Fieldwork Project: HLH. 499 Spring 2012

State University of New York, College at Cortland

Non-Pharmacological Therapies in Dementia: Doll Therapy
Non-pharmacological Therapies in Dementia: Doll Therapy

Could you imagine what it would be like to lose your mind and ability to function normally? Sadly, this is something that happens to many Americans in their elderly years that are diagnosed with dementia. In 2011, the Alzheimer’s Association estimated that there are 5.4 million Americans that have Alzheimer’s disease and other forms of dementias. As people grow older, the disease becomes more prevalent: nearly half of all Americans who are aged 85 and older have Alzheimer’s disease and other forms of dementias (Alzheimer’s Association, 2011).

My interest in dementia began years ago when my grandfather became diagnosed with the disease. The dementia caused my grandfather to become confused, agitated, aggressive, and depressed. By the time he was in the late stages of the disease, he did not even know who my family and I were. Even after grandfather passed away, I found myself still intrigued by the disease. Almost immediately after beginning my internship at Cortland Park Rehabilitation and Nursing Center (Cortland Park), I was spending hours in the dementia unit of the facility observing and interacting with the residents. It was not long before I knew I wanted to plan a project that would have a positive impact on the dementia residents of Cortland Park.

Although neuroleptic medications are the most common means of treating behavior in people with dementia, there is evidence that this form of treatment has no benefit for people with the disease (Sink, Holden, & Yaffe, 2005). A recent study conducted by the American Medical Association claims that pharmacological therapies are not an effective way of treating the neuropsychiatric symptoms of dementia. Authors of the study suggest that non-pharmacological interventions are more likely to have positive effect on people with dementia than the use of drug therapy (Sink, Holden & Yaffe, 2005). One non-pharmacological therapy that caught my eye was doll therapy. This type of therapy involves giving dolls to patients with dementia in an
effort to decrease some of the negative side effects of the disease. A recent study conducted by colleagues at Newcastle General Hospital Northumberland showed that the introduction of dolls into two nursing homes had a positive impact on the residents. It was observed in these nursing homes that residents who engaged in doll therapy had less aggressive behavior than they did before the intervention took place (Ellingford & et al, 2007).

When I discussed my potential project idea with my agency supervisor, he approved without any hesitation. In the past, the facility had plans to use doll therapy for dementia patients, but it was never actually implemented. The employees of the facility agreed that doll therapy would be a great project because of the positive benefits it could have on the dementia residents. After one of the nurse managers showed me an empty room within the dementia unit where I could build a nursery, I became eager to begin designing my project so that I could see for myself if this intervention did indeed have significant benefits. Cortland Park’s mission statement is to “achieve excellence in the care and well being of each individual we serve” (Cortland Care Center, 2009). By conducting this project, I will be working to help better the lives of those with dementia living in the facility.

Methods:

Before I could begin my doll therapy project, I decided that it would be a good idea to spend time observing and interacting with the residents in the dementia unit. I wanted to get to know every resident so that I knew how to communicate with them in the proper way. One of the best resources that I had in getting to know the residents of the facility was the director of activities in the dementia unit, Andrea Ayers. Andrea has worked at the facility for several decades and has a lot of experience working with people who have dementia. I participated in
many hours of activities where I could observe the residents and ask Andrea questions about
them. Andrea discussed with me the individual behaviors of each resident and warned me about
any special conditions that a resident had. It was not long before I knew every resident in the
dementia unit very well.

In addition to using Andrea as a resource, I also contacted the Alzheimer’s Association
with questions that were specific to my project. The Alzheimer’s Association contacted me back
through e-mail with a lot of positive feedback. One important question that I asked the
organization concerned how I should give the dolls to the residents. The Alzheimer’s
Association suggested that I should only give dolls to people with dementia who can be engaged.
They warned me not to give dolls to a person with dementia who shows no interest in it. The
Alzheimer’s Association also suggested that I let the person with dementia decide on their own
what to do with the doll. When I asked the Alzheimer’s Association what the best method of
collecting data would be, they suggested journaling my observations (Alzheimer’s Association,
personal communication, March 6, 2011).

