

REMINISCING “HOWARD’S ROCK”: SPORTING MEMORIES AS A RECREATIONAL THERAPY INTERVENTION



Taylor Hooker,
CTRS

Katie Walker,
CTRS

Brent
Hawkins,
Ph.D.,
LRT/CTRS

Gregory
Ramshaw,
Ph.D.

**CLEMSON
UNIVERSITY**

SRTS 2018
Friday, March 30
8:30am-10:00am



PROGRAM SUPPORT

CLEMSON[®]

ROBERT H. BROOKS
SPORTS SCIENCE INSTITUTE



THE TEAM



SESSION OUTCOMES

Learning outcomes for the session:

1. Identify at least 2 outcomes from a recreational therapy sports-based reminiscence program.
2. Identify two assessments utilized in screening for appropriateness in a reminiscence therapy program as a recreational therapy intervention.
3. Identify at least two resources to utilize in the development of a recreational therapy sport-based reminiscence program.



WHAT SPORT MEMORIES DO YOU HAVE?

- What sports did you play? What sport events did you attend?
- What are your most significant memories from these sports/events?
- With whom did you participate/attend?
- What did you do before the game(s)? After the games?

Write down a few notes



PROGRAM HISTORY & PURPOSE

- Genesis of the project
 - Collaboration between RT and travel & tourism faculty research
 - EUREKA!
 - Grant – Robert H. Brooks Sports Science Institute
 - Identification of AWESOME graduate students
 - Partnership with Brookdale Senior Living
- Clemson football culture + Dementia = Ripe opportunity!
- A good example of academic research, effective partnerships, RT practice, and local impact.



Video



REMINISCENCE THERAPY + SPORT

■ Reminiscence therapy

- Discussion of past activities, events, and experiences with the aid of tangible prompts, questions, and objects
- Used in a structured process to facilitate the retrieval of memories

(Martinez-Cox, Dattilo, & Sheldon, 2011; Woods et al., 2005)

■ Sport

- Creates resilient ties to personal and collective pasts
- Evokes strong memories and lasting connections between people, places, and communities

(Ramshaw & Gammon, 2005)



Program Development

Reviewed relevant literature

Met with Sam Blackman (Unofficial Clemson Football Historian)

