THE NEXT GENERATION OF Alzheimer's APPROACHES

CUTTING-EDGE PROVIDERS EMPLOY NEW INNOVATIONS TO BATTLE DEMENTIA, INCLUDING MONTESSORI PRINCIPLES

BY ANYA MARTIN PHOTOS BY CATHY STEIN GREENBLAT

J oe (not his real name) had never been shy. But when he first arrived at an Arden Court assisted living community, the former radio announcer with Alzheimer's disease refused to leave his room. Then staff offered Joe a job delivering the daily news and weather report each morning to everyone in the residence. Not only did he start coming out of his door, but soon he was having breakfast with fellow residents and participating in a wide range of activities—from enjoying live music to trivia contests.

“Seniors with Alzheimer's are still looking for purpose in their lives, and our training in Montessori allowed us to expect more from them than we had in the past; it gave us the vision to look...
further,” says Noreen Gray, director of lifestyle programming for Arden Court’s 54 communities, which exclusively house residents with Alzheimer’s disease or memory disorders.

Say what? Yes, you heard her right. Gray attributes the secret to success in bringing Joe out of his shell to principles of an education philosophy most people associate with teaching children—the Montessori approach to learning created by Dr. Maria Montessori (1870-1952). Montessori is “based on the firm belief that every child is born with creative potential, the drive to learn and the right to be treated as an individual.”

Applying Montessori principles is just one example of some amazing news coming out of the assisted living communities on the cutting edge of Alzheimer’s care. The past few years haven’t given birth to radical new strategies like the Eden Alternative or the Best Friends approach, which freed those diagnosed with the disease from isolation, drugs, and restraint. However, a new generation of communities has been implementing all that’s been learned to help their residents with Alzheimer’s live life to the fullest, not just reconnecting with treasured memories and the activities they loved throughout life but even learning new skills.

THE MONTESSORI METHOD

Because people with Alzheimer’s forget the names and faces of the people they once loved the most, experts used to think they couldn’t learn. But while Alzheimer’s attacks the brain’s hippocampus, where most traditional learning takes place, countless anecdotes suggest that cognition may shift to other brain areas, says Dr. Cameron Camp, director of the Myers Research Institute, part of Menorah Park Center for Senior Living, a continuing care retirement community (CCRC) in Beachwood, Ohio, a suburb of Cleveland. Menorah Park is only one of 12 long-term care communities in the nation to have its own research division.

But what can one do to trigger that learning? Camp, who holds a doctorate in experimental psychology, admits he got a crazy idea quite accidentally. He started researching senile dementia and Alzheimer’s disease in 1983, around the same time that his children began attending a Montessori school.

“I was immediately struck by the parallels between Montessori approaches to education and the way they match a task with a person’s physical, as well as cognitive, capabilities,” he recalls. “The task can be challenging and yet [the child] could succeed with it. I thought this might be an ideal approach for people with dementia.”

Now Montessori principles guide the entire culture at both assisted living and skilled nursing residences for people with Alzheimer’s at Menorah Park where Camp has been able to test his ideas in action. Indeed, when he developed activities incorporating such often-thought-lost skills as fine motor, hand-eye coordination, and visual recognition, he found that residents were even better able to maintain such simple tasks of daily living as buttoning a blouse. The biggest key was changing the worldview of caregivers.

“There’s an expectation that’s very low, that these people can’t learn anything new, they’re only going to deteriorate, that the best thing we can do is try to make them comfortable,” Camp says. “If expectations for what you can do are low, you’ll never accomplish anything. If you’re never challenged, you’ll never demonstrate what you’re capable of.”

First, start with the attitude that everyone can learn, no matter a resident’s prior history of isolating himself, agitation, or seemingly giving up a past pleasure such as reading or crocheting. Second, match activities to the individual’s skill set and interests. Three, add challenges gradually and let each person set the pace. Four, use available resources, i.e. whatever materials you have on hand from everyday life. Five, ensure tasks aren’t busywork but have real meaning.

“The key is to be able to work with existing staff, existing resources, existing schedules, and use the resources you have differently, to think differently, and to have different expectations,” he says.

