive that they prohibit or stifle beneficial behavior or encourage unhealthful behavior, such as social disengagement.

**KEY TERMS**

- Life course
- Age norms
- Social clock

**ACTIVITY LEARNING GOALS**

Following this activity, students should be able to . . .

- Explain the concepts of life course, age norms, and social clock.
- Apply these concepts to online videos that demonstrate stark departures from the conventional life course.
- Analyze differing reactions to divergent rejections of age norms.

**ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES**

- Utilize gerontological frameworks to examine human development and aging.
- Relate social theories and science of aging to understanding heterogeneity, inequality, and context of aging.
- Develop a gerontological perspective through knowledge and self-reflection.

**MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS**

- At least 10 individuals to provide multiple viewpoints; 30 is an ideal maximum for active engagement.

**TIME NEEDED TO IMPLEMENT ACTIVITY**

- Open-ended when done online; a traditional in-person class setting would require 45 minutes for the lecture, 10 minutes to view the videos, and an additional 20 to 30 minutes for recording and circulating reactions to videos if this were done in class.

**SETTING(S)**

- Could be done in a classroom with equipment for accessing the Internet but lends itself to remote instruction.
**MATERIALS**

Required

- Computer that will access Internet videos

**PROCEDURES**

**Preparation**

The instructor prepares an online lecture about the life course perspective, age norms, and the social clock. Two suitable videos that relate to the defiance of age norms are identified and made accessible to students in the course (see Appendix 2.4).

**Introduction**

Students review an online lecture about the life course perspective, age norms, and the social clock. In a traditional delivery mode of instruction, the lecture could be presented in the classroom.

An excerpt from the lecture with illustrative references is provided in the text that follows. The lecture should emphasize the social rather than biological determinants of the life course and age norms; the power of age norms over decisions and transitions related to education, family and work; and the heterogeneity of age norms and the corresponding social clocks across cultures and time periods.

**Activity**

After reviewing the lecture, students download two videos in an online course or alternatively are shown two videos in a conventional classroom setting. The two videos are:

1. “Still Doing It” available at www.youtube.com/watch?v=NVgcdULvtX0
2. “66-Year-Old Woman Gives Birth to Triplets” available at www.youtube.com/watch?v=W5clXPEcKGM

A detailed explanation of the choice of these videos is offered in Appendix 2.4.

**Discussion/Reflection**

Questions are posed regarding the reaction to the videos. In the online version of the activity, students are asked to post on the discussion board whether they supported the choices of the individuals shown in each video and to explain their positions. They are further asked to review their peers’ reactions that were posted on the discussion board and determine whether one of the videos received more support than the other.

If the activity were conducted in a traditional classroom setting, students would be asked to prepare written journal entries of their attitudes toward the videos. The comments of all students would then need to be circulated so that they could be shared for purposes of comparison.

**Wrap-Up**

Students submit an assignment in which they (a) reiterate their reactions to the videos that were posted on the discussion board; (b) analyze how each video
demonstrates the concepts of life course, age norms, and social clock, summarizing each concept; (c) determine whether the class as a whole was more positively oriented toward one video rather than the other; and (d) use critical thinking skills to explain why the differences in evaluation of the videos would occur, again utilizing concepts from the lecture.

Students submit the assignment by uploading it to an online learning management platform in the distance learning course and could submit it in the form of a short written paper in an in-person classroom.

Follow-Up

In the online version of the activity, online grader feedback prods students who have not sufficiently made the links between the key concepts and their video analysis to recognize the connections. In a traditional classroom setting, a classroom discussion that follows assignment submission could be used to summarize and reinforce the application of the concepts and to interpret the differing reactions to the two videos. Typically students admit to discomfort from both videos, acknowledging that ageist, misinformed opinions may account for these feelings in relation to the “Still Doing It” video but not for their visceral objections to the “66-year-old Women Gives Birth to Triplets” video. Students could be asked to reflect on how their responses were affected by the gender and cultural background of the individuals depicted in the videos.

Assessment

A rubric that measures the achievement of the learning goals—derived from an Association of American Colleges & Universities rubric for critical thinking—is used to grade the assignment. The rubric considers four areas:

1. Does the student present a clear summary of the key concepts (social clock; age norms; life course) that are expected to be utilized in this activity?

2. Is the student able to analyze the selected videos by applying the key concepts and, through differentiating their application to the two videos, demonstrate an understanding of them?

3. Does the student offer a logical explanation of their (typically) varied reactions to the videos, integrating the key concepts within the explanation?

4. Is the student able to synthesize peers’ responses to the videos and critically compare them to their own?

ADDITIONAL CONSIDERATIONS

While the two videos selected for this activity are excellent for prompting discussion of the life course, others that depict irregularities in the traditional life course could be substituted. For example, a video depicting an adult moving back to the parental home after a divorce or unemployment or an older adult embarking on the pursuit of higher education or a new career could be used.

Social gerontologists study later life through the life course framework, examining the “interplay between human lives and changing social structures” (American Sociological Association, n.d.) Historical events and social change playing out in the public sphere are seen to affect entire cohorts of individual biographies in the private sphere. For example, wars or economic downswings can result in delayed or foregone marriage, childbearing, and career building for the generation coming
of age during this time period (cf. Elder, 1999), the impacts of which extend into old age. Social stratification, based on class, race, or gender (cf. Institute for Social Research, n.d.) and the circumstances of early life (cf. Kamiya, Doyle, Henretta, & Timonen, 2014) further influence the trajectory of the life course, the sequence of transitions and turning points that occur throughout it, and their timing (Hutchison, 2007). Recognized in this perspective, therefore, are the limits to human agency in shaping one’s own life journey.

The life course can be disrupted by societal catastrophe and personal misfortune, but even without such disturbance, the life course is constrained by social dictates known as age norms. These are the unwritten, informal rules that determine the standard deadlines for entering and exiting significant social roles related to education, work, and family (cf. Settersten & Hagestad, 1996a, 1996b). Such rules also exist for more minor decisions, such as whether it’s deemed appropriate for an older person to dress “young” or learn weight lifting. We tend to believe that vital life events like marriage or childbearing (or starting or finishing education) are governed by biology, but age norms regarding these major decisions are only loosely based on biology. The social nature of norms is evident in their substantial cross-cultural and historical variations that exceed biological differences (cf. Matthews & Hamilton, 2009). The temporal fluctuations in age norms are illustrated by recent increases in the United States in the age at which men and women marry for the first time, have their first child, complete education, and enter retirement (cf. Associated Press/NORC Center for Public Affairs Research, 2013).

The norms with respect to the appropriate age for entering or leaving social roles are primarily socially constructed ideas and follow a social clock. In U.S. contemporary society, the early hours of our “social clock” are traditionally devoted to completing education, finding a mate, and leaving the parental home. In the later hours, it is customary for children to be raised and a career established. At the latest hours of the social clock, withdrawal from work and family responsibilities are anticipated. Age norms and the social clock serve as a template for a predictable, organized progression of major adulthood landmarks but historical events, early experiences, and social disadvantages can impede conformity to them and life satisfaction can be diminished as a consequence (Ferraro, 2013), particularly when deviations engender sanctions. At the same time, adhering to age norms and the social clock can have unfavorable outcomes if the norms are so prescriptive that they prohibit or stifle beneficial behavior or encourage unhealthful behavior, such as social disengagement. Levin (2013) details the loosening age norms for education, work, and family transitions, and the breakdown of the life course. With increasing flexibility, the life course becomes increasingly liberated from strict timetables and age-based roles.

REFERENCES


APPENDIX 2.4: INSTRUCTIONS FOR ACTIVITY

The activity follows a lecture centered on the life course perspective, age norms, and the social clock. At levels above the introductory one, the lecture could additionally highlight how cumulative disadvantage in the early part of life has cascading impacts on the life course and its outcomes.

