

2015 Educateurs sans Frontières Assembly – NOTES

Date: August 11, 2015

Topic: Creating Montessori Environments ‘Changing the world of Older People including those living with dementia’

Presenter: Anne Kelly

DISCLAIMER AND COPYRIGHT NOTICE

The following are unedited notes from talks or discussions held at the 2015 AMI Educateurs sans Frontières (EsF) Assembly, Thailand, August 2015. The notes have been prepared to enable EsF participants and other interested parties to reflect on and utilise some of the idea, principles and practices discussed. The notes are not in any form suitable for professional publishing and may include spelling, grammatical and other errors. The notes may not necessarily reflect the opinions of the Association Montessori Internationale (AMI). The notes have been distributed in this form to expedite availability. The copyright for the notes is held by AMI and the original author, if specified. The notes can be distributed on condition that this disclaimer and copyright notice is included. We thank the presenters, volunteers and translators for all their work in capturing the work of the 2015 EsF Assembly in written form.

Introductory Notes:

Lizzie took the video camera.

Tomorrow is blue for the Queen’s Birthday.

Sign up for 1200 baht for all the photos on a stick drive that have been taken by the photographer in the lobby.

Anybody interested in volunteering in Thailand can meet with Bill and Christine.

So far the range of small workshops for Thursday are as follows:

Funds Development 101

How to organize a home visit with parents and educators

UNESCO

Hilary will help you know what to look for when developing a project

Executive Functions 101

Don’t feel you have to go. You can do your own reading as well.

Anne Kelly introduced:

I would like to take this opportunity to thank EsF for this opportunity to be here. I have learned so much from everyone here. I am delighted to share my work with you, and to show how you can use Montessori methods not only at the beginning of life, but also at the end of life.

I want you to set aside your work and come on a journey with me. See how I can apply what you do in the environment that I work in.

Anne read from a “Can you Imagine?” script.

I started my nursing about 30 years ago. I have worked in the dementia and older people for 27 years. The more I worked with these people. How they lose their dignity and freedom. How we had no idea what it was like to walk in their shoes. Sometimes things happened that made me think there was another way to work with them in a better way. I was always looking for the Holy Grail. About 8 years ago I came across a workshop the Montessori methods for dementia. It was Dr. Camera Camp, about half way through the penny dropped and I found the Holy Grail. At that time my personal direction changed. I have worked with organizations over the past 8 years.

SLIDE:

Bette Midler: “If you are passionate about something, then you should pick up your flag and run with it.”

I guess I am a change agent. I try to get people to put on a Montessori lens and try to impart that with the people I work with. It is relationship building what do I do? I build relationships. I have meetings with family members.

SLIDE:

For my darling wife I write to you...

Thank you for making suggestions. I don't expect some special care, but I do expect toileting. My wife needs to have enough time to evacuate properly. To be herded like animal care. Letter from husband

SLIDE: people are woken up at 5 or 6 am in the morning. Some might say I am lucky to be in room 1, but being in room 1 I am woken up at 6 am in the morning. I am old; I don't want to get woken up until 9 am. But at the other side of the day, I get a hot cup of tea at night and the rooms at 9 and 10 get cold cups of tea.

A lot of people who require feeding should be fed at a temperature that is comfortable. These are people without a voice. They are people we need to advocate for and work for.

SLIDE:

Residents spend most of their time sleeping because they're bored to death
Bedroom doors are locked
Medication is given in the middle of meals

Only 10 minutes a day have an activity. Those in aged care are not honored in society

SLIDE:

If meals are served on trays
Residents wear bibs
People stay in bibs until the next meal. There was a gentleman recently. I was sitting with a bib on. He had left side paralysis, but when I was walking through he knew I was a visitor and was trying to pull it off. He needed help, so I asked if he would like to take it off. Now that looks much better, and set it aside

SLIDE:

If language used is condescending &/or childish, or patronizing – such as – “doo boy” or “good Morning sweetheart”
Staff are focused on the task rather than the resident and their needs
Staff...

SLIDE:

Excess disability

Actual disability is the disability of associated with the disease

The actual disability that comes with the disease is quite large. They will have actual disability with problem solving, remembering names.

What is far more concerning is excess disability, which arises by the disuse of remaining abilities. They can make their own cup of tea. When moved into aged care it is easier for us to do it for them. If it takes a long time to dress, it is easier to dress them yourselves. Put in wheelchair to get to the dining room is quicker for the staff. Excess disability is not a result of the disease. It arises from the disuse of remain abilities. (Dawson, Wells, & Kline , 1985)

SLIDE:

Goal: prevention of excess disability Thank you but I can do that of myself.

SLIDE:

Please engage.

Turn into an environment where they feel they have a role to play.

SLIDE:

Montessori: a non-pharmacological intervention for dementia

Many of them are on mind-altering drugs.

