

**EXPRESSIVE ARTS FOR
LONG TERM CARE PROFESSIONALS
FINAL REPORT**

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Provided for:

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Prepared by:

Ellen Burton, MPH
Senior Project Director

Sharon Baggett, PhD
Associate Professor

University of Indianapolis
Center for Aging & Community



CENTER FOR AGING & COMMUNITY

University of Indianapolis Center for Aging & Community

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The University of Indianapolis Center for Aging & Community collaborates, educates and conducts research to enhance the quality of life for all people as they age.

Vision

The University of Indianapolis Center for Aging & Community is a catalyst for change that leads to a world in which all people age with dignity and optimal health.

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The University of Indianapolis Center for Aging & Community (CAC) is one of Indiana's leading centers for aging studies, utilizing an interdisciplinary approach to developing partnerships between higher education, business organizations and the community. The Center prides itself on being a champion for advancing the new reality of older adults as corporate, community, and family assets.

CAC offers outstanding education in Aging Studies. In addition, we provide research and consultation services to civic, philanthropic, business and community organizations who are working to serve older adults. By working with organizations and individuals who work with the aging population, CAC seeks to improve the quality of life for older adults across Indiana and beyond.

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University of Indianapolis Center for Aging & Community
1400 E. Hanna Ave.
Indianapolis, IN 46227
(317) 791-5930
(317) 788-5299 FAX
<http://uindy.edu/cac>

Contents

Executive Summary.....	4
Project Overview.....	6
Goals and Objectives.....	6
Project Team	7
Expressive Arts Direct Course	9
Direct Course Development.....	9
Direct Course Participation	11
Direct Course Evaluation.....	13
Train the Trainer Course	28
Train the Trainer Course Development	28
Train the Trainer Course Participation.....	29
Train the Trainer Course Evaluation	30
Regional Collaborative Expressive Art QAPI Projects	38
Recommended Next Steps.....	42
Appendices.....	43

Executive Summary

The Expressive Arts for Long Term Care Professionals initiative aimed to provide educational and practical opportunities for long term care (LTC) professionals to learn about and implement strategies for integrating the expressive arts into LTC. As part of this initiative, the University of Indianapolis Center for Aging & Community (CAC) teamed with subject matter experts to develop, deliver and evaluate a direct training course for LTC professionals about using expressive arts systemically; developed, delivered and evaluated a train the trainer course that taught participants how to instruct other colleagues to integrate the expressive arts in LTC; and administered grants to the seven original Regional Collaboratives to implement a Quality Assurance Performance Improvement (QAPI) Process Improvement Project (PIP) related to the expressive arts in each Collaborative. CAC provided overall project management for both courses and technical assistance to each Collaborative. The following are key successes of the Expressive Arts for Long Term Care Professionals initiative.

- Certificate of Training in Expressive Arts for Long Term Care Professionals earned by 96 individuals across the state.
- Certificate of Training for Train the Trainer in Expressive Arts for Long Term Care Professionals earned by 20 individuals across the state.
- The Direct Course was attended by 96 participants over six offerings. The immediate results of the direct course included:
 - **High ratings of participant satisfaction.** Over 90% of participants strongly agreed or agreed that the course included quality content, acquisition of skills that could be shared with others, and a supportive learning environment.
 - **Anticipated improved resident quality of life.** 99% of participants indicated that the knowledge they gained in the course would help increase residents' quality of life.
 - **Successful learning.** Knowledge assessments showed a 10% gain in knowledge of course content.
- The Train the Trainer Course was attended by 20 participants over two locations. The immediate results of the direct course included:
 - **High ratings of participant satisfaction.** All participants strongly agreed or agreed that the course included quality content, acquisition of skills and the intent to share knowledge with others.
 - **Anticipated improved resident quality of life.** 99% of participants indicated that the knowledge they gained in the course would help increase residents' quality of life. Subsequent outcomes reporting indicated this was realized.

- **Successful learning.** Knowledge assessments showed a 22% gain in knowledge of course content.
- Successful outcomes reported anecdotally include:
 - **Increased resident participation.** Residents who formerly did not attend activities are now attending frequently. Residents are responsive and attentive to the activities.
 - **Increased resident creativity.** Residents are expressing themselves and their creativity. They are proud of the results of their activities and take pride in showing these results to family, staff and other residents.
 - **Increased spontaneity.** Expressive arts participation has given residents opportunity for spontaneity, which the participant believes is associated with a positive effect on resident quality of life.
- **Collaborative engagement.** All seven of the continuing Indiana Regional Collaboratives began pilot projects to increase access to expressive arts. Initial reports show positive experience for Collaborative members and residents.

Project Overview

The Expressive Arts for Long Term Care Professionals initiative aimed to provide educational and practical opportunities for long term care (LTC) professionals to learn about and implement strategies for integrating the expressive arts into LTC. As part of this initiative, the University of Indianapolis Center for Aging & Community (CAC) teamed with subject matter experts to develop, deliver and evaluate a direct training course for LTC professionals about using expressive arts systemically; developed, delivered and evaluated a train the trainer course that taught participants how to instruct other colleagues to integrate the expressive arts in LTC; and administered grants to the seven original Regional Collaboratives to implement a Quality Assurance Performance Improvement (QAPI) Process Improvement Project (PIP) related to the expressive arts in each Collaborative. CAC provided overall project management for both courses and technical assistance to each Collaborative.

Goals and Objectives

The initiative had two main project goals. These were:

1. Increase the number of long term care professionals with the following certificates of training: Certificate of Training in Expressive Arts for Long Term Care Professionals, Certificate of Training for Train the Trainer in Expressive Arts for Long Term Care Professionals.
2. Improve health outcomes and quality of life measures for long term care residents in participating facilities (i.e., reduced rates of depression, improved resident satisfaction surveys, reduced rates of challenging behaviors).

As a means to achieve these goals, the project had three main objectives. These were:

1. Increase participant knowledge about best practices in integrating the expressive arts into long term care.
2. Increase facility implementation of best practices in integrating the expressive arts into long term care.
3. Increase facility implementation of QAPI best practices in integrating the expressive arts into long term care.

Project Team

The Expressive Arts in Long Term Care initiative was coordinated by the University of Indianapolis Center for Aging & Community (CAC). A list of project meetings can be found in Appendix A. CAC Project Team members included:

Ellen Miller, PhD, PT – Executive Director
Ellen Burton, MPH – Senior Project Director
Lidia Dubicki, MS – Project Coordinator
Kayleigh Adrian, MS – Project Coordinator
Kennedy Doyle - Project Coordinator
Amy Magan – Communications Manager
Amy Marack, MPA – Business Manager
Sharon Baggett, PhD – Faculty, Project Evaluator

Subject Matter Experts (SMEs) in each of the five expressive art modalities of focus were engaged to develop and deliver content for both the direct and train the trainer courses. These SMEs were:

Drama – Sally Bailey, MFA, MSW, RDT/BCT Ms. Bailey is a professor of Theater and Gerontology and Director of the Drama Therapy program at Kansas State University, one of only five such programs in the U.S. She brings significant experience in drama therapy and graduate-level teaching, and is well published in both the application and teaching of drama therapy principles and techniques.

Writing and Memoir - Katharine Houpt, MAAT, ATR, LCPC Ms. Houpt brings years of experience in utilizing writing, memoir, and art therapy to improve quality of life for older adults in nursing facilities. She currently has a private art therapy practice in Chicago, IL and is a Lecturer at the School of the Art Institute of Chicago.

Dance/Movement – Heidi Fledderjohn, MA, BC-DMT, RYT Ms. Fledderjohn is a Board Certified Dance/Movement Therapist, registered yoga teacher, and meditation teacher with 20 years of experience supporting people’s desires to learn deeply, grow, and feel good. She maintains a private practice in Indianapolis, IN and has supervised master-level creative arts therapy students and PhD candidates all over the country. She is a published author in the field of dance/movement therapy.

Music – Rebecca Sorley, DA Dr. Sorley holds the position of Professor of Music at the University of Indianapolis where she is Director of Student Support and Coordinator of the Music Business Concentration. She teaches piano to all levels from pre-college

through piano majors. Dr. Sorley believes that music can enrich the lives of all ages and abilities of students and seeks educational and concert programming that encourages all ages to experience the power of music.

Visual Art – Sarah Tirey, BFA Ms. Tirey holds a BFA degree in Studio Art and is Associate Adjunct Faculty at University of Indianapolis in the Department of Art & Design. Ms. Tirey has previously worked with disadvantaged and impoverished communities through the arts, dedicating her professional career to various non-profits in Indianapolis, including the Indianapolis Art Center, The Children's Museum of Indianapolis, and The Indianapolis Public Library.

Resumes for the subject matter experts can be found in Appendix B.

Expressive Arts Direct Course

The direct course was offered in a four-day, face-to-face format. This course addressed the benefits of and science behind integrating the expressive arts into long term care, overcoming preconceived notions about what constitutes creativity and who is creative, the difference between therapeutic use of the expressive arts and art therapy, and five expressive arts modalities that can be used in long term care – visual art, drama, dance/movement, writing/memoir, and music. Participants discussed and experienced each modality, learned strategies and best practices for integrating all modalities into their facilities, discussed how to adapt activities for varying levels of resident ability, and discussed how to engage other colleagues to widen residents' access to creative opportunities.

The course included a 10-14 day break after day three and prior to day four to allow participants the opportunity to implement activities and strategies learned during the course within their facilities. The group reconvened on day four to reflect on experiences, discuss successes, and troubleshoot challenges. These challenges and successes were used to demonstrate how participants could create pilot programs to support the expanded use of expressive arts programming in a systemic fashion throughout their buildings.

Direct Course Development

The Project Team and SMEs met regularly during the first quarter of the project to develop goals and learning objectives for the direct course. Learning objectives are detailed in Table 1 below. From there, the course syllabus (Appendix C) was developed and sections assigned to each SME. SMEs developed course content and materials for their sections including two activities for the participants to experience. All content was reviewed and refined by the group.

Table 1. Direct Course Learning Objectives

Session I: Days 1-3	
Cognitive	1. Describe the five modalities of EA included in this course. (remember)
	2. Recognize appropriate scope for the ethical use of EA activities. (remember)
	3. Summarize the potential benefits of incorporating EA in the daily lives of LTC residents. (understand)
	4. Explain how EA can be incorporated into the activities structure of the LTC. (understand)
	5. Give examples of how EA can be incorporated into the daily lives of LTC residents. (understand)
	6. Apply concepts surrounding EA into case scenarios of LTC residents. (apply)
	7. Prepare for implementation of EA with LTC residents. (apply)
	8. Use EA in a simulation of a group activity session in the LTC. (apply)
	9. Outline the principles for effective group leadership. (remember)
	10. Recognize the potential for creativity in each resident. (understand)
	11. Defend the importance of creativity as a form of self-expression. (understand)
	12. Distinguish between creating for self and creating for others. (understand)
Affective	1. Attend, listen and participate in all sessions of the course. (receive)
	2. Participate actively and respectfully in all EA activities. (respond)
	3. Recognize and value creative abilities in self and others. (value)
	4. Commit to the implementation of EA with LTC residents using as many of the five modalities as possible. (actively value)
Psychomotor	1. Participate actively and respectfully in all EA activities. (readiness)
	2. Practice the demonstrated EA activities. (guided response)
	3. Display improved level of confidence with each EA modality. (basic proficiency)
	4. Perception of self-confidence with own ability to implement. (value)

Session II: Day 4	
Cognitive	13. Give examples of how EA can be incorporated into the daily lives of LTC residents. (understand)
	14. Select appropriate EA activity for LTC residents - individuals or groups. (analyze)
	15. Plan and deliver EA activity for individual LTC residents. (apply)
	16. Demonstrate delivery of EA activity for a small group of LTC residents. (apply)
	17. Modify EA activities to better suit LTC residents' cognitive and physical limitations. (apply)
	18. Use conversational prompts to generate conversation with residents and staff about recognizing creativity in self and others. (apply)
	19. Demonstrate appropriate follow up including professional referral, documentation, and communication with care team. (apply)
Affective	5. Justify and commit to the use of EA for LTC residents. (value)
Psychomotor	5. Display improved level of confidence with each EA modality. (basic proficiency)

Direct Course Participation

To increase accessibility, the Direct Course was offered six times in various locations around the state. Participation was opened to all nursing facility staff, local artists with an interest in working in long term care, and ISDH surveyors and surveyor supervisors. Course attendance and attendee roles are detailed in Table 2 and Table 3 below. Courses were planned to accommodate up to 40 participants. Reaching this target attendance level was challenging throughout the project. We believe this is due to several factors including LTC staff/management attitudes about the expressive arts (it's already being done, a nice-to-have rather than need-to-have) and the high volume of initiatives vying for the time and attention of LTC staff. Participation in these courses also fell in the months leading up to the implementation deadline for the Centers for Medicare and Medicaid (CMS) 2017 Final Rule, which had significant impact on LTC facilities' capacity for additional initiatives.

Table 2. Direct Course Attendees

City	Course Dates	Attendees
2016		
Indianapolis	November 14-16, 29	20
2017		
Fort Wayne	May 15-17, 31	12
Merrillville	June 5-7, 27	16
Columbus	August 7-9, 29	6
Evansville	October 9-11, 24	22
Indianapolis	October 30, 31, November 1, 21	20
Total		96

Table 3. Course Attendees by Role*

Role	Attendees						Total
	Indianapolis	Fort Wayne	Merrillville	Columbus	Evansville	Indianapolis	
Activities	12	4	10	5	14	9	54
Administrator	3	0	0	0	1	0	4
Certified Nursing Assistant	1	0	1	0	0	2	4
Consultant	2	0	1	0	0	0	3
Director of Post-Acute	0	0	0	0	0	1	1
Life Enrichment Director	0	0	0	1	0	0	1
Long Term Care Assistant	0	0	0	0	0	1	1
Memory Care Specialist	0	2	0	0	0	0	2
Regulatory Compliance	0	2	0	0	0	0	2
Social Services - Corporate	0	0	0	0	1	0	1
Social Services	4	1	2	0	0	4	11
Support	0	0	0	0	1	0	1
Support - QSOURCE	0	0	0	0	0	1	1
Transportation	0	0	1	0	0	0	1
Unknown	0	0	0	1	0	1	2
TOTAL	22	9	15	7	17	19	89

*Participants were allowed to select more than one role

Direct Course Evaluation

The direct course was evaluated for learning experience, knowledge and self-reported efficacy gain, change in facility practices, and key factors for success.

Learning Experience

All participants were asked to complete an anonymous paper course evaluation at the end of Day 4. Of the 96 attendees, 83 participants completed the course evaluation (see Appendix D).

