

Opening Minds through Art (OMA) at Cedar Village

First semester report

January – May 2009



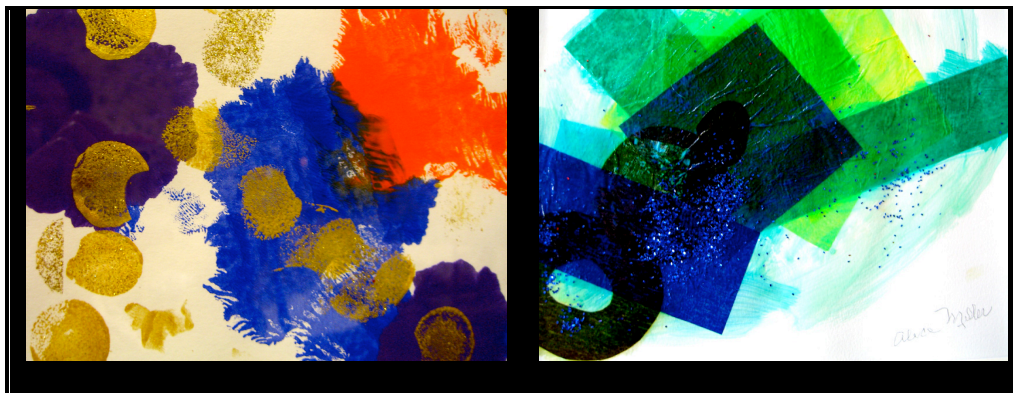
Photo by Buffy Hanna

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ACKNOWLEDGMENT

The OMA program is sponsored by Cedar Village, the Fisher Foundation, the Cedar Village May-Drury Fund in memory of Polly Anne and Edwin P. Drury, Dr. Gordon Margolin, and the Scripps Gerontology Center at Miami University. We also would like to acknowledge with gratitude all the residents, families, staff, and Friends of Cedar Village for their participation in the program, as well as Miami University students who provided volunteer service during the semester. They were an essential source of youthful enthusiasm and compassion throughout the program.



EXECUTIVE SUMMARY

INTRODUCTION TO OMA

In January 2009 Cedar Village began implementing the Opening Minds through Art (OMA) program for its residents with dementia who reside on Cherry Lane. This report covers activity from the start of implementation to the end of the first OMA term in May 2009. It includes a description of the details of OMA activities at Cedar Village, and summaries of quantitative and qualitative evaluations that document the changes in staff and volunteers' attitudes toward aging and dementia as a result of participating in the OMA program.

Opening Minds through Art (OMA) is an art program specifically designed for people with dementia (PWD). It is grounded in "person-centered" ethics (Kitwood, 1997) and founded on the fact that people with dementia are capable of expressing themselves creatively. There is a growing body of empirical evidence that creative expression improves their physical and psychological well-being (for example, Basting & Killick, 2003; Cohen et al., 2006; Fritsch et al., 2009; Kinney & Rentz, 2005; Lane, 2005; Pepin et al., 2006; Rowe et al. 2006; Rusted, Sheppard, and Waller, 2006).

The OMA program is implemented in small group sessions of 10-12 PWD with an equal number of staff members and volunteers trained by OMA to work with them on a one-to-one basis. Art projects are designed to ensure successful creative self-expression despite cognitive and physical limitations the artists may have. Training is designed to facilitate this creative process with special emphasis on maintaining the artists' autonomy and dignity. The art-making sessions culminate in a gallery exhibition, celebrating the artists' accomplishments while educating the public about the creative capacities of people with dementia.

OMA has the following goals:

- (1) To promote the social engagement, autonomy, and dignity of people with dementia by providing creative self-expression opportunities.
- (2) To provide staff and volunteers, both community members and college students, with opportunities to build close relationships with people with dementia.
- (3) To show the public the creative self-expression capacities of people with dementia through exhibitions of their artwork.

OMA aims to open the minds of all parties involved to the continuing development of the human potential of PWD. The opportunities to develop relationships with PWD and to witness firsthand the creative capacities of PWD enrich everyone's understanding of dementia.

OMA AT CEDAR VILLAGE

At Cedar Village, 42 people participated in the OMA training sessions for staff/volunteers (26 Cedar Village staff members, eight community volunteers, and eight Miami University student volunteers). The large number of trained facilitators ensured the 1-1 ratio required each week. The 13 weekly art sessions produced a number of paintings and prints by a dozen artists from the Cherry unit. Fifty-two of these along with photographs of the artists went on exhibition at the Cedar Village Gallery with an opening reception on April 20, 2009.

Multiple components of the OMA program were evaluated throughout the semester. This report includes six separate evaluations to measure the effectiveness of the of the OMA program: A) effectiveness of the training session; B) changes in staff members' and volunteers' attitudes toward aging and dementia; C) the weekly art sessions; D) the artists' (i.e. the residents with dementia in the program) responses to the program; E) the art exhibition; and F) the program overall. Both quantitative and qualitative measures were used. Although the number of

completed evaluations is rather small in several cases, all evaluations show that OMA was indeed a success at Cedar Village. The people with dementia were engaged most of the time, enjoyed themselves, and were proud of their completed work. Staff and volunteers believe that the training prepared them to be more confident and improved their interactional skills with people who have dementia. They believe that the art projects were enjoyable and appropriate for the residents with whom they work. Their overall attitudes toward aging and dementia became more positive.

The main themes that emerged from the data are summarized below:

- Staff and volunteers learned effective communication skills to engage with PWD. They slowed down, listened more, and gave more opportunities for PWD to be independent.
- With these improved communication skills and a more positive attitude, staff and volunteers believed they were able to build closer friendships and connections with people who have dementia.
- As a result, staff and volunteers were able to realize and appreciate the potential and remaining capacity of PWD, both socially and artistically.
- In the end, all of the above contributed to sustained engagement and enjoyment by people with dementia.

SAMPLE COMMENTS FROM CEDAR VILLAGE STAFF AND VOLUNTEERS

People with dementia can participate and be creative:

- “During OMA my residents light up, smile and engage as they participate in the program. Many of these residents do not participate in most programs; some wander aimlessly without regard to their environment. OMA enriched the lives of the residents and volunteers.”

- “[I enjoyed] observing the reactions on faces of the residents. Many were pleasantly surprised at their finished work. It improved the quality of their lives by participating in OMA.”
- “I very much enjoyed seeing people happy with their work and accomplishments and being in charge of their own responses.”

