Dear Activity Professionals,

As I write this note, things are hot, hot and hotter across the nation. That is the reason our cover article is about summer heat and what can happen if we or our resident’s overdo it. Please be careful if you are going outside...take precautions...remember hydration.

This month we welcome a new contributor to Activity Director Monthly. The NCCAP has joined our group of providers and has an excellent article concerning certification track 5 (see page 7).

If there is a subject you would like us to cover in a future issue, please e-mail us at The Activity Director’s Office:

admin@theactivitydirectorsoffice.com

I am always interested in your ideas.

Looking forward to a great month in the Activities Department…

Sincerely,

Linda

---

Dangers of Overdoing it in the Summer Heat

(ARA) - With longer days, warmer temperatures, and an abundance of sunshine, it's no wonder so many of us take to the outdoors for summertime fun. While it feels great to be outside for recreational activities and exercise in the summer, too much exertion can lead to serious health problems.

"When the temperature soars and humidity rises, it is time to take precautions to avoid dangerous health consequences such as heat exhaustion, heat stroke and overexposure to the sun," says Dr. Sean Robinson, assistant professor of education at Argosy University/Washington DC and ACE-certified personal trainer.

Seniors, children, and people with chronic illnesses are most susceptible to heat exhaustion and stroke, however, everyone is at risk. Many tell-tale symptoms and warning signs are associated with heat exhaustion, including dry mouth, fatigue, dizziness, headache, weak and rapid pulse, and cool, clammy, pale skin. And many of these symptoms take several hours to appear.

"The early symptoms of heat exhaustion can sneak up on us," explains Dr. Robinson. "Some people feel a bit lightheaded and weak, and might have a touch of nausea. The serious problems develop when symptoms are ignored and additional fluids are not taken right away." Dehydration - and the resulting loss of electrolytes such as sodium - is the primary cause of heat exhaustion. Dr. Robinson advises people to stay well-hydrated and take in extra salt.

"Drink even though you don't feel like it - you can't count on your thirst mechanism to prompt you."

Heat stroke is the most severe form of heat illness and is a life-threatening emergency. It is the result of long, extreme exposure to the sun, in which a person does not sweat enough to lower body temperature, reaching over 103 degrees. People suffering from heat stroke may experience extremely serious medical conditions, including hot, dry, red skin; no sweating at all; disorientation, hallucinations, or delirium; convulsions; and a loss of consciousness.

"Heat stroke can occur within 10 to 15 minutes of the first symptoms. If treatment is not given immediately, (Continued on page 10)
The Unusual History of Bozo the Clown
- attempting to unravel who did what when in the creation of "Bozo, the World's Most Famous Clown"

Most clowns are created and performed by one individual. There are exceptions, of course, such as the Harlequin, a character from the Comedia del Arte. A more contemporary exception is Bozo the Clown, who is owned, copywritten, and trademarked property of Larry Harmon. But although Mr. Harmon has done an admirable job of marketing Bozo the Clown worldwide, the story of Bozo does not begin with him. Instead, it begins at Capitol Records, in 1946.

**Bozo the Clown born at Capital Records**

In 1946, Capitol Records was a rather small company, attempting to make an entrance into the children's market. They hired a young man named Alan Livingston, who came up with an idea for a book that would have a record included -- children would listen as they read, with an audio signal to turn the page. This was the world's first "read-along" book, and was a huge hit for the small company. It starred a clown narrator, named Bozo.

Alan Livingston had hired Pinto Colvig to be the voice of Bozo the Clown. Pinto Colvig was a former circus clown, who at that time was doing character voices for Walt Disney, including Goofy and Snow White's dwarf Grumpy, among others. And the book, "Bozo at the Circus," written by Livingston, illustrated by M. Fischer, and voiced by Pinto Colvig, sold over a million copies. This was a success unheard of at that time for a children's recording.

**Bozo as a live person**

The success of "Bozo at the Circus" generated more read-along books, including 15 that featured Bozo. The continued success led to various spinoffs, including Bozo dolls, and a demand for Bozo in person. In 1949, on KTTV in Los Angeles, California, Pinto Colvig became the first televised Bozo the Clown, with Bozo's trademark hair, suit and white faced clown make up.

In order to meet the demand for personal appearances by Bozo, Alan Livingston had hired numerous actors in several cities to perform as Bozo at various events. One of them, named Larry Harmon, became a pivotal point in Bozo's history.

Larry Harmon and Bozo the Clown, the world's most famous clown
Together with a group of investors, Larry Harmon purchased the licensing rights to the Bozo character from Capitol Records. Larry Harmon had a great talent for marketing, and by the late 1950's had created local Bozo TV shows in nearly every major U.S. market, and across the world in places as far away as Thailand, Greece and Brazil.

At this point, the history of Bozo diverges wildly, as numerous Bozos were operating simultaneously across the world. Notable individuals include Bob Bell, who portrayed Bozo for WGN-TV in Chicago for decades, eventually retiring and being replaced by Joey D'Auria, the longest-running, and last Bozo TV show. In Washington, D.C. Bozo was portrayed for a time by Willard Scott, now well known as NBC weatherman. In Boston, Frank Avruch wore the giant shoes. And Larry Harmon created a well-known series of cartoons featuring Bozo as well. In recent years, Bozo has appeared to be in decline, as most of the TV franchises have gone away, in favor of nationally syndicated morning programming. However, DVD's are now available of Frank Avruch's portrayal. In addition, a new music record (CD, actually) titled "Get Down with the Clown" -- proving that everything old is new again.