After reviewing the lecture, students are shown two videos:

1. “Still Doing It,” available at www.youtube.com/watch?v=NVgcdULvtX0
2. “66-year-old Woman Gives Birth to Triplets,” available at www.youtube.com/watch?v=W5clXPEcKGM

These two videos were selected because of their brevity and provocative content that piques student interest and generates strong reactions. They were also selected because their contrast facilitates an understanding of the key concepts being taught. In both videos, deviation from the typical life course, age norms, and social clock are depicted, but the degree of acceptance of the deviation is likely to significantly differ, a difference that hinges on the social implications of their behavior. In the first video, older women discuss their continued interest and engagement in sexual relations. This is a behavior that would normally not be observable by others; its private nature distinguishes it from the visible social actions—recognized milestones—associated with the major educational, familial, and work transitions comprising the life course. These would include, for instance, graduating from college, getting married, becoming widowed, or starting or ending a career. As a primarily concealed behavior that concerns mainly the participating partners, sexual activity may be less subject to societal guidance and reaction than behaviors that occur in the open. It can be contained in the micro world rather than crossing the boundaries to the macro world. Moreover, by defying the norm of the asexual older female, the women in the video appeared to gain in life satisfaction.

In comparison, the second video describes the situation of a 66-year-old woman in India who has given birth to triplets after fertility treatments. In this situation, the aberrant timing of a major life event—childbirth—is not just the culmination of a series of personal choices. It has been made possible by available technology that overrides natural limitations of childbearing, policy permitting physicians to provide fertility treatment to women of advanced age, the cultural demands for genetic intergenerational bonds to premise inheritance, and other social factors. This event of the woman’s life course garners the public gaze to the degree that media attention is extensive. The video emphasizes the aggravated health risks that arise from circumvention of the natural age restrictions to childbearing. Furthermore, the elderly mother’s choice to not abide by the rules of the accepted social clock has effects not only for her but also for the children she has produced, even the larger society, should she not be able to care for her children.

Following the viewing of the brief videos, students are asked to write brief entries (in an online discussion board or in “free-write” journals) that indicate whether or not they supported the choices of the individuals shown in each video and to explain their positions. They are further asked to review their peers’ reactions, which are made available to them.
The final, written assignment consists of students (a) reiterating their reactions to the videos; (b) analyzing how each video demonstrates the concepts of life course, age norms, and social clock and summarizing each concept; (c) determining whether the class as a whole was more positively oriented toward one video rather than the other; and (d) using critical thinking skills to explain why the differences in evaluation of the videos would occur, again utilizing concepts from the lecture.
While old age and dementia are often seen as intertwined, the reality is that most older people do not have dementia, nor is every person with dementia “old.” For example, according to the Alzheimer’s Association (2015), in the United States:

- Less than 11% of those aged 65 years and older have dementia.
- Risk of developing dementia increases with age.
- Approximately 32% of those older than age 85 have some form of dementia.
- Approximately 200,000 persons younger than age 65 are thought to have early-onset Alzheimer’s (one form of dementia).

While these percentages remain relatively low, the overall number of cases of dementia is increasing (due in part to increases in the overall population size, increasing life expectancies, and earlier diagnosis). Moreover, the challenges of having dementia are considerable and reach far beyond those with the diagnosis and their immediate caregivers.

**WHAT IS DEMENTIA?**

In earlier versions of the *Diagnostic and Statistical Manual*, “dementia” was a broad *diagnostic category* representing the development of some or all of the
following symptoms at a level severe enough to interfere with daily functioning. These symptoms include impairments of:

- Memory
- Judgment
- Abstract reasoning
- Speech/communication
- Sense of time
- Emotional responses
- Coordination

It is important to recognize that these symptoms may also be caused by a wide range of other, non-dementia-related factors, including:

- Visual or hearing impairments
- Medications
- Nutritional issues
- Emotional factors (e.g., grief, stress)
- Fatigue
- Overload
- Other illnesses

In other words, many people demonstrating symptoms associated with dementia do not have dementia at all. It is essential, therefore, to look further as to the cause of the symptoms. While some forgetfulness and cognitive misfiring is normal for everyone, symptoms that interfere with a person’s daily functioning and/or become progressively worse should be evaluated further (Agronin, 2014; Mace & Rabins, 2011).

In 2013, the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) replaced the diagnostic category of “dementia” with a similar diagnostic category, “Neurocognitive Disorders (Major and Minor)” (American Psychiatric Association, 2013; Regier, Kuhl, & Kupfer, 2013). The term dementia, however, is still commonly used.

WHAT IS THE DIFFERENCE BETWEEN ALZHEIMER’S DISEASE AND DEMENTIA?

Alzheimer’s disease (AD) is one of roughly 70 different disorders that produce the symptoms associated with the diagnostic category of dementia. Alzheimer’s is the most common dementia-producing disease. In other words, AD is one form of dementia.

Other dementia-producing disorders include vascular dementia, Lewy-body dementia (LBD), frontotemporal degeneration (FTD), and Huntington’s disease. The National Institute of Neurological Disorders and Stroke (NINDS) is a good source for up-to-date information on specific dementia-producing disorders (www.ninds.nih.gov). While, by definition, dementia-producing disorders share many similar symptoms, each disorder is unique in cause, manifestation, and progression.
Alzheimer’s Disease
Characterized by neurofibrillary tangles and beta amyloid plaques, Alzheimer’s is a nonreversible neurodegenerative disorder that has at least two forms: the relatively rare early onset (before age 65) and the more common later onset. The disease tends to progress gradually over a number of years and stages, with increasing confusion and severity of cognitive impairment.

Lewy-Body Dementia
A common cause of dementia, LBD is a neurodegenerative disorder that, in addition to dementia-like progressive cognitive decline, also features Parkinson-like symptoms (e.g., resting tremors, bradykinesia) and fluctuations in cognitive function. Visual hallucinations and depression are also possible.

Vascular Dementia
Vascular dementia is a subcategory of dementias (e.g., multi-infarct dementia, subcortical vascular dementia) resulting from damage caused by cardiovascular problems impairing blood supply to the brain. Symptoms may appear to progress in a step-wise fashion and/or as more localized rather than global cognitive deficits, depending on the specific areas of the brain that are affected (such as speech, memory, or mobility).

Frontotemporal Degeneration
A subcategory of dementias is associated with impairment to the frontal and temporal lobes of the brain. Associated symptoms include changes in behavior (e.g., reduced social screens, lack of empathy, disinhibition) and/or difficulties with speech and language. Memory and spatial skills may appear less affected early on than in other dementias.

WORKING WITH PERSONS WITH DEMENTIA
Interacting with persons with progressive declines in cognitive function poses a wide range of challenges, not only for families and care providers, but for the person with dementia as well. It is essential to keep the following in mind:

- Caring for a person with dementia can be an exhausting, frustrating, and frightening experience. It can be a rewarding and positive experience as well.
- People with dementia have feelings and value. A person with dementia is a person first—there’s more to a person than their dementia.
- Every person with dementia is an individual and has unique experiences.
- While most dementia is progressive, one’s abilities do not diminish all at once. Focus on a person’s remaining abilities.
- Having dementia can be an exhausting, frustrating, and frightening experience.
- Behavior is in the eye of the beholder. Actions that may appear disruptive or inappropriate are likely the result of a person trying to communicate their needs as best as possible, given the cognitive challenges.
DEMENTIA EDUCATION ACTIVITIES

The following two activities offer participants opportunities to develop and apply positive approaches to interacting with persons with dementia.

In Activity 3.1, Dementia Communication and Empathy, participants are asked to role-play scenarios where persons with dementia endeavor to communicate with their caregiver. Insight and increased empathy are promoted through the challenges participants experience, not only in understanding the message being communicated, but also the challenges of conveying even a simple message while impaired by physical and/or cognitive limitations.

