

Montessori-Based Activities

**A Guide for Using Therapeutic
Engagement to Enhance Function for
Individuals with Dementia**



Preface

This manual was produced under a demonstration grant funded by the Administration on Aging and the DC Office on Aging that was designed to introduce Montessori-based programming, traditionally used for toddlers and youth, to the adult day care setting for persons with Alzheimer's disease and related disorders. The Montessori approach to working with seniors with Alzheimer's and related dementia is founded on principles that respect the senior's dignity, focus on retaining, rather than improving, skills and functioning, and provide meaningful and engaging activities geared to the strengths of the specific individual.

For the past 14 years, the DC Office on Aging has participated in the federal government's Alzheimer's Disease and Related Disorders Demonstration Grants program to develop innovative services for those who suffer from and care for individuals with this devastating disease. The DC Office on Aging serves seniors throughout the city through its Senior Service Network of 25 non-profit agencies that provide comprehensive case management, nutrition, health promotion, adult day care, caregiver, housing, transportation, and employment services.

Home Care Partners, a Senior Service Network agency, contracted with a Montessori consultant to develop and carry out the Montessori-based program at four adult day centers: the IONA Adult Day Health Center, Center Care Adult Day Treatment, Downtown Cluster Geriatric Day Center, and Zion Baptist/Genevieve Johnson Senior Day Care Program. This demonstration project worked with only a fraction of the 10,000 individuals in Washington, DC who have Alzheimer's disease. However, two thirds of those 10,000 are being cared for by family or friends at home or in a non-institutional setting. Thus, the potential impact of the project's results for improving the quality of life for those with Alzheimer's and those who care for them is significant.



This publication is posthumously dedicated to Karyn Barquin
who devoted herself to improving the lives of elders in
Washington, DC.



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Special thanks to **Karen Love**, Montessori project consultant and principal author of the manual whose dedication and enthusiasm were key to the project's success.

Artwork on the Cover – This vibrant watercolor is the contribution of Mary Mallory, a participant at the IONA Adult Day Health Center, and a testament to the vitality that remains within individuals that have dementia.

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Introduction

Although Maria Montessori (1870 – 1952) is famed for being the first woman in Italy to graduate from medical school, she is best known for her innovative work in early childhood education. She believed that children could rise to their highest potential when provided the freedom to work on tasks at their own speed and with activities that interested them. Dr. Montessori emphasized the 'positive,' focusing on elements children could successfully manage rather than on what they could not do. For example, instead of saying "do not run," she would say "please walk."

Physically, a Montessori classroom looks very different from a traditional one. Small tables fill the center of the classroom instead of rows of desks, although students may choose instead to work on the floor. Floor and table mats are used to designate their workspace. Once a mat is in place, the students know that space is taken. Low bookshelves line many of the walls of the classroom and are filled with trays or boxes. Each tray or box contains all the materials needed for an individual activity. For example, learning to count can be achieved through working with activities such as an abacus, beads, beans, or other 'manipulatives' that teach counting and math concepts.

Dr. Montessori's groundbreaking approach was not only remarkable for its success in education, but also because of the highly disadvantaged population she worked with -- children living in the poor tenements of Rome. Unlike some of the counterparts of her day, she treated her students with dignity and respect, and by applying her guiding principles, these 'forgotten children' of Rome's tenements not only became educated but also developed

self-esteem and accomplishment they otherwise would not have likely developed.

Montessori's guiding principles promote "*helping me do it myself*" by:

- Teaching little and observing much; and
- Respecting and fostering the liberty of each individual

While the original Montessori principles were used with young children, they are universally applicable, particularly to older adults with physical disabilities and memory impairment. This manual has been developed to help you learn how to adapt Montessori's guiding principles for the purpose of '*helping individuals with dementia help themselves*' and in the process **help them shine through their dementia**. The Montessori-based activities (MBA) approach works equally well with participants in all sectors of long-term care including adult day care, assisted living, and nursing homes.