Many people are over-drugged.

We need to stop that, but engage them I opportunities that honors their lives. We can't change the level of dementia, but support around dementia that honors their strengths.

What people can't maintain, it needs to be in their environment so they can access the information when needed.

They need to be helped the least and enabled to do their most.

Have to look at what people's strengths are. It is a paradigm shift of anything we have ever known in how we approach elder people.

SLIDE:

A little about dementia

For those of you never affected by dementia in some way, you will be. In a room this size there are probably 10 of you who will get dementia. 10 of you will be living with dementia. For some of you the pathological changes may have already started to occur. Some say that the brain changes 15 years before there are any signs of dementia. Did you notice that I said some of you and not me? There is a reason for that.

SLIDE:

Australia:

Access economics, 2012, an estimated 342,000 Australians live with dementia

Currently 1800 new cases of dementia

SLIDE:

Dementia

Internationally there are 33 million people living with dementia in the world

125 million are predicted by 2050

If dementia were a country ,it would be the world; 8th largest country

Appropriate interventions are needed for people living with dementia to their last chapter they can live in with meaning sense and worth.

SLIDE:

Dementia is the term used to describe the symptoms of a large group of illnesses, which cause a progressive decline in a person's functioning. It is a broad term used to describe a loss of memory intellect, rationality, social skills and physical functions.

Many years ago, a man said that if I have seen 1 person with dementia, you have seen exactly that. Every person is an individual and how he or she present with their disease depends entirely how the brain is affected.

SLIDE:

There are over 130 different cause of dementia

Alzheimer's Type of Dementia is the most common. It is a steady decline and progressive. The reality is that most dementia is mostly associated with older people. But the youngest heard about were two 10-year-old boys with HIV. The youngest person I have cared for were two women with child of 7. She did not know her child. Because of her brain disease was an unspecified and died in 18 months. A blessing for all involved. She was this young women with her whole life ahead of her, but my age and not able to know her own child.

We are now diagnosing dementia in their 30s.

That is followed by vascular dementia. The lack of blood flow to the brain. The biggest difference is that vascular dementia progressive in a stepwise fashion, not the steady decline in Alzheimer's. I have worked with a woman who has cared for her husband for 23 years.

Lewy Body Disease – Parkinson's disease. It is now following under this. It covers Parkinson's with and without dementia. That is one major change in dementia work.

Frontal-temporal lobe Dementia. Is one of the only type of dementia where memory loss is not the first type of dementia. What is exhibited is changes in social behavior. Often people with this are diagnosed with mental health problem first. Over time the diagnose will change. Often these people are sexually promiscuous. They will behave in ways out of their cultural habits. Hard for many family members because of the front-lobe disease.

When I am talking to students, we talk about the frontal lobe putting limits on our behavior. If we don't say things, even if we want to say things, your front lobe stops the words. When people have frontal-temporal dementia is where the palace guards have gone to permanent sleep. So they say and do things that many people will be upset about.

The frontal lobe is our initiator of movement. It explains why many with dementia will just sit, and sit, and sit. People will often say, "Why do they behave that way?" They don't do things to give us a bad hair day. They don't understand that they can't help it.

Rule out causes.

SLIDE:

An easy way to understand the progression of dementia

EARLY Middle and Late

There are 7 stages of dementia a global deterioration stages in 5 steps. The early diagnosed the slower the progression through the stages as a rule of thumb. Some is hereditary, but it is actually extremely rare.

The reality is if we all live long enough, we all will get dementia. I have cared 7-member family. 6 of them had dementia. The one brother did not know if he would get it or not.

The ones who have hereditary, are diagnosed at a young age in general. The daughter was on the hip of the one diagnosed. Here she is knowing the future of her daughter.

SLIDE:

Anosognosia: A-no; Noso-illness; gnosis – knowledge
Paradox of dementia - they don't know that they don't know

SLIDE:

The more impaired the individual, the more likely the environment accounts for their behavior.

VIDEO CLIP: in a poor care environment where a person is really more in a lunatic asylum than an aged care place.

I see these type of behaviors everyday, where they have not been respected

SLIDE:

Christine Brighton - Dancing with Dementia. The second Who will I be when I die?

Because we are getting more public awareness we are getting some changes in attitudes.

Margaret Thatcher, Winston Churchill, Robin Williams – diagnosed with Lewy Body Dementia and many people over the years. Often when it someone we all know, it helps the cause.

Another person says... Alzheimer's is worse than any war camp I was in. Soon, I may not remember who I am.

John Campbell, the man who wrote, "Rhinestone Campbell" - wrote a song about Alzheimer's disease 'I'm Not Going to Miss You'. It was nominated for an Oscar and won a Grammy for best country song.

Glen Campbell is now living in a fulltime care in American. He has now advanced to not know his family. His story and the story of so many other people is how we become aware for how to care for them in the future.