Activity 3.2, Enhancing Students’ Therapeutic Interaction Skills With Older Adults With Dementia, brings participants into the community to interact directly with persons with dementia. By working one on one with persons with dementia in an adult day center or similar situation, participants are afforded the opportunity to apply their content knowledge and hone their interpersonal skills. Persons with dementia, and the agencies that serve them, also stand to benefit from the added individualized attention and assistance with programming.

REFERENCES


OVERVIEW

Communication is complex, involving multiple modes (verbal, nonverbal), goals (such as understanding someone and making oneself understood), and contexts (such as environments, roles, emotions, and expectations). Everyday challenges of communication may be amplified when one or more of the persons trying to communicate is experiencing cognitive and/or physical impairments (e.g., dementia, stroke, aphasia, traumatic brain injury).

The progressive nature of dementia makes communication even more complicated as new declines and challenges are likely to emerge. Not very long ago, persons with moderate to severe dementia were thought to be incapable of meaningful communication. Now it is understood that even though a person with dementia may struggle with more traditional forms of communication, that person can and does communicate. Moreover, actions that were once regarded as undesirable “dementia-related behaviors” may now be viewed as important, albeit potentially difficult to interpret, forms of communication (Power, 2010).

Research suggests that communication skills training for professionals and families can be beneficial and effective in improving comprehension and facilitating positive interactions with persons experiencing symptoms of dementia (Eggenberger, Heimerl, & Bennett, 2013). Trying on the role, even briefly, of a person attempting to communicate while impaired by cognitive and/or physical limitations has the potential to increase one’s empathy and understanding for those who face these challenges on a daily basis. This role-playing activity was created to simulate the obstacles persons with and without dementia (or other impairment) may experience when...
attempting to communicate with each other in order to (a) develop the understanding that communicative limitations are not the same as having nothing to communicate; (b) provide insight into some of the difficulties and frustration that can be associated with not understanding or being able to make oneself understood; (c) foster empathy both for persons with cognitive and/or physical impairments and the persons they interact with (such as caregivers); and (d) enhance students’ and practitioners’ skills for communicating with persons with dementia and/or other impairments.

**ACTIVITY LEARNING GOALS**

Following this activity, students should be able to . . .

- Recognize that the behavior of a person with a cognitive and/or physical impairment is a form of communication.
- Empathize with communication challenges persons with cognitive and/or physical impairments may face.
- Communicate more effectively with persons with cognitive and/or physical impairments.

**ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES**

- Develop a gerontological perspective through knowledge and self-reflection.
- Engage, through effective communication, older persons, their families, and the community in personal and public issues in aging.
- Promote older persons’ strengths and adaptations to maximize well-being, health, and mental health.
- Promote quality of life and positive social environment for older persons.

**MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS**

- 10 to 30

**TIME NEEDED TO IMPLEMENT ACTIVITY**

- 45 to 75 minutes

**SETTING(S)**

- Classroom or other room with sufficient space and furniture to allow for pairs to work together face to face. *Note:* Activity can get noisy so adequate space for pairs is recommended.
MATERIALS
Required

- Dementia and Communication: A Brief Overview (Appendix 3.1A)
- Dementia Communication Challenge Cards (Appendix 3.1B)
- Improving Our Communication Strategies (Appendix 3.1C)

Optional

- Pre/post assessments (Appendix 3.1D)
- Physical and/or sensory impairment simulators (e.g., vision impairment simulation goggles, earplugs); assistive mobility devices (such as walkers, wheelchairs)

PROCEDURE

Preparation

- Review content materials provided.
- Create Dementia Communication Challenge Cards (Appendix 3.1B) by copying the challenge cards included onto card stock and cutting them into individual vignettes and/or creating your own cards which identify (a) tentative diagnosis, (b) the communication challenge(s) the person with dementia/care recipient is experiencing, and (c) the message the person with dementia/care recipient wishes to communicate.
- Print optional pre/post assessments (if using; Appendix 3.1D).

Introduction

- Administer optional pretest assessment (if using).
- Introduce participants to the topic with the Dementia and Communication: A Brief Overview mini-lecture (Appendix 3.1A).
- Information may be delivered via lecture, discussion, and/or handout format.

Activity

- Divide participants into pairs and have them spread out as far as the room allows so that they are less likely to be distracted by the work of other pairs.
- Have each pair identify who will take on the role of “care recipient” and who will take on the role of “caregiver.”
- Distribute a Dementia Communication Challenge Card to each “care recipient,” with instructions not to show the card to the “caregiver” partner. (Note: It is recommended that each pair be given a different card so that pairs are not all trying to communicate the same message at the same time.)
- Ask the “care recipients” to review the information on their card and attempt to communicate their “message” as best they can to their “caregiver” within the constraints of assigned communication challenges.
• Monitor pairs’ progress—they will not all “reach an understanding” of the message at the same rate.

• When a pair completes a communication (e.g., the “caregiver” has successfully identified the message the “care recipient” is trying to convey), have the partners switch roles and repeat the process using a different communication card.

• Repeat by rotating challenge cards and alternating roles as time allows and switching pair groupings if desired. (Note: Some pairs work more efficiently together than others. For pairs that are struggling or complete the task too easily, it can be beneficial to regroup participants into different pairs.)

Discussion/Reflection

• After each member of the pair has had the chance to experience each role at least once (but preferably multiple times—particularly for pairs that seem to finish their challenges early), conduct a group discussion to reflect on their experiences.

Reflection questions might include the following:

• Which message did you find the most difficult to communicate?
• Which message did you find the easiest to communicate?
• Which challenge(s) did you find the most limiting?
• Which challenge(s) did you find the least limiting?
• What frustrated you as you were trying to communicate?
• How clearly were you able to communicate/understand the message? Why?
• What did you learn from this experience? How/why?
• How might you improve your communication strategies in the future?
• How might this experience translate into your interactions with persons with dementia and/or who have communication challenges?

Wrap-Up

Following the group discussion, provide participants with the information in Improving Our Communication Strategies (Appendix 3.1C).

• Information may be delivered via lecture, discussion, and/or handout format.
• Demonstration and practice of successful communication strategies (optional).
• If time and interest allow, have participants role-play applying some of the strategies to situations on the communication cards (or other communication scenarios).

Assessment

At the conclusion of the wrap-up, administer the postsurvey assessment (Appendix 3.1D) if using.
ADDITIONAL CONSIDERATIONS

• This activity can produce a fair amount of noise, so try to find a venue where others will not be disturbed.

• Some participant pairs will take the activity more seriously than others, and some individuals may find role-playing to be uncomfortable or embarrassing at first.

• It may be necessary to provide additional challenge cards to pairs that finish early so that the other pairs have time to finish at least one set experiencing each role.

• It can also be beneficial to change pairings to create different communication dynamics.

REFERENCES


RECOMMENDED RESOURCES

There are many good sources regarding the basics of dementia, benefits of communication skills training, and person-centered nonpharmaceutical approaches to dementia care based on the premise that dementia “behaviors” represent communication. Popular dementia educator Teepa Snow offers a number of informative training videos at her website: teepasnow.com. Additional resources include the following:


While many people tend to focus on memory concerns, persons with dementia may experience a range of communication challenges that can (a) interfere with a person’s remaining cognitive abilities; (b) vary with the stage or degree of the dementia-producing disorder; and (c) be caused by factors other than and/or unrelated to dementia. Some communication challenges identified by the Alzheimer’s Association (2016) include the following:

- Difficulty finding desired word (word finding, word substitution)
- Describing rather than naming objects
- Difficulty organizing thoughts/words (e.g., word hash)
- Repeating familiar words (perseveration)
- Difficulty maintaining train of thought
- Speaking less/gesturing more
- If applicable, reverting to a native language

Additional challenges include the following:

- Understanding what words mean
- Paying attention during long conversations
- Frustration if communication isn’t working
- Being very sensitive to touch and to the tone and loudness of voices (ADEAR, 2012, p. 1)

In the past, persons with moderate to severe dementia often were thought to be incapable of meaningful interaction. Now we have come to understand that even though persons with dementia may struggle with more traditional forms of communication, they can and do communicate and actions that were once viewed as undesirable “dementia-related behaviors” are now being seen instead as attempts at communication (Power, 2010).

