Storytelling has been described as our “native language”—in other words, a form of communication we have all known how to use since we first learned to speak. It is also commonly held to be the most natural form of communication, helping us to understand the world around us. An anthropologist would say that it is through stories that we instill continuity and behavioral norms into our society.

Three creative new takes on storytelling are profiled: video care plans, which allow multimedia “life stories” to be created for seniors as a way to improve relationships with caregivers; an intergenerational program that uses storytelling to build relationships between kids and seniors; and a different kind of storytelling that unlocks the imaginations of people with mid- to late-stage dementia.


When we think of a storyteller, the first image that comes to mind is usually that of a mature person, rich in his or her own history and in knowledge and perspective about the world. And, indeed, elders carry a wisdom gained through many decades of life—wisdom that can only be to the benefit of those who choose to listen.

The wisdom of seniors can all too easily be isolated and ignored, both within an aging services organization and the seniors’ own families, unless a conscious effort is made to help them find a vehicle and an appreciative audience for that wisdom.

Video Care Plans Build Relationships, Improve Quality

Storytelling may have clear psychological benefits, but does it benefit quality of care in the here and now?

Donna Gruis clearly thinks so. Gruis, life enrichment coordinator at Fort Collins Good Samaritan Village, Fort Collins, Colo., is creating a “video care plan”—an individualized DVD that may feature a life story, photographs, favorite music, family information, a statement of beliefs, therapeutic puzzles and much more—for each of the 58 residents. One goal is to make the care plans a part of the assessment process when people move in.

Most “video” care plans are actually PowerPoint (or similar) presentations, though they can include video clips. Despite the name, the care plans often don’t include technical medical details. Their real value is as tools for relationship-building. The idea is that caregivers who really get to know residents—by understanding their life stories—will provide better care.

“Video care plans are more about a person’s preferences, what they like to do,” says Gruis. “One example is a person who can only sit (comfortably) in a certain way; now we can show how it’s done. From there we take the resident’s video care plan to the care conference meeting so we can share it with the family, elder and staff. We can make any updates together as a team.”

For five years, Fort Collins Good Samaritan has worked with It’s Never 2 Late (IN2L), developer of software that engages seniors who might be confused or intimidated by a standard computer interface. The IN2L platform replaces the typical Windows desktop with a simplified interface using large buttons with pictures on a touch-screen monitor. A user can do any number of things—use the Web, write, send e-mail or play games. At Good Samaritan, the IN2L application can be programmed to include access to the video care plans.

Gruis introduced IN2L founder Jack York to Nancy Fox, executive director of the Eden Alternative (Fort Collins Good Samaritan is an Eden-registered home), and an alliance was formed, with the goal of putting such systems into every Eden-registered home by 2008. York says 20 to 30 organizations are just starting to investigate video care planning, and the initial feedback has been encouraging.

Fort Collins Good Samaritan is also working with LifeBio, a company that helps individuals (not just seniors) write their own autobiographies. Company founder Beth Sanders will help Good Samaritan connect the IN2L software with LifeBio’s Web-based application.

Erickson Retirement Communities is also working with IN2L to develop personalized web site content for residents, which may include video care plans. Judah Ronch, Erickson’s vice president for resident life, mental health and wellness, says the relationships built by storytelling are key to success.
We tend to treat elders as collections of problems, and pay lip service to their accomplishments in life, but they are not brought into the here and now, “ says Ronch. “It is a method for providing a quick getting-to-know-you for residents and new employees. It also prevents the watering down of information through the filters that nursing home records tend to be. It gets everyone oriented to the same information, rather than just the piece that relates to the job they want to do.”

Erickson is planning to pilot these care plans in one of its Maryland communities. “We’ll have a sample of assisted living and nursing home residents,” Ronch says, “and pair them with independent living residents who will use a template to interview the resident or a significant other to build that document, with photos. The next stage is to create the individualized Web site, and then watch residents interact with it.”

Building Intergenerational Relationships

Relationships with young people can bring seniors’ storytelling abilities to life. In Chicago, an intergenerational program, the Chicagoland Memory Bridge Initiative (CMBI), educates public school students aged 10–17 about aging, including the causes and effects of Alzheimer’s and other dementias, and then pairs students with seniors in local retirement communities. Kids in the 12-week program make four visits to area providers, where the students interview seniors about their lives and gather stories. Those “buddy visits” are easily the most popular part of the program.

The Memory Bridge project was originally designed as a way to promote better reading and writing skills for students. It wasn’t long, however, before it began to change. “We discovered the curriculum was organically moving in another direction,” says Michael Verde, director of the Memory Bridge Project. “The real center of gravity seemed to be in the relationships. We decided, let’s pursue this where it wants to lead.”