An example of a useful project that incorporates many individual abilities is organizing a welcoming committee for new residents. Residents divide up multiple tasks including creating welcome baskets, shopping for items to fill them in the gift shop, writing a welcome script, and/or reading it to the newcomer.

In one community that has adopted Camp’s Montessori-based techniques, a
daughter thought her mother would never read again. But she
was astounded to find her mother not just reading but partici-
pating in a discussion group about the text she’d read.

“People may not remember specifically what they did on the
next day but they do remember the feeling they had doing it,
and that accomplishment begins to become associated with being
at a location, being at places where things get done,” Camp says.
“They may not know why they like being there, but they know
that they like lining up at 8:30 in the morning because some-
thing good is going to happen there.”

Another appealing aspect of changing to a Montessori world
view is that the only big expense is retraining staff, Gray says. At
Arden Court communities, a meaningful activity can be as
simple as a note left by a vase that asks for help with arranging
flowers since guests are expected. Workstations contain paper to
be folded and envelopes with a message that a nonprofit organi-
zation needs help with a mailing. And a box of brightly colored
plastic rings becomes a task of placing them in plastic bags to
send to children.

Camp currently is honing his application with more than $2.5
million in grant money from the federal National Institutes of
Health. In the past few years, he also has taught his approach to
caregivers at Lifeways’ Mather Institute on Aging and Arden
Court’s parent company HCR Manor Care Inc., which also owns
and operates nearly 300 skilled nursing homes. A manual written
by Camp has been translated into Japanese, and Spanish and
Mandarin (Chinese) versions are underway.

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BETTER LIVING WITH TECHNOLOGY
An upscale community built to house 40 assisted living residents
and 80 skilled nursing residents with Alzheimer’s or other se
nile dementia, Parc Provence opened in May 2004 in suburban St.
Louis. But while monthly fees are an average of $7,000/month,
it has already filled 37 of its 40 assisted living beds.

What makes Parc Provence unique and explains why people
are willing to pay the hefty price tag is the way it incorporates
just about every state-of-the-art aspect of “Person-Centered,
Activity-Focused Resident Care.” Parc Provence’s many
elements include innovative architectural design; high staff-to-
resident ratios for all shifts; household groupings of 10 residents
with similar cognitive abilities and care needs; 10 secure and
exquisitely landscaped outdoor courtyards; extensive therapy
options including speech, physical, music, and art; a unique
“function junction”—including a replicated grocery store, men’s
home workshop, office, and casino—for tapping into residents’
procedural memories; and many more personalized activities.

Any of these aspects could make a story in itself, but it’s the
Forget-Me-Not model that provides the thread that binds every-
thing together. Not dissimilar to Montessori in theory, activity
directors work to integrate each resident’s life story into their
daily care, says Kim Warchol, Parc Provence director of resident
well-being who developed the model. “We gather as much infor-
mation about this person so we can we can deliver care that
reflects their individuality,” she explains. “So many times when
someone moves into a long-term facility, their unique individu-
ality is forgotten.”

Good intentions about developing a truly personalized activity
program often fall through thanks to poor record-keeping, says
Warchol, who is also president of consulting firm Chesterfield,
Missouri-based Dementia Care Specialists Inc. Warchol recalls
sitting with communities sifting through 100-150 pencil-on-
paper reports to try to develop an activity program that serves
all residents. “It was impossible,” she notes, so she developed a
software program.

When a new resident moves into Parc Provence, a staff
member interviews him or her and family members about their
life history. Do they like cooking or gardening or hate both?
What foods do they like or not like? What is their religion?
The findings, along with a brief assessment of their current
cognitive skills, are entered into the software to create a working
tool to deliver individualized care.

The program then sorts the results for all residents and selects
activities multiple residents might enjoy, while also noting who
doesn’t like to do a particular task, Warchol says. For example,
“Oh, I see she loves gardening. I’m going to bring her into the
garden while everyone else is watching the Rams’ football game.”

On a daily basis, the activity director marks each resident’s
attendance at various activities and notes whether each partici-
pant was active or passive in each task, as well as updating indi-
vidual records for those who participated in activities different
from the main group.

Finally, the software outputs activity reports for each resident,
allowing staff to see the big picture of how residents spent their
time and even recognize problems before they become severe.
“When one resident had several falls in a few weeks’ period, a

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