SLIDE:

Creating Montessori Environments embraces research from diverse disciplines

Dr. Maria Montessori

Cr. Cameron Camp – recognized that the same principles could be adopted and adapted to dementia care; it has become the framework for quality dementia care

Research from multiple disciplines – physical therapy, occupational work – multiple areas to provide support

Sr. Michelle Bourgeois – visual cueing of people; memory books so they can keep in touch with who they are to staying touch with their families.

Research & Experience from those who have put MMD into practice over many years – Gail Elliot, Jennifer Brush, Anne Kelly

SLIDE:

IT has been interesting to hear you say to the child, the child, the child. But a replace that with the person, the person, the person. They have the need to be cared for as well.

Montessori philosophy (vision) makes a perfect mission statement for dementia care:

'To enable individuals to be as independent as possible, to have a meaningful place in their community, to have high self-esteem, and to have the change to make choices and meaningful contributions to their community.

SLIDE:

Dr. Montessori's fundamental belief:

The Prepared Environment provides opportunities for social roles, expression, supports, and interpersonal connections and social abilities that promote social confidence and an atmosphere of both caring and being cared about.

The Prepared Environment also provides the materials * support required that can e used to maintain or enhance abilities self-confidence and independence.

We have seen amazing changes by working with people. If you don't work with them they will fail far quicker. We have seen some improve their cognitive abilities. Pushing their brains to work and making them use their cognitive abilities.

SLIDE:

The HOW is in the WOW

Who?

What do you know about his person's biographical narrative important (needs, interests, skills, and abilities – past and present)

Observations?:

Why the behavior/

When are they happy, sad? Can they find their room, toilet?" What do they need help with are there responsive behaviors?

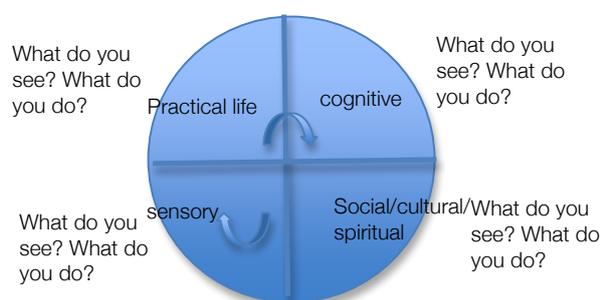
WHAT?:

What are you going to do/

Activities

Roles and routines

Cognitive supports & cueing



A lot of staff will see and do nothing. They have a toxic attitude and think that people with dementia can't learn. If you work from the idea that all people can learn, then it becomes the question of what do you want to teach them.

SLIDE:

One woman is inline skating, the other doing a full leg stretch on the side of a sign.

IF someone has a nice smile it is a strengths.

There was a man in a place who could stand and greet people at the dining area. He welcomed people over 80 times. That was his strength. We need to look at what they can do.

SLIDE:

Never Forget!

Behind the impairment is a person with a past, a present, and a future. TOMORROW?

A week ago Andres was talking about freedom, respect, and solidarity. Many the people I work with are locked in. they don't have freedom. Sometimes it is for their own safety. Sometimes it is just because people think that it is the way it should be. I have been working that over the last week, so freedom may be in an environment they have no control over, but we can provide the Prepared Environment that allows them to make choices, their wishes are respected and to go into their reality, which is not necessary our reality.

But the power of the staff they have in their hands. There are probably teachers around to who forget the power they have in their hands. In aged care I remind them that they hold the future for the elderly people they provide care for. It is a huge responsibility.

SLIDE:

Gladys Wilson. Naomi File. A technique called Validation Therapy. It is a technique used in dementia.

VIDEO CLIP: Naomi File working with Gladys Wilson who has Alzheimer's disease. The goal is to have the right connection. Many just give up and don't try to work with people. It does matter.

Gladys has the need to express themselves, so they go through repetitive motion. If you gently use touch at the side of the cheek. Every cell will remember where they were touched by the mother. They don't want to talk, but there is a communication and the person is no longer alone. "Can you be with me and Jesus for a moment?" I used music and her old church songs. Her repetitive motion matched her singing of "Yes Jesus loves me." I matched my voice to the intensity of her movements. I matched the intensity of her person. "Can you open your eyes now?" Singing "He's got the whole world in his hands." She was able to respond back "IN his hands." The breakthrough does not happen each time, but if you really mirror their movements, maybe not this time, but the next time you will have a communication.

A perfect example of why we cannot give up on people. I have lots of examples like that of what people with dementia can do.

One of the stories as a man I had helped for many years. I moved on. The wife fed her husband every day. Out of the blue one night, the daughter-in-law, saying did I remember her? Why are you ringing me? I have moved three times since then. My mom and dad really respected your and my family needs your help. The mother-in-law was diagnosed with esophageal cancer. She was so concerned about who would feed him and take care for him. Tell her and reassure her that we will take over the role and take care of him.