Developed preliminary treatment protocols

Finalized treatment protocols

Sent treatment protocols to experts for review

Met with library staff to collect artifacts from CU Special Collections Library

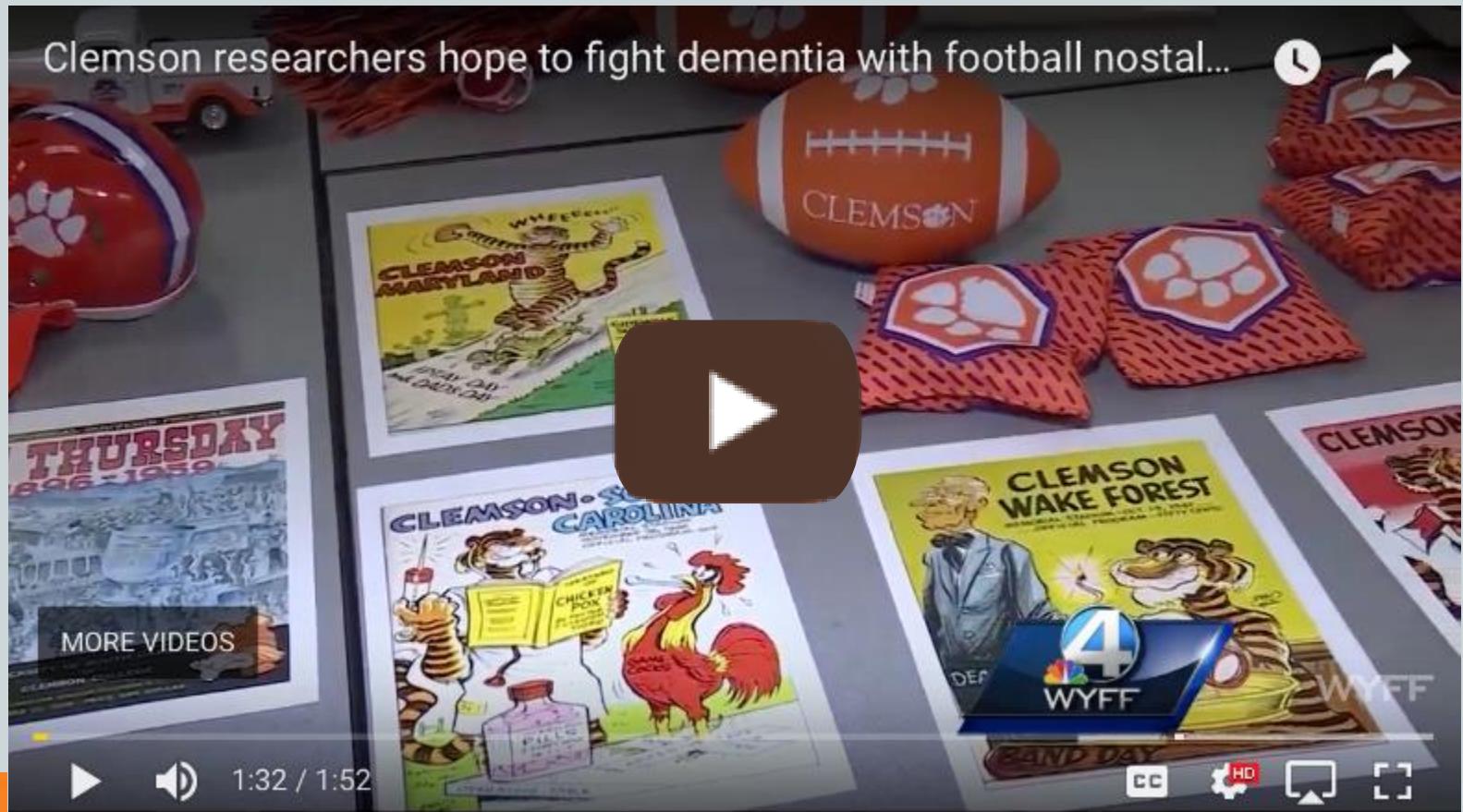
Obtained CU IRB approval

Collected materials and artifacts

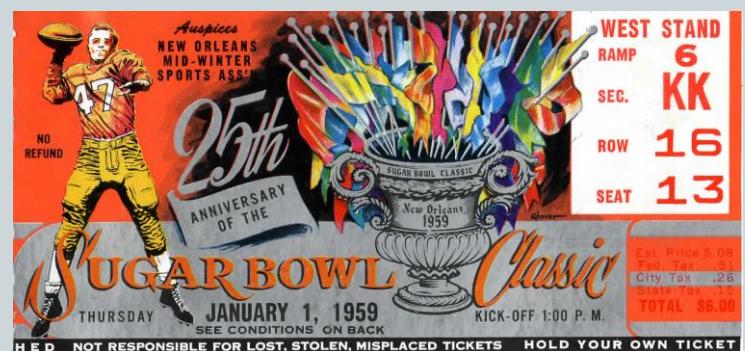
Met with Brookdale staff to finalize implementation timeline



Program Development



Program Development: Artifacts



Program Development: Protocols and Handouts

7. Introduction of Memorabilia:

a. Clemson Class ring

- i. What is this a picture of?
- ii. Does anyone here have one of these?
- iii. What is the design of the ring and it's meanings?

b. Picture of people sitting on Bowman Field

- i. What are the people in this photo doing? Why did people gather on Bowman field?
- ii. Socialize prior to the game; catch up with family members. Hope to catch a glimpse of the players.

c. Audio of fans in the stadium

d. Replica or picture of Howards Rock

- i. What is the tradition behind Howard's rock? Who started the 'good fortune' of rubbing the rock? (Frank Howard). During which game did this tradition start? (Wake Forrest of '67)

e. Recording of Tiger Rag and the Tiger Band

- i. Play song and have individuals sing along. What is the name of this song? What is the history behind this song?

f. Video of team running down "The Hill"

- i. Why did this tradition begin/What is the story behind the tradition of running down the hill?

The football team dressed at Fike Field House and ran from there to the gate and down the grassy hill onto the field at the start of each game.

