

(This is the first part of an article that appeared in Caring for the Ages, a journal for nursing home administrators. The article was the cover story in the issue in which it appeared. If you would prefer to see the printed article, we can provide it.)

Montessori Programming Helps Residents with Dementia Maintain Skills

By Joen Pritchard Kinnan

“Tell me something about when you were a little kid, Mom,” her daughter Mary asks. After a little more prompting, the older woman’s face brightens as she recalls a childhood memory. Her daughter listens intently as her mother talks: she wants to write it all down when she gets home. A few days later Mary asks for a story about her own childhood. Again, she writes it down at home. On the next visit, Mary brings her own young daughter to hear grandma proudly read the stories she’s told.

Activities like this help people with Alzheimer’s disease and other dementias retain cognitive skills, and they provide opportunities for meaningful interaction with other family members. According to Cameron J. Camp, PhD, who began research into using Montessori principles with persons with dementia in the 1980s, the goal of this approach is to engage persons with dementia in activities that are stimulating, challenging, and relatively failure-free. Activities for this population are frequently criticized as being childish or mere busy-work, Dr. Camp says. And too often there aren’t enough activities. Montessori programs address both these issues.

Dr. Camp began systematically putting together Montessori principles with dementia care while his children were attending Montessori schools. “I saw the logical way activities were organized, the way they built on success, and the feelings of accomplishment they provided, and I realized these same principles could be adapted to dementia care,” he says.

A recognized expert in the field of gerontology, Dr. Camp is a senior research scientist and director of the Myers Research Institute, a division of Menorah Park Center for Senior Living in Beachwood, Ohio. Menorah Park is a 356-bed state-of-the-art long-term care skilled nursing residence that also provides apartments for assisted and independent living, adult day care, and home care on its campus. Dr. Camp says that the affiliation with Menorah Park was critical for him as a researcher. Menorah Park has served as a “living laboratory” for the development of the Montessori programs. “It was the ideal marriage of research and implementation,” says Dr. Camp. More recently, Montessori programming has also been adopted for use in HCR Manor Care residences across the country, and Camp has done some of his research with these residents.

Montessori activities are designed to meet the basic needs of persons with dementia, which are similar to the basic needs of all people, says Dr. Camp. These include: feelings of self-worth, expression of thoughts and feelings, sense of belonging, sense of accomplishment, and sense of order. Many of the problem behaviors associated with dementia can be traced to the inability to meet one or several of these basic human needs, according to Dr. Camp.

“We work with the residents’ abilities that remain and try to circumvent the deficits,” he says. “We provide challenges that are surmountable. When residents are successful, they feel on top of their game.” Camp adds that it’s important that the tasks have some relevance.

Meaningful Activities Lure Residents

Residents of Menorah Park are offered a variety of programs that include individual activities, “workstation” activities, and small group activities. Individual activities are sometimes inspired by circumstances. For example, if he’s capable, a man who once worked with his hands might be asked if he’d like to help caulk the windows in the residence if that task is currently underway.

Workstation activities are popular because residents can do them whenever they want to. In a common room, there might be a table on which are laid out envelopes and flyers. Generally the instructions for the task are provided in writing. Participants fold the flyers, put them in envelopes, and then drop them in a basket. This type of activity helps retain motor skills and the ability to read, plus residents feel they’re doing something useful. At Menorah Park, there might be several workstations with different tasks. When one task is completed, the staff provides another one.

Group activities take many forms. A relatively simple one might be to assemble the pages of stories for use in a reading group. Or they might be quite elaborate. At Arden Court in Cincinnati, an HCR Manor Care assisted-living residence, the activities director secured unassembled boxes from a small box factory and invited residents to put them together. The group developed their own assembly line, completed the boxes, and then took a field trip to the factory to see what went into the boxes and how their work would really be used.

Activities are always suited to the functional and cognitive levels of the residents. If an activity doesn’t work with a given patient – whether because of lack of interest or inability to perform it – the staff adapts, not the other way around. Dr. Camp tells staff, “If you’re bored with the activity, chances are the residents will be bored as well.”

