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Best practices for engaging patients with dementia

By Jennifer Volland, DHA, RN, MBB, CPHQ, NEA-BC, FACHE, and Anna Fisher, DHA, CDP

COSTS FOR ALZHEIMER and dementia care in the United States in 2014 are estimated to reach \$214 billion, with an increase to \$1.2 trillion by 2050.¹ This doesn't include the cost of dementia care to families: In 2013, 15.5 million families and friends provided 17.7 billion hours of unpaid care that was valued at \$220.2 billion. Eighty percent of dementia care is provided by an unpaid caregiver.¹

To improve care and reduce gaps as patients with dementia transition from various levels of healthcare while keeping costs down, an examination of best practices for patients with dementia is needed. One important element of maintaining a connection with a patient with dementia is fostering greater engagement by facilitating family interaction with the patient.² Isolation can quickly become a way of life for a patient with dementia when family members become exhausted, which further hinders their ability to support the patient. This article examines how the Montessori method can be applied to engage patients and their families and discusses how nurses can implement these strategies in clinic, acute, and postacute care settings.

The Montessori method: Not just for kids

Associated with early childhood learning, the Montessori method was named after Maria Montessori, an Italian physician. Her initial work in the early 1900s centered on children who were labeled "mentally retarded." Under her method, the children flourished and were able to pass educational tests that had been



designed for individuals without cognitive limitations. Dr. Montessori's work later evolved to working with children from low-income areas in housing projects. She tested her approaches in the field for over 50 years.³ (See *Understanding the Montessori method*.)

The Montessori method has been adapted to help engage adults with dementia by stimulating the mind with activities that use fine motor skills and build self-esteem. Examples of Montessori method techniques include the use of shapes, cards, chips, and objects that enhance fine motor skills.⁴ For example, the use of tongs can be effective because they require manual manipulation as well as providing an exercise that gives structure to the patient's environment. Initially, the activity may include picking up an item with a set of tongs, with a gradual progression to selecting items with a similar color or shape and placing them in a defined location.⁵ Engaging patients in activities that use tongs also develops manual dexterity by promoting pincer grasp,



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Understanding the Montessori method¹⁸

The Montessori method structures the environment and learning in an individualized way. Some principles include:

- observing the individual to determine needs and interests
- respecting and encouraging an absorbent mind
- allowing freedom to explore within a safe environment in a positive manner (where independence and self-directed learning are important)
- providing opportunities for hands-on education whenever possible for learning abstract concepts and engaging with the environment
- emphasizing practical life activities that promote sensory stimulation, control of movement, concentration, and coordination
- providing choices in the selection of activities with the ability to repeat the action as often as needed
- developing a sense of satisfaction for work well done without interruption, competition, tests, rewards, or punishments
- creating an orderly and attractive work environment
- demonstrating how to do activities before assuming an individual knows the appropriate behavior
- isolating qualities of an activity (for example, separating the element of shape from color, if shape is the focus of the activity).

which is needed for many activities of daily living such as zipping clothes and holding small objects.⁶

Montessori-Based Dementia Programming (MBDP) bridges the work done initially with children to adults with dementia. Dr. Cameron Camp and the Myers Research Institute are pioneers of the MBDP work that started in the late 1990s.^{3,7} The work by Dr. Camp started with using the Montessori method with his daughter, who had a learning disability, and later working in one of the first adult day healthcare centers for patients with dementia. He found that the same Montessori principles and interventions that had helped his daughter were effective with people who had a memory deficit but could still engage in procedural learning.³

Activities with patients with dementia are structured to progress from the simple to the complex and are intended to be interactive for short bursts of time. Although clinicians often facilitate the interaction, a family member can do it just as easily.

The Montessori method employs strategies that are distinct from traditional learning methods that had been used with patients with dementia. From the work of Dr. Camp, it was discovered that using “spaced retrieval”—providing patients with practice at successfully remembering information spaced over increasing time limits—engages implicit memory in patients with dementia.³

In the postacute care setting, Montessori activities are adapted to meet the level of the individual learner. For patients with a mild stage of dementia, Montessori activities involve a higher level of thinking such as drawing, short reading and discussion, and simple science experiments.

A challenge in postacute care is finding the type of activity that

works best for each patient. Additionally, what works one day may not work the following day for capturing and maintaining a patient's attention. Effectively training the staff (or caregiver) to make every activity meaningful is important for keeping the patient engaged.

The Montessori method can also be effectively used for intergenerational blending of children with patients who have dementia. Intergenerational activities are common in postacute care facilities. For example, in an assisted living facility in Bellevue, Nebraska, students do musical activities with the residents. An important aspect of the intergenerational approach is having the students coach and engage the residents, which encourages residents to be active participants and to interact with others and the environment. Many patients with dementia are eager to learn but may be unable (at any given time) to initiate the activity.

Dementia care tools in a clinic or acute care setting

Understanding how to apply various dementia care tools is easier in settings where a patient is a long-term resident. Not as intuitive is how to apply the same value-added intervention in a clinic or acute care setting.