Our thanks go to Clown-Ministry.com

http://www.clown-ministry.com/

**August is International Clown Month**

**International Clown Week is August 1-7**

Vol. 02, No. 08 http://www.theactivitydirectorsoffice.com August 2006
Volunteer Management for the Activity Professional

Overseeing the volunteer program is one of the many responsibilities delegated to the activity professional. The activity professional assumes this responsibility, often with minimal training or guidance. The process of organizing and managing a corps of volunteers requires planning, organization and monitoring. To guide the activity department in establishing a volunteer program or upgrading a current program, consider the following steps.....

Preparation: Before bringing in the first volunteer - the volunteer manager should define the scope and parameter of the volunteer program. Will the volunteers be introduced into other departments, like nursing or social services? Discussion with the other departments should be conducted to determine their interest and to identify appropriate volunteer opportunities. Secondly, a budget for the volunteer program should be defined. Absorbing volunteer costs into the activity budget is not good practice and tends to rob both departments of appropriate funding. The volunteer manager should establish organizational systems such as sign in books, application forms and what kind of training program will be offered. Finally, the responsibility for the department should be incorporated into a job description and included into the job title.

Recruitment: Simply saying "HELP!" is not an effective recruitment message. Attracting volunteers to your center is more effective if you establish a formal recruitment message. Clearly describing the need within your facility and how a volunteer can help is an effective means to seek interest. Targeted recruitment seeks particular people for particular jobs, while general recruitment seeks interested parties who just want to help. Targeted recruitment should be tailored to the person being sought. For example, if seeking a male volunteer to assist in leading a men’s group, one would aim recruitment in areas where men gather (the VRW or Elks or local hardware store). Professional recruitment materials should be created. With today’s computers and special papers, brochures can be easily created. With PowerPoint, an interesting volunteer recruitment program can be created which would include photos of current volunteers in action.

Selection: Volunteers should be managed similar to paid staff. Every potential volunteer should receive a formal interview and go through the screening process. To accept the first person off the street without any consideration is dangerous and a disservice to the volunteer and facility. Volunteers should be placed in specific jobs, according to their motivation and need to volunteer. The interview determines the volunteer’s needs which are important to meet, if you want the volunteer to stay.

Orientation and Training: A formal volunteer orientation procedure should be in place, with an orientation checklist. The orientation can be provided on a 1-1 basis but should be provided all the same. Providing the volunteer with a handbook and written guide will ensure there is an understanding between the volunteer and the organization. Infection control, HIPPA, confidentiality, as well as understanding the special needs of the elderly population should be discussed with new volunteers. A signed acknowledgement of the orientation and receipt of materials should be kept on file.

Motivation and Retention: Since volunteers do not receive monetary reward for their work, they should be rewarded through other means. All volunteers seek some sort or “payback”, even if they deny it. Some people volunteer for the social contact, some because they like to feel needed and useful, others are looking to fill a time void. The volunteer manager needs to understand each volunteer’s motivating force and structure the volunteer opportunity to meet that need. Placing a volunteer in an unsatisfying volunteer job will cause the volunteer to lose interest

(Continued on page 8)
The following is an example of the Sports Planning Ahead page that is included in every issue of Current Activities for Longterm Care. Subscribers use it as a way to easily keep track of sporting events that many men may be interested in. There are several more resources that are useful for subscribers, so subscribe today to take advantage!

**Sports Planning Ahead**

*Be sure to include these dates in your calendar!*

### August

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>Hold’em World Championship</td>
<td>POKER</td>
</tr>
<tr>
<td>3-5</td>
<td>Buick Open</td>
<td>PGA</td>
</tr>
<tr>
<td>6</td>
<td>BrickYard 400</td>
<td>NASCAR</td>
</tr>
<tr>
<td>6</td>
<td>NFL Hall of Fame Game</td>
<td>NFL</td>
</tr>
<tr>
<td>6-31</td>
<td>NFL Pre-Season Games Start</td>
<td>NFL</td>
</tr>
<tr>
<td>7</td>
<td>JP Morgan Chase Open</td>
<td>TENNIS</td>
</tr>
<tr>
<td>7-13</td>
<td>Rogers Masters</td>
<td>TENNIS</td>
</tr>
<tr>
<td>11</td>
<td>Western &amp; Southern Financial Group Masters Tennis</td>
<td>TENNIS</td>
</tr>
<tr>
<td>17-20</td>
<td>PGA Championship</td>
<td>PGA</td>
</tr>
<tr>
<td>18-21</td>
<td>Baseball Canada Cup</td>
<td>BASEBALL</td>
</tr>
<tr>
<td>20</td>
<td>Pilot Pen Tennis</td>
<td>TENNIS</td>
</tr>
<tr>
<td>20</td>
<td>GFS Marketplace 400</td>
<td>NASCAR</td>
</tr>
<tr>
<td>26</td>
<td>Sharpie 500</td>
<td>NASCAR</td>
</tr>
<tr>
<td>28</td>
<td>Open Tennis</td>
<td>TENNIS</td>
</tr>
<tr>
<td>28-10</td>
<td>U.S. Open Championships</td>
<td>TENNIS</td>
</tr>
</tbody>
</table>