Dementia

Alzheimer's disease and other related dementias involve a progressive and irreversible loss of abilities such as memory, thinking and judgment. However, individuals with dementia do retain interests, capabilities, and needs at all stages of the illness. The challenge is to discover their changing interests, capabilities and needs while their physical and cognitive decline so that they can remain engaged and stimulated with meaningful activities. Engagement and stimulation are important to maintain and retain a person ability to provide self-care, such as eating, brushing teeth, dressing, buttoning shirts and sweaters, etc. as long as possible. Positive and stimulating engagement can also boost mood and function, reduce boredom, frustration, anxiety and agitation, and improve sleep at night.

There are a number of symptoms of Alzheimer's disease and related dementias that are commonly experienced. A review of these symptoms will help frame areas that will need special attention for engaging individuals with dementia:

- Memory loss;
- Impaired abstract thinking;
- Decreased problem-solving ability;
- Poor judgment;
- Confusion;
- Language disturbances;
- Impaired purposeful movement;
- Loss of impulse control;
- Decreased coping ability;
- Personality and behavioral disturbances; and
- Lack of initiative.

Effectively stimulating and engaging individuals with dementia can be a challenge. The following story illustrates finding the positive or negative in experiences.

Once upon a time there was an international shoe company. The president of the shoe company wanted to increase business. He sent his top two salesmen to the outbacks of Australia since this was an untapped shoe market.

Salesman #1 arrives in Australia and calls the company to say that he is returning home on the next plane because the natives are not wearing shoes. Salesman #2 arrives and calls the company to ask them to send thousands of pairs of shoes in all sizes because the natives aren't wearing any.

Salesman #1 saw only problems and barriers while salesman #2 saw opportunities and possibilities. MBA provides an excellent pathway to create 'opportunities' that provide therapeutic engagement and stimulation for individuals with dementia as well as making the effort fun for the caregiver.

Age-Related Considerations

It is important to not only understand how dementia impacts an individual's ability to function, but also how age-related changes can affect a person as well. Decreased vision and hearing are common age-related changes -- both of which begin to diminish by age 40. By the time someone is in their 70's and 80's, their vision and hearing generally have decreased to the point that accommodations need to be made to ensure that they can see an activity and hear conversations.

Caregivers need to use strong communication skills. Human brains unconsciously use all of a speaker's facial expressions and body movements to help decode communication. Only **seven percent** of communication is actually delivered through words. The majority of communication is delivered through facial expressions, body movement, and the volume and pitch of vocal tone.

Imagine someone with diminished hearing and vision sitting in a room with other people and noises (such as in an adult day center). Someone approaches them from behind and begins to speak. Not only will they have difficulty hearing, but they will not have any visual cues to help decode what is being said. It is important to be face-to-face at the listener's eye level and speak slowly and clearly enough to be understood.

Diminished vision may make it difficult for an older person to see items placed on a table top. The MBA approach recommends placing a dysom mat (rubberized matting often used to line kitchen cabinet shelves) or a solid color rubberized placemat in front of the participant. This helps define the participant's work space and makes items placed on top of the mat more visible and easier to pick up. Activity items need to be large and distinct enough to be easily seen. Small items can be difficult to see and pick up, especially if the participant has arthritic hands.

Benefits

There are many benefits of using MBA. It is a simple and inexpensive system to implement and use. MBA is therapeutic through the promotion of health and fitness and the opportunity for the participant to function at their highest possible level. Additionally, MBA can help reduce agitated and restless participant behaviors.

First it is necessary to learn and understand an individual's strengths and capabilities. Knowing this information is critical in choosing appropriate activities and maximizing success. Caregivers need to become knowledgeable about the interests, preferences and needs of the individuals they are working with. This simple step reframes how caregivers view an individual's capacity. Instead of focusing on what a person can not do, such as remember what they ate for breakfast or play Scrabble, a caregiver should focus on the 'positive' capabilities of an individual such as the ability to sort poker chips and put together simple puzzles.

