



JAMDA

journal homepage: www.jamda.com

Special Article

Baseball Reminiscence League: A Model for Supporting Persons With Dementia

Cheryl Wingbermuehle MSW, LCSW^a, Debra Bryer RN^a,
 Marla Berg-Weger PhD, LCSW^{b,c,*}, Nina Tumosa PhD^{b,d,1}, Janis McGillick MSW, LNHA^a,
 Carroll Rodriguez BSW^a, David Gill BS^b, Nicholas Wilson BS^b, Kathleen Leonard^b,
 Debbie Tolson PhD, MSc, BSc (Hons) RGN^e

^a Alzheimer's Association, St. Louis, MO

^b Division of Geriatric Medicine and the Gateway Geriatric Education Center, Saint Louis University, St. Louis, MO

^c School of Social Work, Saint Louis University, St. Louis, MO

^d Geriatrics Research, Education and Clinical Center, St. Louis Veterans Administration Medical Center, St. Louis, MO

^e Alzheimer Scotland Center for Policy and Practice, University of West of Scotland, School of Health, Nursing and Midwifery, Hamilton, Scotland

ABSTRACT

Keywords:

Reminiscence therapy
 memory
 nonpharmacological therapy
 dementia

Reminiscence therapy for persons with dementia improves socialization and quality of life. Herein we report the development of reminiscence groups based around memories of professional baseball. Preliminary feedback suggests that this can be a successful approach to enhancing quality of life for persons with mild to moderate dementia.

© 2014 - American Medical Directors Association, Inc. All rights reserved.

The effectiveness of available pharmacological treatments for dementia is limited and has a variety of side effects.¹ This has led to an increasing awareness of the need for nonpharmacological therapies to improve functioning and quality of life in older persons with dementia.² Psychosocial interventions make an essential contribution to dementia care³; reminiscence therapy is one of the most popular interventions. Reminiscence gives voice to people with mild to moderate dementia who can share well-rehearsed memories and engage in cognitively stimulating activities associated with personal interests.⁴ Reminiscence is generally thought to be affirming for older people and people with dementia because of its focus on intact early memories, bringing into the foreground persons preserved abilities rather than their impairments. The data supporting positive effects of reminiscence therapy are limited. In general, studies have been small, often reporting results in less than 20 people. In most cases, the research has reported satisfaction surveys with positive results.⁵ Snyder et al⁶ and Morhardt and Menne⁵ identified companionship

and comfort, particularly with others living with dementia, as an important coping mechanism. Zarit et al⁷ reported that "Memory Clubs" offered opportunities to socialize with supportive persons, allowing persons with dementia to express feelings and to decrease feelings of isolation.

The Cochrane Database Systematic Review found a paucity of randomized controlled trials.⁸ Further, studies often fail to detail reminiscence-based interventions making it difficult to compare and replicate. They felt there was insufficient data to determine the utility of reminiscence therapy and felt there was an urgent need for more systematic research in the area. Thorgrimsen et al⁹ showed that it was feasible to conduct a trial of reminiscence for people with dementia and demonstrated that there were likely to be beneficial effects on quality of life. The recent major REMCARE (Reminiscence Groups for People with Dementia and Their Family Caregivers) trial supported this assertion but unexpectedly found that family members who participated with their relatives in group-based reminiscence exhibited increased levels of stress and anxiety.¹⁰ Reasons for this finding remain unclear, and it highlights the importance of rigorous studies and the complexity surrounding psychosocial intervention development in relation to family caring associated with dementia. One recent trial in Brazil used a life-story approach where they found a significant improvement in quality of life and engagement of nursing home residents over a 6-month period.¹¹ In a large study involving 10 Danish nursing homes, 348 persons in 10 nursing homes were randomized to a reminiscence or control group.¹² The

This project is supported by the Gateway Geriatric Education Center at Saint Louis University, the Alzheimer's Association of St. Louis Chapter, St. Louis Veterans Administration Medical Center, and NHC Healthcare.

The authors declare no conflicts of interest.

* Address correspondence to Marla Berg-Weger, PhD, School of Social Work, Saint Louis University, 3550 Lindell Blvd, St. Louis, MO 63103.

E-mail address: bergwm@slu.edu (M. Berg-Weger).