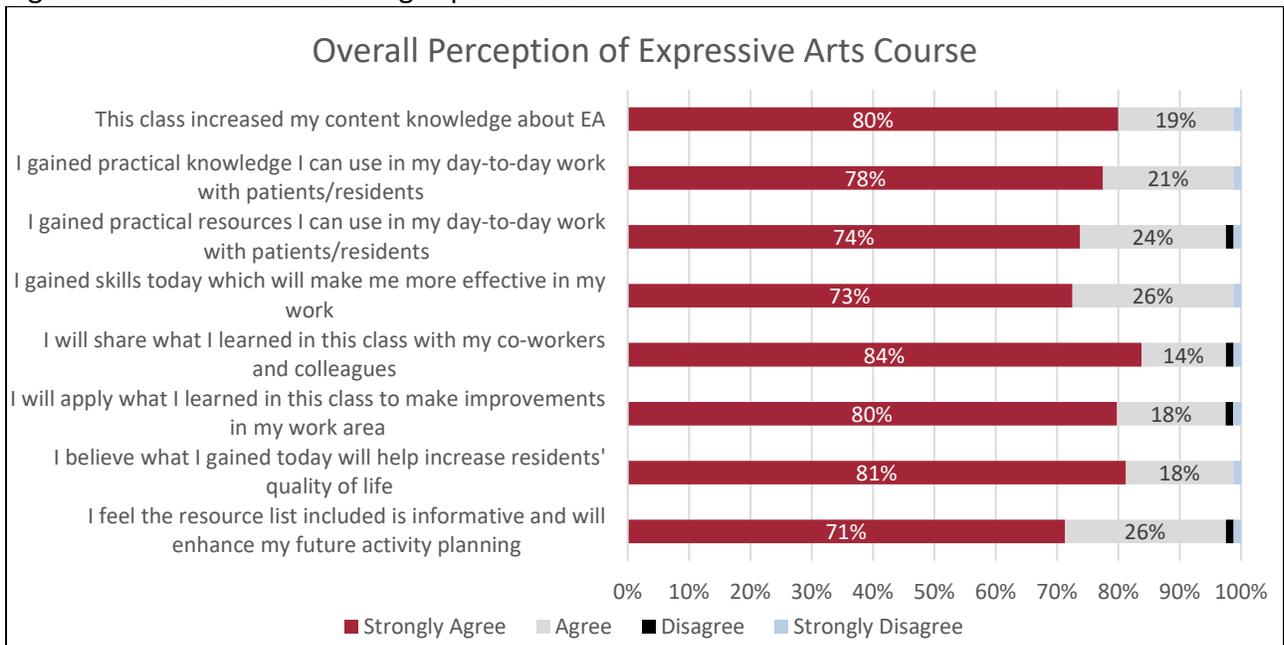
For each statement on the evaluation, participants were given the following choices: strongly agree, agree, disagree, or strongly disagree. As shown in Figure 1 for all of the items on the evaluation pertaining to overall course perceptions, over 90% of participants strongly agreed or agreed with the positive statements. This included evaluation of the amount and quality of content, acquisition of skills, intent to share knowledge and skills with others, and existence of a supportive learning environment. Importantly, most participants (99%) indicated that the knowledge they gained in the course would help increase residents' quality of life.

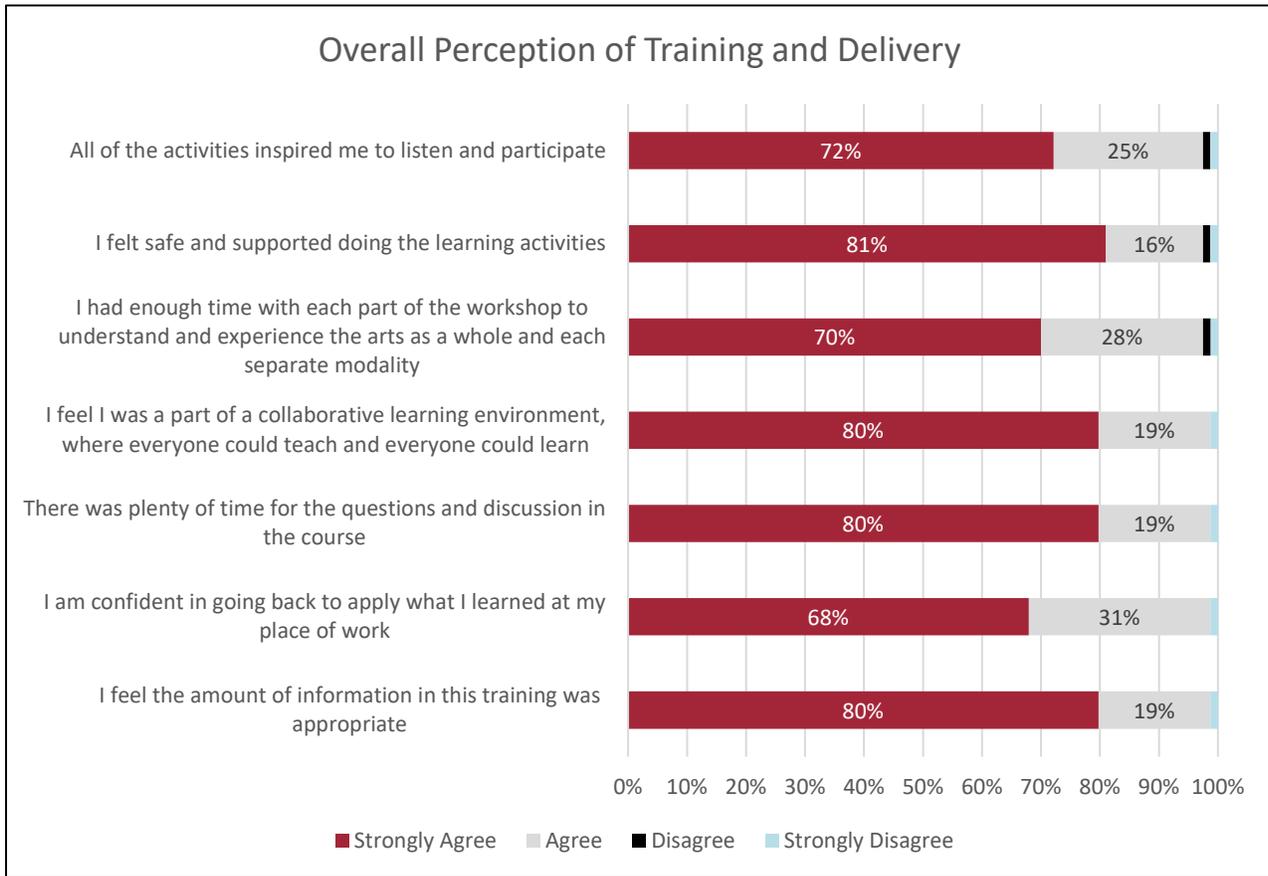
In rating the experiential aspects of the course and course delivery, participants again (more than 90%) strongly agreed or agreed with the positive statements. As shown in Figure 1, participants were most likely to strongly agree or agree that the amount of information in the course was appropriate; the course provided ample time for questions and discussion; and feeling that they, as learners, were part of a collaborative environment where everyone could teach and everyone could learn.

Open-ended questions provided additional insights into learners' perceptions of the course. When asked what, if any additional information, should be added to the workshop, the most common responses were:

- Ways to deal with problems which might arise with residents. For example:
"What should we do if the expressive arts brings out underlying behaviors, such as PTSD in dementia?"
- Ideas for adapting activities for various residents, e.g., those with dementia
- Information about adult learners

Figure 1. Evaluation of Learning Experiences





When asked which content they were most excited to include in their arts programming:

- 13% of those responding said “all”
- 39% said either dance, drama, or drama and dance (combined responses of these three)
- Writing, music, and visual art were all mentioned between 11-13% of participants

Others noted music and visual arts, and a few indicated music alone.

Among the 41 general comments provided, 85% expressed positive views of the course. Some of these comments were thank yous for an informative, inspiring, and safe learning experience; others were very positive regarding the trainers and the benefits of networking with peers. Sample comments include:

- *“I loved networking with my peers – getting ideas and problem solving strategies from others; all the presenters were wonderful and knowledgeable; made one excited to do my job again.”*
- *“This was the best class I have ever been to; so engaging and encouraging; all of the instructors were phenomenal.”*
- *“I enjoyed learning different ways of implementing arts and encouraging my residents to engage.”*

Suggestions for the course included more time for arts and crafts, longer time between 3rd and 4th class to allow time to schedule and try activities, and to include nursing/CNAs in these courses.

Knowledge and Self-Reported Efficacy Gain

To assess the extent of learning and the participant’s ratings of their efficacy with the skills discussed in the course, we administered a paper-based assessment at the beginning and the end of the course. The assessment included one item asking respondents to indicate their job category, followed by 17 items measuring knowledge of Expressive Arts content, and six items to measure self-assessment of comfort in activities and attitudes associated with expressive arts.

Of 96 attendees, 80 completed both the pre- and post-tests; analysis here is limited to these matched pairs of scores. See Appendix E for the Pre-and Post-Tests. Table 4 shows the percent of correct responses for each pre- and post- knowledge item.

Table 4. Pre and Post Knowledge Assessment Total Scores (n=80)

Knowledge Assessment	
Pre-test Average	73%
Post-test Average	80%
Change	+9.59%

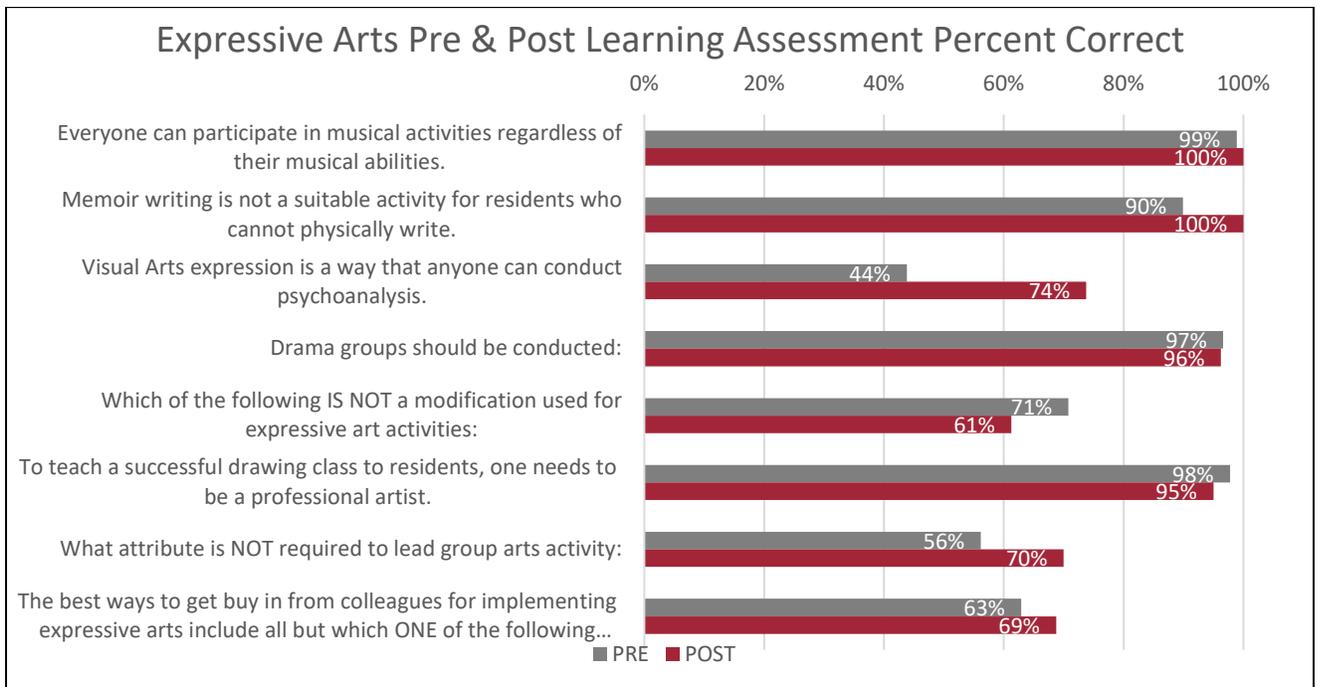
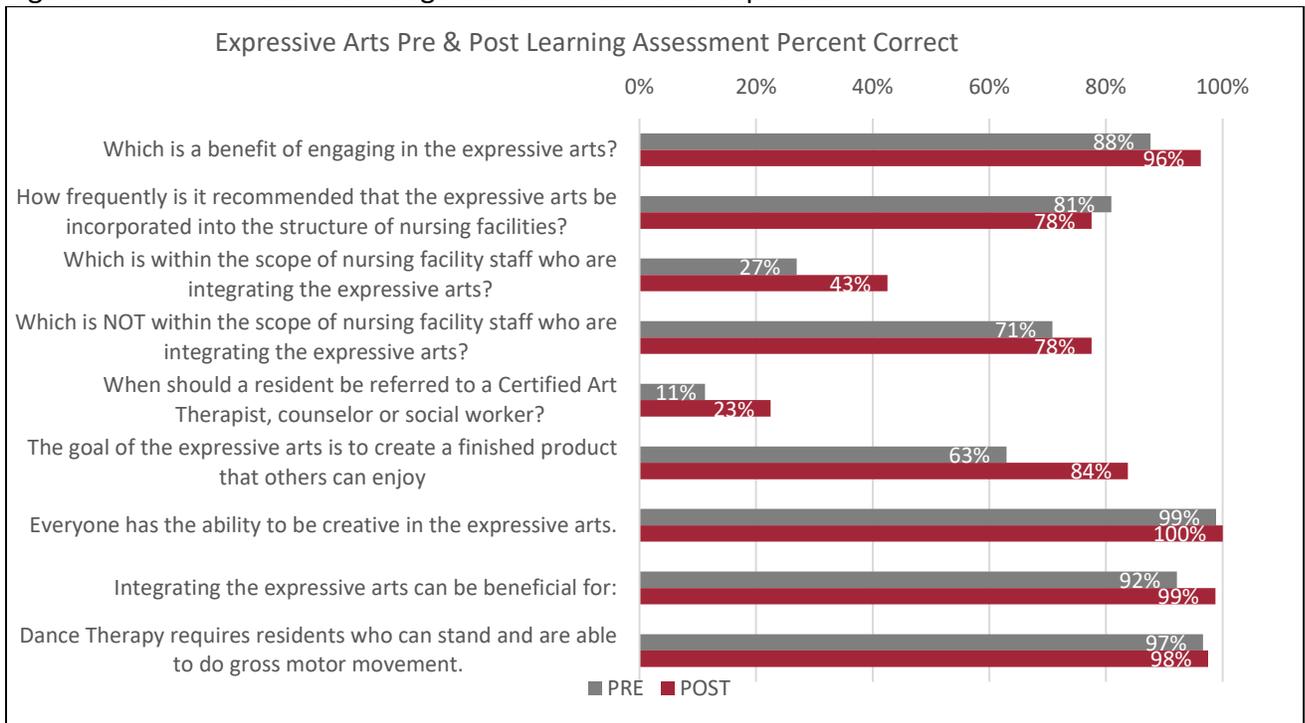
Among the items showing the greatest increase (more than 10%) in the number of correct responses between pre-and post-test across respondents are:

- *Which is a benefit of engaging in the expressive arts? (10% change)*
Understanding the full scope of the benefits of the expressive arts is critical to

participant buy-in and understanding of the importance of full integration of the expressive arts.