**COMMUNICATION TRAINING**

Communication is an interactive experience consisting of verbal (words), nonverbal (e.g., emotional cues, body language), and context elements (e.g., environment, time of day, surrounding events, and interpersonal relationships). With dementia, verbal abilities tend to decline, increasing the importance of nonverbal cues (Williams & Herman, 2011).

Everyone involved contributes to the ease or difficulty of communication (Jones, 2015). Therefore, as the communication abilities of a person with dementia decline, it is important for those without cognitive impairment to “step up their game” and find ways to compensate for dementia-associated changes. In other words, when a person with dementia is struggling, it is up to everyone else to improve their communicative efforts.
While changing one’s communication approach can be difficult, research shows that communication training for family members and professional caregivers can be effective both in increasing positive interactions with persons with dementia, as well as improving their overall quality of life (Eggenberger, Heimerl, & Bennett, 2013; Haberstroh, Neumeyer, Krause, Franzmann, & Pantel, 2011).

The following role-playing activity is designed to simulate some of the challenges persons with cognitive impairment may experience when attempting to communicate, as well as to provide participants with the opportunity to find ways to improve their end of the communication partnership.

REFERENCES


## Tentative Diagnosis:
- Mid- to late-stage dementia (possibly Lewy body)

## Communication Challenge(s):
- Vocalization but no intelligible speech
- Resting tremors

## Message to Be Communicated:
- “I am hungry.”

---

## Tentative Diagnosis:
- Mid-stage dementia (unknown type)

## Communication Challenge(s):
- Limited speech
- Hearing impairment

## Message to Be Communicated:
- “When am I going home?”

---

## Tentative Diagnosis:
- Stroke, possible dementia

## Communication Challenge(s):
- Limited speech
- Right side paralysis

## Message to Be Communicated:
- “I need to go to the bathroom.”

---

## Tentative Diagnosis:
- Mid- to late-stage dementia

## Communication Challenge(s):
- Vocalization but no intelligible speech
- Vision impaired from cataracts
- Confusion as to time and location (used to live on a farm)

## Message to Be Communicated:
- “It’s time to milk the cows.”

---

## Tentative Diagnosis:
- Mid stages of dementia (possibly Alzheimer’s)

## Communication Challenge(s):
- Confusion as to time and location
- Difficulty finding specific words

## Message to Be Communicated:
- “I feel like dancing. Will you dance with me?”

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<thead>
<tr>
<th>Tentative Diagnosis:</th>
<th>Tentative Diagnosis:</th>
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<tr>
<td>Mid stages of dementia (possibly Alzheimer’s)</td>
<td>Mid stages of dementia (unknown type)</td>
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</table>

**Communication Challenge(s):**
- Difficulty finding specific words
- Confusion as to time and location

**Message to Be Communicated:**
- “I can’t find my purse. I think someone stole it. It had all my money. My mother will be very angry.”

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<thead>
<tr>
<th>Tentative Diagnosis:</th>
<th>Tentative Diagnosis:</th>
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<tbody>
<tr>
<td>Mid- to late-stage dementia, cause of mobility issues unknown</td>
<td>Mid stages of dementia (possibly Alzheimer’s)</td>
</tr>
</tbody>
</table>

**Communication Challenge(s):**
- Vocalization but no intelligible speech
- Extremely limited mobility

**Message to Be Communicated:**
- “I have an itch on the middle of my back and I cannot reach it.”

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<td>Stroke, possible dementia</td>
<td>Mid-stage dementia (unknown type)</td>
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**Communication Challenge(s):**
- Limited speech
- Right side paralysis
- Requires wheelchair

**Message to Be Communicated:**
- “What is your name?”

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<td>Mid-stage dementia</td>
<td>Mid-stage dementia (unknown type)</td>
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**Communication Challenge(s):**
- High level of agitation/urgency

**Message to Be Communicated:**
- “All this noise is bothering me. I want to leave.”
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<tr>
<td>Mid-stage dementia</td>
<td>Mid stages of dementia (possibly Alzheimer’s)</td>
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<tr>
<td><strong>Communication Challenge(s):</strong></td>
<td><strong>Communication Challenge(s):</strong></td>
</tr>
<tr>
<td>• Repetitive speech</td>
<td>• Confusion as to time and location</td>
</tr>
<tr>
<td>• Crying/agitation</td>
<td>• Difficulty finding specific words</td>
</tr>
<tr>
<td><strong>Message to Be Communicated:</strong></td>
<td><strong>Message to Be Communicated:</strong></td>
</tr>
<tr>
<td>• “Have you seen my dog Millie? I can’t find her, and she is not coming when I call her. Do you think she is lost? Will you help me find her?”</td>
<td>• “I haven’t seen you in a long time; where have you been?”</td>
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<tr>
<th>Tentative Diagnosis:</th>
<th>Tentative Diagnosis:</th>
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<tr>
<td>Mid stages of dementia (possibly Alzheimer’s)</td>
<td>Mid stages of dementia, arthritis</td>
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<tr>
<td><strong>Communication Challenge(s):</strong></td>
<td><strong>Communication Challenge(s):</strong></td>
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<tr>
<td>• No short-term memory</td>
<td>• Limited speech</td>
</tr>
<tr>
<td>• Confusion as to time and location (thinks still a grade school teacher)</td>
<td>• Difficulty finding specific words</td>
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<td></td>
<td>• Arthritic hands with limited mobility</td>
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<td><strong>Message to Be Communicated:</strong></td>
<td><strong>Message to Be Communicated:</strong></td>
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<tr>
<td>• “Why haven’t you turned in your homework yet? You need to go to the principal’s office.”</td>
<td>• “I like your sweater. I used to knit all the time. Did you knit this yourself? Did you use a pattern to make it?”</td>
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<th>Tentative Diagnosis:</th>
<th>Tentative Diagnosis:</th>
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<tr>
<td>Mid-stage frontotemporal degeneration</td>
<td>Mid to later stages of dementia</td>
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<tr>
<td><strong>Communication Challenge(s):</strong></td>
<td><strong>Communication Challenge(s):</strong></td>
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<tr>
<td>• Limited social screens (appropriateness)</td>
<td>• Profound confusion (thinks you are a relative)</td>
</tr>
<tr>
<td>• Difficulty finding words</td>
<td>• Perseveration</td>
</tr>
<tr>
<td>• Often uses curse words</td>
<td><strong>Message to Be Communicated:</strong></td>
</tr>
<tr>
<td></td>
<td>• “Is it time to go home yet? I am ready to go home now.”</td>
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<tr>
<td><strong>Message to Be Communicated:</strong></td>
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APPENDIX 3.1C: IMPROVING OUR COMMUNICATION STRATEGIES

The following tips are adapted from the Alzheimer’s Association and additional sources. (Alzheimer’s Association, 2012; 2016; ADEAR, 2012; Coste, 2003; & Hodgeson, 1995).

Communication is interactive, involving both the sending of messages to others (production) and the understanding of messages sent by others (comprehension). Cognitive impairment associated with dementia can interfere with the communication process, leading to frustration and confusion for everyone involved. Understanding the communication challenges that a person with dementia may be facing and working to improve our own communication may have a positive impact on the interaction. An important first step is recognizing that communication includes not only the words we use, but also our tone, body language, and actions. It is not what we say or do, but how we say or do it that matters most. Additional ways to improve communication include the following:

**Practice Listening! Take Time to Receive the Other Person’s Communication**
- Listen and watch the person’s body language.
- Be patient and wait for the person’s response (do not interrupt or rush).
- Focus on the emotional (nonverbal) cues.
- Double check that you understand what the individual has communicated.