As time had it she passed away as expected. Is saw the director of nursing at the funeral. I was asked if he should be told that is wife passed away. They should always have the right to be told. The family does not want to, but you need to respect the family if they don't want to do that. I got a phone call from the nurse who said, "I think he knows." I would deny every saying this to you, but go in close the door and don't tell anybody that you did it." She's ringing your back because I need to debrief. You will never guess what happened. I went in, closed the door, and took his hand, I told him. Guess what he did. He cried. He passed away about 3 days later. Together again, a really nice ending. It is about always knowing that in there is a person. The honoring, and love needs to be there for even after the last breath.

Which leads me to another story. In aged care you go into the laundry until all the residents are gathered together at lunch or dinner so no one sees the body going out. A woman who talks about the mortuary trolley and the squeak of the wheels. They hear it though, and then next day they look at the chairs to see who did not show up for meal the next day.

Over the years there was a place where a friend of mine was working. Had my first death and asked where she was? In the laundry. That is where we put all the bodies until the funeral director shows up to take the body. This is not right at all. When move in they come in the front door. They deserve to go out the front door.

Next time, they people can stay in their room and they can leave the same way they came into the facility will leave the same way. She announced that someone could join her for his or her final journey. But no one joined for 4 times. The fifth time a j now they have a guard of honor respecting the person who has passed. We need to honor them in death as well. So there you go. It is about the overall attitude. The good farewell has flowed over to other homes now.

Some now do a square for a quilt. The body is draped over the body when going out. The square had something about the person that they knew in their community. It is about honoring people who receive care.

I am going to break there. I am going to start another section on memory.

After Break for Tea

IT is the miracles, which are amazing. I do want to spend a little time talking about memory.

SLIDE:

We have two types of long-term memory

Declarative Memory (Explicit): facts, events, world knowledge, and vocabulary

Procedural Memory (Implicit): skills habits, simple classical conditions (unconscious), priming (unconscious) formed in childhood.

Memories for this seem to be retained well into the course of dementia. It is strength. It is sad to not have a test for the procedural.

Based on Larry Squire (1994) at the University of California

In dementia the patients have this impairment or they would not be diagnosed with dementia.

Most of the scales we use is the use of declarative memory. There is KICA for indigenous. It actually has a little bit of procedural memory testing in it.

SLIDE:

The Prepared Environment: declarative Memory needs to be supported

Declarative: personal history; facts; practical life & activity details (for example - task break down to go to the toilet); finding things & my way; sequencing placing things in order (labeling is very important for helping to find things) (see through cupboards and see through refrigerators in US) don't need labels any more. Australia is not there yet. We now have mini-bar fridges because I see that the mini-bar fridges could be used in the hotel rooms.

SLIDE:

Examples of what I am talking about Prepared Environment for memory loss: The microwave has the task on how to use it to prepare his food at home.

SLIDE:

Put out a cordial, the staff had to fill it up three times. The sign says Please have a drink. For the first time the residents can get a drink for themselves for the first time.

Saw 10 people locked in because if all got out of their rooms at the same time, there would not be enough space for all of them to sit down. First thing we did was unlock the doors where the front door was already locked.

There was a lady on the third floor in locked unit. She had always been fed and given what she needed. The door is now unlocked, she now goes down the lift and gets herself a cup of coffee and about 8 biscuits at a time. The last time I was there she glanced over and saw another lady in a chair. She asked that person, "Can I make you a cup of coffee?" that is the point. They can care for others too. If you expect children to do something, they will actually do it. If you allow them to have choice and dignity, this is what you get.

Being able to be independent for what we eat and what we drink. Enable people to get drink when you need a drink.

SLIDE:

Labels for the types of food. So they can ask for two scoops of mashed potato.

They often have loss, after loss, after loss. We take a little self-esteem every time they fail. It is so important to allow for self-independence.

Some need a sign up for a long time, some won't. Just like children, they are all different.

You only use the signage for specific people where it is required.

SLIDE:

Picture of "Please polish cutlery"

Not just about classroom training. The knowledge needs to be transferred to the work environment. The last training I asked if any one took back the knowledge and changed somebodies life.

I thought of Jack. He had been a resident for only a short while. He pees everywhere. If he is walking down the corridor he will walk up to the potted plant and pee.

Also the question about the behavior. I always ask about the "Why?" I realized that there was not one toilet sign bigger than a couple of millimeters. None could be seen by him.

I made signs with arrows and put them everyone. I can now say that he has not wet himself or peed inappropriately since I put up the signs

SLIDE:

Orientation Boards are very important.

Today Is:

Coming Event:

Example of the elderly group coming down for Friday happy hour every day in a row. Now they put the signs where they can see them. They put them in the lift.