For example, a simple sorting activity, such as putting pictures of dogs and cats into two separate piles might not pique the resident’s interest – unless the pictures were of family pets or other animals with which the resident was familiar. Family members often participate in personalized activities such as this because, in addition to helping individuals retain dexterity and cognitive skills, they may also trigger reminiscences that can be shared with relatives or friends during visits.

Working with families to improve the quality of their visits is an important part of the program. Shared activities, especially those that bring back mutual memories, help to make family visits pleasurable for both residents and visitors. Some family members even undergo Montessori training, according to Pamela Nicholson, director of activities at Menorah Park. With others, staff will suggest activities, or they may provide materials in the resident’s room that the family can work with together.

At Menorah Park, residents are housed in nine pavilions, according to their functional abilities. Each pavilion has its own activities director who works with residents on the Montessori programs, as do nursing assistants. There is also a home healthcare director who coordinates the Montessori program for home healthcare workers. Nicholson was trained by Dr. Camp about eight years ago, when the program began at Menorah Park. She has trained all the individual activities directors, and she trains new staff when they come on board.

Nicholson says that Menorah Park offers more than 70 activities daily. Some of these are activities available for all the residents of the campus, but there are also at least 10 daily activities for each skilled-nursing pavilion.

Most residents are involved in one or more activities every day, Nicholson says. Since group activities are generally scheduled not to overlap, residents can go to as many as they are able (or want) to attend. Although participation is voluntary, residents are strongly urged to take part, and staff works hard to find something that will interest a recalcitrant resident.

Advanced Dementia No Barrier to Achieving Benefits

Perhaps surprisingly, Nicholson feels that the least functioning individuals often benefit most from Montessori programming. With very limited speech, persons with advanced dementia live in a relatively isolated world where even sensory discrimination is impaired. A number of Montessori activities are geared to helping such individuals maintain or regain tactile sensation and auditory, temperature, and scent discrimination. A scent discrimination exercise demonstrates the premise. A resident might be asked to match a scent, such as the smell of oranges, with an orange itself. If the patient can eat the orange, that adds to the pleasure of the activity, but if not, it's still a pleasant experience. Or an individual might be given a series of sandpaper-covered blocks that vary in coarseness, with the object of the exercise being to sort the blocks from the roughest to the smoothest. Whether or not the person can sort them properly, the tactile sensation gives the resident a sensory experience that helps him retain a sense of the world around him.

Other exercises for those with more advanced dementia include scooping activities that help people retain their ability to eat with a spoon. For people who can no longer use tools, there are hand-scooping activities as well.

“Residents really like to be helpful,” says Nicholson, “so we give them opportunities to do that. For example, I might have a deck of cards with me. I’ll drop them, and then ask a resident to help me sort them. The way they sort them doesn’t matter. It could be by color, by suit, or no discernable pattern at all. The important thing is that the resident feels she’s helped me, and that builds self-esteem.”

One of the most innovative aspects of the program is called Resident-Assisted Montessori Programming (RAMP). In a RAMP activity, persons with early-stage dementia receive training to become group leaders for activities undertaken by those with more advanced dementia. One such activity is Memory Bingo. In this game, the leader reads a well-known proverb from a card, such as “A stitch in time saves ...” Players have small stacks of cards with the completing words on them. If a player has “nine” on a card, he puts that card in a box. When one player has put all

his/her cards in the box, that player wins, but the importance is not in winning but in the social interaction among the players and the leader.

Staff who work with residents at Menorah Park say that residents often surprise them with their capabilities. Nicholson tells a favorite story to illustrate the point: In working with four very low functioning residents, she asked each of them to sort eight cards from different decks any way they liked. One sorted by color, another by the backs, while a third just made piles. The fourth, however, held the cards fanned out as if he were playing a game. Suddenly, Nicholson saw him sneak a card from another participant's pile and replace it with one of his own. "What are you doing," she said. "I'm playing poker," the man answered proudly, "and I have a royal flush." And he did.