¹ Current address is Bureau of Health Professions, Division of Public Health and Interdisciplinary Education, Geriatrics and Allied Health Branch, Rockville, MD.

study lasted for 12 months. Although minimal effects were found on the nursing home residents, nursing home staff had more satisfaction with their work and a more positive view of the residents with a greater recognition of the patients' previous life experiences. A study in Belgium found that thematically based reminiscence had small positive effects on depression and cognition.¹³ A Taiwanese study found improvement in the social disturbance subscale of the Clifton Assessment Procedures for the Elderly Behavior Rating Scale.¹⁴ Their study suggested limited sensitivity of the behavioral outcome tools.

The project described here was inspired by the Alzheimer Scotland Football Memories Project (United Kingdom), where soccer (known in Scotland as football) is more than a pastime, it is part of the national cultural heritage. Currently in Scotland, there are over 60 football reminiscence groups that are financially supported by Alzheimer Scotland. For detailed description of the Scottish programs, see <http://www.alzscot.org/>.

A realistic evaluation study of the initial Scottish football reminiscence program indicated that football was a meaningful and popular topic with the men, and without exception, participants engaged with football memorabilia and caregivers reported that their relative was brighter and had increased communication during and after sessions. During group sessions, the men displayed interest in what each other were saying, football banter including teasing was observed, and other behaviors indicative of camaraderie were evident.¹⁵ In a subsequent social participatory research study, over 300 people with dementia worked with researchers to further understand the natural flow of football reminiscences and codesign approaches to group-based reminiscence. This study also deepened understanding of the role of collective and individual identity as a mechanism underlying the reminiscence process, which is central to an effective delivery model.¹⁶

Cardinals Reminiscence League

Building on the model created by the originators in Scotland, an innovative pilot effort to address the needs of persons with early stage dementia was launched in 2011 at the St. Louis Veterans Administration Medical Center (VAMC). Baseball is a passion in St. Louis based around the St. Louis Cardinals National League Baseball team. They have played in St. Louis since 1882 and adopted "Cardinals" as their official name in 1900. The Cardinals are one of the most successful baseball franchises with eleven World Series championships to date. For the last 10 years, the Cardinals have drawn over 3 million fans each year, which is more than the 2.7 million people living in the St. Louis metropolitan statistical area.

The Cardinals Reminiscence League (CRL) builds on the reminiscence therapy concept that memorabilia and other multisensory prompts can be used to stimulate conversations about shared memories of past experiences. Scholars and practitioners recognize that structured reminiscence built around an individual's life experiences can be beneficial in terms of stimulating interest, enjoyment, and maintaining identity and self-esteem.^{15,17,18}

The overarching objectives of the CRL program for the participants are focused on enhancing mood, retaining communication skills, and strengthening the sense of social engagement for individuals with early stage dementia. In addition to the initial group recruited in 2011, 2 new CRL groups were developed in 2013, and all 3 ran through the 2013 baseball season.

Veterans Administration Medical Center-Based CRL Group

The initial CRL group was a project within the Geriatric Research, Education, and Clinical Center at the St. Louis VAMC that served veterans with mild to moderate dementia and/or depression. The



Fig. 1. Participant and facilitator handling Stan Musial's bat during the visit to the ball park.

VAMC and the Geriatric Research, Education, and Clinical Center staff members were responsible for recruiting participants and volunteers. The St. Louis Alzheimer's Association chapter provided facilitator training, and the St. Louis Cardinals and the Cardinals Hall of Fame Museum provided baseball artifacts, training materials and access to the St. Louis Cardinals baseball park. [Figure 1](#) shows a participant and facilitator handling Stan Musial's bat during the visit to the ball park. Known as the St. Louis Reminiscence League, this support group of 10 military Veterans with early stage dementia focused on the theme of St. Louis Cardinals baseball, began meeting biweekly for 90-minute sessions. The ratio of facilitators to participants was 1 to 2–3.

Nursing Home-Based CRL Group

In 2012, CRL expanded to work with residents at 2 nursing homes in the St. Louis metropolitan area. Implemented as an afternoon activity, residents who demonstrated mild to moderate cognitive impairment (scores ranging from 12 to 26) on the Saint Louis University Mental Status Examination¹⁹ were invited to participate. Weekly reminiscence therapy sessions were facilitated by medical students and held in communal recreation areas.