Like nurses in the postacute care setting, nurses in a clinic or hospital setting should focus on the process of the activity using the Montessori method rather than the final product. For example, if a patient is completing a puzzle, drawing, or folding towels, concentrate on encouraging and coaching the patient to engage in the activity, not on evaluating how well he or she is performing the task. These activities should be failure-free because the outcome isn't based upon the final product but simply on the patient's participation.



Creative activities can inspire and motivate staff and family members to better understand the patient's care needs.

A secondary goal should be teaching families of patients with dementia how to engage in Montessori methods. These techniques help decrease the emotional burden on families by redirecting the patient into positive behavioral interactions. When family members participate in creative activities with a patient who has dementia, they can enjoy a different dimension to the hospital visit, which may lead to better interactions after discharge. Creative activities can also inspire and motivate staff and family members to better understand the patient's care needs.

Nurses in clinic and acute care settings face different challenges than those in postacute care settings who interact with patients daily. In acute care settings, the time spent with patients and families is compacted and is likely to occur during periods of heightened stress from

a health crisis. The following approaches can help nurses overcome barriers to learning in these challenging circumstances.

In the clinic setting

Some easy applications of dementia interventions in the clinic setting include the following:

Structure the waiting room time to include dementia care activities.

The use of puzzles and games has been an effective interaction method for patients with dementia in a postacute care setting.⁸ Use of puzzles can be translated into a clinic environment by providing a table with different levels of jigsaw puzzles or a word game board. On the word game board, patients can use the letters in different ways—creating words, sorting the same letter, and placing letter blocks on different colored boxes. Having various similar activities easily available supports patients' sense of dignity because all patients can engage in one of these activities while waiting for their appointment, regardless of their level of ability.

Provide supplemental items to dementia caregivers at time of check-in. Coloring is another Montessori activity that's been applied to patients with dementia in the postacute care setting.⁹ A simple way to adapt this activity to the clinic setting is to give the patient or caregiver an extra blank sheet on the clipboard. The patient can easily draw while waiting for an appointment. If the patient is given a four-color click pen, the family can direct the patient to different activities using different colors.

An idea sheet may be useful to also include on the clipboard as a resource for the family. This is a one-page sheet of ideas that the family can use for engaging the patient to a deeper level while waiting to be seen by the clinician. Examples could include counting cards,

stringing beads, placing coins in a jar, or playing dominoes. Make these items available in the reception area or through the receptionist.¹⁰

Facilitate family education through brochures and online resources. Similar to patient education sheets about diseases or medications, family education sheets that include ideas of ways to interact with patients with dementia can be useful. For example, engaging the patient in simple meal-time preparation activities can be therapeutic and help integrate the patient into a normal family routine.¹¹ Many foundations offer online resources; for example, the Alzheimer's Association (www.alz.org) provides practical communication tips, activity suggestions, ideas on how to make mealtimes easier, and suggestions for effectively structuring

the patient's day. See *Online resources for patients with dementia* for more information.

In the acute care setting

Nurses can also enhance the acute care setting for patients with dementia. Some easy applications of dementia interventions include the following:

Provide reminiscent or ambient music. Research has shown that music can be beneficial for patients with dementia.¹² Music from the patient's youth may provide relaxation by triggering memories of happy days. Consider providing CDs of music with relaxation themes.

Offer welcome kits for patients and their families. Welcome kits in hospitals aren't a novel concept. Typically patient welcome kits include such items as a toothbrush

and toothpaste and a pad of paper with a hospital logo pen. Welcome kits adapted for patients with dementia and their loved ones could also include two to three simple inexpensive items the patient can engage with at the bedside with an instruction sheet for the family. Examples include cards, poker chips, and shapes.

In the hospital setting, especially if the individual has been admitted from home, the patient may not yet have a dementia-specific diagnosis when activities are first initiated. While a determination of the severity and type of dementia would be ideal, obtaining an accurate diagnosis requires a full dementia evaluation. Once the specific type of dementia has been diagnosed, the activity would then be provided accordingly.

Create a "dementia cart" for staff to use on patient-care units.

If welcome kits tailored to patients with dementia aren't a viable option, having a "dementia cart" on the unit may be an alternative. Items to include are simple books, jigsaw puzzles with different levels of difficulty, paper and colored pencils, and simple board games with instructions on ways to engage the patient.

Use your resources wisely. Volunteers and nursing students are a great resource for engaging patients with dementia in activities. Families also have extended periods of downtime in hospitals, where often any type of education or reading that they can engage in to pass the time is greatly appreciated. Teaching families these methods not only helps clinical staff manage the patient's care throughout a stay, but also helps the family increase their own skills in caring for a loved one.¹³

Remind families that what works for a patient one day may not work for the patient tomorrow. Encourage them to have multiple options available to engage the patient as needed.

Online resources for patients with dementia

The following resources are available online for practitioners and caregivers of individuals with dementia.