After contacting the Alzheimer’s Association, I decided it was time to begin my project.
I began my project by painting an empty room in the dementia unit. I painted the bottom half of
the room blue and the top half of the room pink, creating a boy/girl theme. After I painted the
room, I decorated it with pictures and fabric. I also put a table and chair in the room. On the
table, I put a mini crib and a changing table. I also bought two strollers and baby clothes. With
the help of many generous people, I was able to gather ten baby dolls to use for my project.
After the nursery was finished, I decided it was time to hand out the baby dolls to the residents
and begin observing.
My primary means of data collection was through a journal. After handing out the dolls, I would sit in a chair off to the side and observe what the residents would do with them. Every day, I would note any significant findings that I found from giving out the baby dolls to the residents. If I was not there to observe, I would ask the nurses if there were any interactions between the residents and the baby dolls. In addition, I also took pictures of the residents with the baby dolls. After my project was over, I also created an evaluation survey that I gave to five caregivers in the dementia unit.

**Results & Analysis:**

- **Resident 1:** This resident loved caring for the baby doll. The baby doll was her main focus and if she was not caring for one she was upset or bored. The resident would talk to the baby doll and bounce it up and down for hours. When taking the baby doll away from this resident, she did not seem to notice. When the resident does not have the baby doll, she did not ask for it back. However, when given the baby doll back, there was a very high increase in her happiness. Although this resident barely talks, I noticed that she opened up more when caring for the baby doll. From my observations, this resident believed that the doll was a real baby.

- **Resident 2:** This resident showed a very high increase in her happiness when given a baby doll. She would talk about how cute the baby was and would sometimes play with the doll’s hands and feet. She would sit in a rocking chair all day and hold the doll close to her. She would rub her hand against the doll’s head as if she was cuddling with it. I found this resident to love the dolls more than any other resident. If she did not have a doll, she was getting into trouble or she was upset. Many times, she would begin to
wander around aimlessly if she did not have the doll. There was an incident where another resident tried to steal the baby from her hands. She held onto it more tightly. When I tried to trade her doll for another doll, she just took both dolls in her arms and held them tightly. This resident will not give up the baby doll without getting angry by any means.

- Resident 3: This resident would sit in the nursery with the doll. She would sit in the chair and just hold the doll in her arms. I noticed an increase in her happiness when she had a doll in her arms. This resident talks throughout the entire day saying the same thing. The more this resident repetitively talks, the more stressed or upset she is. I noticed when she was caring for the doll that she did not say the same thing over and over again. This resident would hide dolls in her closet. When asked, she did not know that they were in her closet. One time she replied, “They must be with their father right now”.

- Resident 4: This resident also had an increase in her happiness when caring for the doll. On a daily basis, she would sit in a rocking chair with the doll. She would hold it and kiss it throughout the entire day. When asked how the baby is doing, she would reply, “She is being such a good girl!” When she was not caring for the doll, she would be sleeping or eating.

- Resident 5: This resident became very angry when I attempted to give her the baby doll. She asked me why I was giving her a fake baby to hold. She insisted on telling the other residents that the dolls were not real.

- Resident 6: This resident would never take the doll and hold it because she said that she was too busy working. However, when the doll was presented to her, she would call it
cute and pinch the doll’s cheeks. She would also go up to other residents who had the dolls and comment on how cute they were.

- Resident 7: This resident loved the baby doll and also had an increase in happiness when caring for the dolls. Sometimes she would hold up to 3 dolls at a time. She would hide the dolls in her closet at night. The resident thinks that the dolls are her own. If I want to get the dolls away from her, I would have to ask her if it was okay if I babysat them. There were several incidents where this resident started fights with other residents over the baby dolls. She was very territorial over them.

- Resident 8: This resident would sit in her rocking chair holding a doll every day. I saw an increase in happiness when she had the doll. When she did not, she was bored or would wander around. She loved bouncing the doll up and down on her lap.

- Resident 9: This resident cries on a daily basis. Many times, I would try and give her the doll but she would not accept it. Finally, I got her to take the doll and noticed that she stopped crying when she had it. I could not get her to hold the doll on a daily basis.

- Resident 10: I could never get this resident to hold the doll. Every time the doll was presented to her, she would call it beautiful and kiss it. When I would try and get her to hold the baby doll, she would tell me that she was not able to take care of it.