**If a Person Cannot Find the Right Word**
- Encourage the person to act out the meaning.
- Encourage the person to “talk around” what they are trying to say.
- Say what you think the person is trying to communicate (persons may be able to recognize words they cannot generate on their own).
- Avoid correcting “wrong” words (this can be frustrating or embarrassing).

**If a Person Digresses or Loses the Train of Thought**
- Repeat the last words said.
- Summarize what has been discussed so far.
- Ask relevant questions.
- Show respect for the feelings expressed, even if the facts are wrong (avoid arguing).

**Improve Your Own Verbal Communication**
- Think before you speak.
- Avoid distractions (such as competing noise from TV), and keep your voice calm and friendly.
- Avoid “talking down” to the person or talking as if they are not there.
- Avoid “elder speak” (e.g., overly slow, overly simplified “baby talk”).
- Start each time by introducing yourself (e.g., giving your name, role) and saying why you are there.
Explain what is going to happen.

Use short, simple sentences (but avoid “elder speak”—mentioned earlier).

Avoid using conjunctions (such as “and” and “but”), which make sentences longer and more complex.

Be specific, direct, and explicit about what you mean.

Use concrete and common words (avoid abstract or fancy words).

Avoid clichés, idioms, sayings, generalizations, and colloquialisms (is it really “raining cats and dogs”?).

Use proper names and common nouns (avoid pronouns).

Give the most important information at the end of sentences (e.g., “Do you want coffee or tea?”).

If a Person Is Having Trouble Understanding You

Remember that pain, illness, fatigue, and vision/sight impairments can interfere with communication.

Repeat, revise, and/or restate what you are saying using different words.

Avoid logical discussions or debates (instead, respond to feelings the individual is expressing).

Provide immediate feedback, reassurance, and rewards.

Assume that the person can understand more than the person can express.

Remember that people with dementia will probably forget, so you may need to repeat yourself.

When Asking Questions

Avoid open-ended questions.

Limit the number of choices possible to two.

Give lots of time for a response.

If needed, repeat or reword questions.

When Giving Instructions

Break instructions into smaller steps.

Give only one direction at a time.

Allow the person to finish each instruction before giving the next.

Give directions close to when they must be followed.

Give positive directions that say what to do (e.g., “Come with me”) rather than what not to do (e.g., “Don’t go in there”).

Improving Your Nonverbal Communication

Understand that facial expressions, tone, and gestures are more meaningful than words.

Gently get a person’s attention by being sure they can see you before saying anything.

Approach the person from the front (and in that person’s visual field) so they can see you.
• Use more than one of the five senses (e.g., say their name and touch their shoulder).
• Use a calm, pleasant, low-pitched tone of voice.
• Use open, friendly, relaxed body language.
• Move slowly and gently.
• Maintain appropriate eye contact (consider cultural implications here as well).
• Use positive facial gestures (e.g., smile).
• Respect personal space (do not stand too close or too far from the person).
• Try to converse at eye level beside or in front of the person (not from behind the person).
• Use objects and pictures to illustrate your message.
• Use physical actions to illustrate your message.
• When giving instructions, demonstrate the action.
• Be aware of the person’s culture.
• Be sure that your verbal and nonverbal communication match.
• Keep trying and be supportive (would you want someone to give up on you?).

REFERENCES


APPENDIX 3.1D: SAMPLE PRACTIVITY ASSESSMENT

Please rate the level to which you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is normal for persons with dementia to shout or cry for no reason.</td>
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<tr>
<td>People with dementia do not really care what you say or do.</td>
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<tr>
<td>You should never lie to a person with dementia.</td>
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<tr>
<td>It is important to correct people with dementia if they say something that is not true.</td>
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<tr>
<td>I am often uncomfortable being around people with dementia.</td>
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<tr>
<td>If someone with dementia does not respond immediately, you should help the person by carrying on both sides of the conversation.</td>
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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not what you say but how you say it that is most important.</td>
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<tr>
<td>I feel frustrated when I do not understand what someone is trying to tell me.</td>
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<tr>
<td>I feel frustrated when someone does not seem to understand what I am trying to say.</td>
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<tr>
<td>People with dementia often can understand more than they can say.</td>
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<tr>
<td>Once a person is unable to speak, the person is no longer able to communicate.</td>
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<tr>
<td>I have no idea what to say when talking with persons with a physical impairment.</td>
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<tr>
<td>I have no idea what to say when talking with persons with a cognitive impairment.</td>
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(continued)
### SAMPLE POSTACTIVITY ASSESSMENT

*Please rate the level to which you agree or disagree with the following statements:*

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<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
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<tbody>
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<td>Changing how I communicate can help a person with dementia to better understand me.</td>
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<tr>
<td>Changing how I communicate can help me to better understand a person with dementia.</td>
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<tr>
<td>There is not really much you can do to help a person who has dementia.</td>
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</tbody>
</table>

(continued)
You should never lie to a person with dementia.

It is important to correct people with dementia if they say something that is not true.

I am often uncomfortable being around people with dementia.

If someone with dementia does not respond immediately, you should help that person by carrying on both sides of the conversation.

It is not what you say but how you say it that is most important.

I have no idea what to say when talking with persons with a physical impairment.

I have no idea what to say when talking with persons with a cognitive impairment.

(continued)
If a person has dementia, there is not really much you can do to help that person.

People with dementia often can understand more than they can say.

People with dementia do not really care what you say or do.

Once a person is unable to speak, that person is no longer able to communicate.

Changing how I communicate can help a person with dementia to better understand me.

Changing how I communicate can help me to better understand a person with dementia.
ACTIVITY 3.2 ENHANCING STUDENTS’ THERAPEUTIC INTERACTION SKILLS WITH OLDER ADULTS WITH DEMENTIA

Minetta Wallingford and Lisa Knecht-Sabres

ACTIVITY INFORMATION

Type

- In class
- Online
- Take home  
- X In community

Difficulty

- Introductory
- X Intermediate
- Advanced

OVERVIEW

AD and other dementias impact millions of Americans. Since dementia is more prevalent in the senior population, the incidence is expected to rise because of the increase in the aging population (Alzheimer’s Association, 2013). Even though students may learn about dementia in their coursework, many students may not have had the opportunity to interact or work directly with a person who has dementia. Students may have preconceptions, misconceptions, or questions about this population. Adult day-care centers that focus on serving older adults with dementia can be excellent community partners for a variety of educational activities and may provide an opportunity for students to interact with this population. Likewise, the adult day-care center may welcome additional assistance and ideas for activities. Therefore, this activity was created to meet the needs of an adult day-care center, while providing an intergenerational educational experience for students to learn about and work with older adults with dementia. This activity is designed to provide clients at an adult day-care facility who may typically receive more “group” programming with the opportunity to participate in an “individualized” activity session designed by a student and based on the client’s past or current personal interests. Hence, the activity provides the older adult with some individual attention and augments the center’s programming.

Moreover, this activity affords students with the opportunity to interact directly with an older adult and to enhance their comfort and skills in working with older adults with dementia. This learning experience is designed for students to intentionally consider the older adults’ interests and abilities as they plan their sessions with the goal of enhancing this person’s engagement in meaningful activities. They also apply
their knowledge and understanding of dementia while planning and conducting these activities. Thus, the students apply and refine clinical reasoning, interpersonal, communication, and self-assessment skills. Through this experience, students have an opportunity to better understand the older adult as an individual unique person and not just a person with dementia. Therefore, another potential benefit of these intergenerational interactions between students and older adults is that they may lead to enhanced students’ attitudes toward working with older adults and older adults with dementia in the future.

**ACTIVITY LEARNING GOALS**

Following this activity, students should be able to . . .