People with dementia can make social connections:

- “The most important thing that I learned from participating in the OMA program is that human beings can connect emotionally under any circumstances. Even when all other cognition fails, emotions linger in the mind.”
- “I can honestly say I liked EVERYTHING about the OMA experience. The one-on-one interaction with the participants made the experience more meaningful by permitting emotional connections and naturally encouraging patience. As a bonus, watching the individuals merge as a group was rewarding.”

Volunteers transform their fears of people who have dementia to friendship:

- After the first visit, one student wrote, “My first impressions in the dementia unit were uncomfortable and even a little frightening. I don’t like to admit it, but it was a little scary to walk through doors that only open from the inside of the unit with a code and to see very old people struggling to eat eggs and toast for breakfast and hear a raspy female voice off in a side room yelling, ‘help me god help me help me...’ while everyone else seemed to ignore her.”
- After the fourth visit, the same student wrote, “I almost consider [participant’s name deleted] in the same light I might consider my own grandmother. There are differences, of course, and there also isn’t a long history like with my actual grandma, but I care about her and have that same pull toward her, just to hold her hand, and to see if she needs anything. That just comes from caring about older people, when you know that your presence is super important to them and you want to

make them happy. I was hoping that something like the relationship I have with [participant's name deleted] might come from this, but I didn't think that it would happen so fast, and I wasn't sure that it would happen at all, so I am very grateful."

People learn better ways to communicate with people who have dementia:

- "Before OMA, I talked to them like children. Now, I know the most important thing is to make them feel important and show that their life still means something to someone."
- "It pointed out to me how important it is for an older person to be allowed the time to respond in their own way, not in a way others want them to."
- "I try to not overwhelm them with too many questions at one time. ... It also has made me realize the importance of wait time, not directing the residents too much and not to talk too much to them while they are focusing."
- "OMA has taught me to slow down and appreciate more."

Staff members give people with dementia more opportunities to be independent:

- "OMA has helped me see the pride of my residents as they are given the freedom to make choices. OMA has shown me that freedom of choice and expression can unlock even the most confused of minds."
- "OMA has created a new mindset in our department. The program has validated the necessity of the residents doing things for themselves. OMA provides a new culture that is now used in our department when planning and implementing all activities."
- "I learned from OMA that you do not have to do everything for someone with dementia; they are able to [do things] for themselves if you have the patience with them."
- "Now I am much slower to jump in and do things for my residents."

INTRODUCTION

In January 2009 Cedar Village began implementing the Opening Minds through Art (OMA) program for its residents with dementia who reside on Cherry Lane. This report covers activity from the start of implementation to the end of the first OMA term in May 2009. It includes a description of the details of OMA activities at Cedar Village, and summaries of quantitative and qualitative evaluations that document the changes in staff and volunteers' attitudes toward aging and dementia as a result of participating in the OMA program. A brief summary of student volunteer journals is also included.

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ACTIVITIES

OMA TRAINING SESSIONS FOR STAFF AND VOLUNTEERS

Two-hour training sessions on OMA philosophy and methodology were held at Cedar Village on Jan. 9 and 16, 2009. Thirty-four people (26 staff members and eight community volunteers) in total attended the training sessions. In addition, eight student volunteers were trained at Miami University in preparation for their volunteer service at Cedar Village. The interactive training sessions are aimed at teaching staff members and volunteers ways to facilitate the creative process of PWD with special emphasis on maintaining their autonomy and dignity. It covered the following topics:

- (1) The basics of dementia
- (2) The foundation of OMA philosophy and methodology
- (3) Skills for effective communication and facilitation of the creative process for people with dementia.

OMA ART SESSIONS

From January 23 to May 1, 2009, residents in the Cherry unit attended weekly art sessions on Friday mornings, from 9:30 – 11 AM. There were 13 sessions in all, and most of the sessions were attended by 10 residents from Cherry and 12 volunteers/staff, resulting in a better than one-to-one ratio. All sessions began with a pre-session orientation and ended with a post-session debriefing with the staff and volunteers to reflect on the day's events. (The average number of residents for the term is 9.8 and for the staff/volunteers is 11.7.) In addition to the oral debriefing sessions, the staff and volunteers were asked to reflect on and write about their experiences at the end of every session.

OMA ART EXHIBITION

On April 20, 2009, an opening reception was held including a dinner with families, staff, volunteers, and some board members. The exhibition included 52 paintings and prints by Cherry artists; 15 color photographs by Scripps staff member Buffy Hanna; and quotations from students' journals, community volunteers, and staff members writing about their experiences making art with people who have dementia.

EVALUATION METHODS

Several instruments were used to evaluate the above activities. With the exception of the art exhibition, the evaluation forms were completed by staff members and volunteers. They responded in writing to both quantitative and qualitative questions. Below is a list of the evaluation forms used. (Please refer the Appendices for the list of actual questions asked.)

1. OMA Volunteer Training Evaluation: Data collected from staff and volunteers at the end of training sessions (Jan. '09).

2. SAIL Project Evaluation Questionnaire for staff members (pre-test and post-test): Data collected from staff and volunteers prior to their participation in the training session (Jan. '09) and at the end of the semester (May '09).
3. OMA Session Evaluation for Staff/Volunteers: Data collected weekly from participating staff and volunteers at the end of every session (Jan. through May '09).
4. Overall OMA Program Evaluation: Data collected from staff and volunteers at the end of the semester (May '09).
5. OMA Art Exhibition Evaluation: Data collected from the general public who attended the art exhibition (Apr. through Jun. '09).

EVALUATION RESULTS

A. EVALUATION OF OMA TRAINING SESSIONS

Prior to starting the program, CV staff and volunteers and Miami students received a 2-hour training session about dementia and the OMA program. At the end of this training session, participants were asked to evaluate the effectiveness of the training session. Table 1 on page 5 is based on the opinions of 19 of the 34 Cedar Village staff members and community volunteers who completed the training evaluation form. (Miami University students' evaluation is not included in the summary here in order to focus on the opinions of CV staff and volunteers. Incidentally, the students' evaluations are even more positive than that of CV staff and volunteers.) Overall, the training session was well received with average scores on all items of above 4 on a 5-point scale. Fifteen out of the 19 respondents (79%) would like to receive more OMA training in the future. Four people left this last question blank.

Six people wrote brief comments at the end in response to open ended-questions about areas of strengths and needed improvements. All these comments were brief and positive, such

as “*was amazing!*” or “*very clear.*” There was only one suggestion for improvement: to add more information about the brain.