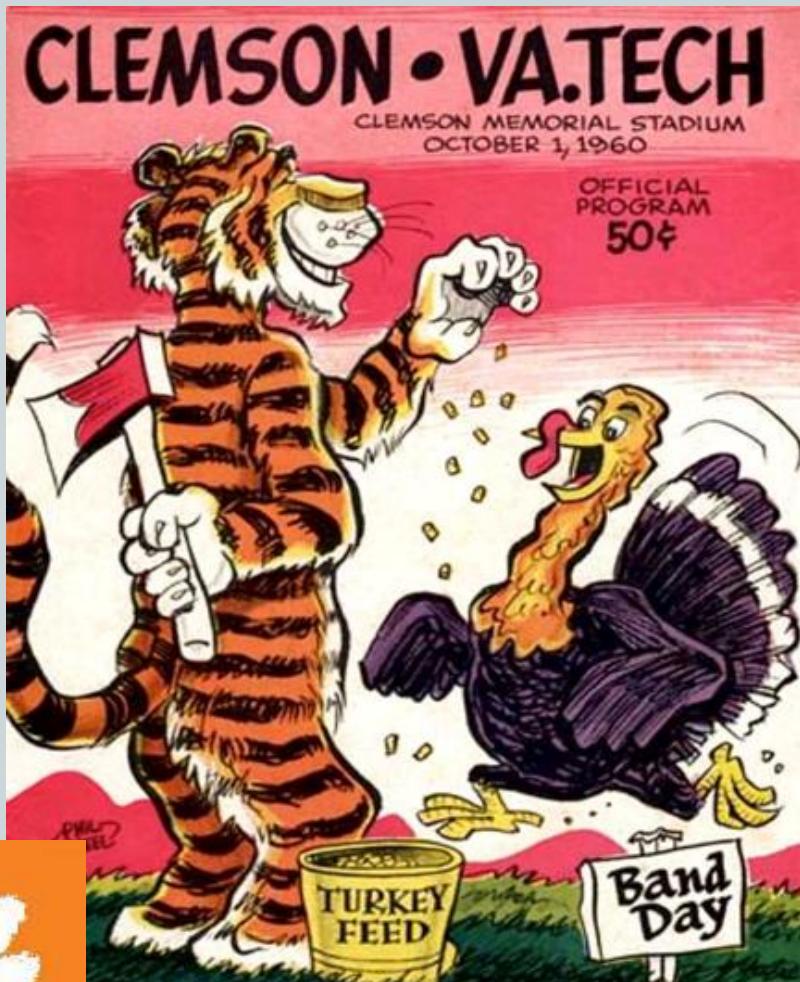


Bowman Field

- Clemson's first home football game was played on Bowman Field in 1898
- Home to Clemson's first football, baseball, track, and basketball teams
- Named in honor of Clemson's first baseball coach, Randolph T.V. Bowman



Program Development: Scorecards



CLEMSON[®] CLEMSON[®]

PARKS, RECREATION AND ROBERT H. BROOKS

PARKS, RECREATION AND TOURISM MANAGEMENT

ROBERT H. BROOKS
SPORTS SCIENCE INSTITUTE

Reminiscing “Howard’s Rock” Session 1

Memories from today's session:

Date of next meeting:

Time of next meeting:

Topic of next meeting:

REVIEWING/REVISING HOWARD'S ROCK

Population and RemT experts reviewed the preliminary information for appropriateness and impact related to:

- **Protocols (8 to 6 sessions)**
- **Memory artifacts (e.g. pictures, video, props)**
- **Length of sessions**
- **General improvements**