- Understand key attributes of dementia in order to design and implement an individualized activity with an older adult with dementia.
- Analyze and critique their own comfort and skills and interpersonal interactions in working with older adults with dementia.
- Plan and organize materials to engage an older adult in a meaningful activity session based on their interests and abilities to promote the older adult’s strengths and enhance quality of life.
- Plan, implement, and modify an activity to match older adults’ interests and abilities to maximize their participation in the activity (given time parameters and the environment).
- Apply clinical reasoning, interpersonal, and communication skills to effectively interact and collaborate with the older adults with dementia to facilitate engagement in a meaningful activity.
- Analyze an older adult’s responses throughout the session and respond in the moment to enhance the individual’s engagement in the activity.
- Analyze the activity to anticipate and prevent any potential safety concerns.
- Analyze the session relative to the older adult’s performance in promoting and facilitating their social participation and engagement in the activity.

**ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION COMPETENCIES**

- Develop a gerontological perspective through knowledge and self-reflection.
- Engage collaboratively with others to promote integrated approaches to aging.
- Promote older persons’ strengths and adaptations to maximize well-being, health, and mental health.
- Promote quality of life and positive social environment for older persons.

**MINIMUM/MAXIMUM NUMBER OF PARTICIPANTS**

This activity may be structured to accommodate a few (3) or many (50) participants. The number of participants depends on numerous factors (class size, number of clients at the site/sites, clients’ abilities, staff and faculty familiarity with clients, facility
environment, supervisor/student ratio, number of staff and/or faculty supervisors, student to client ratio, etc.). Ideally, only one or two students are assigned to work directly with one older adult at a time. A low student to supervisor (e.g., 2–1, 4–1, or 6–1) ratio provides opportunities for more individualized supervision. However, these ratios may vary depending on the environment and the activities that are being conducted. Therefore, it is important to consider who will be supervising the students (e.g., faculty, staff, or both faculty and staff) to determine how many students can be supervised at a time.

TIME NEEDED TO IMPLEMENT ACTIVITY

This activity requires upfront planning time as well as time spent with the clients at the adult day-care center. The time required to implement this assignment depends on the number of students, student/supervisor ratio, and student/client ratio.

Planning the experience may take 2 to 8 hours, depending on a number of factors. It may take time to identify and develop a relationship with an appropriate community partner and collaboratively plan this experience to ensure it meets the needs of both partners. Planning is discussed in more detail in the “Procedures” section.

The actual time faculty spends with students at the site depends on whether faculty or staff are directly supervising the students. An individualized session with an older adult may be 40 to 45 minutes with an additional 15 to 20 minutes allowed for setup, cleanup, and processing the session with the students. Therefore, the course director may need to schedule 1 hour for each student or pair/group of students. Sessions may be conducted on one or more days depending on the number of clients at the site and the number of students enrolled in the course.

SETTING(S)

- Adult day-care center that serves older adults with dementia.
- Note: This activity is designed for students who will be working with older adults and may encounter older adults with dementia. This activity could be modified for a number of students in different disciplines (e.g., students in therapeutic recreation, gerontology, clinical psychology, social work, nursing, and allied health professions). It could be conducted with similar types of community partners such as senior centers, continuing retirement communities, assistive living facilities, dementia care units, or skilled nursing facilities. This activity and the objectives could be modified to be used with older adults at the previously noted facilities who do not have dementia or a specific impairment.

MATERIALS

Required

Students should plan the activity/activities and prepare a materials list for their sessions based on the older adult’s interests, abilities, and other considerations such as the cost of materials. Materials may be available through the educational program,
at the site, or from common household items that the student brings from home (e.g., items for making a no-bake snack or crafts or participating in games) or special items that need to be purchased by students or faculty. It will be the students’ responsibility to obtain any materials that are not available through their educational program or the adult day-care center to conduct the activity. Therefore, policies related to reimbursement or nonreimbursement for the cost of materials should be addressed by the course director as part of the syllabus or during discussion about the assignment. Regardless of the activities, students need to consider the environment and the older adult’s safety in planning the activities and materials.

PROCEDURES

Preparation

The steps for preparing for this experience are the following:

1. Identify a community partner and meet with the site to discuss the activity and identify and address any policies, procedures, or agreements that may be required by both organizations.

2. Ascertain information on the client’s past and current interests and abilities from the site (i.e., information obtained from staff, facility records, and/or client’s family).

3. Collaborate with the site to set up and schedule the intergenerational experience.

4. Provide students with relevant course content and objectives and details of the assignment (e.g., expectations, evaluation methods, site address and contact information, schedule).

5. Provide students with relevant educational content related to the assignment (e.g., communicating with individuals who have dementia).

6. Assign students to clients and share clients’ interests and background information.

7. Review students’ planned activities and provide feedback to enhance older adults’ active participation and enjoyment in the experience.

8. Orient site staff to the supervision process if they are assisting with supervision.

9. Orient students to the facility and staff prior to the start of the session.

Once a community organization has agreed to partner with your institution on this collaborative experience, it is important to follow any policies and procedures that may be required by either organization. This may involve a verbal agreement or a more formal agreement between the organizations.

The next steps in collaborating with the adult day-care site may entail gathering and organizing information related to each individual client’s interests and abilities; creating a schedule to match students with an older adult; and providing each student with a specific date, time, and any pertinent written information that is relevant to their particular experience.

Suggested lecture points

In order to prepare and plan for the experiences, students’ coursework should cover content related to understanding the normal aging process as well as the etiology and functional impact of dementia. This knowledge is important in differentiating symptoms and behaviors that are a result of dementia versus normal aging. Therefore, students should have an understanding of some of the
behaviors that they may observe in people with dementia and be familiar with strategies for communicating with individuals with dementia (McGhee, 2011, p. 45; Robinson & Cubit, 2007). McGhee (2011) is one resource that provides communication strategies for interacting with older adults with dementia. The Alzheimer’s Association is another good resource for content related to understanding dementia and AD.

In addition, it is important to clearly explain the intergenerational assignment, and grading criteria. The course director can discuss some of the individuals’ interests and facilitate a discussion with the class on how they may modify the activities. Students will need to consider how to plan, grade, and adapt an activity given their individual older adult’s interests, abilities, and the environment of the day-care center. The course director can provide an example of a specific activity or activities and students can discuss what materials are needed, how to set up the environment and activity, how to provide simple instructions, or how to demonstrate the actions. The students can discuss any potential challenges they anticipate they may encounter and the class may come up with some strategies to address those potential challenges. The course director should also answer students’ inquiries, and provide feedback regarding their preliminary ideas. Students should be oriented to the facility (e.g., where to park, what to expect) prior to the experience.

An additional consideration in planning is supervision. The experience can be designed so that faculty or staff members may supervise two or more student sessions at a time. This works well if the student/older adult sessions are located within close proximity. Staff who are involved in supervision should be oriented to the assignment and assessment materials. Students are encouraged to plan for at least two or three meaningful activities for each 40-minute session. Therefore, one or more students may be assigned to work with the same older adult in a specific session. When more than one student works with the same person, it is recommended that each student have a clearly defined role and plan for the session (e.g., student A is responsible to conduct the first activity and student B conducts the second activity). This approach allows each student to take ownership in planning and conducting part of the session. Suggestions for modifications to this activity are listed in the “Additional Considerations” section.

Introduction
It is suggested that staff inform the clients and/or clients’ families that students will be working with them prior to the experience. This may be done via a weekly or monthly calendar or as a formal or informal announcement in advance of the experience. On the day of the activity, the students or their supervisors should introduce themselves to appropriate staff and their assigned clients prior to the beginning of the session. Students should inquire how the older adult would like to be addressed (e.g., Mrs., Miss, Mr., Dr., or by their first name).

Activity
Background
This assignment provides students with the experience of interacting with older adults and is intended to enhance their comfort and skills in working with older adults with dementia. The faculty member sets up the experiential experience with
the facility and collaborates with the staff. The students plan a 40-minute session based on the information provided by the faculty, family, and staff. Students are required to critically think about potential options for meaningful activities that may be feasible for the older adult to complete within this session given personal, financial, and environmental considerations. This involves considering the demands of the activity, the materials required, and the individual’s interests, skills, and abilities. Given the nature of this experience, it is designed to increase students’ interaction, clinical reasoning, and self-assessment and self-reflection skills through the experience of interacting directly with an older adult with dementia. These skills are described in more detail in the text that follows.