- *Which is within the scope of nursing facility staff who are integrating the expressive arts?* (58% change) The question is intended to assess the participants' understanding of the legitimate scope of activity available when implementing expressive arts with residents.
- *When should a resident be referred to a certified art therapist, counselor or social worker?* (100% change) Recognizing the limits of nursing facility staff as they implement expressive arts activities is important and an increase in correct responses indicate a greater understanding of when staff should refer residents who need assistance from someone with more advanced or specialized training.
- *The goal of the expressive arts is to create a finished product that others can enjoy* (33% change) Understanding that the goal is the experience rather than the final product ensures that leaders will create a space and activities where participants have a true open opportunity to be creative and follow their own vision.
- *Memoir writing is not a suitable activity for residents who cannot physically write.* (11% change) Of those completing both a pre- and post-test, 100% responded with the correct answer at the time of the post-test. This indicates a high level of mastery of the knowledge that there are adaptations for most activities to ensure modalities are accessible to residents across a variety of cognitive and physical abilities. This was discussed and demonstrated throughout the course. The learning assessment focused on memoir as it is the activity most commonly and mistakenly deemed un-adaptable.
- *Visual arts expression is a way that anyone can conduct psychoanalysis.* (68% change) The increase in correct responses is important, as it indicates that initially participants did not fully understand the meaning of visual arts expression as a tool for staff, but after training more fully understood its intent and limits.
- *What attribute is NOT required to lead group arts activities?* (25% change) The increase in correct responses is important as it indicates that more of the course participants understand that skill in any particularly modality is NOT required to lead an expressive arts session. This helps participants to overcome internal barriers to integrating the expressive arts.

Figure 2. Pre- and Post-Knowledge Scores - % Correct Responses



As shown in Figure 2 above, two items had a negative degree of change and three had a degree of change of one to two points. For those with a negative change, those items will be further evaluated for future offerings of the course. Those with a minimal degree of change all started quite high with minimal room for improvement, likely the cause of the small degree of change.

Self-Efficacy Assessment

The pre- and post- assessment also included a six-question, paper-based assessment that asked participants to rate their efficacy with the skills discussed in the course. Participants were given a range of answers that included Very Comfortable (1), Comfortable (2), Neutral (3), Uncomfortable (4), Very Uncomfortable (5). Table 5 below details the pre- and post-scores for self-reported efficacy with skills covered in the course. It is important to note that in this assessment, a lower score is a better score.

Table 5. Self-Efficacy Assessment

Self-Efficacy Assessment	
Pre-test Average Score	1.9
Post-test Average Score	1.5
Average Change Score	-0.4 (indicates improvement)

As seen in Table 5, the overall change in scores showed an improvement in self-efficacy. That is, the lower the score, the more positive the direction of change. Looking more closely at the change in self-ranked efficacy with the skills of the course, we analyzed answers to see how much respondents changed in their self-perception. Table 6 below details the number of intervals respondents changed (positive or negative) for each question between the pre and post assessments.

Table 6. Change in answers for pre and post self-efficacy assessment

How comfortable are you doing the following activities associated with Expressive Arts?	Change in intervals between pre and post				
	Increased		No Change	Decreased	
	+2	+1	0	-1	-2
Applying the concepts surrounding expressive arts to the possible scenarios in the nursing home			X		
Planning for implementation of expressive arts in the nursing home		X			
Defending the importance of creativity as a form of self-expression			X		
Teaching other staff how to implement at least three of the five modalities of expressive arts		X			
To what extent do you currently:					
Recognize and value creative abilities in myself			X		
Recognize and value creative abilities in others, including residents			X		

In this distribution, what accounted for the overall change came from respondents improving their self-efficacy ratings in planning to implement the expressive arts in the nursing home, and from rating higher their ability to teach other staff how to implement more of the modalities. However, we did not see much change in the other areas of self-efficacy ratings. As noted in previous reports, this may be due to the short time period of the class and the critical role experience plays in developing self-efficacy and self-confidence. These questions were included also in the six-month follow-up survey, but with a small response rate little could be deduced from the responses. In total, matching pre-, post- and-six month surveys were only available for six participants.

Facility Practices Assessment

To assess the impact of the course on behavior and the implementation of best practices in facilities, we created a 37-item follow-up survey. At the time of this report, only four of the courses had reached the six month post-training requirement for the follow-up survey. The survey was administered online, with an invitation sent to the 51 attendees at six months after their course. To encourage participation, we included an incentive of a \$25 Amazon gift card. Even with this incentive, we received only 22

responses. An additional challenge occurred in that only eight (8) of the 22 respondents included their correct self-determined ID number, so we could not match all 22 follow-up surveys to the pre- and post-survey data. Therefore, the data presented below is only from the eight available matched pairs and is not a representative sample of course attendees.

For each question, participants were given a range of answers that included Always (100% of the time) (1), Usually (75% of the time) (2), Sometimes (50% of the time) (3), Rarely (25% of the time) (4), Never (0% of the time) (5). Table 7 below details the pre- and post-scores for self-reported facilities practices covered in the course. It is important to note that in this assessment, a lower score is a better score.

Table 7. Facility Practices Assessment

Self-Efficacy Assessment	
Pre-test Average Score	2.8
Post-test Average Score	2.3
Average Change Score	-0.5

As seen in Table 7, the overall change in facility practices scores showed an increase in utilization of best practices. That is, the lower the score the positive direction of change. Looking more closely at the change in self-ranked facility practices covered in the course, we analyzed answers to see how much respondents changed in their self-perception. Table 8 below details the number of intervals respondents changed (improved or worsened) for each question between the pre- and post-assessments.

Table 8. Change in answers for pre and post Facilities Practices Assessment

What is your facility's current practice for the following items?	Change in intervals between pre and post				
	Increased		No Change	Decreased	
	+2	+1	0	-1	-2
Arts activities are provided for all residents in my facility.			X		
Arts activities in my facility currently include:					
Dance			X		
Writing and Memoir (Language arts)		X			
Visual Arts (painting, drawing, craft)	X				
Music			X		
Drama		X			
Facility management supports arts programming by providing budget (e.g., for supplies, consultants)			X		
Facility management supports arts programming by allotting staff time.			X		
Our facility uses outside arts organizations to assist with arts programming.			X		
All staff see integrating arts into the daily lives of residents as their role.		X			
Our facility contracts with an art therapist for assistance in developing arts activities.			X		
Does your facility have a designated individual responsible for arts programming and ensuring it is implemented at your facility?			X		

The most notable changes were in the frequency of offerings of three of the five modalities: drama, writing/memoir, and visual arts. It was hypothesized by the Project Team at the beginning of the project that these three were utilized infrequently, if at all, while most facilities likely already integrated some form of music and dance. The survey results indicate the three infrequently utilized modalities did increase in frequency after the course while dance and music did not. It is possible staff were already comfortable with dance and music programming (this was indicated during discussion on day one of

the course), and thus there was less room for an increase in practice of those two modalities.

Also of note is the increase in the improvement in staff seeing the integration of the arts as part of their role. This indicates that more LTC staff are taking ownership of the use of the arts and recognize the benefits.

Key Informant Interviews

With only eight participants completing all three surveys, evaluation of outcomes at the facility level is very limited. To learn more about actual implementation and perceptions of success, the Project Team completed key informant interviews with three direct course participants. Two of the participants represent single facilities that offer skilled nursing care, while the third represented multiple facilities within a regional organization. These participants were recruited based on their earlier informal reporting of some success in implementing best practices from the course into their facilities. We wanted to learn about the context in which they were working, i.e., were there characteristics of the facilities that made implementation more successful. We also wanted to learn about challenges and how the participants addressed them. And, we wanted to hear the perceptions of participants on the potential for sustainability in using these modalities in the future. Analysis by major themes of the interviews follows. See Appendix F for individual summaries of the interviews.

Motivation to Attend

Each of those interviewed reported they were motivated to attend the direct course in order to further the use of expressive arts into existing activities programming, and one noted the goal is for their facilities to move away from arts and crafts projects to expressive arts modalities.

Context for Implementation

The facilities represented by each of the three participants were fertile ground for integrating expressive arts and management support seems to be at the core of their success in implementing new practices. One facility had already begun implementing these modalities, but the activity director wanted to expand the number of activities, and the entire administrative team of the facility was in support. In another facility, the administrator attended the training with the activity director, and encouraged implementation of the practices learned. For the regional facilities, all facility attendees already had a focus on implementing arts into their activities so the course only encouraged them to include a wider variety of expressive arts modalities into current programming.

First Steps after Attending Direct Course

Two key informants reported that EA activities were implemented immediately following the course, and each reflect an organizational commitment to helping staff use what they had learned and to expanding EA as a consistent practice. Facilities in the regional organization were required to implement one art activity and at least one expressive art activity of a different modality in their weekly plans, where previously they were just required to do two art activities. Additionally, EA activities became a new requirement of the regional quarterly team meetings. In one single facility, arts and crafts were formerly on the schedule once every three months, but this has increased to once per month. The administrator of the facility also approved the conversion of a former physical therapy room into an EA room, which is open to residents at any time.

In the remaining facility, the activity director used the month following to organize a Quality Assurance Performance Improvement Plan (QAPI), involving leadership and all facility departments, before making changes. In this way, she could measure the results of the changes in EA activities programming.

Activities Implemented

Some aspects of implementation mirror the post-training holiday opportunity. Two participants, for example, had incorporated EA practices during the Christmas holiday. In one facility's dementia unit, residents had the opportunity to engage in a *drama* activity where they were given a part to play in the nativity scene, garments to wear, and tactile objects to enhance the experience of engaging in the play. The interview participant indicated drama activities have been especially popular on the dementia unit. The same facility used with other residents a Halloween *writing* prompt, as well as an "I am..." writing prompt learned in the course. Another interview participant reported implementing a *creative writing* exercise, in which residents were asked to write about a present they had received or a memory of the Christmas. For residents who could not write, staff took dictation on an individual basis in resident rooms. All stories were combined and displayed as a group in a common area.

Two interview participants reported they have implemented or enhanced *music* activities. In one facility, a once a month visit from a music therapist who brings instruments for residents to play has grown in popularity. Another asked staff and families for donations to make drums and drumsticks to more fully engage residents in music activities. A third participant, however, said their facilities have been slow to implement music as they feel more training is needed to better incorporate these activities.

One interview participant mentioned their facility has incorporated scarves and noodles into the existing exercise class to bring EA into the normal routine. This same participant reported that immediately following the training, the activity director began expanding *coloring* for residents, ordering more coloring pages, adult coloring books, and colored pencils and crayons. They have made supplies in the activity lounge available to residents at any time. This requires a shift in attitude to use of the EA:

“We’ve had artificial flowers down there and it was a total mess but we didn’t care. We let them put the baskets of flowers together how they wanted and when they were done, we just cleaned everything up.”

Challenges

Interview participants cited time, adapting activities to individual abilities, and budget and supplies as early challenges. Time to research new EA activities and train other staff to implement new techniques learned in the course are both issues for all facilities represented by the regional organization. While quarterly support meetings can help, implementation in the individual facilities can falter, resulting in falling back on routine activity plans.

For one interview participant, overcoming the challenge of implementing activities for individual abilities requires knowing more about what kind of assistance each resident needs in everyday activities. Even then, the projects must be kept simple. This same response was given by another interview participant, who said adapting EA activities for different levels of ability and cognition in the group is a key challenge. This requires hard work:

“It’s hard to adapt your training to get up and dance around the room with scarves and carry on. Residents are not going to be able to do that. So you go with something that’s a little less physically challenging. It’s tough. [Ability] levels are all over the place. And you figure out by trial and error.”

Successes and Outcomes

All three of the interview participants reported successes, both at the facility programming, staff, and resident levels. In one facility, outcomes include rethinking all previous EA activities, and taking what had been there before (e.g., music kit, etc.) and using it differently and more often. In this same facility, staff were also noted to now realize the importance of EA. Another interview participant said those attending from their organization’s multiple facilities realized they had been doing EA activities but had not realized it; now they are motivated to build on

their previous activities by incorporating at least one modality in each of their weekly activity plans.

Each interview participant gave specific examples of resident outcomes and all were positive. Successful outcomes reported include:

- Residents who formerly did not attend activities are now attending frequently. Residents are responsive and attentive to the activities.
- Residents are expressing themselves and their creativity. They are proud of the results of their activities and take pride in showing these results to family, staff and other residents.
- Expressive arts has given residents opportunity for spontaneity, which the interview participant believes is associated with a positive effect on resident quality of life.

Plans for the Future - Sustaining EA Activities

Interview participants reported plans at the corporate level but also for specific activities. A theme emerged of the importance of continuing EA activities, but adapting them to changing resident populations and their needs. Corporate level plans include working to push EA to the corporate level so there is commitment for all facilities, finding ways to increase training for facility staff, and more resources so more EA activities are implemented.

One interview participant noted their facility is pursuing the idea of introducing a puppet show drama activity as well as a play or skit; quilting is also being explored. In each of these planned activities, staff is now following the lead of residents who want expansion of these kinds of arts activities.

“We have a couple of residents who like to quilt....Basically just from their own experiences with crafts they are able to talk to us and tell us what they liked and we’ll do our best to incorporate that into an activity.”

Summary & Conclusions

The key informant interviews reflect a small sample of training participants and facilities, and were picked to highlight successful implementation. The project team recognizes this limits the “findings” of actual implementation in the range of facilities represented by trainees attending the basic course. But, these “success” stories highlight key factors leading to implementation of EA, which can be built upon for future EA training efforts.

Clearly, *organizational readiness and commitment* is key for staff trained in EA to return to their facilities and find support for implementing what they have learned. Whether an administrator attends the training with the activity director, a regional “life enhancement” supervisor attends and supports individual facility staff, or all staff are brought into a comprehensive plan for implementing EA, this level of support results in action.

A focus on what is already “Expressive Arts” in programming, and *framing the training* as building on what you have and where you want to go, can motivate existing staff to think creatively about what have become routine activity plans. Finding tools already in use, expanding them or bringing them out of the closet, and integrating new tools can help activity staff, even with limited resources, expand their EA options.

The message of *“staying flexible,” adapting to changing resident needs and allowing resident led EA activities*, should be shared, as well as the successes noted in these “best case” facilities. While measurable resident outcomes are not available, the reported increase in activity by formerly inactive residents, residents taking the lead in identifying activities to pursue, and staff value of EA are all important stories of the potential of integrated and expanding EA in long term care facilities.