There were many residents in the facility that had a strong desire to take care of the dolls. The dolls would keep them busy on a frequent basis. By caring for these baby dolls, I noticed an increase in communication and happiness. I also noted that many residents who cared for the dolls on a frequent basis had a decrease in aggression and frustration. However, there were many residents in the facility who would not accept the dolls. Some would simply decline, while
others would get upset or angry. Although there were many residents who would not care for the dolls, only two were able to acknowledge that the dolls were not real. All of the residents who cared for the dolls would nurture it as if it were a real baby. They would never leave the doll unattended unless they became distracted. The residents did not have specific dolls that they could acknowledge as their own, but were territorial of whatever doll they had in their arms. It was very common for me to walk into the main area of the dementia facility and see multiple residents in rocking chairs holding the dolls. It was uncommon that they walked around with the dolls. For the majority of residents who participated in doll therapy, their actions were consistent. For some residents, it was not possible for them to take care of the doll. It is undetermined why there were a small number of residents who seemed interested in the doll, but would not care for it.

When evaluating five caregivers of the dementia unit, all believed that doll therapy had a positive impact on residents who participated. The caregivers felt that the dolls increased happiness and the social functioning of residents. They also felt that the dolls stimulated the senses and perception of residents.

**Discussion:**

From my findings, I can conclude that doll therapy can have a positive benefit on some people who are suffering from dementia. My results were consistent with many studies that have been conducted by my professional researchers. One study that was done by the National Institute for Longevity Sciences suggested that doll therapy for people with dementia can increase motivation, remove pain, alleviate frustration, increase happiness, increase expressiveness, promote social functioning, and stimulate senses and perception (Tamura, Nakajima & Nambu,
2001). All five caregivers who were evaluated after the completion of my project agreed that doll therapy caused an increase in happiness, an increase in expressiveness, promoted social functioning, and stimulated the senses and perceptions of the residents. Three caregivers felt that doll therapy alleviated frustration in residents. Two caregivers felt that the dolls increased motivation and removed pain. I believe that for the residents who participated in doll therapy, the benefits were consistent with each one that the study discussed. The most significant benefit that I found in the residents of Cortland Park who participated in doll therapy was an increase in their happiness.

Another recent study discusses how using doll therapy can help meet the individual needs of specific residents. The study suggests that doll therapy can promote activity in dementia patients (Fraser & James, 2008). I observed that the residents of Cortland Park did have an increase in activity while taking care of the dolls. The dolls gave them a purpose in their day-to-day life because it gave them something that they could focus on. Once the residents had the dolls, they became their primary focus. The study also suggests that doll therapy is beneficial because it brings residents back to their innate drives (Fraser & James, 2008). I strongly believe that the residents of Cortland Park benefited from doll therapy because it brought them back to their natural instincts of caring for a child. The study states that the reason this is beneficial is because it can fulfill a strong drive for women (Fraser & James, 2008). I think that holding the dolls helped the residents of Cortland Park reminisce on past times, giving them comfort.

Although doll therapy did have a positive impact on the residents of Cortland Park, there were some problems that may have impacted my results. Unfortunately, the nursery that I built has not been used as much by the residents as I thought that it would. One reason for this may be
that the room is not that big and only one resident could go in it at a time. Another reason why the nursery may not have gotten used is because it was at the end of the unit, far away from the common room. Because many residents did not have a desire to use the nursery, I would usually take the dolls from the nursery in the morning and give them out. If there was a nursery that was bigger and closer to the common room, I believe that the residents may have a higher increase in their activity. However, I believe that many of the residents felt comfort in simply holding a doll while sitting in their chairs.

Another problem that affected my project was the lack of men in the dementia unit of Cortland Park. There is only one man in the unit and he did not have an interest in the dolls. I could not find any doll therapy studies that focused on men or distinguished the gender between participants. When I had a phone interview with an employee from the Alzheimer’s Association, they told me that women with dementia usually benefit more from doll therapy. However, she said that there are some men that can benefit and that you should not rule out an individual for doll therapy based on their gender (Alzheimer’s Association, personal communication, April 4, 2012). It would have been interesting to observe both genders as part of my project.

Recommendations & Reflections:

Despite a few minor problems, doll therapy had a positive impact on the residents of Cortland Park. I strongly suggest that the facility continues to use doll therapy within the dementia unit. Getting rid of doll therapy may have a negative impact on the many residents of the facility that hold the dolls on a day-to-day basis. If possible, the agency should build a nursery that is bigger and closer to the common room. I believe that there would be an increase in activity and stimuli of the residents if they built this nursery. It may also be possible that more
residents would participate in doll therapy if the nursery was more accessible. I also recommend that the facility should assign certain dolls to certain residents. This would eliminate any arguments between residents who have territorial instincts.