Measuring Success

How will you know if you are successfully engaging someone? Simple—by the smiles, laughter, happy chatter, and look of contentment on a participant's face. Since language disturbances and impaired thinking are hallmarks of dementia, a participant may not be able to verbalize their interest or enjoyment. Nonverbal indicators such as smiles and laughter are often the better measures of success. For participants who are significantly memory-impaired, success may be measured by a single smile or nonsensical verbalizations.

Success can also be measured by the enjoyment caregivers experience in using the Montessori-based approach. It is hard not to enjoy spinning tops, rolling large dice and building clothes pin 'sculptures.'

Key MBA Considerations

Activity materials are only a vehicle in which to stimulate and engage the participant. Embracing this basic premise will reorient caregivers to create a stimulating environment in which participants can work on retaining as much function as possible (cognitive, motor, social, sensory). The goals are not to keep participants 'busy,' teach new skills or expect that their memory will be improved, but rather to engage their interests, utilize existing strengths, and enhance mood and function.

These key considerations will help caregivers be most effective implementing MBA –

- First-in, last-out order of cognitive loss;
- Trial-and-error;
- Go with the flow;
- Short attention spans;

- Unrushed and relaxed environment;
- Daily routines; and
- Enjoy the process.

In terms of the disease process, research has determined that individuals with Alzheimer's and related dementias tend to lose cognitive abilities in the reverse order in which they were acquired in life. This is known as the '**first-in, last-out**¹' order of cognitive loss. Caregivers can use the 'first-in, last-out' order of cognitive loss to help consider and identify appropriate activities at various stages of dementia. For example, working a crossword puzzle likely will frustrate most people beyond the early stages of dementia unless they were very involved with them throughout their lives. Instead, a caregiver might be more successful presenting letter tiles at mid-stage and observe if the participant enjoys forming words with them. If the participant has more progressed cognitive loss a foam ABC puzzle may be more appropriate.

Caregivers will learn through **trial-and-error** what works best for each participant. Caregivers should present activities to determine if there is interest, and if not should offer the participant a different activity. This approach provides the caregiver the opportunity to experiment. Even after finding an assortment of activities that appropriately engages a participant, because of the nature of dementia, a participant might enjoy participating in a given activity one day, but not the next day. When the caregiver's approach is continually based on trial-and-error, he/she will build in the flexibility to always observe for what activity materials are working at any given time.

A **go-with-the-flow** approach springboards from trial-and-error. Caregivers who keep themselves open and flexible to focusing on what works best for

¹ Cameron Camp

the participant, automatically go-with-the-flow. During the process, caregivers can often find themselves equally stimulated and engaged, thus making the experience more fun and rewarding for everyone. People with dementia often have **short attention spans**. MBA participants sometimes need to be reengaged by gentle cueing - "*That puzzle looks very good. Where do you think this piece goes?*" Then step back to observe if the participant will work more independently. If he/she does not reengage in an activity after several gentle prompts, this is your cue to try a different activity.

An **unrushed and relaxed environment** is another important MBA consideration. If a caregiver is hurried or distracted, these feelings can be conveyed to participants, leaving them feeling confused, frustrated and distracted. Since the goal is to positively engage the participant, the emotional atmosphere must also be positive - unrushed and relaxed.

Establishing **daily routines** is beneficial for people with dementia since they can easily become confused. Routines help establish a pattern of familiarity. A word of caution however -- too rigid of a routine can lead to inflexibility; therefore, caregivers need to be alert to go-with-the-flow if the routine is not working or too inflexible.

Lastly and equally important is that both the participant and caregiver should **enjoy the process**. If the caregiver is not comfortable with an activity, this emotion can also be conveyed to the participant, thus diminishing the benefits of the activity. This means that the selection of activities should also consider the interest and comfort level of the caregiver. For example, if a caregiver feels that dice and playing cards are inappropriate, then it is reasonable to understand that this caregiver would not work with activity materials that include these materials.