Finally, key informant interviews, focus groups, or other efforts to gather data from facilities where implementation was more challenging would help us better understand the range of “life after the training” for those attending. Future evaluations of EA training should integrate these in-depth approaches to enhance the survey data and allow for a fuller understanding of what it takes to make EA work in a variety of facilities.

Train the Trainer Course

The train the trainer course was a two-day, face-to-face course available to participants who had completed the direct course. It built on the principles of the direct course, teaching participants how to teach colleagues in their building and/or others how to integrate the expressive arts in long term care. This included principles of adult learning, how to recognize and use “teachable moments,” and how to build an expressive arts program systemically.

Train the Trainer Course Development

Learning objectives are detailed in Table 9 below. From there, the course syllabus (Appendix G) was developed and sections assigned to each SME. SMEs developed course content and materials for their sections including two activities for the participants to experience. All content was reviewed and refined by the group. Materials for the course were created and prepared to support the content as well. Materials included:

- presentation slides for two days of instruction
- handouts of the course slides
- Activity Templates for activity development
- REACT3 (an evaluation strategy) handouts

Table 9. Train the Trainer Learning Objectives

Learning Objectives	
Cognitive	1. Recognize creative abilities in self and others. (value)
	2. Explain appropriate scope for the ethical use of EA activities. (describe)
	3. Describe how to refer to or consult with a Registered Creative Arts Therapist. (describe)
	4. Understand appropriate timing for offering a variety of EA planned activities for LTC residents, both small group and individual. (describe)
	5. Demonstrate implementation of a planned EA activities for LTC residents. (basic proficiency)
	6. Critique delivery of planned EA activity for LTC residents. (analysis)
	7. Understand when to include spontaneous EA activities. (describe)
	8. Demonstrate implementation of spontaneous EA activities for LTC residents. (basic proficiency)
	9. Critique delivery of spontaneous EA activity for a LTC residents. (analysis)

	10. Analyze the health benefits of EA activities. (describe)	
	11. Evaluate impact of EA activities. (analysis)	
	12. Recommend changes to improve EA activities. (analysis)	
	13. Understand adult learning techniques and principles. (describe)	
	14. Identify opportunities for integrating EA education into existing programs. (analysis)	
	15. Apply appropriate adult learning techniques and principles. (basic proficiency)	
	16. Create training programming. (application)	
	17. Understand engagement techniques for different roles (departments, families, volunteers, etc.). (describe)	
	18. Understand engagement techniques for different roles (departments, families, volunteers, etc.). (describe)	
	19. Identify teachable moments. (analysis)	
	20. Apply appropriate engagement techniques for different roles/staff/departments. (basic proficiency)	
	21. Create teachable moments. (application)	
	22. Understand how EA activities can be integrated systematically. (describe)	
	Affective	1. Value creative abilities in self and others. (value)
		2. Model the belief that all are creative. (value)
		3. Commit to the implementation of EA with LTC residents using as many of the five modalities as possible. (actively value)
		4. Defend the use of EA for LTC residents. (actively value)

Train the Trainer Course Participation

The train the trainer course was offered twice in Indianapolis. Dates and locations were chosen to allow the maximum opportunity for participants to complete the direct course first and then attend a train the trainer session. Course locations, dates, attendees and attendees by role are detailed in Table 10 and Table 11 below.

Table 10. Train the Trainer Course Offerings

City	Train the Trainer Course Dates	Attendees
2017		
Indianapolis (North)	September 28 & 29	5
Indianapolis (South)	November 30 & December 1	15
Total		20

Table 11. Course Attendees by Role*

Role	Attendees		
	Indianapolis (North)	Indianapolis (South)	Total
Activities	4	8	12
Administrator	1	1	2
Consultant/Trainer	0	1	1
Long Term Care Assistant	0	1	1
Life Enrichment	1	0	1
Nursing	1	2	3
Other	0	2	2
Social Services	2	3	5
TOTAL	9	18	27

*Totals do not equal total number of attendees as participants could choose more than one role.

This course received positive feedback from participants and learning outcomes were positive. This is discussed in further detail in the Evaluation section below.

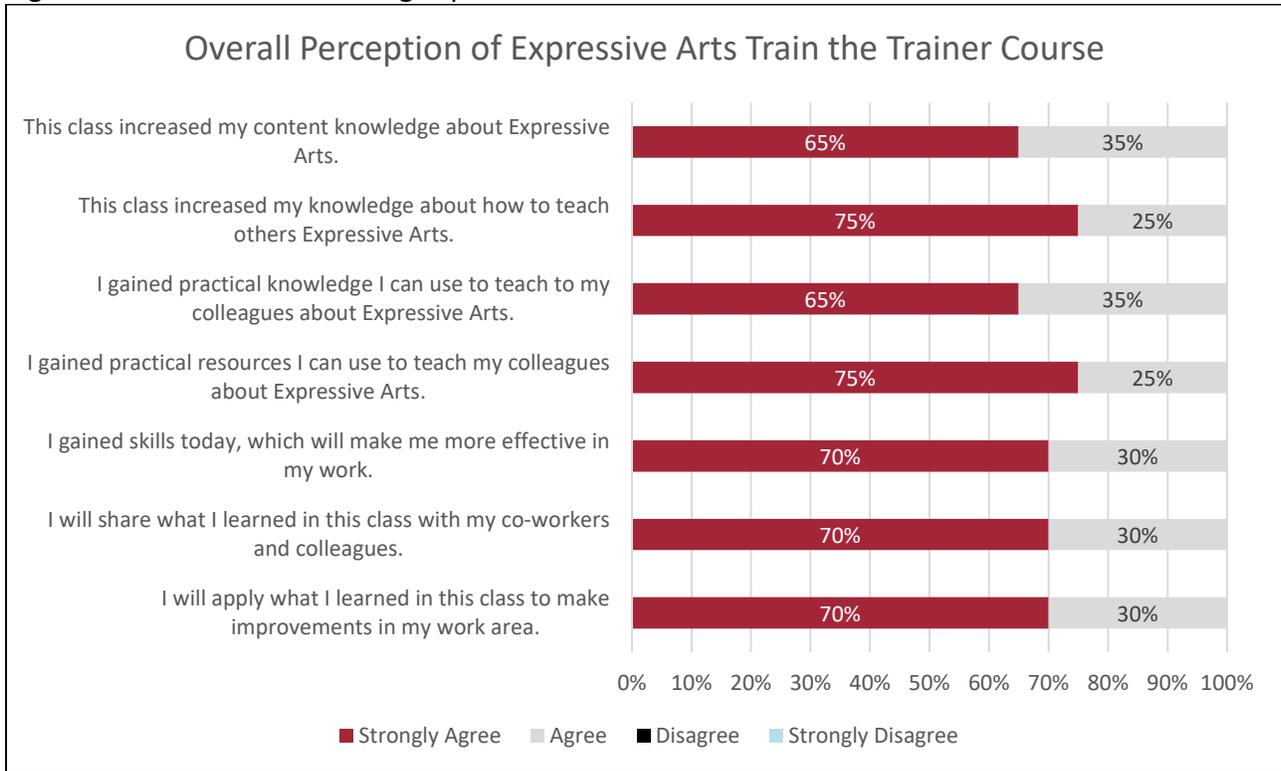
Train the Trainer Course Evaluation

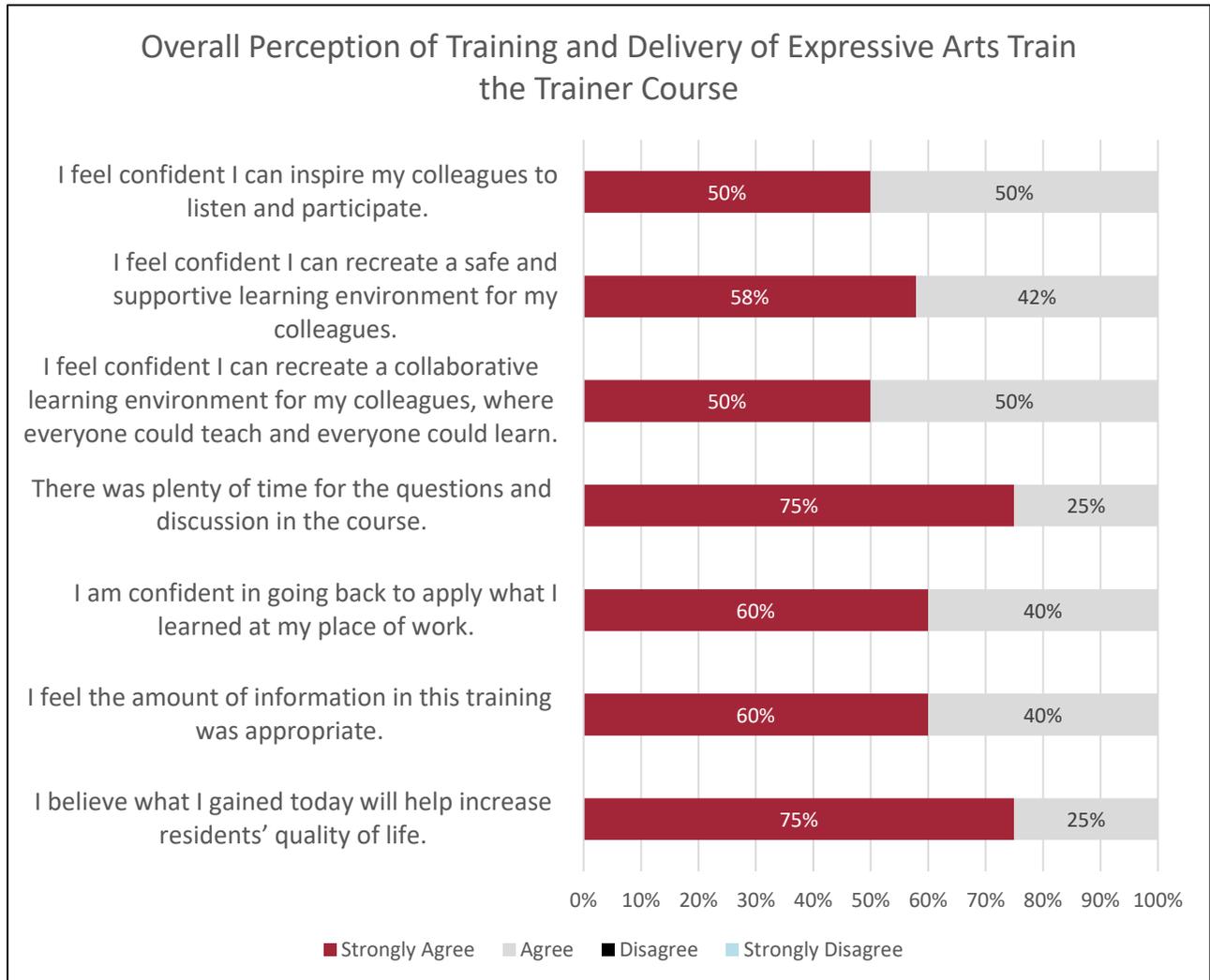
All participants were asked to complete an anonymous paper course evaluation at the end of day two (Appendix H). All 20 participants completed the course evaluation.

For each statement on the evaluation, participants were given the following choices: Strongly Agree, Agree, Disagree, or Strongly Disagree. As shown in Figure 3, for all of the items on the evaluation pertaining to overall course perceptions, 100% of participants strongly agreed or agreed with the positive statements. This included evaluation of the amount and quality of content, acquisition of skills, and intent to share knowledge and skills with others. Importantly, all participants, indicated that the knowledge they gained in the course would help increase residents' quality of life.

In rating the experiential aspects of the course and course delivery, participants again (100%), strongly agreed or agreed with the positive statements. As shown in Figure 3, this included evaluation that the amount of information in the course was appropriate; the course provided ample time for questions and discussion; and feeling that they, as learners, could take what they had learned back to their facility and teach others.

Figure 3. Evaluation of Learning Experiences





Open-ended questions provided additional insights into learner’s perceptions of the course. When asked what, if any additional information, should be added to the workshop, responses included:

- Ways to increase systemic change including community outreach, information on one-on-one activities, and how to incorporate QAPI.
- Additional resources including the National Center for Creative Aging’s best practices for improvement.

When asked which content they were most excited to include in their arts programming the most common responses included:

- REACT3 - the process for providing feedback in a meaningful and effective way
“Being a better trainer and not being afraid of coming across as too critical.”
- How to create and implement activities

Others noted art and all of the hands-on projects as well.

Among the 7 general comments provided, 86% (all but one) expressed positive views of the course. Some of these comments were thank yous for a positive experience; others were very positive regarding the opportunity to work together and collaborate. Sample comments include:

- *“Believe that being able to spend time with others helps us work on the small scale issues, collaborative on resources or problem solving.”*
- *“Really enjoy REACT3.”*
- *“Thank you for everything”*

Knowledge Assessment

To assess the extent of learning and the participants’ ratings of their efficacy with the skills discussed in the course, we administered a paper-based assessment at the beginning and the end of the course. The assessment included one item asking respondents to indicate their job category, followed by 12 items measuring knowledge of Expressive Arts Train the Trainer content and 12 items to measure self-efficacy in activities and attitudes associated with expressive arts training.

Of 20 attendees, 19 completed both the pre and post-tests; analysis here is limited to these matched pairs of scores. See Appendix I for the Pre-and Post-Tests. Table 12 shows the percent of correct responses for each pre- and post- knowledge item.