Table 1: OMA Volunteer Training Evaluation (Spring 2009)
(N=19; 1=strongly disagree and 5=strongly agree)

Questions	Average (5-point scale)
1. I have a better understanding about people with dementia (PWD).	4.6
2. I learned <u>how to better interact</u> with PWD.	4.5
3. I feel <u>more confident</u> in my ability to facilitate the creative process of PWD	4.4
4. The trainer explained things clearly.	4.7
5. The video clips and discussions were helpful in my learning process.	4.7
6. I am interested in participating in more OMA training and discussions.	Yes: 79% No: 0% Missing: 21%

B. OVERALL CHANGE IN STAFF AND VOLUNTEERS’ ATTITUDE TOWARD OLDER PEOPLE AND PEOPLE WITH DEMENTIA

Prior to the OMA training (Jan. ‘09) and at the completion of the spring semester (May ’09), CV staff members and volunteers completed a questionnaire designed to assess four categories of attitudes. Specifically, the scale assessed attitudes toward: 1) older people in general, 2) working for older people, 3) people with dementia, and 4) working with individuals with dementia. The scale was adapted from a scale created to measure the impact of an intergenerational service-learning project for university students (Pillemer & Schultz, 2007).

Of the 30 people who took the pre-test, only ten people completed the post-test: seven staff members and three volunteers. Of these seven staff members, only two or three people attended OMA sessions regularly. The pre-training questionnaire data indicated that staff had positive attitudes in all four categories. For example, the average score for attitudes toward people with dementia was 10 (out of a maximum positive score of 12) and, for attitudes toward working with individuals with dementia, 24.0 (out of a possible 28). The post-OMA follow-up questionnaire data indicated slight improvements in attitudes toward older people and people with dementia, and in attitudes toward working with individuals with dementia, but these changes were not statistically significant. It is important to point out that the lack of statistical significance was due in part to the small number of staff and volunteers who completed both the pre-test and the post-test (i.e., ten people), and that the qualitative evaluation data document numerous positive consequences of OMA according to the staff and volunteers.

At the end of the post-test, staff and volunteers were asked the following open-ended questions:

- a. What was the most important thing you learned from participating in the OMA program?
- b. What did you like/dislike about the OMA experience?
- c. What would you recommend for future OMA programs?
- d. As a result of your experience with OMA, have you changed the way you interact with persons with dementia? If yes, please describe or give an example.

Below is a summary of their responses plus some common themes culled from Miami University student volunteers' journals.

a. "What was the most important thing you learned from participating in the OMA program?"

Based on ten written responses and three emails from staff and volunteers, the main themes that emerged in response to the above question were:

- That PWD are still able to engage and enjoy the world
- That it is important to facilitate their independence, give them choices, and slow down our own pace when interacting with them.

Connection and enjoyment:

All but one respondent (92%) wrote that as a result of participating in OMA they realized that PWD could participate, enjoy, and socially engage with others. One person wrote, *“The most important thing that I learned from participating in the OMA program is that human beings can connect emotionally under any circumstances. Even when all other cognition fails, emotions linger in the mind.”* A couple people mentioned quality of life; one wrote, *“Dementia may affect the mind, but the person is still able to enjoy a quality of life.”* Another put it more concretely; she learned that *“Residents with dementia can enjoy participating in art projects.”*

Independence and choice:

Seven of the 13 responses (54%) mentioned that they learned the importance of facilitating PWD’s independence and giving them choices. One staff member wrote, *“As a caregiver, I’ve always wanted to do it for them instead of allowing the residents at least, a chance to do it from [sic] themselves; since my involvement with OMA that has changed.”* Another wrote, *“The program has validated the necessity of the residents doing things for themselves.”* Giving choices is a key element in facilitating independence: *“OMA has helped me see the pride of my residents as they are given the*

freedom to make choices. OMA has shown me that freedom of choice and expression can unlock even the most confused of minds.”

Slowing down and patience:

Slowing down and patience were also mentioned as important learning points: “*OMA has taught me to slow down and appreciate more.*” Another respondent wrote, “*It pointed out to me how important it is for an older person to be allowed the time to respond in their own way, not in a way others want them to.*” A staff member saw a direct connection between facilitating independence and taking the time, she learned “*That you do not have to do everything for someone with dementia; they are able to [do things] for themselves if you have the patience with them.*”

Specific interactional strategies with PWD that were also mentioned through OMA participation were the importance of one-on-one encouragement, a quiet working environment, and the use of multiple cues.

b. “What did you like/dislike about the OMA experience?”

Liked everything:

All respondents (100%) wrote positively about their OMA experience. Half of them wrote in general terms, such as “*I liked everything about OMA, from the team, the volunteers, the art, everything!*” The remaining comments were more specific and are summarized below.

Witnessing the creative capacities of PWD:

Two people were impressed by the ability of PWD to create art. One staff member wrote, “*The OMA experience was one of the most beautiful things I have experienced in the nursing home. Just watching them work a paint brush brought tears to my eyes.*” Yet

another wrote, *“I loved the experience of watching the residents create the art and I especially enjoyed when the residents named their artwork.”*

Observing PWD’s pride at own accomplishment:

While the above category of responses focused on the impressions of the staff/volunteers who observed the creative process, four people who wrote in this category emphasized the artists’ own sense of surprise, pleasure, and pride as they completed their artwork. One staff member wrote, *“It was amazing to see the change in their demeanor as evidenced by smiles, pride, and excitement.”* Another wrote that she enjoyed *“Observing the reactions on faces of the residents. Many were pleasantly surprised at their finished work. It improved the quality of their lives by participating in OMA.”* A volunteer wrote a similar comment, *“I very much enjoyed seeing people happy with their work and accomplishments and being in charge of their own responses.”*

Personal connections:

A couple people wrote that they liked the one-on-one ratio, which allows for personal connections to develop. One volunteer wrote, *“I can honestly say I liked EVERYTHING about the OMA experience. The one-on-one interaction with the participants made the experience more meaningful by permitting emotional connections and naturally encouraging patience. As a bonus, watching the individuals merge as a group was rewarding.”* And a staff member wrote that she enjoyed seeing *“how the residents enjoyed the attention.”*

Disliking own impatience:

The only potentially negative statement mentioned was the volunteer’s own disappointment with herself, not with the OMA program. She wrote, *“I disliked that I*

found myself not fully comfortable waiting and accepting a less than expected response.”