### September

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>California 500</td>
<td>NASCAR</td>
</tr>
<tr>
<td>7-10</td>
<td>Bell Canadian Open</td>
<td>PGA</td>
</tr>
<tr>
<td>9</td>
<td>Chevy Rock and Roll 400</td>
<td>NASCAR</td>
</tr>
<tr>
<td>17</td>
<td>Sylvania 300</td>
<td>NASCAR</td>
</tr>
<tr>
<td>21-24</td>
<td>Valero Texas Open</td>
<td>PGA</td>
</tr>
<tr>
<td>22</td>
<td>Davis Cup</td>
<td>TENNIS</td>
</tr>
<tr>
<td>22-24</td>
<td>Ryder Cup</td>
<td>PGA</td>
</tr>
<tr>
<td>23</td>
<td>Dover International Speedway</td>
<td>NASCAR</td>
</tr>
<tr>
<td>28-1</td>
<td>WGC - American Express Championship</td>
<td>PGA</td>
</tr>
<tr>
<td>30</td>
<td>Kansas Speedway</td>
<td>NASCAR</td>
</tr>
</tbody>
</table>

Visit us as [www.activities4elders.com](http://www.activities4elders.com) to subscribe, if you hurry, we have a special deal going on for a limited time.
Sensory Rooms and FTAG 248

On a daily basis we receive e-mails from activity professionals around the country asking if they have to have Sensory Rooms? Is it Federal or State regulation? The answer we give is that it is not mandated by the federal government or state regulations that you have sensory rooms. But what is required is that you provide "Quality of Life" for all residents. Remember, that FTAG 248 is not the only federal guideline for nursing homes that apply to recreation. There are many others.

Sensory rooms are really for any population. But generally in long term care it is used for the very low functioning resident's. Sensory rooms provide a group activity in an environment that is success oriented, failure free, purposeful and meaningful. If you don't have programs to fit the needs of this very special population than the question would be, "how are you impacting their quality of life on a daily basis?"

As a consultant to many facilities across the country we do not see enough low functioning programs offered on a daily basis. Either it's not offered enough or not at all. We also see many residents in day rooms unable to participate in the scheduled event, left in their rooms, placed at nurses stations or left in the hallway. If you have a sensory room that is well staffed, it offers a place for the resident's to go that is stress free and stimulating. The sensory rooms can also be used for your NPO programs. As activity professionals you are required to have NPO programs for those individuals who are left in their rooms when meals are being served. During meal times the NPO residents can come to the sensory rooms. Think how hard it must be to smell the food when you cannot have it! In the sensory rooms the stress and anxiety over meal times is alleviated.

For the residents who are bed bound due to illness, a great program is a Sensory Cart. The sensory cart could be brought to the residents room on a daily basis. You could place fiber optics such as butterfly's above their bed. Sensory carts generally have but not limited to CD players, aroma therapy and fiber optics. Make sure you place the carts where the resident can see them. Otherwise what would be the benefit to the patient?

Anyone who is attending the sensory rooms should have care plans. The Activity Professional should be documenting how often they attend and what they do while in the sensory rooms. You should have simple attainable goals and approaches for each resident. You should have some kind of formal document that nursing would receive that states; which residents are attending the sensory room, time and days of the week.

For infection control, the activity professional should be washing each resident's hand as they are brought into the sensory room. At the end of the day, all of the sensory equipment should be disinfected.

We have implemented sensory rooms in many facilities in New Jersey. What a difference it made! One facility that had over 200 residents identified 43 residents who could not participate in scheduled activities and many of these residents were also on the quality indicator report. Before the sensory rooms opened on each floor, these residents could be found sitting idle with no stimulation. Now all 43 residents attend the sensory room in the morning or afternoon and of course as tolerated. There is a huge difference in a facility with a sensory room compared to those without one.

The sensory rooms also improves customer satisfaction among family members who feel their family member has no activity options due to their function level. With a sensory cart and activity planning, you can make a huge difference in the residents quality of life. Please make sure you are documenting the activities that you have planned for your residents. The more you plan the more you can stay on track for the resident's that need it.

(Continued on page 8)
The NAAP Page
National Association of Activity Professionals
“Founded by Activity Professionals for Activity Professional”
http://www.thenaap.com

Mission Statement: To provide excellence in support services to activity professionals through education, advocacy, technical assistance, promotion of standards, fostering of research, and peer and industry relations

Thoughts on Teamwork
By Sandy Dole/Special Interests Trustee

What is Teamwork All About?
Webster’s Dictionary say that a team is:
Two or more horses harnessed to the same plow.

Maybe that’s why some people get the idea that being part of a team may be stressful, take too much time, and encourages conformity.