SLIDE:

Put out baskets that allow self-initiated work. Example of Please Roll Bandages. And Rolled Bandages

SLIDE:

Task Breakdown for Dressing

You can get elderly standing with their underwear like a modern day superman because they put things on in the wrong order.

In a Montessori world we ask how we can enable the right order.

SLIDE:

Task Breakdown on how to go to the toilet
 Instructions for going to the toilet
 Can be posted on back of toilet door or on wall)
 Pull down my pants
 Grab handrails and sit down
 Do my business
 Wipe with paper
 Flush
 Pull up pants
 Wash my hands with soap and water
 Dry my hands on towel.

Remember they can't remember that they don't remember. So we say we put it up for others, when they try to deny they need the help.

Adele: for those who can't read anymore. We have to assess to decide if they are able to read still. We use a combination of pictures and words. For some we use a recording of how to work with them.

SLIDE:

Research Says:
 When we use external memory aids, and prompts, person, with dementia:
 Display an increased level of engagement with their environment
 Spend less time sleeping and
 Use an enhanced level of communication
 (Bourgeois, 1990; Judge, ...

SLIDE:

Procedural memory covers our
 Habits and skills,
 Simple
 Classical conditioning...

SLIDE:

Slide of a person whitening out the computer screen.

They may forget what to clean their teeth with, but not the idea of cleaning the teeth. They may use the hand towel, the hairbrush, the skill is still there. The declarative memory is what is missing. I would use a sign that says, please clean your teeth with pictures if necessary.

SLIDE: environmental cueing takes many forms – use procedural memory to support verbal messages

The person on the left is the patient; the person on the right is the worker. She wears her pajamas at night so that their procedural memory is supported that night in pajamas means night.

The staff could say in a uniform that you need to go to bed it is two in the morning. But the person is dressed as if it is daytime. They want to be dressed too.

You can have procedural memory work for you.

SLIDE:

Procedural Memory: Skills (Overly learned to various levels of competence.)

Men in dementia lose the understanding of how far away to stand from the toilet. But the reality is that most boys learn in the 2-5, learn to pee standing up. When they get to 70 to 80 and have dementia they lose the declarative memory of how far back to stand when going to the loo. So what we do is use a template on the floor with feet. This tells them where to stand.

SLIDE:

Repetitive Priming

In other words the person gets better with practice

Even if the person does not remember having learned the information, task or behavior

They will get better at doing something; even if they don't remember have learned the time before. One of the amazing things in dementia!

VIDEO CLIP: a woman who we decided could change the orientation board everyday. If you want somebody to learn something, give them 10 to 15 times to do it. I had a staff member call me and say it was not working. It was not enough repetition yet, just like with a child that might take more time. There were a lot of steps involved. It took her 40 days later. In the 5 years she learned that task, she is much frailer, but to this day she can still change and does change the board every day. That is a miracle. This is the magic that we do.

Margaret also learned how to go to the office by herself. She can no longer do that because of her dementia, but still the change board.

SLIDE:

Classical Conditioning

Aristotle would have called CC the law of contiguity, which states that: "When two things occur together, the appearance of one will bring the other to mind." In other word: when one...

SLIDE:

Another Example:

By playing the same song every day before meals...

Residents will round each other up and make their way to the dining room on their own. It will take 10 to 15 times. You could use a bell ringer for when meals are set out.

SLIDE"

Reading

SLIDE:

Prepared Environment Roles

Enable people to have social roles, interpersonal connections and meaningful activity as part of their daily routine

SLIDE:

People are limited by the imagination. Showed a list of roles people can do.

SLIDE:

The staff are into "what is in it for me?" the actual fact is you can save some time by having the residents do what they can. Residents can make their own beds and the staff members don't have to do it.

VIDEO CLIP: residents making 3 or 4 beds. The two women work together and support each other to get the bed made. It does not matter that it is not perfect. It fills their day.

SLIDE:

This fellow use to be a commercial cleaner. He cleans all the chairs and tables and then works on the windows. When done inside he goes outside. His world has changed

SLIDE:

An accountant that knocked out a staff member. He wanted to go out, but could not do that. He now has a calculator and does the books and all the return addresses.

SLDIE: the lady gives out the linen for bed changes.

SLIDE" walking frame on her walker Esther's Cue Cards; Esther It is time to set your table for dining room. Thank you. Please collect the morning tea form the kitchen

SLIDE:

This gentleman live on the third floor of the facility I go to. Collecting the newspapers. use the lift. Press G to go down Lift Press 1 to go up. He no longer wants to leave the home.

SLIDE:

Gladys Wilson gives massages to someone. They get 10 minutes and a nice hand massage at the same time.