The same individual wrote later that as a result of participating in OMA as a volunteer, she was able to overcome this feeling (see her response to the question below.)

c. “As a result of your experience with OMA, have you changed the way you interact with PWD? If yes, please describe or give an example.”

Increased opportunities for PWD to be independent:

Nine people answered the above question. Six of them wrote that they are giving PWD more opportunities to be independent as a result of participating in OMA.

Representative responses by staff members are: *“I am much slower to jump in and do things for my residents”* and *“I try to let the resident complete a task first if they are able.”*

Better communication strategies:

Four people wrote about acquiring better communication strategies with PWD. One staff member wrote, *“I look deeper, I listen deeper. I get to know the person.”* The volunteer who earlier wrote that she disliked her own impatience wrote that as a result of participating in OMA, *“I feel more comfortable arriving in the unit at Cedar Village and I love to say hello by name to the residents. I also really like the smile of recognition I see in their faces.”* Staff members also learned specific communication strategies such as, *“I try to not overwhelm them with too many questions at one time”* and *“It also has made me realize the importance of wait time, not directing the residents too much and not to talk too much to them while they are focusing.”*

Changed perspective on people dementia:

In response to the above question, one volunteer who came regularly wrote more extensively about her changed perspective about PWD: *“There is so much to learn not only from people with dementia but from the interaction itself. I was hoping to gain some understanding of what happens in the mind of a person with dementia. I learned that their minds are not just “losing” information and that one interacting with a person with dementia should not have the goal of accessing memories, or “preserving what’s left.” With stimulation and balanced input, and not to mention compassion and understanding from a youth and speed-obsessed culture, persons with dementia can make contributions. At least through their beautiful art.”*

d. “What would you recommend for future OMA programs?”**Expansion:**

Seven people completed this section. Three of them wrote about the need to expand the OMA program. A staff member suggested, *“That we extend this program thru-out the facility. There are residents that aren’t on the dementia unit, but have dementia (early stage) that would benefit from this program.”* A volunteer wrote about involving more staff members in the program, *“I hope the program prospers and helps care workers see the adults they work with in a different way. I would have liked more care workers to have been involved with training and perhaps a change of attitude towards these adults.”*

Other:

Two people wrote no changes are needed. One person wrote about including a very specific technique to re-engage a distracted artist in the staff/volunteer training session. One suggested a smaller group size.

e. Student volunteers' journals:

A total of eight Miami University undergraduate students of various majors came regularly to volunteer with OMA at Cedar Village. These students were assigned to the same partner whenever possible, and wrote journals after each visit. Quotations from their journals were included, along with their photographs, in the art exhibition of the artwork by the residents. Below are themes that emerged from the students' journals.

Transforming fear to friendship:

All students reported that they overcame their initial fears and apprehension and enjoyed the relationships they were able to build with their partners. The following excerpts illustrate this transition from fear to friendship. After the first visit, one student wrote, *"My first impressions in the dementia unit were uncomfortable and even a little frightening. I don't like to admit it, but it was a little scary to walk through doors that only open from the inside of the unit with a code and to see very old people struggling to eat eggs and toast for breakfast and hear a raspy female voice off in a side room yelling, 'help me god help me help me...' while everyone else seemed to ignore her."*

After the fourth visit, the same student wrote, *"I almost consider [participant's name deleted] in the same light I might consider my own grandmother. There are differences, of course, and there also isn't a long history like with my actual grandma, but I care about her and have that same pull toward her, just to hold her hand, and to see if she needs anything. That just comes from caring about older people, when you know that your presence is super important to them and you want to make them happy. I was hoping that something like the relationship I have with [participant's name deleted]"*

might come from this, but I didn't think that it would happen so fast, and I wasn't sure that it would happen at all, so I am very grateful."

Learning how to interact with others:

Many students wrote about learning to listen more, to be more open, patient, and respectful toward others. One student wrote, *"I learned how to treat people with dementia and how important it is to respect them. I learned to always listen to what they're trying to say regardless of whether I immediately understand it or not..."*

Another student wrote, *"Overall, through OMA, I have learned to treat people with dementia as people, to have normal conversations with them, to remember that their thoughts and emotions are just as valid as anyone else's, even though they may not be able to express those thoughts and emotions quite as clearly.... At the first visit, I would laugh with her, often not knowing what I was laughing at. Now, I make a genuine effort to understand the point she is trying to make and will often fill in the words she is missing. I still laugh with her, but when I make it clear that I understand what she is getting at, I think that is much more respectful of her and her mind. When people just laugh, it's like they are dismissing what she was trying to say and often just want her to stop mumbling. I now encourage her to keep mumbling (if that's all she is doing) and I truly try to make sense of what she is saying. I think this allows her much more dignity."*

One student wrote specifically about transferrable attitudes and skills he could take to his work place, *"After leaving Cedar Village each week, I am eager to interact with elderly people. It gives me the experience and confidence to do so. After volunteering each Friday, I go to work. I work in a pharmacy and have to interact with a lot of people;*

young and old. Since starting this program, I have noticed an improvement in satisfaction at work. I have become more patient and am overall in a better mood in general."

Enhancing academic learning and beyond:

All students mentioned that the volunteering experience was helpful in their academic life; for example, a student wrote, *"My gerontology class teaches me the information, but visiting Cedar Village makes it real. ... [H]aving personal relationships and connections with the Cedar Village residents allows me to learn about the real-life aspects of the disease and remember that it is a constant struggle for thousands of people. Hearing the Cedar Village employees tell stories about how residents sometimes wander off or forget where their room is and seeing those residents struggle to paint pictures or constantly trail off and forget what they were trying to say makes it more important to listen and learn in class. Because of OMA, gerontology has become more of a "want-to-learn" rather than a "have-to-learn" class."*

Several students mentioned that their learning went beyond the academic context and that the experience helped them learn about life itself. One student wrote, *"[Participant's name deleted] was teaching me about happiness, and she didn't even know how she has touched my life. She had taught me to be happy with life, especially since we only have one to live."*

Looking forward to the next visit:

All students wrote that they looked forward to the next volunteering time. Everyone repeatedly wrote some variation of the following statement: *"The project went really well and [participant's name deleted] told me she had a lot of fun. At the end of the time, I couldn't believe it was already over. I had a lot of fun and so did [participant's name*

deleted]. All weekend long, I told my friends and families about how much fun I had. I can't wait until next time."