This project is one of the biggest accomplishments of my academic career. Not only was it fun, but I learned so much by observing the relationship that these residents had with the dolls. I learned that every person who has dementia is very unique. I also learned how important it is to pay attention to the individual needs of each resident. While some residents held the dolls every day, others residents showed no desire. I value this learning experience because I learned how to properly communicate with the many different personalities associated with dementia. I also value non-pharmacological therapies a lot more. In our society, many people believe that medication is the best fix for our problems. However, this project shows that there are other alternatives that may work just as well, or even better. It was very rewarding to give a doll to a resident and observe how happy it made them. There were many moments when I was observing the residents where I felt a sense of satisfaction because I knew that they were better off than before they were holding the doll. However, there were many residents that I felt would benefit from doll therapy, but showed no desire in holding the dolls. I found this challenging because I wanted to have a positive impact on all of the residents with dementia, but quickly realized that doll therapy is not for everyone. I am very thankful that I was given this opportunity to bring doll therapy into the dementia unit of Cortland Park. This educational and enjoyable experience is one that I will never forget!
References


Appendix A

Baby Doll Therapy Observations

3/20/12: When I gave Resident 1 the baby doll, she smiled and bounced it up and down. Before I gave her the doll, she was sitting in a chair looking upset and bored. When she had the doll she whistled to it and kept saying “oooh” and “ahhh”. The doll immediately became her main focus. She talked to it and bounced it until lunch time where she was quickly redirected to lunch. She did not notice when the doll was taken away from her. When I gave Resident 2 a baby doll, she goes “Well look it here! We got a cute one!” She took the doll and held it close to her and rocked it while she sat in a rocking chair. I felt like the doll gave her a purpose and she was more content after it was given to her.

3/21/12: I went up to Resident 3 and asked her if she would like to see something interesting. I walked her over to the nursery that I built and gave her a baby doll. She took the baby doll and went into the nursery and sat with it. From time to time she would move the baby doll from one shoulder to the other. After about an hour, she got up from the nursery and came into the activity area with the baby doll. She held the baby doll close until it was lunch time where the nurses helped me distract her and we were able to take the baby doll away without her taking notice. After lunch, she did not ask for the baby doll back. However, I did give it back to her and her eyes lit up with happiness when I gave it to her.

3/22/12: When giving Resident 3 the baby doll today I noticed something very spectacular. This particular resident has a form of dementia where she repetitively says the same thing. The more upset she is, the more she repetitively says the same thing. Today when I observed her with the baby doll, I noticed that she was not doing her normal repetitive talking. Instead, she was rocking the baby and humming. The nurses were very intrigued that she was not repetitively talking after I gave her the baby. When giving Resident 4 the baby doll, she was very eager to take it. She rocked it and kissed it like it was a baby doll. After observing for awhile, I asked her how her baby was. She said “Oh, she is being such a good girl”. She continued to rock it and even fell asleep with the baby in her arms. When I tried to give Resident 5 the baby doll, she became very angry. She asked me why I was giving her a doll to hold. She became upset and insisted on telling the other residents who were holding the baby dolls that they were not real. I realize now that baby doll therapy does not work on all people who are suffering from dementia. I was very eager to try and get Resident 6 to take care of a baby doll. I had tried a couple of times, but when I asked her if she would baby sit my doll for me, she always said no because she had to “get back to work” (she thinks that she works at the facility). Today, I showed her the baby doll and she pinched its cheeks and took it. She talked to it for about a half hour saying things such as “You’re such a cute baby” and “Look at that pretty face”.

3/23/12: Resident 7 loves the dolls. When given the baby doll, she was more than happy to take it. She does not do much with the doll except for holding it. She brings it with her everywhere. If I want to get the baby doll from her, I have to ask her if it is alright if I babysit the doll. After I have the doll away from her, she forgets about it easily. This resident thinks that the doll is her own.