Table 12. Pre and Post Knowledge Assessment Total Scores (n=19)

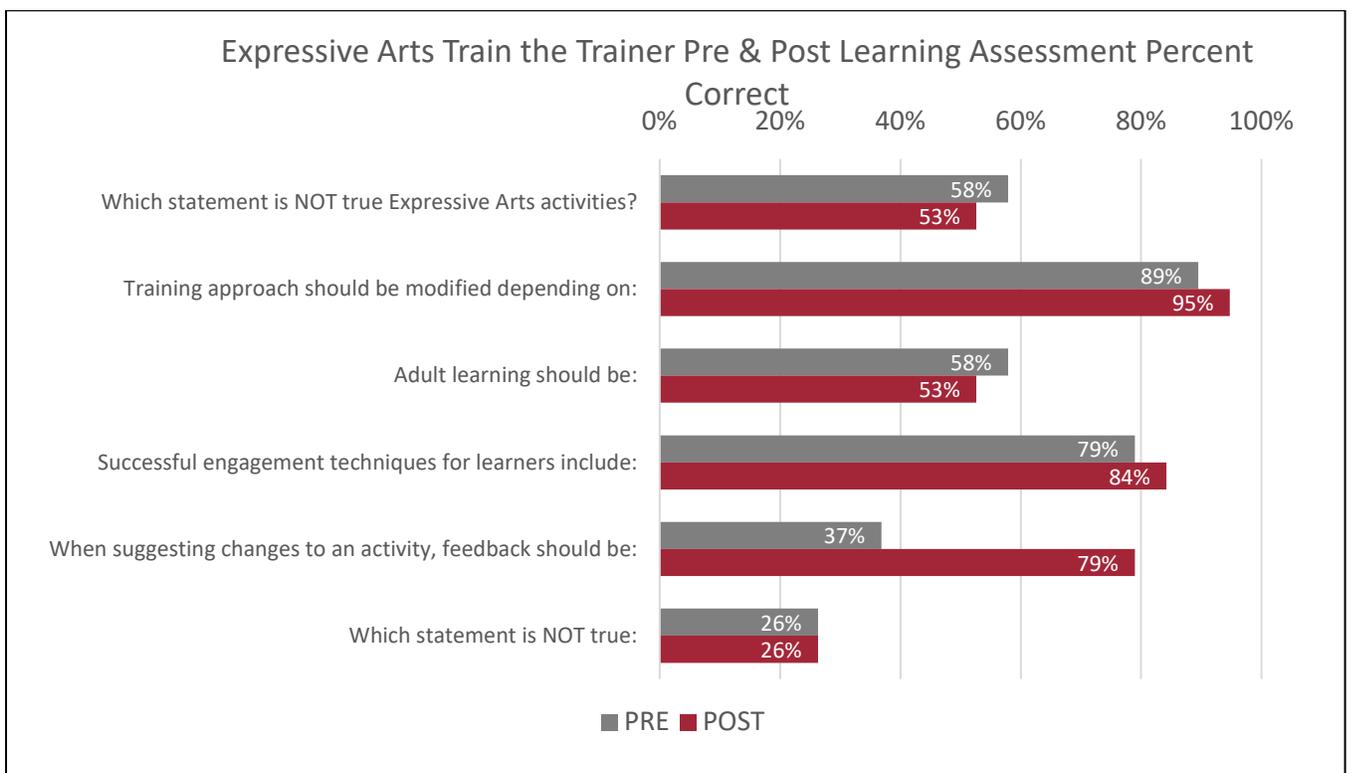
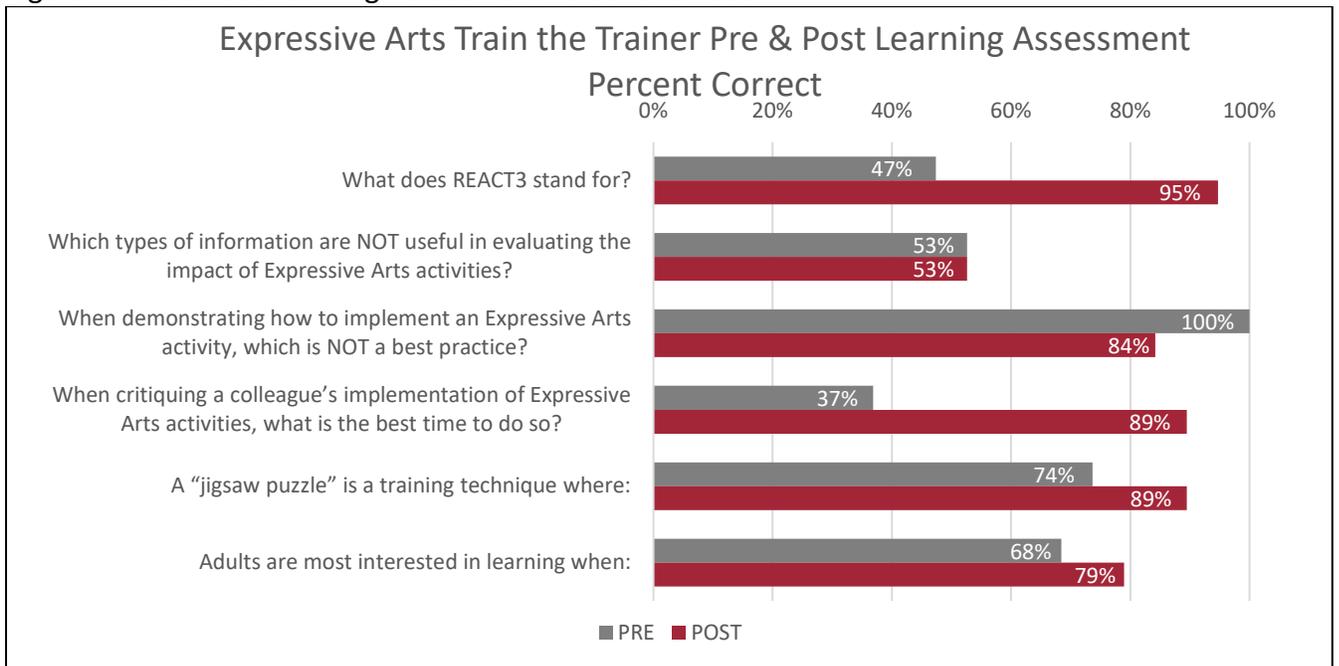
Knowledge Assessment	
Pre-test Average	60%
Post-test Average	73%
Change	+21.67%

Among the items showing the greatest increase (more than 10%) in the number of correct responses between pre-and post-test across respondents are:

- *What does REACT3 stand for?* (100% change) REACT3 is a model for recognizing, creating, and utilizing teachable moments to give effective feedback. This model is critical for successful training. It is not surprising that many did not know the acronym and such a large increase is encouraging.
- *When critiquing a colleague's implementation what is the best time to do so?* (143% change) Knowing when to intervene is critical to the efficacy of teaching and training in a professional setting. This level of improvement is very encouraging for future training efforts.
- *A "jigsaw puzzle" is a training technique where...?* (21% change) Additional methods and training techniques are useful when training a variety of individuals. This question intends to assess their knowledge of particular style of training.
- *Adults are most interested in learning when...* (15% change) Understanding how to engage adult learners is critical to preparing and executing successful trainings for this audience.
- *When suggesting changes to an activity, feedback should be...* (114% change) Learning how to give feedback constructively is a key goal of this course. This question assesses whether the participant understand the best practices for giving feedback.

Also shown in Figure 4 are several items that stayed the same or decreased from pre- to post-assessment. In future iterations of the course these items will be reviewed for question construction and validity.

Figure 4. Pre & Post Learning Assessment Percent Correct



Self-Efficacy Change Assessment

The pre- and post- assessment also included a 10-item, paper-based assessment that asked participants to rate their efficacy with the skills discussed in the course. Participants were given a range of answers that included Very Comfortable (1), Comfortable (2), Neutral (3), Uncomfortable (4), Very Uncomfortable (5). Table 13 below details the pre- and post-scores for self-reported efficacy with skills covered in the course. It is important to note that in this assessment, a lower score is a better score.

Table 13. Facilities Practices Assessment

Self-Efficacy Assessment	
Pre-test Average Score	2.1
Post-test Average Score	1.6
Average Change Score	-0.55 (indicates improvement)

As seen in Table 13, the overall change in self-efficacy scores showed an improvement in participants' perceived efficacy in the skills of the course. That is, the lower the score the positive direction of change. Looking more closely at the change in self-ranked self-efficacy for skills covered in the course, we analyzed answers to see how much respondents changed in their self-perception. Table 14 below details the number of intervals respondents changed (increased or decreased) for each question between the pre- and post-assessments. The increase in perceived self-efficacy was strongest for the item "recognizing opportunities to evaluate and provide feedback." Also driving the increase were items around training others to create and implement expressive arts activities and evaluating others' creation and implementation of expressive arts activities.

Table 14. Change in answers for pre- and post- self-efficacy assessment

How comfortable are you doing the following activities associated with Expressive Arts?	Change in intervals between pre and post				
	Increased		No Change	Decreased	
	+2	+1	0	-1	-2
Applying the concepts of adults learning theory to training			X		
Creating training so others can learn to create Expressive Arts activities			X		
Creating training so others can learn to successfully implement Expressive Arts activities			X		
Conducting training for others to create Expressive Arts activities		X			
Conducting training for others to implement Expressive Arts activities		X			
Evaluating others' creation of Expressive Arts activities		X			
Evaluating others' implementation of Expressive Arts activities		X			
Recognizing opportunities to evaluate and provide feedback on other's Expressive Arts activities	X				
Defending the need for the expressive arts to multiple audiences			X		
Engaging a variety of learners (different departments, families, residents) when training about the expressive arts			X		

Regional Collaborative Expressive Art QAPI Projects

Each of the original seven Regional Collaboratives were invited to participate in an additional expressive arts project. Each Collaborative sent up to four representatives to both the direct and train the trainer courses. As Collaborative representatives, these participants committed to using the skills and knowledge learned in the courses to teach their Collaborative members how to integrate the expressive arts in each of their buildings. Once the content was disseminated to all facilities, each Collaborative developed and began to implement a QAPI Performance Improvement Project (PIP) around the expressive arts. Each Collaborative received \$20,000 in grant funding to support these activities.

All seven Collaboratives chose to participate in this project. Most sent representatives to the direct and train the trainer course, but a few encountered barriers in engaging willing Collaborative members who would commit to the class time. To address this barrier, CAC contacted those who did participate in the Train the Trainer course as inquire if they would be willing to lead a training for one or more Collaboratives. Several responded positively and all Collaboratives were able to have at least one trainer come to a Collaborative meeting to provide training in integrating the expressive arts for their members. At the time of this report all seven Collaboratives are in the beginning stages of their PIP, with all but one having started their interventions on April 1, 2018. Table 15 below details the project topics for each Collaborative and Table 16 provides additional information about individual Collaborative project.

Table 15. Collaborative Expressive Arts PIPs

Expressive Arts Project Topic	
CINHIC	Increase resident participation through active engagement in Expressive Arts activities.
CCC	Increase resident participation through active engagement in Expressive Arts activities.
ECIC	Reduce pain levels by participating in Expressive Arts.
NCIQIC	Reduce pain levels by participating in Expressive Arts.
QICNE	Decrease depression by using Expressive Arts activities.
SIRC	Decrease depression by using Expressive Arts activities.
SWICPI	Increase resident participation through active engagement in Expressive Arts activities.

Table 16. Collaborative Expressive Arts PIP Details

	Secondary Metrics	Interventions	Qualitative Data
CCC	Activities requiring 1:1 Antipsychotics Depression Disruptive Behaviors Falls Overall EA engagement	A.) Add a minimum of (1) activity per week per Expressive Art modality for a total of (5) Expressive Art activities OR Add any combination of modalities for a total of (5) Expressive Arts activities to the calendar per week B.) Provide Expressive Arts supplies for facilities based on needs identified	Expressive Arts Training Comments <ul style="list-style-type: none"> • “Very thorough class” • “Excellent program” • “I’m excited to try different modalities and ideas I haven’t tried” • “Well put together class”
CINHIC	Participation levels in Expressive Arts activities	Increase the offering, frequency, and variety of Expressive Arts Activities	Expressive Arts Training Comments “I liked everything about the class”
ECIC	Frequency of PRN medications	Increase the offering, frequency, and variety of Expressive Arts Activities	
NCIQIC	Frequency of PRN medications Increase 1:1 engagement Increase in resident self-expression through Expressive Arts	Journaling Art Therapist involvement Measuring pain rate before and after Staff recognition for 1:1 resident engagement Facebook connections with distant family and friends	<ul style="list-style-type: none"> • Director of Nursing at one facility has noticed difference in residents’ verbalizations, and increased laughter • Activity staff notices residents sharing their experiences with expressive arts- building contagious enthusiasm • More staff involvement with building-wide implementation of expressive arts
QICNE	To be determined	Increase the offering, frequency, and	

		variety of Expressive Arts Activities	
SIRC	Milligrams of prescribed antidepressants Number of people attending Expressive Arts activities Disruptive behaviors	Increase the offering, frequency, and variety of Expressive Arts Activities	
SWICPI	Secondary metrics will vary. Some facilities are targeting problematic behaviors, resident satisfaction, and improvement in quality measures, such as weight loss or depression	Offer at least (6) Expressive Arts activities per month, targeting 1:1 residents and offering Expressive Arts at least (1) time per week.	Expressive Arts Training Comments <ul style="list-style-type: none"> • “There were a lot of great ideas” • “Very informative information” • “Great activity ideas”

CCC is focusing their expressive arts PIP on increasing resident participation through active engagement in Expressive Arts activities. Secondary metrics tracked by the Collaborative include one-on-one activities, antipsychotic medication, depression medication, disruptive behaviors, falls, and overall Expressive Arts engagement. The Collaborative will be providing Expressive Arts supplies for facilities, based on needs identified, to further enhance PIP success. Interventions include: add a minimum of (1) activity per week per Expressive Art modality, for a total of (5) Expressive Art activities, OR add any combination of modalities for a total of (5) Expressive Arts activities to the calendar per week. The Expressive Arts Collaborative training was a success, leaving Collaborative training attendees refreshed and rejuvenated.

CINHIC plans to increase resident participation through active engagement in Expressive Arts activities. The Collaborative plans to look at secondary metrics, which include participation levels in Expressive Arts activities. The primary intervention for the Collaborative is to increase the offering, frequency, and variety of Expressive Arts Activities. The Expressive Arts training for Collaborative members was well received and the Collaborative received positive feedback on the details included in the training.

ECIRC is working to reduce pain levels through participation in Expressive Arts. The Collaborative plans to look at secondary metrics, which includes tracking frequency of PRN pain medications. The primary intervention for the Collaborative is to increase the offering, frequency, and variety of Expressive Arts Activities.

NCIQIC aims to reduce pain levels through participation in Expressive Arts. The Collaborative plans to look at secondary metrics, including tracking frequency of PRN pain medications, one-on-one resident engagement, and increase in resident self-expression through Expressive Arts. The primary intervention includes, increasing the offering, frequency, and variety of Expressive Arts Activities. Collaborative leadership report that a member has commented they are already starting to see improvement for residents due to this PIP.

QICNE is focusing their expressive arts PIP on decreasing depression by using Expressive Arts activities. The Collaborative hosted a successful Expressive Arts training for Collaborative members in March. The primary intervention for the Collaborative is to increase the offering, frequency, and variety of Expressive Arts Activities. Secondary metrics have not yet been determined, as they plan on discussing during their next monthly Collaborative meeting.

SIRC is focusing their expressive arts PIP on decreasing depression by using Expressive Arts activities. The Collaborative plans to look at secondary metrics, which includes tracking milligrams of prescribed antidepressants, number of people attending Expressive Arts activities, as well as disruptive behaviors. The primary intervention for the Collaborative is to increase the offering, frequency, and variety of Expressive Arts Activities. As part of this PIP, SIRC has engaged one of their members who attended the Train the Trainer course on an ongoing basis. This member is leading a series of trainings for the groups based on sequential learning.

