An intergenerational reminiscence programme for older adults with early dementia and youth volunteers: values and challenges

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Aim: To examine the values of a reminiscence programme, adopting an intergenerational approach, on older persons with early dementia and youth volunteers.

Method: A pre- and post- one group design was adopted. Forty-nine elderly participants with early dementia and 117 youth volunteers participated in the study. Each elderly participant was assigned to two youth participants. This dyad group participated in a 12-session reminiscence programme. The youth participants acted as facilitators to prompt the elderly participants to share and discuss past events and experiences, and to support them to fabricate a personalized life-story book. An occupational therapist provided ongoing support and monitoring. The elderly participants were evaluated by the Chinese version of Mini-mental State Examination, Quality of Life-Alzheimer’s Disease (QoL-AD), and Chinese version of Geriatric Depression Scale (CGDS) before and after the programme. Dementia Quiz (DQ), Rosenberg Self-Esteem Scale and a 20-item feedback questionnaire on the programme were used to evaluate the youth participants.

Results: Significant pre- and postprogramme differences were found for QoL-AD (mean change = −1.91; 95% CI = −3.18, −0.64) and CGDS (mean change = 1.86; 95% CI = 0.92, 2.80) among the elderly participants, and for DQ (mean change = −1.14; 95% CI = −2.11, −0.17) among the youth participants. Volunteers also showed positive appreciation of older persons and opined that this community service provided them an opportunity to reflect on their relationship with elderly relatives. Some volunteers, however, commented the heavy workload of the reminiscence programme.

Conclusion: The intergenerational reminiscence programme suggests mutually beneficial values for both groups of participants. Whilst it is feasible to involve trained volunteers in the implementation of dementia-related programmes, it is essential that they are adequately trained and that ongoing support and monitoring are provided.

Keywords: single group experimental design, quantitative, older people with early dementia, reminiscence, intergenerational approach, service learning, youth volunteers.

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tional therapists, nurses and social workers. Nonetheless, the scarcity of resources, especially in terms of staffing, may have limited the implementation of reminiscence programmes and/or other types of activity programmes for people with dementia. To overcome this constraint, there has been a trend of involving trained volunteers in the provision of activity programmes in dementia care practice. On a similar vein, the concept of bringing young generations together to support the old has become an increasingly popular idea in societies with a growing elderly population such as the United States and The Netherlands (10). This type of intergenerational work is seen as social vehicles that create purposeful and ongoing exchange of resources and learning among older and younger generations (11). It is also considered a form of service learning for youth volunteers.

Hong Kong, similar to many contemporary societies, has witnessed a weakened bonding between the young and the old generations because of the rise of nuclear families. Adopting an intergenerational approach, this study was structured in such a way as to engage youth volunteers in the implementation of a 3-month reminiscence programme for older adults with early-stage dementia. Moreover, three elements of service learning, including explicit learning objectives, preparation and reflection, were incorporated into the programme design for youth volunteers (12).

The present study aimed at examining the values of the 3-month intergenerational reminiscence programme on older adults with early dementia and on youth volunteers. It was hypothesized that the reminiscence programme would impact positively on the psychological functioning of older adults with early dementia and on the knowledge of ageing and dementia among youth volunteers. It was also hypothesized that the youth volunteers would feel better about themselves (self-esteem) after the programme.

Methodology

Ethical approval was obtained from the Hong Kong Polytechnic University in which the author works. This study adopted a one group pre- and postprogramme design. Two groups of participants, elderly persons with early-stage dementia and youth participants, were enrolled in the study by means of convenience sampling. The potential elderly participants were recruited from eight day care centres fulfilling the criteria of age 65 years and/or above, having received a medical diagnosis of dementia and a Clinical Dementia Rating Scale (CDR) score of 1 (13), and no major physical disability and psychiatric disorders except dementia, were recruited. The youth participants were recruited through web advertisement sent to major youth organizations including Red Cross, Hong Kong Federation of Youth Groups, secondary schools and universities. They were recruited on the basis that they were aged 15 years and/or above, and were willing to serve in a 3-month community service programme.

Prior to the main programme, informed consent was obtained from all eligible elderly participants. They attended an assessment session in which their functional competence in basic and instrumental daily tasks, cognitive functioning, mood state and perceived quality of life were evaluated. Their socio-demographic information was also collected. As for the youth participants, they signed a consent form and attended a training workshop before the main programme. During the workshop, an occupational therapist introduced the project objectives, discussed the clinical characteristics and functioning of people with early-stage dementia and the therapeutic values of reminiscence activities. The volunteers also participated in role plays to practise communication skills and techniques of conducting reminiscence sessions and promoting active participation of older people with dementia. On-site demonstrations were provided to illustrate the practice framework of implementing a reminiscence session, and demonstrate the use of skills and techniques to promote the participation of older persons with dementia in reminiscence activities.