Implementation



Assessments

MONTREAL COGNITIVE ASSESSMENT (MoCA)		NAME: _____	Education: _____	Date of birth: _____
Version 7.1 Original Version		Sex: _____	DATE: _____	
VISUOSPATIAL / EXECUTIVE		Copy cube	Draw CLOCK (Ten past eleven) (13 points)	
			<input type="checkbox"/> Contour <input type="checkbox"/> Numbers <input type="checkbox"/> Hands /5	
NAMING				
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/3
MEMORY		Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.		No points
		<input type="checkbox"/> 1st trial	<input type="checkbox"/> FACE <input type="checkbox"/> VELVET <input type="checkbox"/> CHURCH <input type="checkbox"/> DAISY <input type="checkbox"/> RED	
		<input type="checkbox"/> 2nd trial		
ATTENTION		Read list of digits (1 digit/sec). Subject has to repeat them in the forward order. Subject has to repeat them in the backward order.		/2
		<input type="checkbox"/> 2 1 8 5 4 <input type="checkbox"/> 1 2 4 5 8 <input type="checkbox"/> 5 4 2 1 8 <input type="checkbox"/> 8 5 4 2 1		
Read list of letters. The subject must tap with his hand on each letter A. No points if 8.2 errors.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		/1
		<input type="checkbox"/> FBACMNAJJKLBFAFKDEAAAJAMOFAAB		
Serial 7 subtraction starting at 100		<input type="checkbox"/> 93 <input type="checkbox"/> 86 <input type="checkbox"/> 79 <input type="checkbox"/> 72 <input type="checkbox"/> 66		/3
		4 or 5 correct subtractions: 3 pts. 2 or 3 correct: 2 pts. 1 correct: 1 pt. 0 correct: 0 pt		
LANGUAGE		Repeat: I only know that John is the one to help today. <input type="checkbox"/> The cat always hid under the couch when dogs were in the room. <input type="checkbox"/>		/2
		Fluency: Name maximum number of words in one minute that begin with the letter F. <input type="checkbox"/> (N ≥ 11 words)		/1
ABSTRACTION		Categorize between e.g. banana - orange = fruit <input type="checkbox"/> train - bicycle <input type="checkbox"/> watch - ruler		/2
<input type="checkbox"/> to recall words <input type="checkbox"/> FACE <input type="checkbox"/> VELVET <input type="checkbox"/> CHURCH <input type="checkbox"/> DAISY <input type="checkbox"/> RED WITH NO CUE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		/5
<input type="checkbox"/> Category cue <input type="checkbox"/> Multiple choice cue				
Date <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Day <input type="checkbox"/> Place <input type="checkbox"/> City				/6
www.mocatest.org Normal: 26 / 30		TOTAL <input type="checkbox"/> /30		
				Add 1 point if ≥ 12 years

Montreal Cognitive Assessment (MoCA)

Measures cognitive functioning across various domains: attention and concentration, executive functions, memory, language, visuo-constructional skills, conceptual thinking, calculations, and orientation.

The total possible score is 30 points; a score of 26 or above is considered normal.



Assessments

Study ID: | | | | |

DEMQOL (version 4)

Instructions: Read each of the following questions (in bold) verbatim and show the respondent the response card.

I would like to ask you about your life. There are no right or wrong answers. Just give the answer that best describes how you have felt in the last week. Don't worry if some questions appear not to apply to you. We have to ask the same questions of everybody.

Before we start we'll do a practise question; that's one that doesn't count. (Show the response card and ask respondent to say or point to the answer) In the last week, how much have you enjoyed watching television?

a lot quite a bit a little not at all

Follow up with a prompt question: Why is that? or Tell me a bit more about that.

© Institute of Psychiatry, King's College London

Dementia Quality of Life Measure (DEMQOL)



DEMQOL is a patient reported outcome measure which is designed to enable the assessment health-related quality of life of people with dementia.

For all of the questions I'm going to ask you, I want you to think about the last week.

First I'm going to ask about your feelings. In the last week, have you felt.....