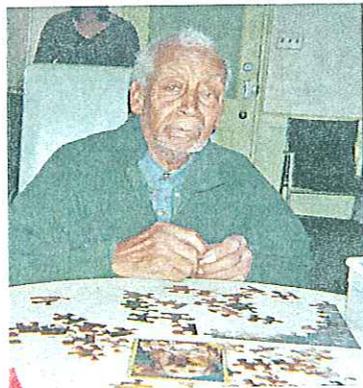
Now that you have mastered the key considerations for implementing MBA, you are ready to tackle the key principles.

Key MBA Principles

The key principles of implementing MBA are broken down into the following eight steps –

1. **Observe** the participants to understand their interests, capabilities, preferences, strengths, and needs;
2. Keep verbal instructions **simple, pleasant and clear**;
3. There are many **'right' ways** of doing an activity;
4. **Cue** participants but do not do the activity for them;
5. Provide participants with **immediate and frequent verbal encouragement**;
6. **Build** on participants' skills and capabilities progressing from simple to more complex and concrete to abstract;
7. Use **repetition** of an activity to promote success and positive engagement; and
8. Use activities that build and help **retain** skills and capabilities.

Implementing the principles effectively will take practice and time, but the more you do – the better you get!



1. Observe the participant to understand their interests, capabilities, preferences, strengths, and needs –

On the surface this step sounds too basic to merit attention, yet it is the number one problem area with successfully engaging a person with dementia. The only way a caregiver will know what activities engage someone is by **observing** their reactions. If, for example, a participant balks at anything that does not have a 'purpose,' then sorting colored crayons, working with dominoes, or scooping balls may not be effective. Instead, this participant might need activities such as folding napkins, polishing mirrors, cutting out coupons, or dicing apples. Caregivers will learn a participant's preferences and interests through a trial-and-error process of presenting many different types of activities and keenly observing his/her reactions.

Instead of being actively involved in an activity, some people prefer a 'passive' level and engage by watching rather than doing. Caregivers can make the mistake of thinking that passive behavior means the participant is not engaged. It is more difficult to determine if someone prefers passive engagement, but observable signs that the participant is engaged include laughing along with something funny and eye contact with what others are doing.

Once preferences and interests have been identified, caregivers also need to understand participant capabilities and needs such as: low vision and/or hearing impairment; level of cognitive and motor function; and coping ability. Some participants may need more encouragement and hugs.

Yogi Berra said it best...

"You can observe a lot just by watching."

2. Keep verbal instructions simple, pleasant and clear –

The purpose of any instruction is to gently engage the participant in an activity. An effective method is to ask the participant if he/she can help you. Inviting help is a non-threatening approach and most participants are eager to 'help out.'

"Can you help me sort these... [poker chips, crayons, socks, etc]." or "I could really use your help setting up these... [legos, blocks, playing cards, etc]."

An enthusiastic and pleasant tone helps project a positive atmosphere and helps make activity efforts more fun. Once a simple invitation to participate has been extended, the caregiver should stand back and see what the participant does next. In some cases, he/she may need a little bit of prodding to encourage engagement -- "*You really are doing well with that,*" or "*I like what you have done with that.*"

3. There are many 'right' ways of doing an activity -

Activities do not have to have a single purpose; but rather, there may be multiple ways of doing them and becoming engaged. The main objectives of the activity are to provide interest, engagement, and enjoyment. Therefore, a successful activity is one in which the participant defines his/her own 'right' way of doing it and thereby enjoys the task at a level they are comfortable with and in a way they find meaningful.

MBA redefines the traditional understanding of success! Consider the participant that is very engaged fitting the 'M' foam puzzle piece into the 'I' space. A traditional perspective would view this effort as 'incorrect.' The MBA perspective observes the level of interest and engagement of the participant and sees the individual not only enjoying the activity but also getting manual exercise. It takes significant physical effort to fit a large letter into a small space! The activity is an unqualified success for the individual at that moment in time.