The intergenerational reminiscence programme

Each elderly participant was assigned to a small group of two to three youth volunteers to form a senior-youth dyad. All dyad groups attended a 12-weekly session reminiscence programme, in which the youth volunteers acted as facilitators to encourage the elderly participants to share, teach and discuss their life experiences according to the reminiscence topics. The reminiscence programme was structured in such a way as to focus on three reminiscence functions including (i) promoting interaction, (ii) teach and inform and (iii) reinforcing self-image (14).

Fifteen reminiscence topics focusing on positive and pleasurable experiences of life periods of adolescence and adulthood were suggested to the youth participants for their preparation of the 12-session reminiscence programme. The literature suggested that autobiographical memories with emotional contents represented the cognitive strengths of older people with dementia and that memory bumps occurred during periods of adolescence and young adulthood (3, 15, 16). During the sessions, the youth participants used interactive old-time activities and reminiscence props as cognitive support to trigger the elderly participants’ recall of past memories and to provide them structured opportunities to talk and share personal wisdom and past experiences with the youth participants. In turn, the youth volunteers shared their experiences as related to the topics. They also supported the elderly participants to fabricate a personalized life-story book based on the chosen reminiscence topics. The reminiscence
sessions were conducted either in community day care centres or homes of the elderly participants, and each session lasted for about 1.5 hours.

Throughout the programme, the occupational therapist provided ongoing support and encouragement to the youth volunteers via various means such as regular email communications, on-site visits and telephone contacts. In addition, the therapist monitored the groups by having regular communication with staff of day centres and family caregivers of the elderly participants to check on the level of participation of both elderly participants and youth volunteers.

Instruments

The elderly participants were evaluated by the Chinese version of Mini-Mental State Examination (CMMSE) (17), Quality of Life-Alzheimer’s Disease (QoL-AD) (18), and the Chinese version of Geriatric Depression Scale (CGDS) (19) prior to and within 2 weeks after the completion of the reminiscence programme.

The CMMSE consists of 11 questions examining orientation, memory, calculation, attention, comprehension, and visual spatial function. The score ranges from 0 to 30, with a higher score indicating better cognitive functioning. The QoL-AD consists of 13 items measuring aspects of physical health and cognitive function, mood, competence in performing daily chores and instrumental tasks, relationships with family and friends, financial situation and views on life. Each item is rated on a 4-point scale, with 1 indicating poor and 4 excellent. Total scores range from 13 to 52. The QoL-AD is administered to elderly participants in an interview format. If the participant cannot rate on more than two items, the QoL-AD is considered invalid. The higher the QoL-AD score, the better is the quality of life. CGDS consists of 15 statements, rated on a dichotomous scale, to examine how respondents feel about their mood and emotional life. The score ranges from 0 to 15; the lower the score, the better is the mood state. Other instruments included the Modified Barthel Index (MBI) (20) and the Chinese version of Instrumental Activities of Daily Living Scale (IADL-CV) (21) to evaluate functional performance in basic self-care activities and instrumental daily tasks respectively.

For youth participants, an adapted version of the Dementia Quiz (DQ) (22) and the Chinese version of Self-Esteem Scale (SES) (23) were used to examine their knowledge of dementia and self-image respectively. The adapted DQ consists of 20 questions measuring respondents’ understanding of dementia in three domains: (i) biomedical aspects, (ii) caring, coping and handling methods, and (iii) health and welfare services related to dementia. The questions are in a multiple-choice format. Each correct answer is given one point, with possible scores ranging from 0 to 20. The SES consists of 10 questions evaluating one’s perception of self-esteem rated on a 4-point scale (1 = strongly disagree, 4 = strongly agree). The higher the scores, the higher is the self-esteem. Similarly, the two assessments were administered to the youth participants prior to and after the reminiscence programme. In addition, a 20-item questionnaire was developed to collect feedback from the youth volunteers on three aspects: (i) programme preparation and organization, (ii) programme format and workload, and (iii) perceived gains. Each item was rated on a 5-point scale (1 = strongly disagree, 5 = strongly agree), the higher the score, the more positive towards the programme.

Results

Fifty-one elderly participants with early dementia and 121 youth participants participated in the study. All except two elderly participants completed the reminiscence programme. The two dropouts were due to illness. Five youth participants did not complete the study because of personal reasons and time constraints.

Among the 49 elderly participants, 80% were female, 49% widowed and 78% lived with spouse and/or adult children. The mean age of the sample was 79 (SD = 6.05). About half of them (49%) did not receive any formal education. Regarding the cognitive functioning, the mean CMMSE score was 18.2 (SD = 3.22). The mean scores of MBI and IADL-CV were 95.1 (SD = 9.61) and 4.5 (SD = 1.67), respectively, suggesting that this group was mostly independent in basic self-care activities but required supervision and assistance when performing complex activities of daily living such as meal preparation and taking medication. At baseline, the mean scores of CGDS and QoL-AD were 3.6 (SD = 2.94) and 27.4 (SD = 4.30) respectively.