In contrast to the original predominantly male St. Louis VAMC group, the CRL members at the nursing homes were predominately female. Initial meetings included only a few members, but attendance increased over time. As weeks progressed, participants became more comfortable with each other and attributed new friendships directly to the sessions. In addition, group members expanded on their memories of the Cardinals to share stories of their childhood and observations on the changes they had witnessed in St. Louis over their lifetimes.

As the nursing home participants had a more pronounced cognitive impairment than the original VAMC group members, meetings had to be facilitated differently. Reminiscence with dynamic social interactions were possible in both settings; however, facilitators in the nursing home were required to maintain a more active presence to keep a fluid conversation going. In contrast, facilitators at VAMC meetings commonly found that the Veterans interjected comments and provided stories readily without much encouragement and, in fact, often had to intervene to allow all stories to be heard when multiple members tried to share their stories at the same time. Both settings proved to be effective for reminiscence therapy but required an experienced facilitator for maximum efficacy. The facilitator served as the host who started and ended the meetings in an orderly manner



Fig. 2. A picture of the Cardinals Reminiscence League together with the Veterans group interacting at Cardinal stadium.

and who introduced the initial topic for discussion. The number of participants was 5 to 10 per session at 1 facility, and 3 to 7 at the other with a ratio of facilitators to participants of 1 to 5.

Alzheimer's Association-Based CRL Group

In 2013, the St. Louis Chapter of the Alzheimer's Association began a group open to all individuals with early stage dementia. Building on the success of the Veterans' program, this third group also used volunteers with program training and oversight by chapter staff. This group currently serves 10 to 15 individuals with early stage dementia. Family members are invited to attend but are not required to do so. For a group of 10 to 15 participants, there were 1 to 2 facilitators with 3 to 4 support persons. Figure 2 shows a picture of this group together with the Veterans group interacting at Cardinal stadium. Examples of cards made by members of the reminiscence group after the Cardinals won their division are shown in Figure 3.

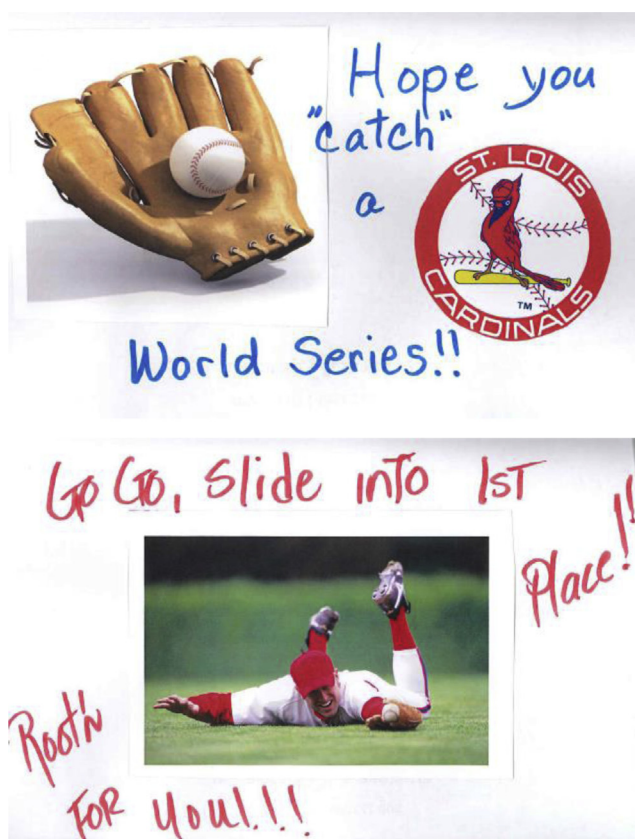


Fig. 3. Examples of cards made by members of the reminiscence group after the Cardinals won their division.

Program Design

With slight variations based on the setting, a multimedia and group dynamics approach is used to foster a safe, predictable, and pleasurable environment for memory-based socialization and enrichment. Memorabilia, sports "trivia" pictures, props, "show and tell," and group facilitation skills are used to engage early stage individuals with memory loss in pleasurable discussions, activities, and virtual and actual field trips centered on shared knowledge of a favorite sports team. The Cardinals Museum provided a picture book of historical Cardinal events that could be used to stimulate memories (Figure 4). A "scorecard" is provided to family/caregivers so they may later tap into themes or pleasant memories surfaced during discussions. The original scorecard, created with a logo of a cardinal with a helmet and boots (Figure 5), was specifically developed for the Veterans group who were all living at home. The scorecard was printed on a fluorescent yellow cardstock and contained information about what was discussed at the meeting and provided information about the time and topic of the next meeting. Volunteer facilitators aid in topic selection and program development for each meeting.