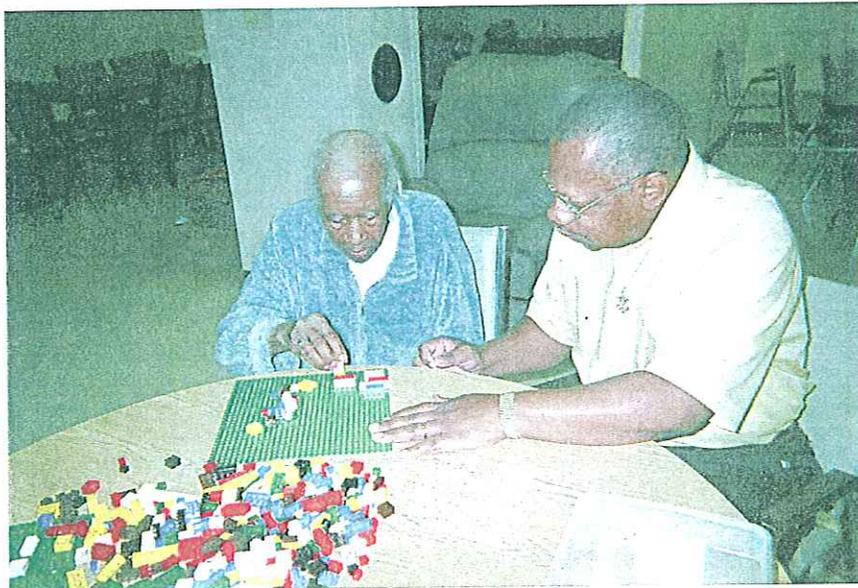
There are many 'right' ways of doing an activity. Understanding this important concept will help caregivers view activities as vehicles to accomplish participant engagement and stimulation and not that accurate execution of an activity is the intended outcome.



4. Cue participants but do not do activity for them –

Generally, the more involved the caregiver becomes with the activity (unless it is a socialization activity), the less involved the participant becomes. Caregivers may need to 'prompt' or 'cue' the participant at times during an activity to reengage them, but they should resist from doing the activity for them. So, rather than stack Lego pieces for the participant, it is better to say, "*It is amazing what you have created with those... [Legos, colored shapes, blocks, etc.]. Where does this piece go?*"

Step back after providing gentle cueing to observe if the participant will work some more independently. Caregivers should casually observe the participant's progress throughout the activity and cue him/her as needed. If the participant is not able to reengage in the activity after several gentle cues, then he/she may need to try a different activity.



5. Provide participant with immediate and frequent verbal encouragement –

Remember how good it feels when someone praises you? The emotional feelings generated from genuine praise are therapeutic to participants and helps promote a sense of well-being. Although an individual with dementia has difficulty with memory and may not remember a caregiver's exact words of praise, they can benefit from an overall sense of happiness and pride. Frequent genuine encouragement not only provides the opportunity to promote a sense of well-being at regular intervals to the participant, but is a beneficial means to 'cue' and reengage them in an activity.



6. Build on participant's skills and capabilities progressing from simple to more complex and concrete to abstract -

Once a level of skill with an activity has been mastered, caregivers can increase the complexity of the activity in order to enhance its therapeutic value. The following "Find the Money" activity demonstrates how caregivers can increase the complexity of an activity.

"FIND THE MONEY"

Items - plastic coins buried in unpopped corn kernels, unsugared Cheerios, dry kidney beans, etc.

Activity - Ask participant to 'find the money,' take coins out, and place on table.

Basic level of engagement - Once all the coins have been found, ask the participant to count out how many coins were found. After counting, the participant can 'bury' the coins for next person.

Increased level of engagement - After the participant has counted the coins, caregiver could ask questions such as -

- What would you spend the money on?
- How many of (whatever the answer to the above question is) could you buy with this money?
- Do you prefer to spend money or save it?
- Do you like to...(shop, eat out, etc.)?

Skills used - Questions require participants to mentally move from the concrete (coins) to abstract concepts such as spending money and preferences. The questions also promote socialization. The activity also utilizes manual dexterity for finding and burying the coins.