3/26/12: Today I decided to see what would happen if I abruptly took the baby doll away from Resident 2. When I tried to take it away, she became very angry. She snatched it back from me. I let her have the doll back. From this, I can conclude that the best way to take the dolls away from the residents is to just distract them. Resident 2 loves the baby dolls the most out of all them. If this resident is not eating, she has a baby doll in her hands. Some days she even eats with the baby doll in her hands. When given Resident 8 the baby doll, she was happy. She was bouncing it up and down and talking to it. All other residents reacted in a positive manner when given the baby doll!

3/27/12: No new observations. The baby dolls were administered to residents who enjoyed having them and were very happy while caring for their baby doll. It seemed to preoccupy all of them and keep them busy.

3/29/12: Today was a busy day and I could not do observing but I asked the activities director of the dementia unit to do observing for me. She said that the residents were taking care of the dolls and all seemed so happy.

3/30/12: For the past couple of days, I have tried to introduce Resident 9 to a baby doll but have not been successful. It was a very hard task for me. Finally, I got her to babysit the doll. Before she had the doll, she was very upset and crying. I watched for awhile as she took care of the doll and become a lot calmer and stopped crying. I tried to introduce the baby doll to Resident 10, but failed. She did not want to take care of it. However, she did tell me that the baby was beautiful and she kissed it.

4/2/12: Today when I came into work, the resident already had the dolls. This made me happy because it meant that they went into the nursery to go and get them. All seemed to be happy taking care of the dolls. They were all either holding them close to their chests or bouncing them up and down on their knees. I did notice that some of the baby dolls were missing. The nurses informed me that there are two residents who enjoy taking the dolls and hiding them in their room. I went into their rooms and found the dolls in their closet and in a chair near their bed.
4/3/12: Resident 7 got very upset with another resident today. The other resident took her baby from her, but at first she was okay with it. The other resident put the baby down. Resident 7 then screamed “Well give me the baby, it is my child! I’ll take care of it”. She took the baby dolls. She was easily directed and had no recollection of the argument. This resident always carries two or even three dolls with her. She has her hands full!

4/4/12: I attempted to get one of the residents to walk around the facility with the baby in the stroller. She did not want to do that, but she did want to hold and care for the baby. All patterns were normal again today; the residents rocked and cared for the baby dolls while talking to them. Many of the residents take a nap with the baby doll in their arms. Resident 7 had three baby dolls in her arms while sleeping today!

4/5/12: Today, I went on the search again for baby dolls that were missing. I found them in Resident 7 and Resident 3’s closets. When I asked Resident 3 where her baby was, she replied “Well, they must be with their father right now”. When I gave her the baby that was in her closet she was happy to take care of it. Resident 7 is not able to respond to my questions.

4/6/12: All residents seemed to be acting the same when I gave them the dolls today: happy and eager to take them. I purposely did not give the baby dolls to some residents who always have them so I could observe how they acted when they did not have the doll. When they did not have the dolls, they seemed bored and upset. Resident 2 got up and started wandering around and I noticed that she was getting into trouble. When I noticed this, I gave her the baby doll and she sat down and took care of the baby doll in a rocking chair.

4/9/12: Today I noticed the same results from the previous weeks. All residents with the baby dolls seem happy and less agitated than they were before I gave them the baby doll! They were preoccupied and stayed out of trouble. The residents seemed to be in such a better mood when they were taking care of the baby dolls.

4/10/12: In the dementia unit, there is only one male resident. When I tried to give him the baby doll, he looked at it and laughed. When I tried to get him to hold it or babysit it, he did not seem interested. I gave baby dolls to all the other residents who enjoy taking care of them every day. There are about 7 residents who take care of the baby dolls on a daily basis.

4/11/12: Today I gave a baby doll to a resident (who takes care of them on a daily basis) while
she had a family member visiting. I wanted to see if she still acted the same way around family. She took the baby doll as usual and cared for it. She is so happy when she sees me coming with a baby doll. I tried to give the male resident a baby doll again but he was not interested.

4/12/12: Residents filled the activity room today rocking and caring for baby dolls. They all seemed happy. There are always two residents who do not understand why everyone is holding baby dolls. They insist on telling them that they are not real. The residents with the baby dolls do not acknowledge these other residents. I tried to give the male resident a baby doll again but he still was not interested.

4/13/12: Today I gave a baby doll to a resident who does not usually care for one. She started laughing and held it. When I came back an hour later, she did not have the baby doll. I asked her where it was and she said she put it in her bed because everyone else wanted to have it. She asked me not to go into her room and get it.