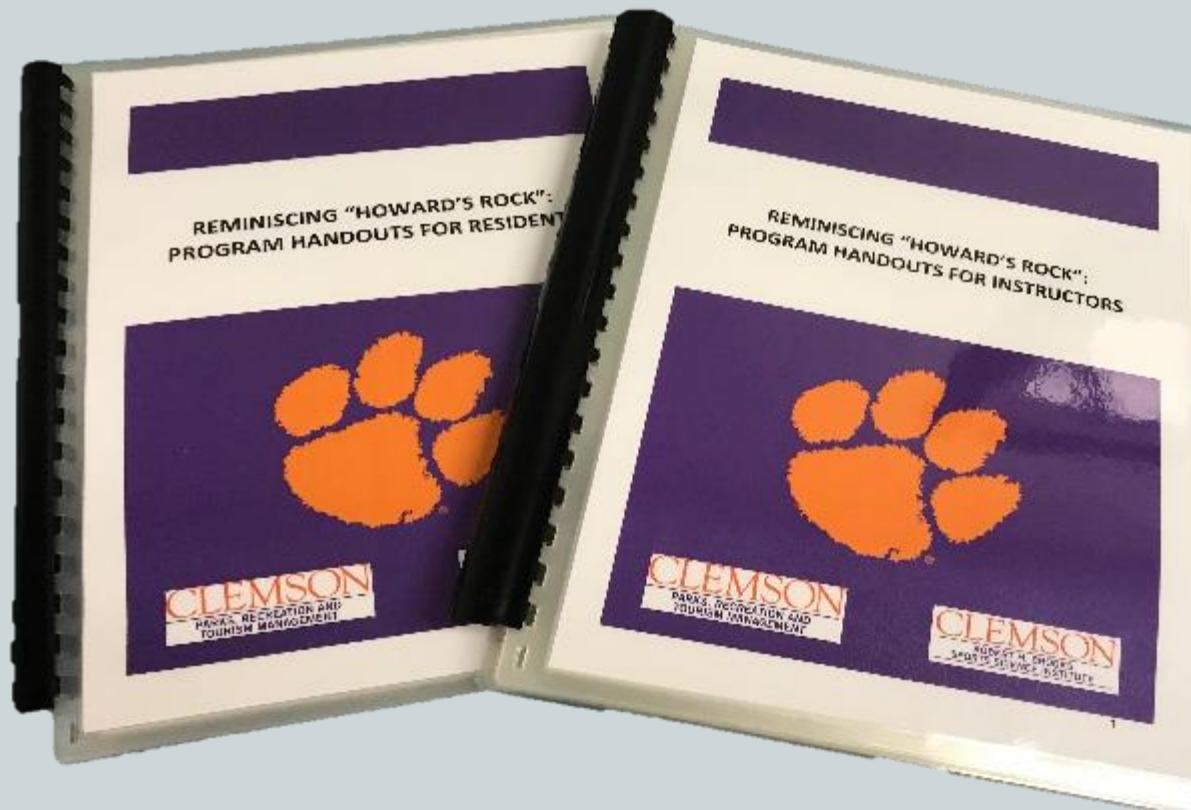
1. cheerful? **	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
2. worried or anxious?	<input checked="" type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
3. that you are enjoying life? **	<input checked="" type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
4. frustrated?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
5. confident? **	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
6. full of energy? **	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
7. sad?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
8. lonely?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
9. distressed?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
10. lively? **	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
11. irritable?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
12. fed-up?	<input checked="" type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
13. that there are things that you wanted to do but couldn't?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all

Next, I'm going to ask you about your memory. In the last week, how worried have you been about.....

14. forgetting things that happened recently?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
15. forgetting who people are?	<input checked="" type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all
16. forgetting what day it is?	<input type="checkbox"/> a lot	<input type="checkbox"/> quite a bit	<input type="checkbox"/> a little	<input type="checkbox"/> not at all

FINAL PROTOCOLS

Show and Tell



Interactive Component

Flip through the protocols with your group. Try to identify:

1. How might some of the key components look different for soccer? For golfing? What traditions, memories, key components of your favorite team (FIU, ODU, ECU....) would be must haves if we took out Clemson and inserted your team of choice?
2. How might you adapt these protocols to be implemented in small groups versus 1:1.
3. What could be improved about the protocols (the layout, information, physical booklet itself)? Be honest!
4. What is the benefit for RTs who are not sport savvy? Is this something they could carry out?



OUTCOME RESEARCH/EVALUATION

Quantitative Results

Changes in Cognition (MoCA)	Changes in Quality of Life (DemQOL)
Pretest average score: 14.83	Pretest average score: 83.23
Posttest average score: 15.83 <i>1 point improvement</i>	Posttest average score: 97.46 <i>14.231 point improvement</i>
Paired samples t-test result: $t = -1.936$, $p = .111$	Paired samples t-test result: $t = -5.408$, $p < .000$



Outcomes Research/Evaluation

Qualitative Results

Qualitative Themes	Subthemes
Opportunities for Learning and Sharing	Sharing social memories, sharing other memories, learning, and apprehension with program attendance and contribution
Group Culture and Tradition	Culture and tradition established by program, and culture and tradition established by participants
Positive Behavioral Change	Relates to change in dementia related behaviors (e.g., enjoyment, mood, engagement, socialization, general cognition)



RESOURCES FOR REMINISCENCE THERAPY

- Sports Heritage Review Website
- BasebALZ- Baseball Themed RemT
- Sporting Memories Network- UK
- Local Archives- University and Geographic
- Librarians & Historians
- Newspapers, journals, memos, posters, pictures, tickets, magazines



BOOKMARK THIS WEBSITE

■ <https://goo.gl/AkSxSp>



HOW-TO

Tips for Sport-Based Reminiscence Therapy:

Project Development:

- Access to archives, the internet, or knowledgeable sources regarding the sport of choice is invaluable to providing accurate information.
- Artifacts may include: tickets from that time frame, program covers, photographs, flyers/posters, news articles, replicas of notable memorabilia, models of common game day fare (plastic food, model cars)
- Securing approval from franchises to use their likeness and logos in personal interventions
- Identifying sports fan vs. non-fans and considering ways to involve large groups of residents

Implementation:

- 1-2 individuals co-leading groups is beneficial – one method we found helpful was to have a main facilitator and a counterpart whom re-iterates key points, clarifies questions and can have 1:1 conversations with residents who require it. More than one individual also allowed for materials to be distributed in a timely and equitable manner.
- Engaging the five senses with artifacts was very successful at provoking memories. We opted away from engaging the sense of smell as individuals with Alzheimer's typically have diminished olfactory bulbs within their brains that leads to a diminished sense of smell.
- Allow conversation to ebb and flow with the group. The artifacts and facilitator work best by prompting a memory or discussion and then allowing the conversation to direct itself.
- Utilizing motivational interviewing techniques – "Tell me more about X" or "That does sound very _____, can you tell me more about that?" or "What was that like having experienced X, Y, Z?"
- We initially planned for 30 minute sessions based upon influences from the literature, however, we consistently had sessions go beyond an hour.
- Protocols should be developed as an all-encompassing road map of a certain topic. It is not mandatory that the group navigate through the entirety of the protocols. Some sessions we found that we would only navigate through 4 of the 10 chosen sub-categories for our overarching theme. This was resident driven and did not impact the engagement levels.

- Engage all residents. As with any group, certain personalities will dominate the conversation if allowed. Engage soft-spoken or reserved clients by asking specific questions to the individual or ask them to offer their two-cents. For residents that are non-verbal, encourage them to engage with touch (high-five or handshake) or non-verbal communication (smile, thumbs-up/thumbs-down, head knobs). Something as simple as pointing to a picture, restating its purpose and history, and offering a smile helps to build a sense of trust within the group.
- Allow the group to form its own identity and traditions. Songs, chants, rituals and nicknames go a long way in forming group identity and help to bridge the past (reminiscing) with the present.

Completion:

- Monitor group development and if the program is not to be sustained over time, ensure that reminders are given throughout the duration. "This is our first of 6 sessions" or "We have our second to last session today" to help with disbanding the group.
- Prepare for feelings of sadness from residents who have built a rapport with staff and other residents. A central identity may have formed over the course of the group development and it is vital that care be taken to encourage positive transitions or promote continued development.



CONCLUSION

- Reminiscence is a powerful tool to....
- Clemson Football is not the end all be all, sport is the connecting theme.
- Utilize the given resources to take this, modify it for your specific team and reach out if you need help!
- We'd love to hear your success and trials and provide feedback.

Comments/Questions/Support

Dr. Brent Hawkins(blhawki@clemson.edu)

Dr. Gregory Ramshaw (gramsha@clemson.edu)



REFERENCES

Kolanowski, A., Fick, D., Frazer, C., & Penrod, J. (2010). It's About Time: Use of Nonpharmacological Interventions in the Nursing Home. *Journal of Nursing Scholarship*, 42(2), 214–222. <https://doi.org/10.1111/j.1547-5069.2010.01338.x>

Martinez-Cox, L., Dattilo, J., & Sheldon, K. (2011). Therapeutic Reminiscence. In J. Dattilo & A. McKenney (Eds.), *Facilitation Techniques in Therapeutic Recreation* (2nd ed., pp. 375–402). State College, PA: Venture Publishing, Inc.

Nasreddine, Z., Phillips, N., Bedirian, V., Charbonneau, S., Whitehead, V., Collin, I., ... Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: A brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society*, 53(4), 695–699.



REFERENCES

Ramshaw, G., & Gammon, S. (2005). More than just Nostalgia? Exploring the heritage/sport tourism nexus. *Journal of Sport & Tourism*, 10(4), 229–241.

Smith, S. C., Lamping, D. L., Banerjee, S., Harwood, R., Foley, B., Smith, P., ... Knapp, M. (2005). Measurement of health-related quality of life for people with dementia: Development of a new instrument (DEMQOL) and an evaluation of current methodology. *Health Technology Assessment*, 9(10).

Woods, B., Spector, A., Jones, C., Orrell, M., & Davies, S. (2005). Reminiscence therapy for dementia. *Cochrane Database of Systematic Reviews*, 2.