The definition of a good team is: A group of willing and trained individuals who are:
• United around a challenging common goal
• Structured to work together
• Sharing responsibility for their task
• Depending on each other
• Empowered to implement consensus decisions

The type of project does not matter. Your group becomes a team when you all get involved, and briefed and then work together on the assignment. Your team has a better chance of success when you need each other to succeed. When you and your teammates decide that you are all for one and one for all, you’ll start working together to achieve your goal.

Tasks:
• Establish a team leader
• Name your team
• Mission of team
• Team Cheer
• Illustrate quality of life, individually first, then as a team

Team Characteristics
A highly effective team:

1. Has clearly stated goals agreed upon by all team members.
2. Shares authority effectively.
3. Cooperatively distributes tasks in a fair and equitable manner.

(Continued on page 11)
The NCCAP Page
The National Certification Council of Activity Professionals
http://www.nccap.org

Mission Statement: The National Certification Council of Activity Professionals is a credentialing body, which sets standards and criteria to ensure that those we serve have optimal life experiences

**NCCAP Track Five Due to Expire at the End of the Year!**

NCCAP recently opened up a “window of opportunity”; for individuals that completed a basic activity course of 90 hours or less, between 1991 (when OBRA was implemented) and 2001 (when the requirement for the MEPAP course/pre-approved instructors was implemented), but that have the established experience, demonstrating their commitment and dedication to the field of activities, and have ongoing continuing education to effectively implement their job responsibilities and duties, an opportunity to apply for certification as a director.

**ADC Track 5 requirements must include:**

1. HS diploma and/or GED
2. a basic activity course (Please check which one applies and/or is closest to the course you attended) ___36 hours ___ 40/42/45 hour ___60 hour ___72 hour ___90 hour ___MUST have been completed between (1991 -2001)
3. 6 years (12,000 hours) of current activity experience within
4. 30 hours of continuing education 20%(6 hours) of which specifically addresses activity documentation (ie mds, care planning, assessments). This cannot be in conjunction with your activity courses.

**IF you meet the above criteria:**

1. complete the current NCCAP application
2. complete the additional ADC Track 5 application form
3. submit ALL the required documentation FOLLOWING ALL the NCCAP standards
4. submit the appropriate fee(s)

*The window to apply for certification following ADC Track 5, will close 12/31/06.ADC Track 5 is available for INITIAL applicants, meeting the above criteria - and may apply to currently certified individuals wishing to level change.

*Individuals that have the requirements for Track 5,that are following the ADPC certification track, MUST

(Continued on page 9)

**Why Become NCCAP Certified?**

1. Federal Law, OBRA, states that an activity department must be directed by a “qualified professional.” One of the ways to become qualified is to become a Certified Activity Professional.
2. NCCAP certification is recognized by HCFA (Health Care Financing Administration) as an organization that certifies activity professionals who work specifically with the elderly.
3. NCCAP certification assures administrators and surveyors that you have met certain professional standards to become certified.
4. Many administrators will only hire activity professionals who are already certified.
5. Some administrators offer a higher salary to a certified professional.
6. Become NCCAP certified so others will know that you are nationally qualified and giving quality activity service to residents/clients.

**QUALIFICATION DESCRIPTION:**

A. ACADEMIC EDUCATION
   May derive from a wide variety of curricula: Social Work, Recreation, Education, and Business degrees. These are a few of the educational backgrounds that represent our certified members.

B. ACTIVITY EXPERIENCE
   Activity work experience with elderly populations, where at least 50% are 55+ years of age. Some volunteer work with elderly clients may be applied.

C. CONTINUING EDUCATION

   Current education (within past 5 years): workshops, seminars, college courses that keep the activity professional abreast of present trends. NCCAP’s Body of Knowledge contains 27 areas of education with many subheadings that are applicable.

D. CONSULTING EXPERIENCE
   May include: advising a group, working one to one, teaching a class, conducting workshops, publishing professional articles, supervising students and/or managing 5 or more activity staff persons.

**FEES:** The cost of being certified initially ranges from $45 to $65 depending upon the level. Renewal is required every two years with 20-40 hours of continuing education and a fee of $40.

For further information visit http://www.nccap.org
(Sensory Rooms, continued from page 5)

room you can offer a wonderful activity on a daily basis. When families visit they can also spend time with their loved one in the sensory room. When families visit with their children, the room provides a place for children to also engage in the sensory products. A sensory room is a fun and interactive place for a child.

Sensory rooms should be equipped with rocking chairs. High functioning residents should be encouraged to use the room and the rocking chairs. The rocking chairs are soothing and all of us who have ever sat in a rocking chair can agree how calming an activity the rocking chairs are.

The sensory rooms should also have things to do on each table. Tactile items, pat mats, activity mats, squeeze balls, etc. Also place flash lights on each table. Some residents enjoy turning on the flash light and pointing the light at the wall.

Watch the type of music and sensory stimulation you provide. Smells should not be overpowering. We recommend anything that is recommended for stress relief like lavender. Strong smells such as lemon should not be used. The type of music can also impact the mood. Use music that is soothing such as angel music. It is recommended that you not use music with nature sounds, as dementia clients may misunderstand the sounds of chirping birds or crickets. They misunderstand the sounds of crashing waves as water running and want you to turn it off. For the best outcomes, use soothing angel type music and stress relief scents.