4/16/12: Today I attempted to give a baby doll to a resident who I have tried previously to give it to but she denied it. She did say how cute she thought the baby was but she was too busy working on the roof to take care of the baby.

4/17/12: Today there was a little drama with the baby dolls. Resident 2 had a baby who Resident 7 thought was hers. Resident 7 went up to resident 2 and said “give me that doll it is my son!” A couple of nurses redirected Resident 7 to a chair. I tried to give her another baby doll but she said “this is not my son!” She told me that Resident 2 had her son. When I tried to get the baby from Resident 2, I failed. I tried to ask her if I could babysit it or if I could change the baby but she refused to give it to me and she held onto it tighter. I attempted to give her another baby but she just took the baby in her other arm. Finally, I gave Resident 7 a baby doll and she said to me, “Are you sure this is my son?” I replied “Yes”, and she took the baby doll. Resident 7 then said, “It would be nice if he had a blanket or something”. I came back with clothes and a blanket for the baby doll. She was very happy to hold the baby but seemed upset and annoyed from the incident for about a half hour after.
Appendix B

Interview with Alzheimer’s Association

**Question:** How should I give the baby dolls to the dementia residents?
**Answer:** You should only give dolls to patients with Dementia who can be engaged with it. You can try by presenting the doll where ever their memory recollects and what he or she thinks it might be. Some people with Dementia think it’s their child or something to play with. So being at their level and mental state is very helpful and reassuring to the patient. If the person with Dementia has no interest; then do not hand it to him/her.

**Question:** How should I take away the baby dolls from the dementia residents?
**Answer:** You can try by taking the doll away when the person walks away or is distracted into another activity.

**Question:** Should I encourage them to take care of the baby dolls, or should I just sit back and observe?
**Answer:** It is best to sit and observe and let the person with Dementia decide what they’ll do with the doll. If the person just stares at it and shows no expression; then you can set an example of what to do. If he /she follows directions; then it’s a way to keep the person engaged. If they don’t follow; then it means that the person has no interest or their ability to follow directions has diminished.

**Question:** What types of dementia residents would benefit the most from baby doll therapy?
**Answer:** Most people with Dementia who view a doll as a reminder of a toy they had or a child benefit from having a doll.

**Question:** I plan on collecting my data by making a journal of observations. Do you think this is the best way to collect data?
**Answer:** Yes, journaling your observations will help to determine how effective the doll therapy method is with Dementia patients.
Appendix C

Copy of Evaluation of Baby Doll Project

Given to 5 Caregivers in the Dementia Unit of Cortland Park

Evaluation of Baby Doll Project

1. Studies show that baby doll therapy has many benefits in people who have dementia. One study suggests that baby doll therapy for people with dementia can:
   - Cures disease symptoms
   - Increase motivation
   - Remove pain
   - Alleviate frustration
   - Increase happiness
   - Increase expressiveness
   - Promote their social functioning
   - Stimulate their senses and perception (Tamura, Nakajima & Nambu, 2001).

   After observing my baby doll therapy project, do you agree with any of the above benefits? Please star any that apply. Feel free to leave any comments next to any benefit if you would like to elaborate on its accuracy.

2. Are there any other benefits besides the ones listed above that you found after observing the residents with the baby dolls?

3. After observing my baby doll project, did you notice that only certain dementia residents benefited from baby doll therapy? Can you describe some of the characteristics of the residents that participated in baby doll therapy as opposed to the residents who would not participate in baby doll therapy?
4. Does baby doll therapy have any extra burden on you as a caregiver?

5. Overall, do you consider baby doll therapy to be a successful non-pharmaceutical intervention for people who have dementia? If necessary, please explain.

6. Are there any improvements, changes, or things that could have been added to make my baby doll therapy project more successful?

7. Do you have any other comments and/or opinion in regards to my baby doll therapy project?

Thank you for your participation!!!!!! 😊
Appendix D

Pictures of Residents with Baby Dolls

**A photograph release form was signed by the responsible party of the residents in these photographs on 4/24/12. All parties granted the right for these photographs to be used and published for purposes such as publicity, illustration, advertising, public relations, in house newspaper, Internet Web content or any other similar purposes. A copy of each release form can be granted upon request. Both Cortland Park and I have a copy of these signed forms**

![Picture of Resident with Baby Dolls]