7. Use repetition of an activity to promote success and positive engagement –

Dr. Cameron Camp and his colleagues at the Meyers Research Institute in Cleveland, OH, have found that repetition of an activity can help participants increase their mastery of the activity. The active repetition process enables patterning and conditioned responses which in turn promotes cognitive stimulation -- a valuable therapeutic outcome.

Caregivers should offer the same activity multiple times during a week. Depending on the participant and his/her level of cognitive ability, working on an activity two or three times may be sufficient to promote conditioning and increase mastery of the activity. However, another participant may need to work on an activity many more times before experiencing an increased level of performance, or still others may not find benefit in the repetition of an activity at all.

Caregivers should be observant for signs that repetition of an activity is causing the participant to experience boredom or frustration. If they become frustrated or bored, the caregiver should offer a different activity.

8. Use activities that build and help retain skills and capabilities –

The adage “use it or lose it” is the basis of this principle. Caregivers need to ensure that participants are offered opportunities to work on different activity domains [cognitive stimulation, life skills, fine and gross motor movement, sensory stimulation, and socialization] since each domain promotes stimulation and fitness in different areas.

Physical stimulation and movement helps retain motor dexterity and function. Activities should cover a range of movements to exercise different muscles. Movements such as sweeping, raking, vacuuming, dusting, sanding, throwing a ball, and using a rolling pin exercise upper body muscles and help retain strength. Kicking a ball, step climbing, and dancing promotes lower body fitness. Fine motor hand exercises such as peeling, cutting, painting, and picking up small objects help strengthen and retain the dexterity needed to feed oneself or brush teeth.

Like physical fitness, emotional fitness and well-being also need ‘exercise.’ There are many ways of supporting emotional well-being including: frequent praise and encouragement; humor to promote laughter; reminiscing pleasant and valued experiences; and socializing with others. “Use it or lose it” applies to this area as importantly as it does to physical movement. Consider if someone does not have opportunities that promote something as basic as laughter, and one can imagine how this capability can get lost.

It is better to attempt something that may be out of a participant’s capability than to not stimulate him/her enough. Using trial-and-error, caregivers will be able to identify what activities are not stimulating or engaging enough and what activities provide a little bit of a stretch for appropriate stimulation.

Activities

The Montessori-based approach also incorporates 'activity kits' that have been prepared in advance. Activities are assembled in clear plastic containers that contain all the materials needed for a given activity inside. Having all the materials for the activity already assembled in the kit allows the caregiver to focus on engaging the individual instead of on gathering the materials. The use of clear containers helps to quickly identify what is inside. The next section provides many ideas for materials and activities for making the kits. Once caregivers become accustomed to making activity kits though, they will begin to think of their own creative and innovative uses of everyday materials.



Activity kits should be stored where they are visible and easily accessed so that they can be used throughout the day. An open-faced bookcase works well since it provides both visibility and accessibility by the person with dementia or their caregiver.

Caregivers need to be innovative and creative finding and using 'adult' materials that can be modified and used in engaging ways. For example, plastic shower curtain rings can be connected together to create a chain of rings. The effort requires manual dexterity and concentration and can produce a feeling of accomplishment once a number of rings have been connected together. The best activity materials are those items used in

every day life since they will be familiar and comfortable for the participant. A great place to purchase activity materials are Dollar Stores. These stores are filled with items used in every day life, are inexpensive to purchase, and can be easily replaced.

It is important NOT to use activity materials that are juvenile or 'childish' such as baby toys, toddler's blocks, coloring books, and toy rings to name a few. Rather, activity materials should respect the adulthood of the participant by appearing non-childish while being at the appropriate cognitive level and capability of the participant. For example, a participant at a mid-stage of Alzheimer's disease may not be able to read books any longer. Instead of offering children's picture books, the participant might enjoy looking at 'adult' picture books of nature, travel, animals, food, etc. Using adult materials in a modified way helps to preserve the dignity and respect of the participant while providing appropriately stimulating engagement.