Interaction skills
The students should establish rapport with the older adults; collaborate with them while directing the activity; and modify the activity, their interpersonal approach, and communication style as needed throughout this experience. This requires that students think proactively to anticipate and overcome any challenges that they may encounter during this interaction. Students may need to provide very simple instructions, demonstrate an action, or provide assistance when appropriate. However, it is recognized that many individuals in this population have limited communication skills and may only be able to participate to a limited capacity.

Clinical reasoning
Students apply their clinical reasoning skills in all phases of this experience to maximize the individuals’ safe participation in this experience. Students should consider and apply their knowledge of interacting with individuals with dementia as early as the initial planning phase. Preparation involves planning the activity/activities to match the older adults’ interest and abilities, obtaining and organizing materials, anticipating safety concerns, and considering ways to modify the activity, the materials, or the environment within the given time parameters. Some activity sessions may involve light cooking, arts, crafts, puzzles, cards, board games, or gross motor activities (e.g., dancing, bags game, bowling, golfing, and table tennis). Therefore, students need to anticipate environmental and time considerations, requiring that the students complete some of the initial preparation ahead of time. Thus, they may select activities such as decorating prebaked cookies and donuts, filling a cannoli, or preparing no-bake snacks and desserts in order to involve the older adult in a cooking activity in the allotted time. In other words, students are challenged to think about and anticipate the demands of the activities, the environment, and the individual’s cognitive, communication, and motor abilities when designing and implementing these activities with the older adults with dementia.

When students are implementing the activity with the older adult, they will need to use their clinical reasoning skills in the moment to respond to the individual’s verbal and nonverbal communication and performance to facilitate engagement in the activity. This may involve adapting the materials or the setup of the environment, modifying the task, or adapting their interpersonal approach. For example, a student designing a golf “putting” activity may need to change the size and distance of the targeted hole numerous times throughout the session in order to provide the “just right challenge” for this person. Therefore, students may have to apply clinical reasoning to upgrade and downgrade the activity as well as adjust their
interaction style throughout the session to maximize the individual’s engagement in the experience.

Discussion/Reflection

Reflection and self-assessment
This experience also provides an opportunity for students to reflect on their knowledge and skills and examine their own interactions. This starts with the planning stage, in which students should formulate and present their preliminary questions and ideas to faculty for feedback prior to this intergenerational interaction. This process is the beginning of the opportunity for students to reflect and modify their approach to enhance the potential for a successful outcome. Faculty or knowledgeable staff trained to complete the student evaluation should be present at the facility to support and supervise the students and provide feedback while they are working with the older adult. This real-time feedback allows students to receive guidance and refine their approach and interaction skills in the moment to enhance the experience for the older adult. Students should have the opportunity to discuss and process their encounter with their supervisor once the session has been completed.

Wrap-Up

Students should provide closure with the older adults at the end of the session by thanking them for their time and reviewing the experience. Students may also ask the older adults whether they enjoyed the activity.

Ideally, the faculty member or the staff supervisor will meet with each assigned student(s) immediately following the activity session to reflect on the experience and to provide verbal feedback. Students should reflect on their session by answering some of the following questions: What is your overall impression of this interaction? What went well? What did not go as planned? What would you change or do differently in the future? What did you learn about working with individuals with dementia? Students may benefit from completing a written self-reflection either in addition to, or instead of, the verbal reflection. See the “Self-Reflection: Geriatric Experience” form in Appendix 3.2A.

The faculty member should follow up with the site after the experience to gain an understanding of the staff and older adults’ perceptions of the experience. This can be an informal or formal process, such as utilizing a site evaluation tool. This process can provide valuable feedback on the planning, implementation, and the impact of the experience as a whole. This is an extremely important step for evaluating the assignment, as well as making any necessary modifications for future collaborations.

Suggested lecture points
It is also beneficial for the course director and students to discuss and reflect on the experience with the whole class during the next class session. The students and course director can discuss what students observed and learned from working with the older adults with dementia. This provides the opportunity for students to learn from each other as they hear about other students’ unique experiences. Some sample discussion questions may include the following: What were some of the behaviors or symptoms associated with dementia that they observed? What strategies did they use in their interactions that worked well? What were some of the challenges?
The overall purpose of this experience is for students to combine their knowledge of aging and dementia and their interaction skills to design a meaningful activity session for an individual older adult based on the person’s interests. Through planning this experience and individually interacting with the older adult, students may experience firsthand knowledge of an older adult as a person who has interests and a rich life story. Students also gain experience in organizing and setting up the activity and the environment for an older adult who has dementia. The students need to collaborate with the older adult throughout the session and adapt the activity as needed to maximize the individual’s participation throughout the session. At the end of the session, students are responsible for cleaning up the environment and providing closure with the older adult. Faculty and/or staff should be available in the room to address any questions or concerns.

This activity is an example of a collaboration with an older adult day-care center. This collaboration may provide the opportunity for older adults with dementia to interact with undergraduate or graduate students while engaging in a meaningful activity that was designed based on their own interests. The students may bring a fresh approach as to how to structure those activities that were identified as meaningful for the older adults. In addition, the collaborative engagement of doing an activity together (such as making pudding and eating together) can provide social participation and interaction that might contribute to a person’s quality of life.

Assessment

Students are provided with verbal feedback from their supervisor immediately following the session. They are also given an evaluation sheet (“Evaluation of Student Geriatric Experience”; see Appendix 3.2B) that provides feedback on their performance throughout the experience. Please see the supplemental materials. If two students worked with one older adult, peer feedback could be part of the assessment process.

An evaluation form is provided, but it may be modified to meet other individual or specific course/site objectives. This student assessment focuses on their performance related to planning, interpersonal interaction, communication, and clinical reasoning skills. This includes their preparation, organization, modification of the activity, and their overall ability to engage the older adult throughout this experience and reflect on the experience. The assessment also includes items related to managing time and addressing safety concerns while interacting with the older adult. The evaluator should recognize that students may encounter some unique challenges in working with individuals with dementia and understand that an individual’s participation may be limited or vary throughout the session. Feedback should be constructive to promote more knowledge, skill development, and comfort regarding working with these clients.

As mentioned earlier, students may also elicit feedback from the older adult during the session by asking questions such as: “Do you like this activity?” “Are you having fun?” The staff at the adult day-care center may also be encouraged to provide pertinent feedback to the students and faculty regarding the interaction. Students may also complete a written self-reflection. Sample content for the self-reflection is included in Appendix 3.2C.

This experience may be completed one time per quarter, semester, or school year depending on when the course is offered.
ADDITIONAL CONSIDERATIONS

It is highly recommended that the course director meet with the facility in advance to develop a collaborative working relationship with their community partner and to understand the culture and climate of the facility and their clients. The expectations for students’ professional conduct (e.g., professional dress, how to address staff and clients, safety policies, special diets) at the facility should be discussed in advance. It is important to be open to discussing any questions or concerns with students. It is beneficial to be specific and constructive in your feedback to students to enhance their comfort, skills, and understanding of working with this population.

It is extremely beneficial if the facility staff have positive relationships with the clients and their families in order to learn about the clients’ interests and abilities. Since the facility staff are most familiar with the client, it is extremely helpful if staff can be available to either supervise or assist throughout the experience. As noted earlier, this assignment can be modified in various ways to be conducted with a number of different graduate and undergraduate student groups and at different types of facilities. As an example, in some settings it may be possible to conduct a similar activity with a higher student to supervisor ratio. Therefore, a number of modifications could be made to the structure and goals of this assignment to meet the needs of various educational programs who want to incorporate intergenerational learning experiences as part of their educational curriculum.