Among the 117 youth participants who completed the reminiscence programme, 76% were female. A majority of them, aged between 16 and 25 years (91%), were students attending tertiary education (74%). At baseline, the mean scores of DQ and Rosenberg’s SES were 11.8 (SD = 3.56) and 29.4 (SD = 3.83) respectively.

Table 1 shows the mean scores of the outcome measures for both elderly participants and youth participants. Results of paired t-tests showed significant pre- and post-programme differences for QoL-AD (mean change = −1.91; 95% CI = −3.18, −0.64) and CGDS (mean change = 1.86; 95% CI = 0.92, 2.80) among the elderly participants. As for the youth participants, significant pre- and postprogramme differences were found for DQ (mean change = −1.14; 95% CI = −2.11, −0.17). No statistically significant changes were found for SES and CMMSE.

Feedback collected from the youth participants using the 20-item questionnaire was generally positive, with six items having a mean score over 4. These items were: ‘I appreciate the contribution of older persons made to the
Previous studies about the beneficial effects of reminiscence programmes. This finding concurs with previous studies that elderly participants experienced better psychological functioning after participating in the intergenerational reminiscence programme. Encouraging potential values of involving trained youth volunteers in an intergenerational reminiscence programme. The low dropout rates from both groups of participants and the time spent to prepare for this community service were relatively high despite few of them dropped out from the programme. Older individuals with dementia tend to withdraw from social activities because of their deteriorating cognitive function and social communication skills. This reminiscence programme provides them a supportive and nontreating medium to communicate about the past life experiences, which represent one of their spared cognitive strengths.

As hypothesized, the youth participants reported gains in the knowledge of dementia and a more positive perception of older persons with dementia. Their active involvement in the 3-month reminiscence programme can be viewed as a form of service learning. They received training and preparation for the community service, and then took the responsibility of planning and implementing the reminiscence sessions. They also supported the elderly participants to construct personalized life-story books. By participating in this community service, not only did the youth participants gain concrete experiences of working with older people with dementia, but were also given the opportunity to reflect on their relationship with elderly relatives. The findings concur with previous studies that the engagement in service learning had a positive impact on the understanding of the client groups the volunteers worked with. Although the self-esteem of youth participants did not show significant improvement at postintervention, it was kept relatively stable throughout the whole reminiscence programme.

As hypothesized, there was a positive trend. Many youth volunteers expressed that they gained a meaningful experience from participating in the intergenerational reminiscence programme.

A key challenge, which was related to the length and workload of the programme, was identified in this study. Although the 3-month programme facilitated relationship building between the elderly participants and the youth volunteers, the length of commitment was a cause for concern for both groups of participants. During subject recruitment, some potential participants hesitated to join the programme because of the length of the programme. The youth participants also pointed out that the workload and the time spent to prepare for this community service were relatively high despite few of them dropped out from the programme. The low dropout rates from both groups of participants and the time spent to prepare for this community service were relatively high despite few of them dropped out from the programme.
participants may be accounted for by the ongoing support and encouragement provided by the professional staff throughout the whole programme.

**Limitations and recommendations**

The present study was limited by a lack of control condition and convenience samples, and caution should be taken of not to over-generalize the study results. The preliminary gains observed among the elderly participants and youth participants need to be verified using a randomized clinical trial design.

Three recommendations are suggested for future implementation of this type of nonprofessional (volunteer) led activity programmes for persons with dementia. First, structured training programmes for volunteers, preferably with onsite demonstration, should be provided. Lay volunteers generally do not have adequate knowledge of dementia and persons suffering from dementia as well as the techniques of using activity programmes such as reminiscence to facilitate participation, and therefore training is particularly essential to equip them with the necessary knowledge and skills. On-site demonstrations are particularly useful to illustrate how skills and techniques can be applied to facilitate optimal participation in real-life situations. Secondly, ongoing support and monitoring should be provided. Volunteers need continual support and encouragement to upkeep their momentum and motivation, especially for programmes lasting a relatively long period of time. Regular monitoring of the performance of both elderly participants and volunteers is essential. There are situations in which the health conditions and temperament of elderly participants may change or volunteers may experience difficulties during programme implementation, and timely professional interventions are needed before any undesirable situations arise. Thirdly, this intergenerational form of community service might be considered for inclusion in the formal curricula of secondary and/tertiary education. Such an inclusion of a structured community service experience will not only broaden students’ learning perspectives but may also address the challenges of time commitment and heavy workload as identified in this study.

**Conclusions**

This study highlights the potential mutual benefits of an intergenerational reminiscence programme for both older persons with early dementia and youth participants. For the former group, this programme serves as a therapeutic activity capitalizing on their cognitive strengths, whilst for the latter group, this programme provides them a service learning opportunity to increase their knowledge and skills of working with older persons with dementia and/or cognitive impairment. To enhance the sustainability of this form of service programmes, adequate training and preparation for volunteers, and ongoing support and monitoring need to be incorporated into the overall framework of the programme.

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**Author contribution**

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