Sensory rooms should have policy and procedures and these should be placed in the administrators facility manual as well as the Activity Departments manual. These should be reviewed on a yearly basis.

If you have been asking your administrator for sensory equipment and feel your not getting anywhere, you might consider finding a facility in your area with a sensory room and bringing not only your administrator but your Director of Nursing. Every facility has resident's who become agitated due the stress of the unit, lights, noise, crowded conditions and temperature. Appeal to the Director of Nursing how much calmer the floor would be not only for a specific resident but for other residents who are upset by verbal outbursts if you had a sensory room. Also, if you have a sensory room, nursing would not have to watch a confused resident which would free up more of their time for nursing duties. That example is sure to make a difference with a DON.

And if that does not work, try the "survey approach." Surveyors like to see sensory rooms because it means you have great programs for the low functioning residents and having a sensory room might possibly mean the difference between passing survey and not passing survey. Because again, you are required to have programs to fit all residents needs living in your facility. Sensory rooms can definitely help you with appropriate programming and survey outcomes.

So in answer to the question, is it required. No, Can you do without one with the changes to come next year and the answer is also No. Take the time to visit a facility with a sensory room and you will know how important a sensory room is to quality of life for the low functioning resident. And if your administrator still won't allot the money, than begin fund raising because in the end, you will be proud you raised the money.

Alternative Solutions in Long Term Care www.activitytherapy.com carries a full line of sensory items, sensory room care plans, Sensory Room In-services and Sensory Room policy and procedures.

Happy Activity Professionals Week!

Alternative Solutions in Long Term Care
Lisa Reidinger LCSW, CTRS, CSW, CDP
Executive Director

Sandra Stimson CALA, ADC, CDP
Executive Director

(Volunteer Management, continued from page 3)

and quit.

Recognition: Formal and informal recognition should be provided consistently. There is opportunity for volunteer recognition every time the volunteer arrives to complete their volunteer job. Friendly greetings, offering of coffee or refreshments, and appreciation for their time and effort should be standard approaches for every volunteer visit. Sending birthday or holiday cards, introducing a recognition bulletin board, including them in the facility newsletter, and inviting them to facility in-services are on-going means to make the volunteer feel a part of the home. The annual Volunteer Luncheon or recognition event is often looked forward to and attended by many, but it is the day to day appreciation that leave them feeling truly satisfied in their volunteer experience.

Keep in mind this final quote from an unknown source...

"Their niceness will let you recruit a volunteer the first time, but only your competence will let you keep them...."

(Continued on page 9)
also complete the ADC Track 5 application, along with the application for a level change; level changes will only be granted if ALL the requirements are met. THERE ARE NO EXCEPTIONS to the above. Applicant is responsible to verify ALL information. Applicant agrees to accept certification at another level (if applicable) if this level cannot be granted. The ADC Track 5 application can be downloaded from the download forms/request for information section of the NCCAP website.

As of 1/2007, ALL INITIAL applications to NCCAP will require the entire MEPAP (180 hours of coursework/180 hours of practicum), not just the MEPAP part 1. ALL individuals considering NCCAP certification that currently only have MEPAP part 1, will want to apply for certification ASAP, PRIOR to the standard changes that will take affect 1/1/2007.

*After 1/2007 - those that have only MEPAP part 1, will have to obtain MEPAP part 2 - in order to apply for the ADC or ACC levels. (The equivalent to MEPAP 2nd edition requirements)

***NCCAP has received numerous POSITIVE comments with regard to this window of opportunity - as it has also 1)discouraged individual states from pursuing their own state certification 2)encouraged individuals to take the initiative to follow through since completion of their courses and become certified.

(Track 5, Continued from page 7)

Volunteer Links

E Volunteerism - The Electronic Journal of the Volunteer Community
http://www.evolunteerism.com/index.php

Energize - for leaders of volunteers
http://www.energizeinc.com/

Hugs for Health Foundation
http://www.hugs4health.org/

Points of Light Foundation - Volunteer Center National Network
http://www.pointsoflight.org/

Servenet - the premier website for service and volunteering
http://www.servenet.org/dsp_home_public.cfm

Volunteer Match - a volunteer job listing service
http://www.volunteermatch.org/

Volunteer Today - The Electronic Gazette for Volunteerism
http://www.volunteertoday.com/

Volunteer Management Certificate Program from Washington State University
http://capps.wsu.edu/certificates/vmcp/

I've still got “it”
But NOBODY Wants to see “it”

Maxine
**Wacky Days of August**
Provided by Activity Directors Network
Pennie Bacon, Site Owner
http://activitydirector.net

**MONTHLY OBSERVANCES**

- Watermelon Month
- Harvest Month
- National Eye Exam Month
- National Romance Awareness Month
- Cataract Awareness Month
- Fair Month
- International Clown Month
- Lemon Month
- Maine Lobster Month
- National Catfish Month
- National Foot Health Month
- National Golf Month
- National Heritage Month
- National Mustard Month
- National Parks Month
- Peach Month
- Relaxation Month

**FAMOUS WEEKS IN AUGUST**

**Week 1**
- International Clown Week
- Manwatcher's Compliment Week
- National Smile Week (Begins 1st Monday)
- Beauty Queen Week

**Week 2**
- National Apple Week
- National Psychiatric Technician Week

**Week 3**
- Weird Contest Week

**Week 4**
- Friendship Week

---

Permanent damage can occur to internal organs," says Dr. Robinson. He also emphasizes that heat stroke is a medical emergency. "Call 911 or transport the victim immediately to a hospital." While waiting for medical help, Dr. Robinson advises that an attendee to a heat stroke victim should move him or her to a cool place indoors and lower the body temperature by wrapping the victim in wet sheets, wet clothing or ice packs.