SLIDE:

Jean's Shop – one of the unexpected perks is an increase in donations. They are so grateful for the things that they see. We set up a shop for a woman who had lost her will to live. She would rather die. She had grown up with a child whose parents owned the corner store. So we converted a cleaners' cupboard to have a shop.

SLIDE:

This is Lil. She has a template for what things cost. Yellow was worth a dollar, etc. She opens the shop for an hour now. It is not set up to make money. We just set it up to get this woman out of bed everyday. She has no idea who her family is any more. In the memory support unit she does Montessori activities. She works on what the dollar coin looks like. She has to maintain her knowledge because when she grew up she was using pounds and shillings. So those activities are important for her to run the shop.

VIDEO CLIP: Lil selling items in the shop.

Everything in that shop will be one of those prices. The reason is to give the woman a reason to get about of bed everyday. We are not trying to make money.

SLIDE:

Every day holds the possibility of a miracle. It is such a low level, means you can really raise the bar. A young woman in Canada stated: unless you see it, you don't believe it.

SLIDE:

Prepared Environment – Activities

Enable people to have meaningful activities for enjoyment, independent..

SLDIE:

Category Sorting Activities

SLIDE:

Lady who use to intrude into other people's rooms. She would happily matching items to a template.

SLIDE:

Crosswords made up for family members names.

SLIDE:

Nancy. Activities .she had her own folder for incident reports. She would get very angry so kept in her bed a lot. Staff told mw that you could do nothing for Nancy. I said you always could. What is going to help her? She was a gynecological nursing professor. Had taught in university around the world. She had worked on sexual health. Dementia was the worst thing ever. She felt she had to protect herself from failing and stay in bed, no failure. I found this out about her. The old nurses knew how to roll bandages. The students sat there and got the cross-armed look and eye roll. The young students were off to get children and husbands from work.

On the second day of the course, of course they kids did not want to be picked up, they wanted to see me fail with Nancy. It was about teatime and her hair was disheveled. I looked at her and said, "Nancy, I need your help." It was the first time to be asked to help. She almost grew 2 inches. I am almost done with my shift, I have not rolled my bandages.

Now I have a very soft spot for Nancy because I have these 13 negative Nellies. Her anxiety would go up, as she could not get it done. The nurses were in the background shaking their heads that they were right. In my head I am saying, "Come on Nancy, you can do it!" On the sixth time, she rolled it once, and then she rolled it twice.

VIDEO CLIP:

Look for the aggression. She is rolling bandages. Everything needed for her success is in front of her. Then she is folding the "face washers." And I want to keep being helpful; it suits me. She had a different life because someone looked through a different lens.

This many packs 4-dozen artificial eggs into egg cartons.

SLIDE:

she loves children. So she folds baby's clothes. It is easy to fold fro them. It allows for memory cascades for their children

SLIDE:

Sometimes we do activities to enable them to maintain independence. He is loosing the ability to feed himself due to a tremor. It helps him maintain independence as long as possible. The set up was a little set up for failure. Need to have a way so the sorting items were not going to fall on the floor.

SLIDE:

A lady who learned to fill sugar bowls. She got to the stage which she could use a canister and a scoop.

SLIDE:

Tren – Montessori activities to teach things that are important. Fellow who learned to feed himself again he was a full feed. Look at the difference in self-esteem when people are doing it for themselves. He was not able to do that the rest of his life, but was feeding himself up to one week before he died.

VIDEO CLIP: What do you see when you look at me?

SLIDE:

Everyone residency places would not come out of her room. She was Italian and loved to cook. Who is the person behind the dementia. How can we change her life. So now every day she cooks for a staff member. As long as it is an Italian ingredients. They have had to put a roster in place for the staff because they all want one of her meals.

SLIDE:

Cognitive stimulation – pushing the brain to work. We did Monty's Math Master with an accountant.

Slide:

" for people to continue to have a role outside of the communities is really important. This resident goes to a kindly every week for an hour. They will read and do jigsaw puzzles with them. This particular lady will talk about the children at the orphanage. Ask who she is? She will say they don't know who the lady is, but she work at the orphanage. It does not matter that is the school in her world. She thinks that children that little should not live by themselves, when it is actually a classroom. The only way she can justify that the children are by themselves, is to say they are orphans.

SLIDE"

Another intergenerational is a program with troubled past youth. In an effort to give him a sense of achievement and build his self-esteem is to work for one-hour very day with Theo. They painted a bicycle together. Theo would then spend the rest of the afternoon rubbing down the bike. Notice the man's facial expressions to how he looks from the beginning to the end. It is amazing how self-esteem can change how people appear.

SLIDE:

Work stations Y interactive wall space teh are areas her residents/clients can find interesting, fun and /or meaningful activities things to do, e.g. of folding tea towel., paring socks, sorting or stacking good or reading or polishing shoes. Please fold the towels. How we stop people from intruding into other peoples; rooms banging on doors, calling out. Can't do something meaningful and still banging on doors.