SWICPI is focusing on increasing resident participation through active engagement in Expressive Arts activities. The Collaborative plans to look at secondary metrics individually, allowing each facility to determine their own, depending on facility goals. The primary intervention for the Collaborative includes offering at least (6) Expressive Arts activities per month, targeting residents for one-on-one activities, and offering Expressive Arts activities at least (1) time per week. The Expressive Arts training for Collaborative members was well received, with comments such as “great ideas” and “very informative training.”

Recommended Next Steps

At the conclusion of this project, the Project Team has several recommendations for future actions. Continued partnership with and observation of the Collaborative PIPs will provide useful information towards determining the potential for positive health outcomes due to increased integration of the expressive arts in long term care. This may also aid in creating a critical mass of support for the program that may make additional trainings more successful in regards to attendance. Should another round of these courses be offered, the Project Team recommends working to shorten the time required for each course. One way to potentially do so is to create online learning modules for the science behind integrating the expressive arts and for how to use QAPI to build an expressive arts program. These could be completed outside of class time and would require less time away from regular duties for interested staff - a key barrier for participation.

Appendices

Appendix A Project Team Meetings

	Topic	Date	Length (Hours)	Attendance
84 Project Team Meetings				
	Project Team Meeting	04/08/16	2	Project Team
	Project Team Meeting	04/25/16	2	Project Team
	Project Team Meeting	05/02/16	2	Project Team
	Project Team Meeting	05/09/16	2	Project Team
	Project Team Meeting	05/16/16	2	Project Team
	Project Team Meeting	05/23/16	2	Project Team
	Project Team Meeting	06/01/16	2	Project Team
	Project Team Meeting	06/13/16	2	Project Team
	Project Team Meeting	06/20/16	2	Project Team
	Project Team Meeting	06/27/16	2	Project Team
	Project Team Meeting	07/11/16	2	Project Team
	Project Team Meeting	07/18/16	2	Project Team
	Project Team Meeting	07/25/16	2	Project Team
	Project Team Meeting	08/01/16	2	Project Team
	Project Team Meeting	08/15/16	2	Project Team
	Project Team Meeting	08/22/16	2	Project Team
	Project Team Meeting	08/29/16	2	Project Team
	Project Team Meeting	09/07/16	2	Project Team
	Project Team Meeting	09/12/16	2	Project Team
	Project Team Meeting	09/19/16	2	Project Team
	Project Team Meeting	09/26/16	2	Project Team
	Project Team Meeting	10/03/16	2	Project Team
	Project Team Meeting	10/10/16	2	Project Team
	Project Team Meeting	10/18/16	2	Project Team
	Project Team Meeting	10/24/16	2	Project Team
	Project Team Meeting	10/31/16	2	Project Team
	Project Team Meeting	11/07/16	2	Project Team
	Project Team Meeting	11/14/16	2	Project Team
	Project Team Meeting	11/21/16	2	Project Team
	Project Team Meeting	11/28/16	2	Project Team

*Expressive Arts Final Report
 April 2016 - April 2018
 University of Indianapolis
 Center for Aging & Community*

Project Team Meeting	12/05/16	2	Project Team
Project Team Meeting	12/12/16	2	Project Team
Project Team Meeting	12/19/16	2	Project Team
Project Team Meeting	01/04/17	2	Project Team
Project Team Meeting	01/09/17	2	Project Team
Project Team Meeting	01/17/17	2	Project Team
Project Team Meeting	01/23/17	2	Project Team
Project Team Meeting	01/30/17	2	Project Team
Project Team Meeting	02/06/17	2	Project Team
Project Team Meeting	02/13/17	2	Project Team
Project Team Meeting	02/20/17	2	Project Team
Project Team Meeting	02/27/17	2	Project Team
Project Team Meeting	03/06/17	2	Project Team
Project Team Meeting	03/14/17	2	Project Team
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Project Team Meeting	03/27/17	2	Project Team
Project Team Meeting	04/03/17	2	Project Team
Project Team Meeting	04/10/17	2	Project Team
Project Team Meeting	04/17/17	2	Project Team
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Project Team Meeting	05/08/17	2	Project Team
Project Team Meeting	05/15/17	2	Project Team
Project Team Meeting	06/05/17	2	Project Team
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Project Team Meeting	06/26/17	2	Project Team
Project Team Meeting	07/10/17	2	Project Team
Project Team Meeting	07/17/17	2	Project Team
Project Team Meeting	07/31/17	2	Project Team
Project Team Meeting	08/07/17	2	Project Team
Project Team Meeting	08/14/17	2	Project Team
Project Team Meeting	08/21/17	2	Project Team
Project Team Meeting	09/05/17	2	Project Team
Project Team Meeting	09/11/17	2	Project Team
Project Team Meeting	09/18/17	2	Project Team
Project Team Meeting	09/25/17	2	Project Team
Project Team Meeting	10/02/17	2	Project Team

*Expressive Arts Final Report
April 2016 - April 2018
University of Indianapolis
Center for Aging & Community*

Project Team Meeting	10/11/17	2	Project Team
Project Team Meeting	10/23/17	2	Project Team
Project Team Meeting	10/30/17	2	Project Team
Project Team Meeting	11/06/17	2	Project Team
Project Team Meeting	11/13/17	2	Project Team
Project Team Meeting	11/20/17	2	Project Team
Project Team Meeting	11/27/17	2	Project Team
Project Team Meeting	12/05/17	2	Project Team
Project Team Meeting	12/12/17	2	Project Team
Project Team Meeting	12/18/17	2	Project Team
Project Team Meeting	01/08/18	2	Project Team
Project Team Meeting	01/16/18	2	Project Team
Project Team Meeting	01/22/18	2	Project Team
Project Team Meeting	01/29/18	2	Project Team
Project Team Meeting	02/05/18	2	Project Team
Project Team Meeting	02/12/18	2	Project Team
Project Team Meeting	02/19/18	2	Project Team
Project Team Meeting	02/26/18	2	Project Team
Project Team Meeting	03/05/18	2	Project Team
Project Team Meeting	03/12/18	2	Project Team
Project Team Meeting	03/19/18	2	Project Team
Project Team Meeting	03/27/18	2	Project Team
Project Team Meeting	04/09/18	2	Project Team
Project Team Meeting	04/16/18	2	Project Team
Project Team Meeting	04/23/18	2	Project Team
66 Expressive Arts Meetings/Conference Calls			
Meeting/Conference Call	04/22/16	1	Project Team, SME
Meeting/Conference Call	05/09/16	1	Project Team, SME
Meeting/Conference Call	05/20/16	1	Project Team, SME
Meeting/Conference Call	06/03/16	1	Project Team, SME
Meeting/Conference Call	06/17/16	1	Project Team, SME
Meeting/Conference Call	06/23/16	1	Project Team, SME
Meeting/Conference Call	07/01/16	1	Project Team, SME
Meeting/Conference Call	07/13/16	1	Project Team, SME
Meeting/Conference Call	08/10/16	1	Project Team, SME
Meeting/Conference Call	08/19/16	1	Project Team, SME
Meeting/Conference Call	09/02/16	1	Project Team, SME

*Expressive Arts Final Report
 April 2016 - April 2018
 University of Indianapolis
 Center for Aging & Community*

Meeting/Conference Call	09/09/16	1	Project Team, SME
Meeting/Conference Call	09/12/16	1	Project Team, SME
Meeting/Conference Call	09/16/16	1	Project Team, SME
Meeting/Conference Call	10/05/16	1	Project Team, SME
Meeting/Conference Call	10/18/16	1	Project Team, SME
Meeting/Conference Call	10/05/16	1	Project Team, SME
Meeting/Conference Call – netlogx	10/11/16	1	Project Team, SME
Meeting/Conference Call- Cabello	10/18/16	1	Project Team, SME
Meeting/Conference Call	10/24/16	1	Project Team, SME
Meeting/Conference Call	10/25/16	1	Project Team, SME
Meeting/Conference Call	10/28/16	2	Project Team, SME
Meeting/Conference Call – Supplies	10/28/16	1	Project Team, SME
Meeting/Conference Call	11/07/16	1	Project Team, SME
Meeting/Conference Call	11/21/16	1	Project Team, SME
Meeting/Conference Call – netlogx	11/22/16	1.5	Project Team, SME
Meeting/Conference Call – Heidi Fledderjohn	11/22/16	0.5	Project Team, SME
Meeting/Conference Call – Heidi Fledderjohn	11/28/16	1	Project Team, SME
Meeting/Conference Call	12/05/16	1	Project Team, SME
Meeting/Conference Call	12/16/16	1	Project Team, SME
Meeting/Conference Call	01/05/17	1	Project Team, SME
Meeting/Conference Call	01/19/17	1	Project Team, SME
Meeting/Conference Call – Heidi Fledderjohn	01/25/17	1	Project Team, SME
Meeting/Conference Call –	01/30/17	1	Project Team
Meeting/Conference Call	02/06/17	1	Project Team
Meeting/Conference Call – Sharon Baggett	02/08/17	1	Project Team
Meeting/Conference Call	02/13/17	1	Project Team
Meeting/Conference Call	02/20/17	1	Project Team
Meeting/Conference Call	03/06/17	1	Project Team
Meeting/Conference Call –Kansas State University	03/30/17	1	Project Team
Meeting/Conference Call	04/03/17	1	Project Team, SME
Meeting/Conference Call	04/17/17	1	Project Team, SME

*Expressive Arts Final Report
 April 2016 - April 2018
 University of Indianapolis
 Center for Aging & Community*

Meeting/Conference Call	05/01/17	1	Project Team, SME
Meeting/Conference Call	05/15/17	1	Project Team, SME
Meeting/Conference Call	06/19/17	1	Project Team, SME
Meeting/Conference Call	07/03/17	1	Project Team, SME
Meeting/Conference Call – Train the Trainer	07/26/17	1	Ellen, Kayleigh, Rebecca, Sarah
Meeting/Conference Call	07/31/17	1	Project Team, SME
Meeting/Conference Call – Train the Trainer	08/11/17	1	Ellen, Kayleigh, Rebecca, Sarah
Meeting/Conference Call	08/21/17	1	Project Team, SME
Meeting/Conference Call – Train the Trainer	09/08/17	1.5	Ellen, Kayleigh, Rebecca, Sarah
Meeting/Conference Call – Train the Trainer	09/11/17	1	Ellen, Kayleigh, Rebecca, Sarah
Meeting/Conference Call – Train the Trainer	09/16/17	1.5	Ellen, Kayleigh, Rebecca, Sarah
Meeting/Conference Call	09/18/17	1	Project Team, SME
Meeting/Conference Call	10/02/17	1	Project Team, SME
Meeting/Conference Call	11/06/17	1	Project Team, SME

Appendix B Subject Matter Expert Biographies

SALLY BAILEY, MFA, MSW, RDT/BCT

Ms. Bailey is a professor of Theater and Gerontology at Kansas State University where she is Director of the Drama Therapy Program, one of only five such programs in the US. Ms. Bailey brings significant experience in drama therapy and graduate level teaching and is well published in both the application and teaching of drama therapy principles and techniques.

Ms. Bailey worked with recovering substance abusers and people with disabilities for over 10 years in the Washington, DC area. Author of *Wings To Fly: Bringing Theatre Arts To Students with Special Needs*, *Dreams To Sign: Bringing Together Deaf and Hearing Actors and Audiences*, and *Barrier-Free Theatre: Including Everyone in Theatre Arts* (recipient of the 2011 American Alliance for Theatre in Education Distinguished Book Award), she is also a produced children's theatre playwright. Ms. Bailey has served on the Board of Directors of the North American Drama Therapy Association 1995-2003 (President 2001-2003) and is Founder and Treasurer of the Drama Therapy Fund, 2003-present.

Ms. Bailey is a recipient of the NADTA Gertrud Schattner Award 2006; the NADTA Service Award 2005; the 2005 Inspire by Example Award, given by Community 1st National Bank for Community Service; 2003 William Stamey Undergraduate Teaching Award; the 2001 KSU Advisor of the Year Award; 2011 PAAC Award - Promoting an Accessible Campus, presented by EmPowerCats and K-State for All; and the 2007 Distinguished Service Award in Arts and Disabilities, presented by Accessible Arts, Kansas City, KS and the Kansas State Board of Education.

Visit her website www.dramatherapycentral.com to find out more about drama therapy.

HEIDI FLEDDERJOHN, MA, BC-DMT, RYT

Heidi Fledderjohn is a Board Certified Dance/Movement Therapist, registered yoga teacher, and meditation teacher with 20 years of experience supporting people's desire to learn deeply, grow, and feel good. She skillfully weaves experiences that incite wonder, courage, compassion, and connection.

Ms. Fledderjohn's committed creativity has been sought after by such luminary establishments as Outward Bound Professional with Harvard Business School, the

Indianapolis Museum of Art, Aetna Health NYC in the immediate aftermath of 9/11, the Christian Theological Seminary, Peyton Manning's Children's Hospital, and the San Diego School system.

She maintains a private practice in Indianapolis, IN and has supervised master level creative arts therapy students and PhD candidates all over the country. Heidi is a TEDx presenter and taught at the prestigious TEDActive conference in 2013.

She is a published author in the field of Dance/Movement Therapy. Using play, movement and meditation, Fledderjohn generates a solid, soulful, and vibrant method for approaching life, change, and the self.

KATHARINE HOUPT, MAAT, ATR, LCPC

Ms. Houpt brings years of experience in utilizing writing, memoir, and art therapy to improve quality of life for older adults in nursing facilities.

Ms. Houpt is skilled at adapting these modalities to all ranges of cognitive and physical functioning and has demonstrated knowledge of translating therapeutic expressive arts therapy approaches for nursing home staff through her administrative and creative arts therapy roles.

She currently has a private art therapy practice in Chicago, IL and is a Lecturer at the School of the Art Institute of Chicago.

REBECCA SORLEY, DA

Dr. Rebecca Sorley holds the position of Professor of Music at the University of Indianapolis where she is Director of Student Support and Coordinator of the Music Business Concentration. She teaches piano to all levels from Pre-College through Piano Majors. Sorley believes that music can enrich the lives of all ages and abilities of students and seeks educational and concert programming that encourages all ages to experience the power of music.

Dr. Sorley enjoys studying music by women composers and has performed for the Festival of Women Composers International at Indiana University of Pennsylvania and the Athena Conference in Murray, Kentucky. Other performances include Mu Phi Epsilon International Conventions in Oakland, California, Jacksonville, Florida and Rochester, New York and the National Collegiate Honors Conferences in San Antonio,

Denver, Washington, D.C. and Kansas City. She was featured in a live broadcast from WFMT Public Radio in Chicago featuring piano duets with her daughter, Allegra. Dr. Sorley also serves as organist at St. John's United Church of Christ in Indianapolis.

SARAH TIREY, BFA

Ms. Tirey is a graduate of the University of Indianapolis, with a BFA degree in Studio Art. She dug into the world of psychology during undergraduate with an interest in how the expressive arts affect our overall health.