Summer is always a great season to enjoy and be physically active in the fine weather and outdoor opportunities. Knowing the signs of heat exhaustion and heat stroke, and what to do when one is exposed to these conditions, will help keep you, your family and friends healthy and safe during the dog days of summer.

Courtesy of ARA Content

**Editor's Note:** Argosy University/ Washington DC is one of 14 Argosy University (www.argosyu.edu) campuses and four approved degree sites in 12 states. Argosy University offers doctoral and master's degree programs in psychology, business, counseling and education. Argosy University also offers bachelor's degree completion programs in psychology and business, and associate's degree programs in various health sciences fields. Argosy University is accredited by the Higher Learning Commission and is a member of the North Central Association (NCA) (30 North LaSalle Street, Suite 2400, Chicago, IL 60602, (800) 621-7440, www.ncahlc.org).

---

Visit Our Party Store
http://www.thedo.makesparties.com
MEMBERSHIP WHY NOT JOIN NAAP TODAY?

There are so many benefits when you belong to NAAP! Each member will receive a newsletter which will give the updated reports on Government Relations, Special Interests, International Updates, Professional Development, Nominations, Standards of Practice, Financial Updates and a Membership Report. Along with this comes an update from our President, Diane Mockbee, and our Executive Director, Charles Taylor.

Members will also receive a discounted rate at the Annual Conference which is held in March/April of each year.

Membership dues are only $70.00 per year. If you are a student in the 90 Hour Basic or Advanced Courses, your dues are only $50.00 for the first year.

Email us for more information at membership@thenaap.com.

Join Now! You can download and mail in this application with your payment or use our new online registration.

4. Accepts shared responsibility for the outcome, regardless of who is assigned a particular task.
5. Has all members fully engaged and committed.
6. Maintains an environment where all team members feel comfortable in expressing their views.
7. Is able to handle conflict without diminishing team cohesiveness or effectiveness.
8. Is aware of the team decision-making process and modifies it when necessary.
10. Has a broad spectrum of team player types.

SOUNDS ABOUT RIGHT

A study conducted by UCLA’s Department of Psychiatry has revealed that the kind of face a woman finds attractive on a man can differ depending on where she is in her menstrual cycle.

For example: If she is ovulating, she is attracted to men with rugged, masculine features.

However, if she is menstruating or menopausal, she tends to be more attracted to a man with scissors lodged in his temple and tape over his mouth while he is on fire. No further studies are expected.
Activities You Can Do
By Linda Lucas, AD
Site Owner: The Activity Director’s Office
http://www.theactivitydirectorsoffice.com

August is Watermelon Month

The following trivia will help you decide what kind of watermelon activities you can create for the month of August.

Watermelon Quiz

1. How long does a watermelon take to grow?
2. Name 2 vitamins that watermelon contains.
3. When picking a watermelon, what color should the ground spot be (the spot where the melon lies on the ground while growing)?
4. If your watermelon is seedless, what are the little white seeds doing in there?
5. Does a watermelon keep ripening after it’s picked?
6. How many seeds does a watermelon have?
7. How much of the watermelon is water?
8. Can you eat the watermelon rind?
9. Guess the world record for the watermelon seed spitting distance.
10. Where do watermelons come from?
11. Is the United States 2nd, 4th, 7th, or 11th in the world for watermelon production?
12. How many months of the year can you have watermelon?

Answers:

1. 3 months
2. Vitamins A, B6 or C
3. Buttery yellow to white
4. These are empty seed coats and they are OK to eat.
5. No
6. 500-1,000 seeds
7. 9296
8. Yes, all parts of the watermelon are edible.
9. 66 feet, 11 inches
10. Watermelons are native to southern Africa, but have been known in India since prehistoric times, and in Egypt for 5-6,000 years.
11. 4
12. All 12

For more ideas visit the National Watermelon Promotion Board website at http://watermelon.org/

Attention: Activity Professionals

You are invited to submit articles of interest, poems, humor, photos and just about anything else for publication in Activity Director Monthly.
The only compensation we can offer you is credit for the submission. All submissions are subject to editing. We cannot guarantee that all submissions will be published. However, they definitely can’t be published if you don’t send them in.

So be brave and fire your e-mail to us at: admin@theactivitydirectorsoffice.com.

Or you can mail your information to:
Main topic interests include: anything that will benefit Activity Directors; items which can be used in facility newsletters (i.e. original and/or public domain items); personal Activity Director/resident experiences.

Please send only copies of your submissions.
The material will not be returned.

About Activity Director Monthly

Activity Director Monthly is a FREE monthly publication of The Activity Director’s Office website. Activity Professionals across the nation and around the world are invited to visit the website and subscribe to this publication.