- **After a Diagnosis:** <http://www.actonalz.org/sites/default/files/documents/ACT-AfterDiagnosis.pdf>. A pamphlet providing information for individuals with dementia and their loved ones to help them become more informed consumers of healthcare and understand the disease process.
- **Alzheimer's Association Virtual Library:** <http://www.alz.org/library>. The nation's largest library and resource center devoted to increasing knowledge about Alzheimer disease and related dementias. Resources located online can be checked out through an individual's local Alzheimer's Association chapter.
- **Alzheimer's Navigator:** <http://www.alzheimersnavigator.org>. A tool to help guide individuals to answers through developing personalized action plans and links to information, support, and local resources. Short surveys pertain to planning for the future, working with healthcare professionals, caregiver support, activities of daily living, home safety, and driving.
- **Community Resource Finder:** <http://www.communityresourcefinder.org>. An online source of information for housing options, care at home, medical services, and Alzheimer's Association programs and services.
- **Managing Dementia across the Continuum (Mid-to-Late Stage):** <http://www.actonalz.org/sites/default/files/documents/ACT-MidToLateStage.pdf>. Information in a care-plan format for clinicians who provide services to individuals with dementia.
- **Tools for Early Identification, Assessment, and Treatment for People with Alzheimer's disease and Dementia:** http://www.alz.org/national/documents/brochure_toolsforidassesstreat.pdf. A brochure providing multiple assessment tools for practitioners related to signs that may indicate dementia, a family questionnaire, functional activities questionnaire, initial dementia assessment of activities of daily living, and caregiver strain instrument.

Involving others in care

Dementia care for older adults has traditionally followed a medical model of interventions. Physicians and residents were the professionals who'd received training and interacted with patients who had a diagnosis of dementia, such as Alzheimer disease, which is the most common cause of dementia.¹⁴ Today, the network that supports individuals with cognitive impairment has been expanded to include nurses, students, volunteers, and family members. Intergenerational interactions and greater community involvement have also improved the quality of life for patients with dementia. More interventions focus on keeping patients with dementia in their homes for longer and enabling them to continue functioning to the best of their abilities. Keeping a patient safely in a home environment is also less costly to the healthcare system than placement in memory support centers, assisted living facilities, or long-term-care settings.¹⁵ One example is the Maximizing Independence (MIND) at Home project at the Johns Hopkins Bayview Medical Center, where in-home assessments and services are



The goal of dementia care activities is to improve participatory engagement and social interaction.

provided to extend the duration of time patients remain at home (see *How the MIND at Home project keeps patients safe at home*).

The goal of dementia care activities is to improve participatory

engagement and social interaction throughout all stages of dementia. Evidence of progress may be based on data captured during periodic assessments with a tool such as the Engagement Measure Tool, which documents activities (music, culture studies, fine motor skills, art), participation in the activity (up to one-half of the activity time, more than one-half of the activity time), type of engagement (constructive, positive), and behaviors (positive, difficult, disruptive). This tool is based on the Affect Measure used by Judge, Camp, and Orsulic-Jeras and modified slightly to include five commonly reported domains of behavior in dementia: constructive engagement, positive engagement, nonengagement, helping behavior, and difficulty with the activity.¹⁶

Limitations of dementia care interventions

Caring for patients with dementia isn't without its limitations. Not all activities of engagement can easily translate into the acute care and clinic environments; for example, intergenerational activities may be difficult to arrange in an acute care setting. Additionally, although the Montessori method can increase the length of time a patient is engaged in an activity, it may need to be adapted to different settings to maintain the patient's interest as his or her clinical status progresses. Successful outcomes can be difficult to evaluate because of the different ways the activities are applied and changes in the patient's day-to-day behavior.¹⁷

Even with these limitations, many of the dementia interventions being applied in the postacute care setting can effectively be translated to the clinic and acute care settings. Family education is key to help decrease caregivers' emotional burden. Aligning engagement techniques for patients with dementia across care

How the MIND at Home project keeps patients safe at home¹⁹

The MIND at Home project begins with an in-home assessment of 21 domains of dementia-related needs for the individual and caregiver, development of individualized care plans, and care plan support to achieve measurable goals. The program is initiated through a home visit by a multidisciplinary team consisting of a nurse, psychiatrist, and memory care coordinator. Following up at least one time per month is part of the care coordinator role.

The team assesses the patient's needs and provides counseling support to the caregiver about fall-proofing spaces within the patient's environment and medication management. A study of the project showed that patients in the MIND at Home project had a 70% retention rate in the home setting at the end of 18 months. Of those patients who weren't enrolled in the program as part of the control group, 50% had transitioned to a long-term-care facility, assisted living facility, or hospital, or were deceased. Patients who received 18 months of care coordination with home visits were able to safely stay in their homes a median of 288 extra days, or around 9.5 months over a median follow-up of approximately 2 years.

environments enables clinicians to optimize patient-centered care in all settings. ■

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Jennifer Volland is vice president of program development at National Research Corporation in Lincoln, Neb. Anna Fisher is director of education and quality at Hillcrest Health Services in Bellevue, Neb.

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

DOI-10.1097/01.NURSE.0000454951.95772.8d

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