After finding her passion in working with disadvantaged and impoverished communities through the arts 12 years ago, she dedicated her professional career to various non-profits in the Indianapolis vicinity, such as the Indianapolis Art Center, The Children's Museum of Indianapolis, The Indianapolis Public Library. She recently returned to the University of Indianapolis as Associate Adjunct Faculty in the Department of Art & Design.

She is currently continuing her education at the IU School of Public and Environmental Affairs to earn an MPA in non-profit management so she can further contribute to the sustainability of Indianapolis arts organizations that increase accessibility to the arts.

Appendix C Direct Course Syllabus

Agenda – Day 1

8:00 – 8:10 am	Welcome to the Expressive Arts Course
8:10 am– 12:00 pm	Overview of the Expressive Arts a) Introductions b) Benefits of the Expressive Arts c) Creativity vs. creativity 15 min break d) Incorporating the Expressive Arts e) Scope of Practice
12:00 – 1:00 pm	Lunch
1:00 – 5:00 pm	Drama a) Introduction to drama b) Benefits of drama activities c) Creating a drama group for older adults d) Thanksgiving drama activity 15 min break e) Winter drama activity f) Leading the group

Agenda – Day 2

8:00 am – 12:00 pm	Writing and Memoir a) Introduction to writing/memoir b) Benefits of writing/memoir c) Leading writing and memoir activities d) Poem Activity 15 min break e) Timeline of strengths activity f) Spontaneous activities
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12:00 – 1:00 pm	Lunch
1:00 – 5:00 pm	Music a) Introduction to music b) Benefits of music c) Music in everyday life d) Songwriting activity 15 min break d) Leading music activities e) Music reaction activity

Agenda – Day 3

8:00 am – 12:00 pm	Visual Arts a) Introduction to the visual arts b) Benefits of visual art activities c) Scope of practice d) Materials experience activity 15 min break e) Activity debrief f) Visual art dialogue activity g) Planning art activities
12:00 – 1:00 pm	Lunch
1:00 – 4:45 pm	Dance and Movement a) Introduction to dance and movement b) Benefits of dance/movement activities c) Leading dance/movement activities 15 min break d) Warm up activity e) Social dance activity
4:45 – 5:00 pm	Charge for the Interim

Agenda – Day 4

8:00 am – 12:00 pm	Reflection on Experience a) Activities Utilized b) Successes 15 min break c) Challenges d) Trouble shooting
12:00 – 1:00 pm	Lunch
1:00 – 4:45 pm	Making Art Work Where You Work a) Creating a culture of creativity b) Engaging colleagues c) Making the case for expressive arts i. Resident benefits ii. Staff benefits iii. Financial benefits 15 min break d) Tracking impact e) Scope of practice f) Additional Resources
4:45 – 5:00 pm	Commitment to practice

Appendix D Direct Course Evaluation

Expressive Arts in Long Term Care

Please take a few moments to answer the following questions

1. Please indicate which location you attended:

Indianapolis Fort Wayne Evansville Columbus Merrillville

2. Please indicate your role in your facility:

Nursing Administration Activity Director/Assistant Social Services
Other _____

3. Please provide your overall perception of this Expressive Arts course.

Overall Perception	Strongly Agree	Agree	Disagree	Strongly Disagree
This class increased my content knowledge about Expressive Arts.				
I gained practical knowledge I can use in my day-to-day work with patients/ residents.				
I gained practical resources I can use in my day-to-day work with patients/ residents.				
I gained skills today, which will make me more effective in my work.				
I will share what I learned in this class with my co-workers and colleagues.				
I will apply what I learned in this class to make improvements in my work area.				
I believe what I gained today will help increase residents' quality of life.				
I feel the resource list included is informative and will enhance my future activity planning.				

4. Please provide your overall perception of the training and delivery of the Expressive Arts course.

Training and Delivery	Strongly Agree	Agree	Disagree	Strongly Disagree
All of the activities inspired me to listen and participate.				
I felt safe and supported doing the learning activities.				
I had enough time with each part of the workshop to understand and experience the arts as a whole and each separate modality.				
I feel I was part of a collaborative learning environment, where everyone could teach and everyone could learn.				
There was plenty of time for the questions and discussion in the course.				
I am confident in going back to apply what I learned at my place of work.				
I feel the amount of information in this training was appropriate.				

5. If not enough information was provided, in which parts of the workshop would you like to see more information? What kinds of information would you add to these parts of the workshop?

6. Which content are you most excited to include in your arts programming? Why?

7. Please provide any other general comments, questions or concerns about this Expressive Arts class.

Appendix E Direct Course Pre and Post Tests
Pre/Post Learning Assessment

Test Number: _____

1. Please indicate your job category:
 - A. Nursing
 - B. Administration
 - C. Activities
 - D. Social Services
 - E. Other

2. Which is a benefit of engaging in the expressive arts?
 - A. Improved immune system
 - B. Decreased risk of falls
 - C. Improved memory
 - D. All of the above
3. How frequently is it recommended that the expressive arts be incorporated into the structure of nursing facilities?
 - A. Daily
 - B. Weekly
 - C. Monthly
 - D. Quarterly
4. Which is within the scope of nursing facility staff who are integrating the expressive arts?
 - A. Focus residents on positive feelings
 - B. Validate feelings expressed
 - C. Analyze the residents feelings/creativity
 - D. None of the above

5. Which is NOT within the scope of nursing facility staff who are integrating the expressive arts?
 - A. Listen
 - B. Validate feelings expressed
 - C. Analyze the residents feelings/creativity
 - D. Comfort a resident if negative emotions occur

6. When should a resident be referred to a Certified Art Therapist, counselor or social worker?
 - A. When negative emotions are expressed
 - B. When the resident experiences intense affect during or after an art process
 - C. When the resident does not want to talk about family
 - D. All of the above

7. The goal of the expressive arts is to create a finished product that others can enjoy.
 - A. True
 - B. False

8. Everyone has the ability to be creative in the expressive arts.
 - A. True
 - B. False

9. Integrating the expressive arts can be beneficial for:
 - A. Residents
 - B. Staff
 - C. Facility finances
 - D. All of the above

10. Dance Therapy requires residents who can stand and are able to do gross motor movement.
 - A. True
 - B. False

11. Everyone can participate in musical activities regardless of their musical abilities.

- A. True
 - B. False
12. Memoir writing is not a suitable activity for residents who cannot physically write.
- A. True
 - B. False
13. Visual Arts expression is a way that anyone can conduct psychoanalysis.
- A. True
 - B. False
14. Drama groups should be conducted:
- A. Behind tables
 - B. Around tables
 - C. In a circle of chairs
 - D. In chairs lined up in rows like in a theatre.
15. Which of the following IS NOT a modification used for expressive art activities:
- A. Paintbrush/pencil extensions
 - B. Writing sections when residents have trouble with word recall
 - C. Listening to music when a resident is unable to sing
 - D. Residents sitting in chairs for dance activities
16. To teach a successful drawing class to residents, one needs to be a professional artist.
- A. True
 - B. False
17. What attribute is NOT required to lead group arts activity:
- A. Skill in the arts
 - B. Enthusiasm
 - C. Confidence
 - D. None of the above – all are required
18. The best ways to get buy in from colleagues for implementing expressive arts include all but which ONE of the following actions:

- A. Offer to have colleagues participate in an art activity
- B. Have the administrator add it to job descriptions
- C. Present a drama, music or dance performance
- D. Start with one person

Pre Facility Practices Self-Assessment

Test Number: _____

Please indicate your job category:

- A. Nursing
- B. Administration
- C. Activities
- D. Social Services

Other _____

Please read each of the following items carefully and mark the box that BEST represents your facility's current practice. Remember, your facility name will NOT be tied to your answers for analysis, so please be as honest as possible.

	Always (100% of the time)	Usually (75% of the time)	Sometimes (50% of the time)	Rarely (25% of the time)	Never (0% of the time)
Arts activities are provided for all residents in my facility.					
Arts activities in my facility currently include:					
Dance					
Writing and Memoir (Language arts)					
Visual Arts (painting, drawing, craft)					
Music					
Drama					

Facility management supports arts programming by providing budget (e.g., for supplies, consultants).					
Facility management supports arts programming by allotting staff time.					
Our facility uses outside arts organizations to assist with arts programming.					
All staff see integrating arts into the daily lives of residents as their role.					
Our facility contracts with an art therapist for assistance in developing arts activities.					
Does your facility have a designated individual responsible for arts programming and ensuring it is implemented at your facility?					

Test Number: _____

How comfortable are you in doing the following activities associated with Expressive Arts?

		Very Comfortable	Comfortable	Neutral	Uncomfortable	Very Uncomfortable
1	Applying the concepts surrounding expressive arts to possible scenarios in the nursing home.					
2	Planning for implementation of expressive arts in the nursing home.					
3	Defending the importance of creativity as a form of self-expression.					

4	Teaching other staff how to implement at least three of the five modalities of expressive arts.					
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To what extent do you currently:

		Always (100% of the time)	Usually (75% of the time)	Sometimes (50% of the time)	Rarely (25% of the time)	Never (0% of the time)
5	Recognize and value creative abilities in myself.					
6	Recognize and value creative abilities in others, including residents.					

Appendix F Individual Summaries of the Key Informant Interviews

Case Study 1

The nursing home is a 55 bed facility that offers skilled nursing care. There is no specific dementia unit, but other services offered are rehab, physical therapy, occupational therapy, speech therapy and hospice. A visiting physician service provides psychiatric and podiatry care. We interviewed the activity director who has been with the facility for almost 10 years. The activity director attended the expressive arts direct and train the trainer courses.

Direct Course

Context for Implementation

The environment at the nursing home was very favorable for integrating expressive arts. The activity director indicated they had already been doing expressive arts activities several times a month, but attending the direct course inspired her to increase the focus on expressive arts and increase the number of activities. The administrator and all of the leadership team were very supportive and have all worked together for a long time. For example, in a meeting of department heads the activity director attended after the EA training, all indicated they were on board with her plans to invest more time and energy in expressive arts activities.

First Steps after Attending Direct Training

After the direct course, the activity director took about a month to get organized before integrating an increased number of expressive arts into the activities program. She developed a Quality Assurance Performance Improvement (QAPI) plan for assessing the results of the changes in the expressive arts activities programming, and developing the plan involved all departments in the building. This took time as it required coordinating with leadership in all departments and gaining their buy-in and assistance.

As examples of staff support the activity director reported that the administrator assists and acts as a sounding board for QAPI plans and ideas. The director of nursing and assistant director of nursing contribute by helping to track quality measure indicators like falls and antipsychotic medications. Social services helps by tracking challenging behaviors. The admissions coordinator uses examples of expressive arts, e.g., art posted on the walls, as part of marketing tours, and the resident council assists by representing residents' interests. If the resident council is not favorable about an existing activity, or

want more of a certain activity, they let her know. Even maintenance gets involved by helping with props, and dietary, food service hostesses, CNAs, and nursing staff all help to make the activities work. All of their support was needed before the activity director could add more expressive arts programming.

Activities Implemented

Based on learning more about how to do activities for different levels of learning, the activity director added a specific art class and more times for expressive arts into the calendar. The specific art class was added for those residents who had an interest in learning to paint. The specific class focused on actual instruction in how to paint, e.g., step by step lesson in how to paint a sunset. But for other residents with less ability to engage in instruction, another class was added to meet their activity level, e.g, a free painting exercise based on an idea or topic. The activity director emphasized, these courses were added to the existing art and craft classes, memoir writing, drama, music, and dance/movement.

To enhance the music activities, the activity director requested donations of empty plastic coffee containers from staff and families so she could make “drums” for all of the residents. A maintenance staff member assisted with an idea and construction of “drumsticks” made inexpensively with dowel rods and tape. Residents will play these instruments to more fully participate in activities where music is involved.

Challenges

Budget and supplies have always been a challenge. But, right around the time the activity director was increasing the expressive arts activities, the activities department received a donation from a family member in honor of a deceased resident. She used these funds to purchase more supplies for expressive arts activities.

Another challenge in implementing EA activities is adapting them for different levels of ability and cognition in the group activities.

“It’s hard to adapt your training to get up and dance around the room with scarves and carry on. Residents are not going to be able to do that. So you go with something that’s a little less physically challenging. It’s tough. Levels are all over the place. And you figure out by trial and error.”

Successes and Outcomes

The activity director is definite in judging the addition of more expressive arts activities as a success. She is also tracking all of the program additions, as well as using previous EA activities and tools differently or more frequently. Attending the training motivated not only new activities, activities tailored to specific ability levels, but also re-thinking of previous EA activities.

“It’s like the scarves, I had those before. And the maracas, I have a whole music kit. I’ve had it forever. It’s just utilizing it more. I mean [expressive arts] was here. We’re just kind of stepping it up a notch.”

Enhancing the expressive arts programming has impacted the whole building, residents and staff. It has made staff realize the importance of expressive arts, and residents are not only enjoying the activities, but many who might not normally be active are getting involved.

Plans for the Future

Expressive arts will continue to be a focus in this nursing home, but will adapt to the resident population and its needs.

Train the Trainer Course

First Steps after Train-the-Trainer Course

Initially, the activity director’s objective was to train the facility’s activities assistant, but a major challenge to doing this was that the activity’s director’s lack of time. Her focus is on doing the activities with the residents, so balancing that with other demands is important. The activities assistant is also only in the facility 8 hours a week and mainly in the evening, so a time for one-on-one training was difficult.

Indiana State Department of Health (ISDH) Regional Collaboratives Trainings*

The activity director did, however, lead two 4-hour trainings on expressive arts with 30-40 people in each, for the ISDH Regional Collaboratives, and the activities assistant was able to attend one of those trainings. Another activity director within the same corporate chain also attended the Collaborative expressive arts training, and the corporation may request some follow-up training with the other activity director. The activity director believes the training for the collaborative members are important

because things become routine for facility activity directors and attending the expressive arts training awakens and excites them about their work again.

Training at the Facility

In addition to specific expressive arts training for key staff, the activity director incorporates expressive activity in the monthly inservice sessions for building staff. She estimated about 60 staff members receive some level of expressive arts training through these monthly inservice sessions. The result is that staff have maintained a higher level of interest in expressive arts.

*ISDH funded nine Regional Collaboratives of nursing homes and stakeholders around Indiana. The Regional Collaborative member nursing homes perform quality improvement projects to help increase the quality of care and quality of life for their residents. One of the quality improvement projects the Collaboratives are working on involves integrating more expressive arts activities into the buildings, therefore expressive arts training for the Collaborative members was provided by attendees of the expressive arts train-the-trainer courses.

Case Study 2

The nursing home is a locally owned 116 bed facility that offers skilled nursing care. There is no specific dementia unit, but there is a vent unit. We interviewed the activity director who attended the expressive arts direct course.

Context for Implementation

The environment at the nursing home was very favorable for integrating expressive arts. The administrator also attended the direct course and encouraged the activity director to incorporate more expressive arts programming into the activities calendar.