REFERENCES


RECOMMENDED RESOURCES


APPENDIX 3.2A: SELF-REFLECTION: GERIATRIC EXPERIENCE

The purpose of this self-reflection is to analyze and critique your learning following your interaction with the older adult. This includes reflecting on your skills, interactions, and your comfort with working with your assigned individual. The reflection should include consideration of the role of planning and preparation for the activity and its contribution to the overall experience. It is as important to understand and discuss what went well during the experience as it is to reflect on any challenges.

1. What is your overall impression of this interaction?

2. How do I feel about my own interactions with the client?

3. What went well?

4. What did I do well?

5. What did not go as planned?

6. What would I change or do differently in the future?

7. What did I learn about working with older adults with dementia?

8. What did I learn about my own skills and abilities?

9. What is my comfort level with the prospect of working with individuals with dementia in the future?
## APPENDIX 3.2B: EVALUATION OF STUDENT GERIATRIC EXPERIENCE

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<tr>
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<th>Above Expectations 3 Points</th>
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<tr>
<td>Preparation, setup, and organization of materials is appropriate to environment and activity</td>
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<tr>
<td><strong>Interaction/Communication</strong></td>
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<tr>
<td>Interacts with client respectfully</td>
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<td>Provides clear, simple directions</td>
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<tr>
<td>Collaborates with client when possible or assists client as needed to enhance the experience</td>
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<tr>
<td><strong>Implementation/ Clinical Reasoning</strong></td>
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<td>Responds (thinks/acts) in the moment to enhance engagement in activity (e.g., modifies verbal, tactile, and/or visual cues;</td>
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(continued)
### Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Below Expectations 1 Point</th>
<th>Meets Expectations 2 Points</th>
<th>Above Expectations 3 Points</th>
<th>No Opportunity</th>
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<tbody>
<tr>
<td>Implementation/Clinical Reasoning</td>
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<td>upgrades or downgrades the activity; timely in providing necessary modifications; provides setup and/or assistance as appropriate)</td>
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<td>Time Management</td>
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<td>Manages time effectively to enhance meaningful engagement in the activity and end task on time</td>
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<td>Safety</td>
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<tr>
<td>Addresses and prevents all safety concerns</td>
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<td>Self-Reflection of Experience</td>
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<tr>
<td>Provides insight into what went well, challenges, and discusses learning that occurred as a result of experience</td>
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<tr>
<td>Additional comments</td>
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<td>Total Score</td>
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APPENDIX 3.2C: CASE EXAMPLE

(This example is not based on a specific individual situation, but based on a composite of different experiences to illustrate what this experience may entail.)

BACKGROUND

Jessica is completing her “geriatric interaction assignment” for this course. Jessica has had course content related to understanding and working with people with dementia. She has been provided with background information on her assigned older adult’s interests and abilities. She learns that Mrs. Betty Smith used to love making doughnuts and decorating cakes. Mrs. Smith does not have any known food allergies, likes eating sweets, and is able to eat, move, and walk independently. She attends activities but takes prompting to initiate activities. She likes to be called “Betty” and lives with her daughter. She does not talk much but will usually ask questions. Betty also has short-term memory issues and some difficulty attending.

Jessica came up with the ideas of purchasing some plain doughnuts and bringing in premade frosting for Betty to decorate the doughnuts. She discussed the activity materials, organization, setup, and cleanup with her instructor.

MATERIALS

Jessica decided she would bring in four doughnuts (one for each of them to eat and two for later). She also decided to bring a container for the doughnuts that Mrs. Smith could decorate if they had time. Other materials included three tubes of frosting in different colors (to provide a limited choice), edible sprinkles, paper towels, stickers to decorate the container, a marker, and hand sanitizer wipes. Jessica also verified that there was a sink and paper towels available if needed.

EXPERIENCE AT SITE

Jessica arrived at the site with seven other students who were also assigned to individual clients. There were four faculty members from the school at the site, and each faculty member supervised two students at a time. The students and faculty were split into two rooms, and there was a staff member in each room. The staff member brought Betty into the room and introduced her to the student and faculty member. Betty sat down at a table next to Jessica, who had paper towels on the table covering the work surface.

Jessica asked Betty if she liked doughnuts and would like to decorate them. Betty said, “That sounds good.” Jessica asked what colors of frosting she would like and showed her the choices. Betty pointed to the white and red. Jessica asked if she could open the tube or if she needed help. When Betty appeared to struggle, Jessica assisted her. Jessica then demonstrated how she used the tube frosting to decorate her own doughnut. Betty had difficulty and seemed frustrated. Eventually, Jessica started squeezing the frosting tube, and Betty was able to squeeze the tube and started decorating her own doughnut. It was messy, but Jessica encouraged her and continued to offer her assistance. Betty decided to start eating her doughnut after they used one color of frosting. Jessica said she would also eat her doughnut. Jessica attempted to make small talk with Betty, but Betty focused on eating her doughnut.
When she was finished, Jessica asked if it was good. Betty replied, “Very good.” Jessica asked if she would like to decorate the rest of the doughnuts and bring them home to her daughter. Betty nodded yes.

Jessica suggested they wipe their hands before starting and handed Betty a wipe. Betty wiped her hands. Jessica waited for Betty to start decorating the next doughnut, but Betty did not initiate. After a few minutes, Jessica’s faculty supervisor cued Jessica to ask Betty if she wanted help. Betty said yes. Jessica then asked if she wanted the same color. The tubes were hard for Betty to squeeze, so Jessica’s supervisor suggested cutting the nozzle of the tube to make the opening larger. This worked, and Betty was able to complete frosting the doughnut with minimal assistance. Betty was able to add some sprinkles on top of the doughnut once Jessica opened the container. After the doughnuts were decorated, Jessica asked if Betty wanted to put stickers on the container for the doughnuts. Betty said yes. Jessica asked which stickers. Betty tried but could not get the sticker off the page. Jessica did this for her and asked Betty to point to the sticker and where she wanted to place it. When this was completed, Jessica suggested they put her name on the container and asked Betty to write it. Betty was able to write her name on the container. There was about 5 minutes left, so Jessica asked if Betty wanted to wipe her hands and explained she was going to clean up the table. She asked Betty if she liked making the doughnuts, and Betty said yes. She said they were good. Jessica asked the staff member if Betty could have another one. The staff member indicated that she would have lunch soon, so maybe later. Jessica thanked Betty for working with her and said good bye. Betty said, “Come back some-time.”

FEEDBACK

The staff member said that Jessica did a nice job of engaging Betty. Jessica thought the experience went well but recognized that some of the tasks were difficult for Betty. The faculty supervisor agreed, and they discussed other ways to modify the tasks (e.g., spreading canned frosting, initially cutting the opening of the tube so more frosting came out, starting the corner of the sticker for Betty and/or larger stickers, stamps or other ways to decorate the container). The faculty supervisor also asked if Jessica tried the activity herself before doing it at the facility. Jessica had not, so she was not aware of how difficult some of the tasks may be. They also discussed the positive ways that Jessica was able to be flexible and adapt in the moment (e.g., assisting Betty, adjusting the plan and eating the doughnut when Betty wanted to eat the doughnut, and opening the sprinkle bottle for Betty based on observations that this would be difficult for Betty). The faculty supervisor asked if Jessica thought it may have been better to intervene earlier when Betty was getting frustrated, and they discussed this situation. Her faculty supervisor also suggested that both Jessica and Betty wash their hands before starting the activity. These comments were recorded on the assessment form. Jessica’s self-reflection indicated that she liked the experience because she thought Betty enjoyed the experience. Also, she felt a little more comfortable working with individuals with dementia.

Several students conducted activities with various clients throughout the day. The staff indicated they were pleased with the activities and how they were conducted. They felt the students were professional, creative, and respectful of the clients. They were able to engage some clients that often have difficulty participating. The majority of clients were interested in doing this experience with another group of students. The faculty supervisors indicated they were able to easily supervise two students at a time.