

# Baseball Reminiscence Therapy for Cognitively Impaired Veterans

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A support group, focused on sports memories, provided a nonpharmacologic intervention to help maintain cognitive function and improve quality of life for patients with dementia and depression.

**T**he number of older veterans with dementia and depression has posed a growing health care concern. Before its 2012 closure, the Geriatric Research Education and Clinical Center (GRECC) at the VA St. Louis Health Care System (VASLHCS) in Missouri addressed this concern by creating a baseball reminiscence group pilot study to provide social support for veterans with dementia and depression.

Reminiscence therapy improves self-esteem, enhances mood, and promotes communication skills. Reminiscence therapy stimulates participants to share memories, which is helpful in relieving depressive symptoms and has shown positive effects on cognition.<sup>1,2</sup>

## DEMENTIA MANAGEMENT

In 2010, 563,758 veterans were diagnosed with dementia, including Alzheimer disease (AD).<sup>3</sup> Although pharmacologic management of AD

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may slow its progression, AD cannot be prevented or reversed, and the treatments may cause adverse effects.<sup>4</sup> Therefore, participation in support groups and supportive services should also be explored.

Currently, 70% of individuals with AD live at home, and most would like to remain there. Family caregivers provide 80% of the care in the home. Depending on the value placed on informal home care, the annual cost per patient for dementia care can be estimated between \$41,689 and \$56,290.<sup>5</sup> The financial burden on family caregivers as well as on the veterans with dementia is increasing and needs to be addressed to improve the quality of care. Support groups may

improve the quality of life (QOL) and care for both veterans and their caregivers.

## GROUP CHARACTERISTICS

Hoping to expand treatment options that would positively impact veterans, the VASLHCS GRECC created a reminiscence support group with the goal of improving the QOL for veterans with a diagnosis of dementia and depression. The group was modeled after the football reminiscence project of Scotland.<sup>6</sup>

Men and women with an interest in baseball and a diagnosis of either depression or dementia were invited. The presence of a family caregiver improved the probability of the veteran joining the group.

The VHA's Geriatric Research Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the website (<http://www1.va.gov/grecc/>). This column, which is contributed to by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC. Please send suggestions for future columns to [Kenneth.Shay@va.gov](mailto:Kenneth.Shay@va.gov).



Ten of the original 14 recruits finished the first year with the group; 2 dropped out, 1 died, and 1 could not find transportation to the meetings. Of the 10 participating veterans, 3 had a depression diagnosis (Geriatric Depression Scale [GDS] scores between 8 and 12) and 7 had a mild-to-moderate dementia diagnosis (Saint Louis University Mental Status Examination [SLUMS] exam scores between 12 and 19). Four participants served in World War II, 4 served in Korea, and 2 served in Vietnam. Nine of the recruits were male; 1 was female. During the first year, 1 veteran entered the on-campus community living center following a hospitalization. This veteran continued to meet with the group during rehabilitation and on discharge went to an assisted living facility that provided transportation to VASLHCS. He participated until he died in year 2.

**CARDINALS REMINISCENCE LEAGUE**

The group gathered every 2 weeks for facilitated discussions. Meetings included guest speakers and sessions in which participants shared baseball memories. Field trips to the St. Louis Cardinals stadium for a tour, the St. Louis Cardinals Hall of Fame and Museum, a Cardinals game, or a local radio station kept veterans engaged.

After each meeting, participants were given a Scorecard (Figure). The Scorecard included the group logo, which reflected both military and baseball themes; contained information about the time, location, and subject of the next meeting; and provided a brief description of the story the veteran had shared at the meeting.

Caregivers reported that the Scorecard allowed them to continue the discussion at home. One caregiver reported that the card often contained old baseball stories he had heard as

a child. He expressed gratitude for hearing a “voice” that the family feared had been silenced by dementia.

At the end of the first year of the program, caregivers for the veterans with dementia expressed gratitude and reported an improved mood for the veterans when they discussed baseball at home. The SLUMS scores for these 7 patients had not changed significantly. The veterans with depression did not have caregivers, so no caregiver data were collected, but their self-reported statements indicated they felt more energetic and hopeful than they had felt before joining the group. However, all 3 veterans with a prior depression diagnosis declined requests to retake the GDS at the end of the first year.

The VASLHCS baseball reminiscence group had 3 important partners. The St. Louis chapter of the Alzheimer’s Association provided expertise in facilitator and volunteer training. Voluntary Services at VASLHCS actively recruited volunteers. The third partner was the St. Louis Cardinals. The St. Louis Cardinals Hall of Fame and Museum produced books with laminated iconic baseball pictures from their archives for the reminiscence group. Meetings began with a review of the books.

Holding meetings at VASLHCS had many benefits. Participants could schedule medical appointments on the days the group met, thereby reducing transportation demands. Other veterans often contributed to the program, which increased the festive, social nature of the meetings. For example, one veteran, who practiced piano as part of his regular therapy, played *Take Me Out to the Ballgame* at the beginning and end of the meetings. Veterans who were on site for appointments or social events helped greet the participants in the parking lot and escorted them

**Figure.** Individualized Scorecard



The veteran’s anecdote is added on, which can be shared with the veteran’s caregiver.

to the meeting room. The VASLHCS provided a safe, familiar environment in which the veterans and their caregivers could congregate and conduct other business as needed. Also, holding the meetings at VASLHCS reinforced that group members had 2 things in common: They were baseball fans, and they were veterans.

**CONCLUSIONS**

The baseball reminiscence support group helped promote camaraderie among veterans. This pilot project helped determine the feasibility and interest of the participants and volunteers and provided the following insights:

- Baseball reminiscence may appeal to men who do not feel comfortable in other types of support groups
- Properly trained facilitators were critical to the program
- Volunteers kept veterans engaged and promoted input from everyone
- Meeting reminders and follow-up calls kept caregivers apprised of activities

- Baseball is just one sport that can be used by a reminiscence group. Any sport that has a local fan base will provide volunteers and a core of interested veterans
- Memories of sporting events are traditionally exaggerated and rewritten as part of the social process, so there is no shame in forgetting facts or mixing up games

Support programs are often used with the hope of providing an improved QOL for participants. To document such outcomes, large, controlled, longitudinal studies are needed. Many patients with dementia and depression are unable to participate in these studies because of failing physical health, failing cognition, and caregiver fatigue. Pilot studies such as this one provide examples of social interventions that are not scientifically proven to be effective but are perceived to be of value by all involved: the veterans, their families, the volunteers, and the facilitators. This type of therapy provides a low-cost, social intervention and an opportunity for improved QOL and fun for veterans. ●

### *Author disclosures*

*The author reports no actual or potential conflicts of interest with regard to this article.*

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