C. EVALUATION OF OMA ART SESSIONS

The participants created a different art project every week. At the end of every session, all assisting staff members and volunteers completed an evaluation form about the activity. Table 2 on page 16 shows a brief description of the activities and the staff/volunteers average rating in response to the following questions:

- a. Did you personally enjoy today's activity?
- b. How well did you work with the participants in this activity?
- c. How appropriate was the activity for the participants?
- d. Overall, how would you rate this activity?

In all of the activities, the assisting staff and volunteers felt that they personally enjoyed the activities; they worked well with their partners; they thought the activities were appropriate for the artists; and they rated every activity quite high, ranging from 4.3 to 5.0 on a 5-point scale.

Table 2: Average Rating of Activities by Staff and Volunteers
(1=Not At All; 5=Very Much)

Date	Activity description	N	Enjoy	Work	Appropriateness	Overall
1/23/09	Stamping aprons: Using sponge stamps and acrylic paint.	10	4.9	4.0	4.5	5.0
1/30/09	Paste paper: Creating negative spaces by removing paint.	9	4.2	3.4	4.7	4.4
2/06/09	Collage 1: Overlapping shapes and colors of thin tissue.	9	4.8	4.6	4.9	4.9
2/13/09	Painting jewels in a bottle: Using watercolor and stencils.	9	4.7	4.0	4.7	4.7
2/20/09	Crinkle foil printing: Printmaking using acrylic paint and brayers.	9	4.9	4.9	5.0	5.0
2/27/09	Gilding: Using metallic paints to simulate Japanese silk designs.	11	4.2	4.7	4.5	4.5
3/6/09	Embellishing print: Painting on top of prints made earlier.	10	4.2	4.3	4.5	4.3
3/20/09	Monotype printing: Using ink to create unique prints.	11	4.5	4.7	4.6	4.7
3/27/09	Shodo: Japanese calligraphy, ink on rice paper.	10	4.7	4.7	4.4	4.5
4/3/09	Collage 2: Overlapping shapes and colors of painted tissue.	8	4.8	4.8	4.8	4.8
4/17/09	Watercolor stamping: Background painting and foreground stamping.	4	4.8	5.0	5.0	4.8
4/24/09	Joan Miro inspired drawing and painting.	9	4.9	4.0	4.8	4.7
5/1/09	Bubble wrap printing: Creating textures from everyday objects.	8	4.9	4.6	5.0	5.0

D. EVALUATION OF THE ARTISTS

Residents with dementia who participated in the program are referred to as artists in the program and OMA staff leading the sessions are called artist facilitators. At the end of every session, each artist was evaluated by his/her assisting volunteer/staff. Based on their observation of the session, the volunteers rated the artist on a 5-point scale (1=not at all and 5=all the time) in response to the following questions:

- a. Did s/he participate in the activity?
- b. How much enjoyment do you think s/he gets from this activity?
- c. Did s/he appear happy or content during the activity?
- d. Did s/he engage with the art materials/activity and/or other people during the session?
- e. Did s/he appear to be proud of his/her finished work?

Table 3 below shows the average rating of each participant who attended OMA sessions regularly (at least 60% of the time or 8 out of 13 sessions). Their real first names are used to inform the staff how each artist responded to the program. As the table shows, the artists participated nearly all the time; enjoyed the activities; were quite happy or content during the sessions; were engaged most of the time; and appeared to be quite proud of their work.

Table 3: Artists' response to the OMA program as rated by their partners

(1=not at all; 5="very much" or "all the time")

Artist's Name	Total attendance	Participation	Enjoyment	Happy/Content	Engagement	Proud of work
Betty	13	4.5	4.6	4.7	4.6	4.7
Janet	13	4.1	3.8	3.7	4.4	3.5
Eleanor	13	4.2	4.7	4.4	4.1	4.6
Ethel	13	4.1	4.1	4.4	4.1	4.4
Frieda	12	4.1	3.7	4.0	4.1	4.2
Sylvia	12	4.4	4.3	4.4	4.4	4.0
Laura	12	4.6	4.6	4.6	4.9	4.9
Ruth	9	4.0	4.7	4.5	4.4	4.5
Jeannette	8	4.0	4.0	3.8	3.8	3.8

E. EVALUATION OF OMA ART EXHIBITION

It is estimated that approximately 100 people attended the OMA exhibit opening on April 20th, 2009 and dozens more have passed through the gallery since then. Unfortunately, only six people completed the evaluation forms of the exhibition as of June 5, 2009. All six people found the exhibition “*thought provoking*.” Four people found the show to be “*hopeful*.” The other words/phrases used to describe the exhibit are: “*Magical, charming, informative, helpful, inspiring, amazing, great, creative, and ‘I am speechless’*.” Although neutral and negative adjectives (i.e., “*Depressing, confusing, frightening, nothing special, and uninformative*”) were available on the evaluation form, none were selected. More detailed comments are reported below.

Demystifying and destigmatizing dementia

As stated above, one of OMA’s goals is to show the public the creative self-expression capacities of people with dementia and to demystify dementia in general. To assess the attainment of this goal, we asked gallery visitors the following two questions:

Before viewing this exhibit, I thought it was possible for people with dementia to express themselves creatively:

1	2	3	4	5
Did not think so				Did think so

After viewing this exhibit, I think it is possible for people with dementia to express themselves creatively:

1	2	3	4	5
Do not think so				Do think so

Despite their personal and/or professional experience with PWD, gallery visitors reported that they changed their view of the creative expression capacity of PWD as a result of seeing the OMA exhibition. Before seeing the OMA show, on average they thought that PWD may be able to express themselves creatively (average 3.0) whereas after the show all respondents thought

that it is indeed possible for PWD to do so (average 5.0). Excluding one respondent who already thought that PWD are capable of creative self-expression before s/he came to the OMA show, the average “before” score of all others was to 2.0 (i.e. most thought that PWD were not really able to express themselves creatively or if they were, only to a limited degree).