Meetings, held for 1 1/2 hours twice a month during the baseball season (starting with spring training in April through postseason games in October), consist of greetings, an opening ritual such as singing the national anthem, snacks, socialization, and a "sports/baseball driven" topical discussion. Established discussion topics and materials are focused on baseball (Cardinals) memorabilia, guided reminiscence, and informal conversation related to baseball memories. Guest speakers and field trips are planned according to groups' interests and availability factors.

Trained volunteer facilitators (coaches), responsible for guiding reminiscence and informal conversations related to baseball memories, are involved in topic selection and program development for each meeting. One or more special events are provided including (1) tour of the baseball stadium; (2) guest lectures by sports or media

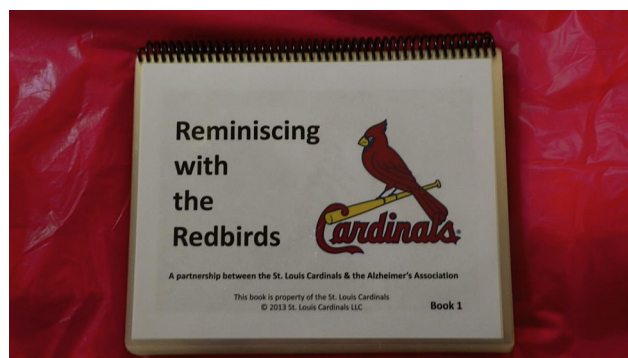


Fig. 4. A picture book of historical Cardinal events that could be used to stimulate memories.

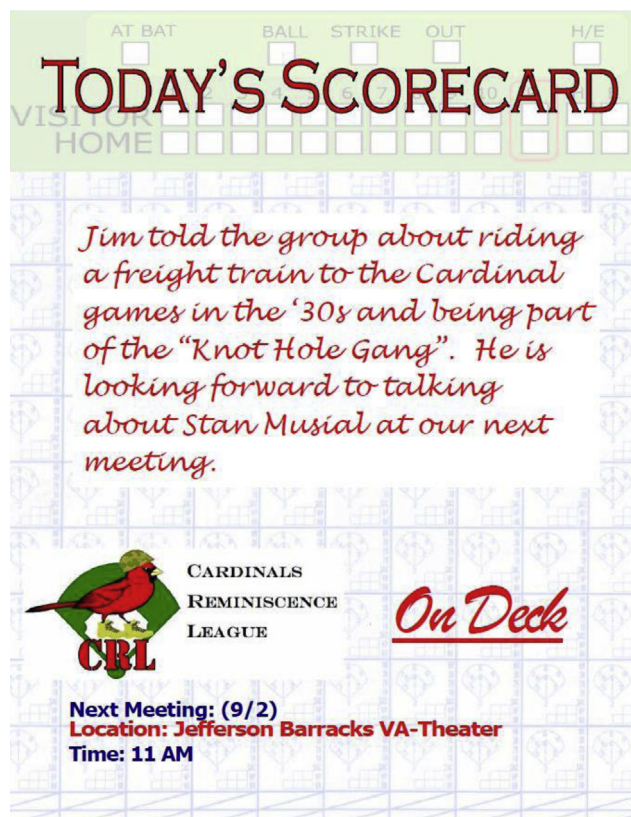


Fig. 5. A “scorecard” is provided to family/caregivers so they may later tap into themes or pleasant memories surfaced during discussions.

figures; (3) attendance at a baseball game; and (4) viewing all or parts of a film on baseball.

Volunteers receive 8 to 10 hours of interactive training designed to enhance understanding of Alzheimer's disease and related dementias and to provide group facilitation skills when working with persons with early stage dementia and their families. The training is conducted by the Alzheimer's Association St. Louis Chapter Early Stage Coordinator with support from other staff as needed. Training and program oversight is provided by the chapter early stage coordinator.

Skilled staff, volunteers, and graduate student interns help families and participants make decisions about re-enrolling participants into future groups based on their disease progression, ability to participate, and related factors. Those unable to continue in the future groups are referred to other Alzheimer's Association related programs. Families and participants are fully informed of this protocol upon enrollment in the program.