SLIDE:

Please Polish Cutlery

Please Polish Shoes

SLIDE:

Interactive wall space. A German woman who is matching the animals to the names. The CEO designed this wall space.

SLDIE:

Australian map, for lady who had visited Australian on caravans. Opened up memory cascades.

SLIDE:

The picture on the wall needs triggers. So the questions were put to the side.

SLDIE:

Naughts and crosses on the way to the lounge room. Does not take much time but can change somebody's life

SLDIE":

Dress up area

SLIDE:

Put on hats and scarves, with signs that say, "Please help yourself."

SLIDE:

Dolls have played an important role so that they can nurture. Especially important for the men.
Child representational therapy.

Two rules, am I doing any harm? And what is the outcome for the person.

SLDI:

flower arranging

Every day do a new vase of flowers. The vases ones on the top shelf are china, glass. They have not broken one of these. I fight to keep china in the environment. They go to the nursing home plastic because they have dementia.

SLIDE:

Interactive wall space made out of a magnetic board.

SLIDE:

Flower arranging magnets on the background vase in the background.

SLDIE:

“Life is given meaning by what we do.” Many places offer good service, but do they offer good life? The homes get their funding by offering good service, but in order to offer life, they have to dispose of what they knew, and what they thought they knew about dementia.

We need to assess how we look at them and diagnose them.

SLIDE:

we are what we do: small actions x lots of people --- big change.

SLIDE:

How will we do this?

One step at a time! Just take one step at a time that's really all you can do....

Don't say that you are just a carer. Keep the “m” word on your lips to keep lives changing.

SLIDE:

We also have the change in the lives of some staff members.

VIDEO CLIP:

Katie's story. We are doing digital stories on staff and residents. The first thing a new staff member must do is watch the 30 min digital story. Who is the person behind the dementia?

SLIDE:

Creating Montessori Environment Training

Accredited course

0066NAT Course in Developing Montessori environment for aged care

Two day workshop – first day providing the theory of ‘why’ – second day provides the “how”

Assessment tasks – transferring of knowledge and skill from classroom into work environment

Please like us on Facebook Montessori for dementia and ageing

We are having our second Montessori Aged Support Services 2015 Conference

We are talking about a revolution

Who knows, maybe somebody would like a trip down under and learn more about environments in aged care.

SLIDE:

Current use of Montessori in dementia care

Results of research shows the benefits as follows:

Enhanced function

Increased display of pleasure (smiling, laughing)

Enhanced conversation abilities

Decreased disruptive behaviors (wandering, repetitive questioning)

Decreased 'non-engagement behaviors' (sleeping)

Decreased self engagement behaviors

Improved family member, visitor satisfaction, and decreased family member's sense of frustration.

Two stories:

One story was a wife that was having a difficulty with eating. The husband would come every day to feed her. The nurses did not want her to do it because they said he needs to do it himself. What does the gentleman do if he is not feeding his wife. They said, oh, nothing." If he does not come in at meal times he can contribute to her care. I introduced myself and said did you know that your wife can still feed himself. I showed him some activities to do with her. You can do that every day when you visit. It will help her to feed herself again properly. Now he goes at a different time to visit. Now when I see him, he says, this is helping her to keep feeding herself you know.

Corporate man getting off the tram to visit his mother. \$600 suit and briefcase and mother with advanced dementia. He asked questions, All of them answered that she had not done anything that the man asked her about. I watched for a couple of visits, then I gathered the staff around and pointed out that the last memory of his mother would be to not know what she had for lunch. The next time he was there I took him aside and talked to him about how uncomfortable he is visiting his mum. I come because I am so guilty. She can't tell me anything. We have two grandchildren at home that don't visit anymore. I want to talk to you because I need your help. He said he could not help with anything. I said I wanted to start a Montessori reading circle. Did you know your mum can still read. You know what else she can do, she can tell stories about the round of the cattle to go to market. He had know idea. When you come to visit your mum you could start a reading group with your mum. I said I would help him. Four or five residents would attend. He would run it and he would hear the stories. Now when she dies that will be the final memory of his mum. If we can make differences of people's lives, then that is why we are here. Not matter what field we work in.

SLIDE:

Montessori environment improved relationships between staff and residents/ clients

Better living

SLIDE

We have made a new DVD video in Australia. I will show you that video to end my time with you. It is available on YouTube.

Montessori ageing support services.

Support and learning for life

SLIDE:

If there is no passion in our work, then have you really given? Find your passion, whatever it maybe, become it and let...

Q and A:

Kathleen: question to you and Adele about cognitive impairment related to trauma. We have actually used some of the same concepts to get some of the procedural memory triggered a little bit.

A: trauma is not my area. I have worked with TBI; it is permanent and does not repair itself. We know that a person in dementia who has had a trauma in the past, it will often come out. It is very distressing and needs to be dealt with.