Two people wrote more at length in their art show evaluations that addressed this issue. One person wrote, *“It opens our eyes to endless opportunities for more self expressions.”* Another person wrote specifically about the show’s capacity to destigmatize dementia, *“The work is really creative and a great exhibition has really shown how to beat the stigma of dementia citizens. It allows a great visual connection for people to think over.”*

Benefiting people with dementia

The positive effect of the art show on the artists’ self-esteem impressed one volunteer who wrote, *“The art show was a remarkable experience as well. To see the pride and joy in the eyes of the participants, as they located their work on the wall, brought a great feeling of personal satisfaction.”* Another visitor to the show wrote more generally, *“Keep up the work. Trust me, it helps both the exhibitor as well as the viewer. If you stop it will do more harm than good.”*

F. OVERALL PROGRAM EVALUATION

Unfortunately only four staff and volunteers completed the overall program evaluation at the end of the term. The OMA program received full marks on nearly all items. The table on page 20 summarized the average rating for each item. Most interesting to note are the last two items: as a result of participating in the OMA program, all respondents increased their confidence in the capacity of PWD to express themselves creatively (from an average of 2.5 to 5.0).

Table 4: OMA Overall Program Evaluation (Spring 2009)

(N=4; 1=low; 5=high)

	Questions	Average (5-point scale)
1.	Overall, how would you rate the OMA program?	5.0
2.	Overall, how much did you enjoy the OMA activities?	5.0
3.	Overall, how well did <u>the artist facilitators</u> work with the participants throughout the program?	5.0
	Overall, how well did <u>the staff</u> work with the participants throughout the program?	5.0
4.	Overall, how well did <u>the volunteers</u> work with the participants throughout the program?	4.8
5.	Overall, how well did <u>the residents</u> respond to OMA's art activities?	4.5
6.	Overall, how appropriate were the activities in the program for the participants?	4.5
Overall, to what extent did the OMA program:		Average (5-point scale)
7.	encourage residents' creative self-expression?	5.0
8.	encourage residents' social interaction?	4.8
9.	improve residents' mood and/or behavior?	4.5
10.	<u>Before</u> participating in the OMA program, I thought it was possible for people with dementia to express themselves creatively.	2.5
11.	<u>After</u> participating in the OMA program, I think it is possible for people with dementia to express themselves creatively.	5.0

CONCLUSION

This report includes six separate evaluations to measure the effectiveness of the various components of the OMA program: A) effectiveness of the training session, B) changes in staff members' and volunteers' attitudes toward aging and dementia; C) the weekly art sessions, D) the artists' responses to the program, E) the art exhibition, and F) the program overall. Both quantitative and qualitative measures were used. Although the number of completed evaluations is rather small in several cases, all evaluations show that OMA was indeed a success at Cedar Village. The people with dementia were engaged most of the time, enjoyed themselves, and were proud of their completed work. Staff and volunteers believe that the training prepared them to be more confident and improved their interactional skills with people who have dementia. They believe that the art projects were enjoyable and appropriate for the residents with whom they work. Their overall attitudes toward aging and dementia became more positive.

The main themes that emerged from the data are summarized below:

- Staff and volunteers learned effective communication skills to engage with PWD. They slowed down, listened more, and gave more opportunities for PWD to be independent.
- With these improved communication skills and a more positive attitude, staff and volunteers believed they were able to build closer friendships and connections with people who have dementia.
- As a result, staff and volunteers were able to realize and appreciate the potential and remaining capacity of PWD, both socially and artistically.
- In the end, all of the above contributed to sustained engagement and enjoyment by people with dementia.

It is important to note here that staff members who participated in the initial OMA training but did not serve as assistants during the art sessions also experienced all of the positive changes above (only 2-3 staff members assisted with OMA regularly). This implies that there is some degree of positive transfer within the organization as a result of implementing the program.

Future efforts need to be made to more systematically collect evaluation data. These evaluation efforts represent an initial attempt to assess multiple domains of a complex program, and will serve as a springboard for more in depth and targeted evaluation efforts in the future.

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APPENDICES

APPENDIX 1: OMA VOLUNTEER TRAINING EVALUATION

Today's date: _____

1. I have a better understanding about people with dementia (PWD)	Strongly disagree 1	2	3	4	Strongly agree 5
2. I learned <u>how to better interact</u> with PWD	Strongly disagree 1	2	3	4	Strongly agree 5
3. I feel <u>more confident</u> in my ability to facilitate the creative process of PWD	Strongly disagree 1	2	3	4	Strongly agree 5
4. The trainer explained things clearly	Strongly disagree 1	2	3	4	Strongly agree 5
5. The video clips and discussions were helpful in my learning process	Strongly disagree 1	2	3	4	Strongly agree 5
6. Please comment on the length and pacing of the training session	Length: Pacing:				
7. I am interested in participating in more OMA training and discussions If yes, please check the topics of interest →	<div style="display: flex; justify-content: space-around;"> No Yes </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Dementia in general <input type="checkbox"/> Communication skills with PWD <input type="checkbox"/> Customizing art activities for PWD Other: </div>				

The strengths of this training session:

Suggestions for improvements:

APPENDIX 2: SAIL PROJECT EVALUATION QUESTIONNAIRE FOR STAFF MEMBERS¹ (PRE-TEST)

The purpose of this research project is to assess changes in staff members' and volunteers' attitudes toward aging and dementia as a result of participating in the OMA program. Your participation in this research project is voluntary and confidential. Your supervisors will not know whether you participate in this research project and your participation (or lack of participation) will not affect your employment. This questionnaire will take approximately 10 minutes to complete. By completing this questionnaire, you agree to participate in this research project. Please remember NOT to write your name. Instead, use a memorable ID or "code" that you can remember later. If you choose not to participate, please return the blank questionnaire. If you have questions about this project, please contact Elizabeth "Like" Lokon at 513-529-2648 or Jennifer Kinney at 513-529-2915. You may also contact Miami University's Office for the Advancement of Research and Scholarship at 513-529-3600.

Memorable ID: _____ Today's date: _____
(Phrase, logo, or numbers that you can recall)

Position (Please circle one):
Activity staff / Nursing staff / Volunteer / Other _____

Background: Please select one answer for each question ²	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Age group (years)	<input type="checkbox"/> 15 to 29 <input type="checkbox"/> 30 to 39 <input type="checkbox"/> 40 to 49 <input type="checkbox"/> 50 to 59 <input type="checkbox"/> 60 to 69 <input type="checkbox"/> 70 to 79 <input type="checkbox"/> 80 to 89
Highest educational level	<input type="checkbox"/> High school <input type="checkbox"/> Certificate, trade diploma, other diploma <input type="checkbox"/> University degree
Person older than age 65 with whom has closest relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Client/patient <input type="checkbox"/> Colleague <input type="checkbox"/> Grandmother and grandfather <input type="checkbox"/> Both parents
Quality of relationship with this person	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> 1 2 3 4 5 6 7 </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> fulfilling unfulfilling </div>

¹ This instrument is adapted from Pillremer, K. and Schultz, L. Evaluation of the Student Assisted Independent Living (SAIL) Service-Learning Project in Seperson, S. B. and Hegeman, S. (Eds.) Eldercare and service learning: A handbook, pp. 252-262. Westport, Conn: Auburn House.