Participant Feedback and Program Evaluation

Although outcome data are limited at this point, CRL participants were recently asked about the impact of their participation in CRL on their mood. All respondents stated that they felt more alert and confident and less angry, anxious, and sad. Similar responses were expressed by the family caregivers. Examples of feelings expressed by participants and family members include

- Veterans Administration CRL Group: Caregiver comments
 - *My Dad really enjoys the Cardinal reminiscence League. It is one of the big highlights in his life and I know he would hate to miss this special event.*
 - *The Cardinals Reminiscence League is truly a remarkable program.*

- *The program has given each Veteran the opportunity to go back in time and share their fond memories of the St. Louis Browns, the St. Louis Cardinals or playing baseball with their friends.*
- *The last two meetings were very special—holding Stan Musial's bat, Bob Gibson's shirt, Louis Brock's stolen base and the privilege of sitting in the Cardinal dugout.*
- *These are memories to keep forever and share with your grandchildren.*
- *We sincerely hope there will be more programs like this throughout the country to give others with Alzheimer's a chance to remember their childhood.*
- Nursing Home CRL Group: Facilitator Comments
 - *There was a core group of four women who seemed to enjoy coming to group. These women told stories about their childhood, of their teenage boyfriends, first jobs, and their own children. At times, we had to coax someone down to group, but after a few questions and hearing others' stories, the quiet reluctant participant would open up and share a story. It became apparent that one member of the group was deaf and we tried our best to keep her engaged and have people speak loudly and repeat if necessary. At the beginning of the session, there were long pauses and the biggest challenge was making sure everyone had enough time to speak. At one successful session, a woman brought a photo album from a vacation she had taken. The photos were passed around and more stories of travels and vacations were told. I found the sessions to be a positive experience for the participants, even those who did not share as much.*
 - *It was rewarding to hear about patients' memories of not just baseball but life experiences such as serving in the military, marriage proposals, and family trips. I met many gracious and kind individuals, heard their stories, and met their families. I still remember the gripping personal stories of a 92-year-old former marine who was part of the Normandy invasion. Initially, he was reluctant to share his war experiences, but one day he surprisingly talked about his time at the front. One of the most interesting aspects of running these sessions was the trends in the types of memories people recall most clearly and want to share with the group. Days of youth and spouses were perennial favorites. I looked forward to learning more about the participants every week and enjoyed working with this patient population.*
- Alzheimer's Association CRL Group: Family and Caregiver Comments
 - *I am happy when he opens his mouth, even once or twice. Leader is great and handles people well.*
 - *Everyone talks*
 - *I love spending time with my spouse and hearing about the old days*
 - *People listen and get to know others*
 - *She is excited to put on Cardinal's gear*
 - *During the group he is more alert than at home*

Despite positive anecdotal feedback from participants and family members, a more empirical evaluation is needed.

CRL has received both local and national media attention including articles in the *St. Louis Post Dispatch* and *AARP Bulletin*, and prime time news coverage by the Associated Press and by local affiliates for FOX and NBC. The FOX coverage has been rebroadcast in more than 40 markets nationwide. This media attention has resulted in the St. Louis Chapter receiving calls from across the country from individuals and organizations interested in implementing their own sport-themed reminiscence groups.

Partners in this project agree that there is considerable potential for replication in markets across the country. Although CRL focuses on

baseball, the model is transferable to other sports (eg, American football and ice hockey) and potentially other areas of interest, including films, music, or books.

A train-the-trainer tool kit enables others to replicate the theme-based reminiscence model. The tool kit provides step-by-step guidance for developing and conducting a baseball-themed reminiscence group using a community partnership/volunteer model. The tool kit can be used by the partners to train community partners and volunteers across the country to launch a Reminiscence League in their areas with the desired outcome to establish groups and expand the number of St. Louis-area groups and persons served. The tool kit will be available to entities across the country with an interest in replicating the model, building on memorabilia from sports teams in other communities. In addition, it will be shared with potential sponsors for future program funding.

Conclusions

The results from 3 different groups reported here suggest that reminiscence therapy based on major sports may be useful to help improve quality of life for older persons with dementia, whether they live at home or are institutionalized. Reminiscence groups that include caregivers can readily be incorporated as part of structured activity therapy in nursing homes. There is a major opportunity for Major League Baseball to work with the Alzheimer's Association to extend this program nationwide in a similar manner to which this has been achieved in Scotland.

