

A Montessori-Based Approach for Aging and Dementia

Dr. Kathleen Weissberg, MS, OTD, OTR/L, CMDCP, CDP
Education Director – Select Rehabilitation
kweissberg@selectrehab.com

1

Objectives

1. Identify the fundamental principles of a Montessori-based approach to dementia programming
2. List individualized activities that you can implement with individuals with Dementia and/or teach your staff to implement to reduce unwanted behaviors and improve engagement
3. Describe ways to modify the physical environment to support people with dementia

2

Dementia

- Researchers predict an estimated 7.1 million American citizens over the age of 65 will be diagnosed with Alzheimer's disease (AD) by 2025, a 39% increase from the current number of 5.1 million (Alzheimer's Association, 2015)
- Health care programs have begun to reevaluate the efficiency of services and quality of care provided to older adults with dementia
- 'Helping persons reach their optimal level of fulfillment', 'enriching the lives of our residents', and 'promoting the well-being of older adults' can be found in most mission statements

3

Barriers to Dementia Care

- Single greatest barrier is beliefs
- Concept of 'therapeutic nihilism' (Camp, 2006; Clark, 1995)
- Belief that persons with dementia cannot learn new things

4

Montessori Background

- Maria Montessori -- early 1900s
- Individualized instruction designed to enhance practical life skills and sensory experiences (Montessori, 2014)
- Simplify tasks, provide immediate feedback, and promote individualized supervision and learning (Lillard, 2008)

5

Montessori Approach

- Dr. Cameron Camp adapted the Montessori method to treat people with Alzheimer's
- Engages the senses and evokes positive emotions
- Stimulation of cognitive, social, functional skills
- Conducted one-on-one

6

Benefits to Montessori Approach

- Increase social engagement (Judge et al., 2000; van der Ploeg et al., 2013)
- Enhance attention, affect, and decrease agitation (Judge et al., 2000; van der Ploeg et al., 2013; Vance & Johns, 2003)
- Decreased problem behaviors (Giroux, Robichaud, & Paradis, 2010)
- Improved self-feeding (Sheppard, McArthur, & Hitzig, 2016)
- Sensory and cognitive stimulation (Camp & Mattern, 1999)
- Improved work satisfaction at work and reduced staff turn-over (De Witt-Hoblit et al., 2016; Roberts et al., 2015)

7

Montessori with Late Stage Dementia

- Increased active engagement, pleasurable affect, less anxiety (Orsulic-Jeras & Judge, 2000)
- Increased engagement and carryover of functional tasks (Camp & Skrajner, 2004)
- Improved ADL (e.g., eating) (Lin, Huang, Watson, Wu, & Lee 2011)
- Reduced behaviors (De Witt-Hoblit, Miller, & Camp, 2016; Lin et al., 2009; Roberts, Morley, Walters, Malta, & Doyle, 2015)
- Improved language (Van der Ploeg et al., 2013)

8

Montessori Overview

- Emphasis on:
 - Independence
 - Freedom within limits
 - Respect for a person's natural development
- Simple activities that provide a sense of accomplishment and connection with personal history

9

Alignment with Person-Centered Care

- Montessori activities align with person-centered care
- Emphasize:
 - Respect
 - Dignity
 - Independence
- Provide more structure, individualized attention (smaller groups), opportunities for interaction, adequate sensory and cognitive stimulation vs. traditional LTC activities

(Camp & Mattern, 1999; Judge et al., 2000; Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 2001; Giroux et al., 2010; Orsulic-Jeras et al., 2000; Volicer, Simard, Heartquist Pupa, Medrek, & Riordan, 2006)

10

The Basics ...

- Use Everyday Materials
- Match Interests & Skills (group/individual)
- Use Past Experiences & Preferences
- Adapt According to Cognitive & Physical Status
- Simplify as Much as Necessary

11

Assessment of History/Background

- What do they like to do?
- What is their history?
- Strengths and limitations?
- Environment -- what contributes to successful engagement and what hinders it?
- Relevant life experiences, values, interests?

12

The Basics ...

- Match Speed to Ability
- Progress from Simple to Complex
- Demonstrate
- Encourage & Assist
- Evaluate

13

Activity Requirements

- Gross motor
- Repetitive
- Uses familiar motions
- Involves 1 or 2 steps
- Observable effect on the environment
- Non-competitive
- Involves few or no rules

14

Considerations When Adapting Activities

(Warchol, Copeland, & Ebell, 2002)

• Attention span	• Sequencing
• Environmental scanning	• Social factors
• Awareness of purpose/goal	• Environment
• Communication	• Ability to initiate
• Physical attributes	• Ability to choose
• Quality of work	• New learning ability
• Problem solving	• Direction following
	• Response time

15

The Basics ...

- Structure
- Immediate feedback
- High probability of success
- Repetition
- External cues
- Procedural/nondeclarative/implicit memory

16

The Basics ...

- Self-Correcting activities
- Social participation
- Tailored to the individual, most delivered in groups
- Integrated into every facet of daily activities
- Right to refuse
- Modify for success
- Guided/structured repetition

17

Creating Activities

Step 1

- Question why the person living with dementia is behaving in certain ways or demonstrating behaviors

(Elliot, 2011)

18

Creating Activities

Step 2: CREATE

- C: Consider needs, interests, skills, abilities
- R: Remove clutter
- E: Error-free
- A: All materials are modifiable
- T: Templates to support declarative memory
- E: Evaluate the activity

(Elliot, 2011)

19

Creating Activities

Step 3: PRESENT

- P: Prepare the environment
- R: Room set up
- E: Extend an invitation
- S: Show the activity
- E: Error-free
- N: Needs, interests, skills, abilities (modification)
- T: Thank you

(Elliot, 2011)

20

Meaningful Activity

Every activity must . . .

- Have a purpose that is obvious to the participant
- Be voluntary
- Be pleasurable
- Be socially and age appropriate
- Be failure proof

21

Montessori Approach

- Every participant should have an activity that he/she can successfully handle
- If materials are used inappropriately, but engagement is strong, let the activity occur
- Provide demonstration as needed
 - Matching Shapes/Colors
 - Color Sorting
 - Picture Puzzle
 - Pairing & Sorting
 - Sensory Boxes

22

Montessori Approach

- Cognitive Skills
- Life Skills
- Movement
- Sensory
- Music
- Art
- Socialization

23

Activities by Stage

- Early stage of dementia
 - Activities that focus on the whole task
- Mid-stage of dementia
 - Activities that focus on the individual steps of the activity
- Late stages of dementia
 - Activities that focus on the sensory part of the activity

24

Montessori Approach

- Issue that may occur
- Lose focus
- Walk out
- Lose interest
- Place small objects in their mouths

25

Sensory Kits

- Offer an opportunity to stimulate as many senses as possible, for example:
 - Balls box
 - Cereal Box
 - Kinetic Sand
 - Seeds
 - Food

26

Activity Kits

- Five domains of function
 1. Cognitive stimulation
 2. Life skills
 3. Motor movement and fitness
 4. Sensory stimulation
 5. Socialization

27

Tailored Activity Programs/Kits

- Tailored Activity Programs reduce behaviors and increase engagement (Gitlin et al., 2008)
- Activity kits improve quality of visits and QOL (Crispi & Heitner, 2004)
- Individualized and meaningful activities show positive results (Pool, 2001)

28

Activity Ideas

- Golf ball scoop
- Living/non-living or Happy/not-happy
- Memory BINGO
- Cognitive stimulation
- Life skills
- Sensory stimulation
- Templates
- Job boards
- Intergenerational

29