The result was an environment in which elders shared their own histories and stories of times past, and the kids ate it up. “What’s therapeutic about storytelling is being able to speak to something that interests you,” says Verde. “What [seniors are] interested in talking about could be rooted in any emotional place or time. To be able to speak from that place is valuable because it has an emotional infusion to it.”

The kids are encouraged to pay close attention to their senior partners’ body language, and to look for “memory triggers” that resonate with the person and bring stories to the surface. “For some people it could be an object, for others a smell, for others an idea or even the name of a certain person,” Verde says. “It’s amazing how certain triggers break through defense mechanisms and speak from a different place.”

The Scottish Home, North Riverside, Ill., participated in the Memory Bridge Project. About 20 students from Kelly High School in Chicago paired up with 18 Scottish Home residents during the spring 2006 semester. At first, Scottish Home staff helped residents develop one-page bios of themselves to be forwarded to the kids. Next came a series of letters back and forth, and then the buddy visits began. “It was just remarkable. When [the kids] left they were hugging and kissing,” says Activities Director Linda Goy. “The seniors gained new friends, and they still remember the kids. Many still have pictures of the kids on their dressers.”

The CMBI has recently received additional funding from the Illinois Department of Health and Human Services to expand to more schools this fall.

Storytelling With a Twist: Creativity and Dementia

Despite the many benefits of storytelling for seniors, caregivers and families, too much emphasis on memory and recall can be counterproductive for the quality of life of some seniors: those with middle- and late-stage dementia.

Anne Basting understands that from firsthand experience. Basting, director of the Center on Age and Community at the University of Wisconsin-Milwaukee and an associate professor of theater, did research in the 1990s on the value of performance for the aging. “It was all positive transformation,” says Basting, “but I realized these people were all healthy. I wanted to see if [the effect]
but does it benefit quality of care in the here and now?

Storytelling may have clear psychological benefits, but does it benefit quality of care in the here and now?

Once a group of stories had been compiled, they were published in a book and distributed at a community event to which family members were invited. Another outcome was a play put on by local professional and student actors. (Basting has since written an 80-minute play, based on TimeSlips stories, that has been performed around the country, and can be performed as “reader’s theater” or a full production.)

To this day, Luther Manor holds at least one storytelling session per week, facilitated by volunteers. “We use it as a process that teaches staff and family to provide better care,” says Meyer-Arnold. “It’s all about interaction and engagement, and increasing well-being. Staff really starts to get what person-centered care is about. It is not about programs and services; it’s about Mary and Joe!”

Mercy Franciscan at West Park, Cincinnati, Ohio, has also adopted TimeSlips. As part of its recognition of national Alzheimer’s month each November, Mercy’s “storytellers” share their work with the rest of the community. Actors are brought in to do dramatic readings, and a slide show of participants telling their stories is offered.

Luther Manor Adult Day Services, Wauwatosa, Wis., was one of the first providers to adopt the program. Basting was referred to Luther Manor’s adult day program, which was running a program that used volunteer artists to teach clients.

Basting brought undergraduate and graduate students in theater, English and social sciences to the center, to facilitate TimeSlips sessions along with Luther Manor staff. Beth Meyer-Arnold, Luther Manor Adult Day Services director, says, “We’d gather participants and have five to 10 minutes to introduce what we were going to do, then do the storytelling session, and after every one, talk about what worked and what didn’t work. We also did some classes for students on aging and dementia, and gave them a helpful baseline.”

Amy Kruep, Mercy Franciscan’s director of residential services, is amazed at how the program captures and holds the attention of residents with dementia.

“The change we see is the attention span and the engagement,” says Kruep. “During a training I’ll facilitate a TimeSlips group with people I’ve never met before. When we come back afterwards the workers are amazed at how engaged the people are. I’ve never had a group that failed; no one has walked away from a group.”

The program has gained local television news coverage, and has touched family members who had despaired of communicating with their loved ones.

“One family member told me that she feels like we gave her mother back,” says Kruep. “We post the pictures and stories in display cases around the facility. She told me ‘Mom would look at magazines and say I’m looking for pictures for school.’”

“Family can visit and do more than just sit,” Kruep adds. “It’s stories like this, about a simple project, that make us want to find more creative projects for people with dementia. It’s been an awesome tool; it creates an avenue for communication, to connect again with a person.”

“Something that strikes me is that there’s so little good news in these places,” says Basting. “This is a celebration, a way for people to connect and celebrate the life and capacity in the facility. It helps reduce the fear and isolation of these people.”

Editor’s note: For a look at a more traditional form of storytelling—autobiography—see the article on page 24, “Seniors Share Identities Via Autobiography.”

This year’s AAHSA Annual Meeting in San Francisco will feature a “Storytelling Café” with demonstrations by It’s Never 2 Late and LifeBio. For more on the AAHSA Annual Meeting, visit www.aahsa.org/am2006.