² This page is from Gething, L. et al. (2004). Validation of the Reactions to Ageing Questionnaire: assessing similarities across several countries. Journal of Gerontological Nursing, 30(9), 47-54.

Scale 1: Attitudes toward Older People

The following are some statements about older people (persons age 65 and over). Please indicate how much you agree with each statement by circling the number under the response that best matches your opinions.

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1. Most older people are set in their ways and unable to change.	4	3	2	1
2. Most older people are not isolated.	4	3	2	1
3. Older people are apt to complain.	4	3	2	1
4. Older people can learn new things just as well as younger people can.	4	3	2	1
5. People become wiser with the coming of old age.	4	3	2	1
6. Older people are often against needed reform in our society because they want to hang on to the past.	4	3	2	1
7. Most older people are in good health.	4	3	2	1
8. Most older people spend too much time prying into the affairs of others.	4	3	2	1
9. In most jobs, older people can perform as well as younger people.	4	3	2	1

Scale 2: Attitudes toward Working for Older People

Now, we would like to learn about your attitudes toward working for older people. Please read the following statements and circle the number under the response that best matches your opinion.

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1. It is the responsibility of the community to take care of older people who can't take care of themselves.	4	3	2	1
2. I am good at helping older people.	4	3	2	1
3. It is important to help older people in general, whether you know them personally or not.	4	3	2	1
4. I want to work in a career helping older people.	4	3	2	1
5. Careers in service to older people can be more rewarding than other careers.	4	3	2	1

Scale 3: Attitudes toward Dementia

The following are some statements about people with dementia. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

	Strongly Agree 4	Mildly Agree 3	Mildly Disagree 2	Strongly Disagree 1
1. A younger person with dementia is more likely to be brave and courageous than an older person with dementia.				
2. People with dementia can have a good quality of life.	4	3	2	1
3. A person with dementia who can't talk or use proper grammar is just as bright as you or I.	4	3	2	1
4. Children should not be taken to visit their grandparents who have dementia in nursing homes.	4	3	2	1

Scale 4: Attitudes toward Working with Individuals with Dementia

Please read the following statements about working with older people with dementia. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

	Strongly Agree 4	Mildly Agree 3	Mildly Disagree 2	Strongly Disagree 1
1. People who work with older people who have dementia have interesting jobs.				
2. Working with older people who have dementia is depressing.	4	3	2	1
3. It would be very stressful to work with older people who have dementia.	4	3	2	1
4. Working with older people who have dementia is a very worthwhile occupation.	4	3	2	1
5. A problem with having a job working with older people who have dementia is that it is hard to make enough money.	4	3	2	1
6. Working with older people who have dementia is a respectable occupation.	4	3	2	1
7. I don't have the ability to work successfully with older people who have dementia.	4	3	2	1
8. I fear getting really old or having dementia.	4	3	2	1

SAIL PROJECT EVALUATION QUESTIONNAIRE – FOR STAFF MEMBERS (POST-TEST)³

As you might remember from the beginning of the program, the purpose of this research project is to assess changes in staff members' and volunteers' attitudes toward aging and dementia as a result of participating in the OMA program. Your participation in this research project is voluntary and confidential. Your supervisors will not know whether you participate in this research project and your participation (or lack of participation) will not affect your employment. This questionnaire will take approximately 20 minutes to complete. By completing this questionnaire, you agree to participate in this research project. Please remember NOT to write your name. Instead, use the same ID or "code" that you used in the pre-test. (Please check the list if you cannot remember the code you used.) If you choose not to participate, please return the blank questionnaire. If you have questions about this project, please contact Elizabeth "Like" Lokon at 513-529-2648 or Jennifer Kinney at 513-529-2915. You may also contact Miami University's Office for the Advancement of Research and Scholarship at 513-529-3600.

Memorable ID: _____ Today's date: _____
(The same phrase, logo, or numbers that you used in your pre-test)

Position (Please circle one): Activity staff / Nursing staff / Volunteer / Other _____

Number of OMA sessions attended: _____

Scale 1: Attitudes toward Older People

The following are some statements about older people (persons age 65 and over). Please indicate how much you agree with each statement by circling the number under the response that best matches your opinions.

	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
1. Most older people are set in their ways and unable to change.	4	3	2	1
2. Most older people are not isolated.	4	3	2	1
3. Older people are apt to complain.	4	3	2	1
4. Older people can learn new things just as well as younger people can.	4	3	2	1
5. People become wiser with the coming of old age.	4	3	2	1
	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
6. Older people are often against needed reform in our society because they want to hang on to the past.	4	3	2	1
7. Most older people are in good health.	4	3	2	1
8. Most older people spend too much time prying into the affairs of others.	4	3	2	1
9. In most jobs, older people can perform as well as younger people.	4	3	2	1

³ This instrument is adapted from Pillremer, K. and Schultz, L. (2007) Evaluation of the Student Assisted Independent Living (SAIL) Service-Learning Project in Seperson, S. B. and Hegeman, S. (Eds.) Eldercare and service learning: A handbook, pp. 252-262. Westport, Conn: Auburn House.

Scale 2: Attitudes toward Working for Older People

Now, we would like to learn about your attitudes toward working for older people. Please read the following statements and circle the number under the response that best matches your opinion.

	Strongly Agree 4	Mildly Agree 3	Mildly Disagree 2	Strongly Disagree 1
1. It is the responsibility of the community to take care of older people who can't take care of themselves.	4	3	2	1
2. I am good at helping older people.	4	3	2	1
3. It is important to help older people in general, whether you know them personally or not.	4	3	2	1
4. I want to work in a career helping older people.	4	3	2	1
5. Careers in service to older people can be more rewarding than other careers.	4	3	2	1

Scale 3: Attitudes toward Dementia

The following are some statements about people with dementia. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

	Strongly Agree 4	Mildly Agree 3	Mildly Disagree 2	Strongly Disagree 1
1. A younger person with dementia is more likely to be brave and courageous than an older person with dementia.	4	3	2	1
2. People with dementia can have a good quality of life.	4	3	2	1
3. A person with dementia who can't talk or use proper grammar is just as bright as you or I.	4	3	2	1
4. Children should not be taken to visit their grandparents who have dementia in nursing homes.	4	3	2	1

Scale 4: Attitudes toward Working with Individuals with Dementia

Please read the following statements about working with older people with dementia. Please indicate how much you agree with each statement by circling the number under the response that best matches your opinion.

