Arts & Crafts

Tree of Hands
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Facilitator
Diversional Therapist, Lifestyle / Activity Staff or Volunteer

Objective of Activity
To promote past or new interest, social interaction, fine motor skills, visual, tactile and sensory stimulation, hand eye coordination

Capability
- Motivation
- Some level of concentration
- Fine Motor Skills

Environment
Multi-purpose room

Equipment
- A lot of green construction paper (different shades if you like)
- A piece of brown construction paper (for the tree trunk)
- A piece of yellow construction paper (for the star)
- A large piece of brown paper (or use another colour)
- Pencil
- Scissors
- Glue
- Optional: Glitter, glitter glue, or paper ornaments to glue on the tree

Instructions

1. Trace the resident's hand on a piece of green construction paper.

   Encourage each resident to decorate or colour in their hand and then cut it out. Fold the wrist over. Make sure you trace around the same hand (either left or right) for all residents, as the tree looks better when only one hand is used.

   Make a lot of paper hands (the number you'll need depends on the size of your tree). You may want to put each resident's name on his or her hand print. This way they can point out their particular contribution for friends or family to admire at Christmas.
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Instructions

2. Draw a tree shape on a large piece of paper. 
   Cut out a small rectangle of dark brown paper (this will be the tree trunk).
   Glue the rectangle below the tree.

3. Glue the hand prints together in a tree shape, gluing the folded part of the wrist to the background. Start at the bottom of the tree. Starting with the second row, make the fingers overlap the next hand a little bit.

4. You can make smaller or larger trees depending on how many hands you have. 
   Cut out a yellow star for the top of the tree. Glue it on the tree. 
   Write a Christmas message around the tree.

5. Optional: Decorate your tree with glitter, glitter glue, or paper ornaments.
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Goals of Activity

**PHYSICAL:**
- Maintain sitting posture and balance
- Encourage walking to group if ambulant
- Encourage upper limb functions, strength, fine motor skills and dexterity
- Maintain ability to perform purposeful movements
- Maintain interest, competence, and motivation
- Redirect and channel restless/anxious behaviour into meaningful activity

**SENSORY:**
- Utilise vision, tactile and auditory skills
- Reduce risk of sensory isolation by utilising senses: hearing, touch, vision

**COGNITIVE:**
- Maintain alertness and concentration span and attention skills
- Utilize comprehension and broad thinking skills
- Stimulate residual mental abilities to optimise cognitive functioning
- Assist to raise level of planning, sequencing and task orientated skills by the use of activity
- Promote visualisation skills
- Maintain/build alertness and concentration span
- Prompts past learned skills of a familiar nature
- Utilise comprehensive and abstract thinking skills
- Stimulate long-term memories

**COMMUNICATION:**
- Maintain social interaction and motivation to communicate within the group
- Expression should be encouraged to maintain skills at both a simple and more complex level of communication
- Stimulate and motivate social contact and communication skills, especially relation to the group
- Maintain verbal and non-verbal skills

**SOCIAL/EMOTIONAL:**
- Provide an avenue for interaction with fellow residents to promote and maintain social skills
- Facilitate feelings of self-worth; increase self-esteem by promoting self-expression of one’s own ideas
- Promote a sense of belonging, feelings of self-worth and self-esteem, especially on completion of projects
- Peer support and encouragement, self-expression and assistance are provided in an enjoyable group environment
- Reduce risk of social isolation
- Maintain past interests, promote a sense of well-being
- Promote self-expression of own ideas and provide an opportunity to learn new skills and interests
- Increase self-esteem with group participation
- Have fun

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### Tree of Hands

<table>
<thead>
<tr>
<th>Residents Who Regularly Attend:</th>
<th>Comments/ Prompts/Assistance Required:</th>
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Name of Person Completing Form: ___________________________  Signature: ___________________________

Designation: ___________________________  Date: ___________________________

Plan is to be reviewed annually or as required.  Date Revised: ___________________________