Please visit us at…
http://www.theactivitydirectorsoffice.com

Our e-mail address is: admin@theactivitydirectorsoffice.com

Copyright 2006
The Activity Director’s Office
All rights reserved.
Following is Your Free Facility Newsletter

The following four pages contain a pre-written facility newsletter which you may use as your own. It is intended to help make your departmental responsibilities time saving and cost effective. All you need to do is put your title on the front and your address on the back.

Suggestions for the Effective Use of Your Newsletter

This newsletter concept is the result of several years of preparation and the generous support of the sponsors whose advertisements are contained within its pages. Because all of the material in the newsletter is copyright free, you may feel assured that the publishing and distributing of your free newsletter is legal.

PREPRINT

After you have downloaded your newsletter you have several choices to make before printing it.

- First type or paste the title of your newsletter into the blank area of the front page mast.
- On the mailing page insert your facility’s name and address in the upper left corner where it says “From:”.
- Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5”x11” sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

PRINTING

- If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5”x11” sheets of paper. However, it is far more professional looking to use 17” x 11” sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).
- If you use a print shop have them print your newsletter on 17”x11” paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescent), they are too difficult to read.
- If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

MAILING

(An excellent activity for your residents)

- To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
- Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2” pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
- Write or stick your address labels where it says “To:”.
- Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5”x11” insertions.
- Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

BULK MAILING

With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail, prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

DISTRIBUTION

For the most effective marketing of your facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

TIMING

For timely distribution, your newsletter will always be available to you at the first of the preceding month. It should be published by the last week of the month and mailed prior to the first of the month the newsletter is dated.
Advance Care Plan Puts You in Control

ARA) - Being in control of your life is the American way - we are self-made, self-reliant people who covet our independence. But age or illness can rob us of the chance to make our own choices about healthcare.

Without explicit directions about how you want healthcare and end of life issues handled, if you are incapacitated and unable to make your choices known, the burden of these decisions will fall to your family. An advance care plan gives you a choice to make your wishes known, even if you are unable to communicate.

While putting together your plan and discussing it with family members may be emotional, it's one of those things, like making a will, that will give you peace of mind. Having a plan in place also makes it easier on your loved ones, since they will know they are carrying out your wishes.

Your plan will ensure that your care is customized to reflect your personal preferences and health needs, as well as your social, cultural and religious requirements. As part of its educational materials developed for heart failure patients, the Heart Failure Society of America has put together a booklet explaining advance care planning that is helpful not only to those with a chronic condition such as heart failure, but also for others who may be thinking about their future.

The booklet explains that an advance care plan may include some or all of these documents:

* An advance care directive - This document should provide clear evidence of your wishes regarding treatment and can include a living will, a durable health care power of attorney and a statement about organ donation.

* A do-not-resuscitate order - This directive made by you or your family in consultation with the doctor, tells doctors, nurses and other rescue personnel what they should or should not do when a person stops breathing or when their heart beats so irregularly as to threaten life or stops beating entirely. A do-not-resuscitate order can include instructions on whether to use different types of methods to revive a person.

* A living will - This legal document lets a person who is unable to participate in decisions about their medical care to express their wishes about life-sustaining treatment. A living will is usually used during a terminal illness when a person is unable to communicate; it lets you set limits on what is done to you regarding the use of medical treatments such as CPR, blood transfusions, mechanical breathing, surgery, antibiotics, kidney dialysis and invasive measure to provide nutrition and fluids.

* A health care power of attorney - This allows someone you designate to make all health care decisions for you, including the decision to refuse life-sustaining treatment if you are unable to make the decision for yourself. You can give someone a general power of attorney or you can limit their decision-making to certain issues by in-

(Continued on page 17)
(ARA) - Skipping breakfast has become a common habit among adults in recent years. Whether due to lack of dedicated eating time in the morning or an attempt to lose weight, skipping breakfast can be harmful to health and actually cause weight gain.

According to a study that appeared in the American Journal of Clinical Nutrition, women who skipped breakfast for two weeks developed higher "bad" LDL cholesterol levels and were less sensitive to insulin than women who ate breakfast every day. The same study showed that women who ate breakfast burned 100 more calories and ate lighter meals throughout the day.

Not eating breakfast can also cause a drop in blood sugar, which may lead to fatigue and lethargy throughout the day. A great way to break into the day with energy to burn is to bring breakfast back into your daily routine. Not only will it rejuvenile your body, it can aid in the battle against weight gain.

When dieting, try incorporating healthy foods into breakfast, such as the sweet potato. The sweet potato contains vitamins A, C and B6, four times the recommended amount of beta-carotene, iron, potassium and fiber. Sweet potatoes are also low in fat and sodium. In fact, the Center for Science in the Public Interest named sweet potatoes as the number one most nutritious vegetable.

An excellent, nutritional breakfast recipe is Nutty Yam Banana Bread. This delicious, moist breakfast bread is the perfect way to start your engine for the day. When preparing Nutty Yam Banana Bread, try using Louisiana sweet potatoes for the sweetest flavor. Here's the recipe:

* Nutty Yam Banana Bread
(Makes 16 servings.)