First Steps after Attending Direct Training

Almost immediately after the course, the activity director began to implement coloring with the residents. She looked online, found and printed coloring pages and ordered adult coloring books. Previously, they had a couple of boxes of crayons, but after taking the course, the administrator ordered colored pencils and more crayons. The residents showed an affinity for this activity quickly and enthusiastically.

A significant change that was implemented closely following the training was that the administrator approved the conversion of a former physical therapy room into an

expressive arts room. The room contains supplies and space to work on arts and crafts and the residents are welcome to use it anytime, not just when expressive arts are scheduled on the calendar.

Activities Implemented

Formerly, arts and crafts were on the schedule once every three months and the frequency has increased to once a month. As mentioned, the residents have worked on coloring projects and they have also taken that to the next level by making collages with their coloring work.

Another expressive arts activity that was implemented was a creative writing exercise during the holidays. Residents were asked to write about a present they had received or a memory about Christmas. Some of the residents wrote them independently but some were unable to write. For the residents who were unable to write, the activity director and the activity assistant took dictation of the story. This functioned as a one-on-one activity, with the dictation occurring in their individual rooms. After all of the residents' stories were gathered, they were displayed in the hallway as a group. This activity took several weeks to accomplish because of the slow nature of dictation.

A licensed music therapist comes in once a month and brings instruments for residents to play. This has become popular as the experience spread by word of mouth. Attendance increased from 5 at the first class to 18 at the second class. Scarves and noodles have been incorporated into the existing exercise class to introduce an element of expressive arts into the routine. There are supplies located in the dedicated activity lounge and any resident can go there at any time to engage in expressive arts. For example,

“We’ve had artificial flowers down there and it was a total mess but we didn’t care. We let them put the baskets of flowers together how they wanted and when they were done, we just cleaned everything up.”

Challenges

One challenge was finding the right kind of activities for each person based on their abilities. She indicated that to overcome that challenge, she paid attention to what sort of assistance each resident needed in their everyday activities. For example, could they roll their wheelchair with both hands, one hand only or not at all or did they feed themselves or need to be fed? Knowing the answers about those types of details helped

her to tailor activities to the person. However, she emphasized that overall, expressive arts projects need to be simple.

Drama has been difficult to implement because of diminished cognition in the residents. They are currently exploring ways to overcome that difficulty.

Successes and Outcomes

The activity director described the implementation of expressive arts into the facility as a big success. One outcome she has observed is that residents who formerly did not attend activities very often are now attending on a more frequent basis. Residents also ask when more expressive arts activities are coming up and they can participate again.

Another success is that residents are expressing their individuality and their creativity has blossomed. Residents are proud of their artwork and want to show it off. The facility has framed several of their collages and hung them on the walls and that was appreciated by the residents. She indicated that while the residents like a routine, e.g. having the same activity on the same day every month, expressive arts activities give them room for spontaneity which she believes is a positive effect on their quality of life.

Plans for the Future

Expressive arts will continue to be a focus in this nursing home, but will adapt to the resident population and its needs. One possibility they are pursuing is the idea of introducing drama in the form of a puppet show that a resident is interested in leading. A play or a skit is another avenue for drama they are hoping to incorporate. Another creative lead they intend to follow up with is quilting.

“We have a couple of residents who like to quilt and we’re going to try to do a quilting project. Basically just from their own experiences with crafts they are able to talk to us and tell us what they liked and we’ll do our best to incorporate that into an activity somehow.”

The activity director emphasized that because of the constant state of change in the nursing home, it is important to try new things and if they don’t work, revamp them and don’t be afraid to try something else.

Case Study 3

A district of multiple nursing homes who have a combined 1,188 beds across ten facilities attended the Expressive Arts direct training course. They offer a specific dementia unit, as well as rehab, physical therapy, occupational therapy and speech therapy services. We interviewed a Life Enrichment Support team member who has been with the district of facilities for nine years.

Direct Course

Motivation to Attend

“We are always looking for new ways to enrich the lives of residents.” This company chooses to attend the EA direct course training because they are looking to shift focus from arts and crafts projects to expressive art modalities. The Life Enrichment Support team member mentions that the facilities are looking for an outlet for residents who come from a generation where they have not openly expressed themselves. Through EA, the facility will get to know them better which will lead to serving them better.

Context for Implementation

The Life Enrichment Support team member indicates that there is a supportive environment for incorporating EA across the district of facilities who attended the direct course. The Life Enrichment Directors already have a significant focus on implementing arts into their activity plans. Gaining the knowledge and activities provided by the instructors during the four-day course has encouraged them to include a wider variety of EA modalities into their lessons. The Life Enrichment Support team member mentioned she would like to see expressive arts taken to the corporate level and pushed across more regional divisions.

First Steps after Attending Direct Training

Immediately, the standard for weekly activities improved due to the EA experience. Life Enrichment Directors were required to implement one art activity and at least one expressive art activity in their weekly activity plan. This differs from the original standard that two arts were required in a week. After the course, expressive arts activities were also a new requirement of the quarterly Life Enrichment regional team meetings. The team of Life Enrichment Directors reported including more movement activities in their plans to exercise. Drama activities were immediately incorporated as

well as writing. Facilities began making a shift from crafts to more expressive visual arts. Music has been slow to get started due to having no additional training in music. To better incorporate music, the team feels there is still more to be learned.

Activities Implemented

One of the first activities implemented after completing the expressive arts direct course was a Halloween writing prompt. The residents were asked, 'if you were a ghost, who is it you would haunt and why?' The residents completed the writing prompt and shared as a group. Other reported writing activities include the 'I Am...' prompt learned at the direct course training, as well as a group collaboration of a Christmas story. The Life Enrichment Support team member mentions an activity that's a favorite of the residents'. As music is playing, the Life Enrichment Directors and Associates ask the residents what their story would be if they were the ones who were writing the song. Drama activities have been especially popular with the dementia unit. At Christmas, the residents of the dementia unit had the opportunity to play a part of the nativity scene. Residents were given garments to wear, and other tactile objects were included to replicate the baby Jesus, the sheep, and the three wise men's gifts to enhance the experience of being a part of the play.

Challenges

The most critical challenge reported was insufficient time. The Life Enrichment Support team member mentions that the Life Enrichment Directors struggle to find time to research new EA specific activities. It is easy for the directors to revert to their old routines and previous activity plans. Time also plays a large part in training. The Life Enrichment Directors have little to no time to train their Associates on how to research and implement the new techniques learned through their experiences at the expressive arts direct course. The Life Enrichment Support team member attempts to overcome and address these challenges at the quarterly regional division team meetings.

Successes and Outcomes

The success of the newly integrated EA activities is measured by the improvement that is happening in the lives of the residents. Residents have been very responsive to being open and attentive. The residents are very proud the results of their activities and love to show off to family and staff. The Life Enrichment Support team member reports that on average 7-10 residents are participating in activities. Attending the EA direct course training reinforced that the regional team had previously implemented many EA

activities without realizing. The course has continued to motivate the team to build on their previous activities by ensuring that at least one expressive art modality is in each weekly activity plan.

Plans for the Future

Plans to for the future are to continue strengthening EA throughout the company. Steps to further implementation include finding ways to increase EA activity training to Life Enrichment Associates, push EA to the corporate level, and search for additional resources to include more EA specific activities. There are no current plans mentioning QAPI.

Appendix G Train the Trainer Course Syllabus

Agenda – Day 1

9:00 am – 10:00 am	Welcome and Warm-up
10:00 am – 11:00 am	Create it!
11:00 am – 11:15 am	Break
11:15 am – 12:00 pm	Do it!
12:00 pm – 12:45 pm	Lunch
12:45 pm – 1:45 pm	Teach it! Part 1
1:45 pm – 2:00 pm	Break
2:00 pm – 4:15 pm	Teach it! Part 2
2:4:15 pm – 4:30 pm	Wrap-up

Agenda – Day 2

9:00 am – 9:15 am	Welcome
9:15 am – 10:15 am	REACT3 Part 1
10:15 am – 10:30 am	Break
10:30 am – 11:30 am	REACT3 Part 2
11:30 am – 12:00 pm	Systematic Training Discussion
12:00 pm – 12:45 pm	Lunch
12:45 pm – 1:45 pm	System wide Implementation Part 1
1:45 pm – 2:00 pm	Break
2:00 pm – 2:30 pm	System wide Implementation Part 2
2:30 pm – 3:00 pm	Take Away Discussion/Wrap up

Appendix H Train the Trainer Course Evaluation

Expressive Arts Train the Trainer in Long Term Care

Please take a few moments to answer the following questions.

1. Please indicate which location you attended:

Indianapolis North
(September)

Indianapolis South
(November)

2. Please indicate your role in your facility:

Nursing

Administration

Activity Director/Assistant

Social Services

Other _____

3. Please provide your overall perception of this Expressive Arts Train the Trainer course.

Overall Perception	Strongly Agree	Agree	Disagree	Strongly Disagree
• This class increased my content knowledge about Expressive Arts.				
• This class increased my knowledge about how to teach others Expressive Arts.				
• I gained practical knowledge I can use to teach to my colleagues about Expressive Arts.				
• I gained practical resources I can use to teach my colleagues about Expressive Arts.				
• I gained skills today, which will make me more effective in my work.				
• I will share what I learned in this class with my co-workers and colleagues.				
• I will apply what I learned in this class to make improvements in my work area.				

4. Please provide your overall perception of the training and delivery of the Expressive Arts Train the Trainer course.

Training and Delivery	Strongly Agree	Agree	Disagree	Strongly Disagree
• I feel confident I can inspire my colleagues to listen and participate.				
• I feel confident I can recreate a safe and supportive learning environment for my colleagues.				
• I feel confident I can recreate a collaborative learning environment for my colleagues, where everyone could teach and everyone could learn.				
• There was plenty of time for the questions and discussion in the course.				
• I am confident in going back to apply what I learned at my place of work.				
• I feel the amount of information in this training was appropriate.				
• I believe what I gained today will help increase residents' quality of life.				

5. If not enough information was provided, in which parts of the workshop would you like to see more information? What kinds of information would you add to these parts of the workshop?

6. Which content are you most excited to include in your arts programming? Why?

7. Please provide any other general comments, questions or concerns about this Expressive Arts Train the Trainer class.

Appendix I Train the Trainer Course Pre and Post Tests
Pre Learning Assessment

Test Number: _____

Please indicate your job category:

- A. Nursing
 - B. Administration
 - C. Activities
 - D. Social Services
 - E. Other
-

1. What does REACT3 stand for?
 - A. Recognize, Engage, Affirm, Correct, Try 3 Times
 - B. Recognize, Engage, Affirm, Correct, Test, Transfer, Thank
 - C. Realize, Explain, Accept, Correct, Test, Transfer, Thank
 - D. Recognize, Engage, Acknowledge, Criticize, Train, Transfer, Thank

2. Which types of information are **NOT** useful in evaluating the impact of Expressive Arts activities?
 - A. Numbers on health outcomes
 - B. Stories about resident experiences
 - C. Gut feelings
 - D. Financial information

3. When demonstrating how to implement an Expressive Arts activity, which is **NOT** a best practice?
 - A. Setting up ahead of time
 - B. Listing the steps needed to complete the activity
 - C. Creating a safe space
 - D. Demonstrating without explanation

4. When critiquing a colleague's implementation of Expressive Arts activities, what is the best time to do so?
 - A. When you are both open to discussion and feedback
 - B. Immediately, so they have the situation fresh in mind
 - C. Later the same day
 - D. The next time a similar situation arises

5. A "jigsaw puzzle" is a training technique where:
 - A. A picture of the concept is printed on a puzzle to be solved
 - B. Each learner teaches the others one piece of the concept
 - C. A concept is related to a puzzle to be solved
 - D. Puzzles are used to take a break from learning

6. Adults are most interested in learning when:
 - A. They have to
 - B. The subject matter has immediate relevance to their job or personal life
 - C. It's fun
 - D. In a one on one situation

7. Which statement is **NOT** true Expressive Arts activities?
 - A. Goals can be large or small changes.
 - B. Goals create specific measurable outcomes to support the activity.
 - C. Goals give a general sense of the activity.
 - D. The goal is a finished, attractive product at the end of the activity.

8. Training approach should be modified depending on:
 - A. Time of day
 - B. Day of the week
 - C. Learner style and interest
 - D. Training should never be modified

9. Adult learning should be:
 - A. Problem Centered
 - B. Content Oriented

- C. Fact Focused
- D. Lecture Based

10. Successful engagement techniques for learners include:

- A. Adapting your approach based on your comfort with a modality
- B. Adapting your approach based on learner interest and experience
- C. Listing only data points that support the need for the expressive arts
- D. Convincing the learner they “have to” do this

11. When suggesting changes to an activity, feedback should be:

- A. Only from the trainer
- B. General
- C. Immediate
- D. Specific

12. Which statement is **NOT** true:

- A. Both outcomes data and stories about resident impact can convince someone of the importance of the expressive arts.
- B. Using the expressive arts systematically is part of a quality improvement mindset.
- C. The same approach can be used when discussing the need for expressive arts for all people and audiences.
- D. Financial information is an important part of defending the use of the expressive arts.

Pre Facility Practices Self-Assessment

Test Number: _____

Please indicate your job category:

- A. Nursing
- B. Administration
- C. Activities
- D. Social Services

Other _____

Please read each of the following items carefully and mark the box that BEST represents your facility's current practice. Remember, your facility name will NOT be tied to your answers for analysis, so please be as honest as possible.

	Always (100% of the time)	Usually (75% of the time)	Sometimes (50% of the time)	Rarely (25% of the time)	Never (0% of the time)
Staff in my facility are trained on creating arts activities.					
Staff in my facility are trained on implementing arts activities.					
Training in my facility follows adult learning best practices.					
Arts activities are considered as part of our QAPI efforts.					
Facility management supports training of others in my facility in arts activities.					
Facility management supports training of others in my facility in arts activities.					

Test Number: _____

How comfortable are you in doing the following activities associated with Expressive Arts?

		Very Comfortable	Comfortable	Neutral	Uncomfortable	Very Uncomfortable
1	Applying the concepts of adult learning theory to training.					
2	Creating training so others can learn to create Expressive Arts activities.					

3	Creating training so others can learn to successfully implement Expressive Arts activities.					
4	Conducting training for others to create Expressive Arts activities.					
5	Conducting training for others to implement Expressive Arts activities					
6	Evaluating others' creation of Expressive Arts activities.					
7	Evaluating others' implementation of Expressive Arts activities.					
8	Recognizing opportunities to evaluate and provide feedback on other's Expressive Arts activities					
9	Defending the need for the expressive arts to multiple audiences					
10	Engaging a variety of learners (different departments, families, residents) when training about the expressive arts					

To what extent do you currently:

		Frequently	Sometimes	Never
1	Train others in your building.			
2	Train colleagues in other buildings.			