	Strongly Agree 4	Mildly Agree 3	Mildly Disagree 2	Strongly Disagree 1
1. People who work with older people who have dementia have interesting jobs.				
2. Working with older people who have dementia is depressing.	4	3	2	1
3. It would be very stressful to work with older people who have dementia.	4	3	2	1
4. Working with older people who have dementia is a very worthwhile occupation.	4	3	2	1
5. A problem with having a job working with older people who have dementia is that it is hard to make enough money.	4	3	2	1
	Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree
6. Working with older people who have dementia is a respectable occupation.	4	3	2	1
7. I don't have the ability to work successfully with older people who have dementia.	4	3	2	1
8. I fear getting really old or having dementia.	4	3	2	1

Please continue to the next page

Please answer the next questions only if you participated in the OMA program:

1. What was the most important thing you learned from participating in the OMA program?

2. What did you like/dislike about the OMA experience?

3. What would you recommend for future OMA programs?

4. As a result of your experience with OMA, have you changed the way you interact with persons with dementia? If yes, please describe or give an example.

APPENDIX 3: OMA SESSION EVALUATION FOR STAFF/VOLUNTEERS⁴

Today's date: _____ Site: _____

Your position (circle one):

Activity staff / Nursing staff / Community Volunteer / Student Volunteer / Family / Other: _____

1.	Did you personally enjoy today's activity?	very much 1	2	3	4	not at all 5
2.	How well did you work with the participants in this activity?	very well 1	2	3	4	very poorly 5
3.	How appropriate was the activity for the participants?	very appropriate 1	2	3	4	not at all 5
4.	Overall, how would you rate this activity?	good 1	2	so-so 3	4	bad 5

Please complete the section below for the participant(s) that you observed most closely today.

Please complete the section below for the participant(s) that you observed most closely today.		Participant's name:					Participant's name:				
5.	Did s/he participate in the activity?	all the time			not at all		all the time			not at all	
		5	4	5	4	3	5	4	3	2	1
6.	How much enjoyment do you think s/he gets from this activity?	very much			not at all		very much			not at all	
		5	4	3	2	1	5	4	3	2	1
7.	Did s/he appear happy or content during the activity?	all the time			not at all		all the time			not at all	
		5	4	5	4	3	5	4	3	2	1
8.	Did s/he engage with the art materials/activity and/or other people during the session?	all the time			not at all		all the time			not at all	
		5	4	3	2	1	5	4	3	2	1
9.	Did s/he appear to be proud of his/her finished work?	very much			not at all		very much			not at all	
		5	4	5	4	3	5	4	3	2	1
10.	Did you notice any special reactions (positive or negative) to the activity expressed by the participants? If so, please specify and include quotes as exactly as you can:										

Please use the other side for additional comments

⁴ Adapted from Basting, A. D. & Killick, J. (2003). *The arts and dementia care: A resource guide*. Brooklyn, NY: The National Center for Creative Aging, pp. 27-8 and from Legacy Health System Family Support Services (1995). *I can Create! Arts programming for people with Alzheimer's disease and related disorders*. Portland, OR: author.

APPENDIX 4: OVERALL OMA PROGRAM EVALUATION

Today's date: _____

Site: _____

Your position (Please circle one):

Activity staff / Nursing staff / Community Volunteer / Student Volunteer / Family / Other: _____

Number of OMA sessions attended: _____

1.	Overall, how would you rate the OMA program?	very good 5 4 3 2 1 very poor
2.	Overall, how much did you enjoy the OMA activities?	very much 5 4 3 2 1 not at all
3.	Overall, how well did the artist facilitators work with the participants throughout the program?	very well 5 4 3 2 1 very poorly
4.	Overall, how well did the staff work with the participants throughout the program?	very well 5 4 3 2 1 very poorly
5.	Overall, how well did the volunteers work with the participants throughout the program?	very well 5 4 3 2 1 very poorly
6.	Overall, how well did the residents respond to OMA's art activities?	very well 5 4 3 2 1 very poorly
7.	Overall, how appropriate were the activities in the program for the participants?	very appropriate 5 4 3 2 1 not at all

Overall, to what extent did the OMA program:

7.	encourage residents' creative self-expression?	Very much 5 4 3 2 1 so-so not at all
8.	encourage residents' engagement with the art materials/activity and/or with other people?	Very much 5 4 3 2 1 so-so not at all
9.	improve residents' mood and/or behavior?	Very much 5 4 3 2 1 so-so not at all
10.	Before participating in the OMA program, I thought it was possible for people with dementia to express themselves creatively	Did think so 5 4 3 2 1 Did not think so
11.	After participating in the OMA program, I think it is possible for people with dementia to express themselves creatively	Do think so 5 4 3 2 1 Do not think so

12. What have you personally learned from participating in the OMA program?

13. Would you like to continue participating in the OMA program next semester?

Yes

No

14. If yes, would you prefer to participate (at the same day and time as this semester):

Every week

Every other week

15. Please share other thoughts about the program and/or ideas for improvement.

APPENDIX 5: OMA ART EXHIBITION EVALUATION

Art Exhibition

Please share your thoughts about OMA's art show⁵.

Your relationship to OMA artists (Please circle one):

Activity staff/Nursing staff/Community Volunteer/Student Volunteer/Family/Friend/

Other: _____

I found the exhibit to be (circle as many as you like)

Depressing

Hopeful

Thought-provoking

Humorous

Frightening

Charming

Confusing

Magical

Nothing special

Helpful

Informative

Uninformative

Other _____

Before viewing this exhibit, I thought it was possible for people with dementia to express themselves creatively:

1 2 3 4 5
Did not think so Did think so

After viewing this exhibit, I think it is possible for people with dementia to express themselves creatively:

1 2 3 4 5
Do not think so Do think so

Other thoughts about the exhibit:

I have had personal or professional experience with people who have dementia:

Yes No

⁵ Adapted from: Basting, A. D. & Killick, J. (2003). *The arts and dementia care: A resource guide*. Brooklyn: The National Center for Creative Aging, p. 32.