Adele; There are so many similarities to a lot of what you are talking about. Not just for trauma, but also for the mentally ill. It is important to treat everybody with respect. With trauma you have the amygdala screaming like a fire alarm. It is so loud you can't think. That is what is going on in their head. You can use language to calm it down. It won't make it right but make it understandable.

Adele: one thing that I wanted to ask you. The way to do different things. Learn from the different things we have done. The young place setting for the A to I is something that would help them set the table. The mirroring of the tapping by the woman. The example of a baby with a mobile attached to their mobile. In the circus world, there were different abilities in juggling. As you are trying to learn to juggle, you need to do the juggling plane horizontally. People with autism can now do it by learning first how to juggle horizontal.

Ellen winters years ago showed that just taking care of a plant can make a huge difference in the individuals life.

The last thing is to have an animal in the facility would also help the community. Having a dog or some animal would be lovely.

A: rabbits will sit for ages without hopping away.

Q: will you tell us anything about prevention?

A: the most valuable thing is Use it or loose it. IF you speak more than one language you decrease risk of dementia by a lot. If you speak 5 languages, really decreases it. If you do ballroom dance it is a 75% decrease in dementia.

Q: other types of dementia other than Alzheimer's?

A: there are some others, but memory problems is a sign. The difference between somebody with normal benign senescence compared to a person who can't find your car keys, when you find them you know what they are. The best advice is to go and seek help from people who know more about it than me or you, probably.

I think we have really come to a stage in society where people will talk about these things. Now we can talk about memory problems and not hide them in the back room. Now we can get assistance and help early. The staff who work in aged care have the understanding of the brain. Without depth of knowledge we don't do what we should do when we serve.

Susan: the idea that a non0midnful movement can have impacts on the body. Also the one about dementia with circulation? Does mindless walking have an affect on dementia.

A: 20 minutes for 3 times a week, you have a reduced risk for dementia. One of the good thing about research in this area is the drug companies are investing millions because the one who finds the miracle drug will make millions. We have yet to see any drug that make any significant impact on the patient.

Not so much on cognitive function, but some in the ability to wash and dress themselves they will have some benefit for some people 30% of them. so you try and hope you are one of them.

I think that Alzheimer' vascular dementia. As research is going on, the importance of exercise and it is all linked together. So far it is separated as two types, but like Lewy's bodies and Parkinson's' will be like the vascular and Alzheimer's because they are so closely linked/

Q: so many people in your video are women?

A: there is some of the research that women have more. The men give up their bag and go early. Men don't try as much. Many aged care facilities are full of women. In the videos it was just the mix of people. Then I was in one recently that was full of 13 men. Then the activities have to have a male focus to be more meaningful for that group of people.

Adele: women just live longer than men. Some research shows women have more to protect, but the live longer.

Q: what about outdoor activities.

A: there were not a lot of outdoor, but we set up outside like inside. We ask them to please come out to the garden. Have raking leaves, potting stations, etc.

Q: does the self-sufficiency decrease the number of staffing?

A: they are already very low in staffing. There are times when I won't go help until they get the basic living situation staffed right. Once they are staffing properly, sometimes they can play chess with a resident instead of running around trying to dress people. One woman said she could not find anything to work in her place. I challenged to find something that a resident might do for you to make your life easier.

I am now best friends. You saved me an hour a day because I have a resident who will fill up the water for me, I can now sit with residents and talk to them.

Q: I am still thinking about prevention.

A: there is a lot of information out there for risk factors. Being alone or lack of social contact is a risk factor. Quite a lot of prevention and their research. I can provide you with those links or a way to access it.

Adele: I am really keen to share your slides. But I would really like you to write up your talk, because I can't replicate it and what to share with the people I am doing research with. Mindless aerobics doesn't help. But not that hard to add a little bit of cognitive work as well. Not that hard to add something in.

Response: there is a lady in Greece, who work with mild impairment. With people with mild frontal-lobe dementia. You can research to teach and how to connect people in groups – she has 6 groups. Reading/writing. Visual/spatial, music etc. I have this somewhere. In her research attending 2 times a week had the most benefit. Not more is better. Lots of research going on because they are starting to worry.

Christine: he said learn another language. It is good to work longer, so I signed up for another 10 years. Also being social. But also luminosity. If you go to a group and have your computers and a brain exercise with the GROUP to do the exercise. Better to go into a group of people to do anything.

Victoria: one small example to promote dance. Purposeful movement is something we all need. A man I know whose parents were in a dance group. They had 16 measures to learn. It is a lot of dance movements, 2 times a week they would do this. Every 2 weeks they would get a new set of movement. All the people were in their 70s to 90s.

Lynne:

Thank you so much. Time for a tea break. Then let's come back to talk amongst ourselves.