Acknowledgments

A special thanks is extended to the St. Louis Cardinals LLC organization for their enthusiastic support of this program and to Brian Finch, Manager of Busch Stadium Tours and Cardinals Museum Outreach, for sharing his time and passion with the Reminiscence League members and their families. The authors would also like to extend gratitude to the volunteers who facilitate the Reminiscence League groups and especially to Dr. John E. Morley for his vision in bringing this initiative to St. Louis.

References

1. Morley JE. Alzheimer's disease: Future treatments. *J Am Med Dir Assoc* 2011; 12:1–7.
2. Cotelli M, Manenti R, Zanetti O. Reminiscence therapy in dementia: A review. *Maturitas* 2012;72:203–205.
3. Moniz-Cook E, Vernooij-Dassen M, Woods R, et al. A European consensus on outcome measures for psychosocial intervention research in dementia care. *Aging Ment Health* 2008;12:14–29.
4. Brooker D, Duce L. Well-being and activity in dementia: A comparison of group reminiscence therapy, structured goal directed group activity and unstructured time. *Aging Ment Health* 2000;4:354–358.
5. Morhardt D, Menne HL. The experience of early stage dementia support groups on the individual and their family: A qualitative analysis. *Gerontologist* 2001; 41:73–74.
6. Snyder L, Jenkins C, Joosten L. Effectiveness of support groups for people with mild to moderate Alzheimer's disease: An evaluative survey. *Am J Alzheimer Dis Dement* 2007;22:14–19.
7. Zarit SH, Vemia EE, Watson J, et al. Memory club: A group intervention for people with early-stage dementia and their care partners. *Gerontologist* 2004; 44:262–269.
8. Spector A, Orrell M, Davies S, Woods RT. Reminiscence therapy for dementia. *Cochrane Database Syst Rev* 2000;4:CD001120.
9. Thorgrimsen L, Schweitzer P, Orrell M. Evaluating reminiscence for people with dementia: A pilot study. *Arts Psychother* 2002;29:93–97.
10. Woods RT, Bruce E, Edwards RT, et al. Reminiscence groups for people with dementia and their family care givers—effectiveness and cost effectiveness pragmatic multicentre randomised controlled trial. *Health Technol Assess* 2012;16:1–116. Available at <http://www.hta.ac.uk/fullmono/mon1648.pdf>. Accessed June 12, 2013.
11. SerraniAzcurra DJL. A reminiscence program intervention to improve the quality of life of long-term care residents with Alzheimer's disease. A randomized controlled trial. *Revista Brasileira de Psiquiatria* 2012;34: 422–433.
12. Gudex C, Horsted C, Jensen AM, et al. Consequences from use of reminiscence—a randomized intervention study in ten Danish nursing homes. *BMC Geriatr* 2010;10:33.
13. Van Bogaert P, Van Grinsven R, Tolson D, et al. Effects of SolCos model-based individual reminiscence on older adults with mild to moderate dementia due to Alzheimer disease: A pilot study. *J Am Med Dir Assoc* 2013;14:528.e9–528.e13.
14. Wang JJ, Yen M, OuYang WC. Group reminiscence intervention in Taiwanese elders with dementia. *Arch Gerontol Geriatr* 2009;49:227–232.
15. Tolson D, Schofield I. Football reminiscence for men with dementia: Lessons from a realistic evaluation. *NursInq* 2012;19:63–70.
16. Tolson D, Lowndes A, O'Donnell H, et al. Harnessing the Heritage of Football: Creating Meaningful Activities and Therapeutic Reminiscence Work with People with Dementia. 2012. AHRC & SFC Knowledge Exchange Programme Final Report. ISBN 9781905866656. Available at <http://memoriesfewespace.blogspot.co.uk/>. Accessed June 12, 2013.
17. Subramaniam P, Woods B. The impact of individual reminiscence therapy for people with dementia: Systematic review. *Expert Rev Neurother* 2012;12: 545–555.
18. Blake M. Group reminiscence therapy for adults with dementia: A review. *Br J Commun Nurs* 2013;18:228–233.
19. Tariq SH, Tumosa N, Chibnall JT, et al. Comparison of the Saint Louis University mental status examination and the mini-mental state examination for detecting dementia and mild neurocognitive disorder—a pilot study. *Am J Geriatr Psychiatry* 2006;11:900–910.