Ingredients:
- 1/2 cup mashed bananas (about 1)
- 1 cup fresh, mashed sweet potatoes or 1 (15-ounce) can sweet potatoes, drained and mashed
- 3/4 cup light brown sugar
- 1/4 cup canola oil
- 1 teaspoon vanilla extract
- 2 eggs
- 1 cup all-purpose flour
- 1 teaspoon baking soda
- 1/2 teaspoon baking powder
- 1 teaspoon ground cinnamon
- 1/2 cup chopped walnuts

Directions:

Preheat the oven to 350 degrees. Coat a 9 by 5 by 3-inch loaf pan with nonstick cooking spray. In a large bowl, mix together the mashed bananas, mashed sweet potatoes, brown sugar, oil, vanilla and eggs. In a separate bowl, combine the flour, baking soda, baking powder and cinnamon. Stir the flour mixture into the banana mixture, mixing only until combined. Stir in the walnuts. Bake for 40 to 45 minutes, or until toothpick inserted in the center comes out clean.

For more information about Louisiana sweet potatoes, visit www.sweetpotato.org or write to the Louisiana Sweet Potato Commission, P.O. Box 2550, Baton Rouge, LA 70821-2550. Free recipes and nutritional information about sweet potatoes are also available on the Web site, courtesy of the commission.

* Nutrition per serving: CAL 161; FAT 7g; PROTEIN 3g; CARB 23g; CHOL 27mg; SODIUM 109mg; SATURATED FAT .7g; DIETARY FIBER 1g

* Created by Louisiana Sweet Potato Commission spokesperson, Holly Clegg.

Courtesy of ARA Content
How to Prevent Osteoporosis

(ARA) - Osteoporosis affects 10 million Americans, and according to the Surgeon General, by 2020, 50 percent of Americans over age 50 will suffer from the debilitating disease. One of the silent markers for osteoporosis is bone density, yet many people are unfamiliar with what bone density is and why it's important.

Nutrition expert David Madsen, Ph.D., gives the lowdown on bone density, why it's important and how to protect and strengthen bones.

Do I Need to Measure my Bone Density?

The National Osteoporosis Foundation (NOF) recommends all women 65 and older get biannual bone density screenings. Younger women who have multiple osteoporosis risk factors or who have fractures should also get screened. Ask your doctor to screen you, or contact the National Osteoporosis Foundation for a local testing facility.

What Can I do to Reduce my Risk of Osteoporosis?

The best protection from osteoporosis starts with building bone mass. Thirty minutes of weight-bearing exercise, such as walking, is essential. In addition, nutrition plays an important role. Most people are familiar with bone healthy nutrients like calcium and vitamin D, but they aren't getting enough. More than 70 percent of American men and women aren't meeting the Daily Recommended Intake (DRI) for calcium.

In addition, new research indicates vitamins C and K and minerals such as magnesium, zinc, copper and manganese are also important for skeletal health. "If you're not getting proper amounts of these nutrients from food, I recommend taking a calcium-based combination product like Nature Made OsteoRenew Ultra," says Dr. Madsen.

To learn more about strengthening and maintaining bone mass, visit www.osteorenew.com.

What is Bone Density?

Bone density refers to the amount of calcium and other bone minerals in a segment of bone. Higher mineral content means denser bone, which means bones are strong. Lower mineral content means bones are weak. It's important to know what your bone density measurement is as it can affect your risk for osteoporosis.

Everything slows down with age, except the time it takes cake and ice cream to reach your hips.
- Maxine

* A financial plan - You and your family may have concerns about paying for medicines, doctor and hospital bills and other types of health care. A financial plan can help you deal with these issues and also provide for your family.

To learn more about advance care planning visit the Heart Failure Society of America patient education web site abouthf.org.

 Courtesy of ARA Content
CAN YOU READ THIS?
(I MAY DELETE MY SPELL-CHECK!)

cdnuolt blveiee taht I cluod aulacly uesdnatnrw waht I was rdanieg.

The phaonmneal pweor of the hmuan mnid, aoccdrnig to arscheearch at Cmabrigde Uinervtisy, it deosn't mttaer in waht oder the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae.

The rset can be a taotl mses and you can sitllraed it wouthit a porbelm. Tihs is bcuseae the huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.

Amzanig huh? yaeh and I awlyas tghuhot slpeling was ipmorantt!

Courtesy of Suddenly Senior
http://www.suddenlysenior.com

TRY THIS

A mechanic was removing a cylinder head from the motor of a Harley Davidson motorcycle when he spotted a well-known heart surgeon in his shop.

The surgeon was there waiting for the service manager to come take a look at his bike when the mechanic shouted across the garage. "Hey Doc, can I ask you a question?"

The surgeon paused, smiled and leaned over, and whispered to the mechanic, "Try doing it with the engine running."

The mechanic straightened up, wiped his hands on a rag and asked, "So Doc, look at this engine. I open its heart, take the valves out, repair any damage, and then put them back in, and when I finish, it works just like new. So, how come I get such a small salary and you get the really big bucks, when you and I are doing basically the same work?"

The surgeon, a bit surprised, walked over to where the mechanic was working on the motorcycle.

Courtesy of Suddenly Senior
http://www.suddenlysenior.com

Have a Great Summer!
From Us To You