Activity materials need to be **safe, non-toxic, and large enough that they can not be swallowed**. For example, larger-sized Legos are an excellent manipulative activity. The small Legos generally are not safe since they present a choking hazard. Legos are manufactured in varying sizes for the same reason that young children need items large enough so they won't be ingested, so caregivers will want to select a larger size for safety. All activity items need to pass the **'is it safe to use'** question before being used.

Caregivers will want to use activity materials that are washable and/or replaceable since they get dirty and can end up in someone's mouth. It is helpful to have antibacterial wipes handy to clean objects regularly.

Activity kits should be changed routinely so that individuals working with them do not become bored -- remember the purpose of the activities is to stimulate and engage! If there are 20 kits for example, the caregiver can rotate those 20 with 20 new kits. The next month the new kits can be

exchanged with the 20 used the previous month. Rotating materials will help to keep the activities fresh and engaging.

Activity kits require some caregiver attention each day to reorganize them. For example, an activity kit with socks to pair or baby clothes to fold will need to be 'unpaired' and 'unfolded' to be ready for the next use.

Caregivers should also consider seating placement. There are benefits to placing a higher functioning participant with participants that are lower functioning as they can serve to assist the other participants. For some higher functioning participants, being able to provide assistance to others is rewarding and makes them feel good. At other times, caregivers will want to group similarly functioning participants together in order to engage and stimulate them all on the same level. The best rule of thumb is **observing** what works best.

The following key Do's and Don'ts summarize caregiver objectives –

Do's

- Activities should provide enjoyment and stimulation
- Know each individual's interests and needs
- Encourage and cue involvement in the activity
- Provide regular and positive feedback
- Be genuine with praise
- Use humor – it will make the caregiver laugh as well
- Use items that are safe and can not be swallowed
- Monitor the individual to ensure they are enjoying the activity and not becoming frustrated
- Build on skills and capabilities by offering items progressing from simple to more complex and concrete to abstract
- Change kits regularly to keep activities interesting
- Clean activity items periodically
- Use repetition of an activity to increase mastery

Don'ts

Correct someone doing an activity

Give wordy instructions

Do it for them unless they are becoming frustrated and need a boost

Focus on one 'right way' to do an activity

Leave the TV on

Use poor communication skills

Play music they don't enjoy [rap, country western]

Use activity materials that are childish [playing cards made for children, matching pairs with juvenile pictures, etc.]

Call the participant 'honey,' 'sweetie,' 'sugar' or other terms that cross the line of professionalism



Activity Domains

Activities fill a variety of purposes and needs. The Montessori-based approach is focused on the therapeutic value of helping participants function at their highest possible level. Activity functions are broken down into five domains in order for the caregiver to ensure that participants are exercising and exposed to a variety of cognitive, physical, sensory, life skills, and social functions. Some activities exercise muscles to help the participants retain physical flexibility and movement while others evoke pleasant emotions and 'feel goods.'

The five domains are:

- Cognitive stimulation
- Life skills
- Motor movement and fitness
- Sensory stimulation
- Socialization



Cognitive Stimulation

The goal is to promote cognitive stimulation while keeping the effort positive and fun, and not to expect accuracy or completion of a task. Thus, if an individual working with poker chips is not separating them by color but rather has scattered the chips about, caregivers can provide positive encouragement with comments such as, *"Look at all those chips! Looks like you are ready for a big tournament,"* or *"I like what you have done with those chips, good job!"*

Since the objective is to stimulate and engage the individual and the person is having fun scattering the chips, then the objective has been met. It takes physical movement and engagement to scatter the chips. The caregiver can next focus on extending the physical movement and engagement and ask the participant to gather the poker chips and put them away in a container.

Sorting [also helps promote manual exercise]

- Poker chips
- Clothes pins
- Colored sticks
- Colored straws
- Crayons
- Spools of thread
- Colored beads

▪ **Sequencing**

Pictures of food items - Ask them how to make the item [ex: cake, potato salad, fried chicken]. Thinking of the ingredients, order of steps needed to prepare item, etc. promotes sequential thinking.

Puzzles (foam or 25 pieces)

Tic tac toe

Dominoes

Number tiles

▪ **Matching**

Picture pairs

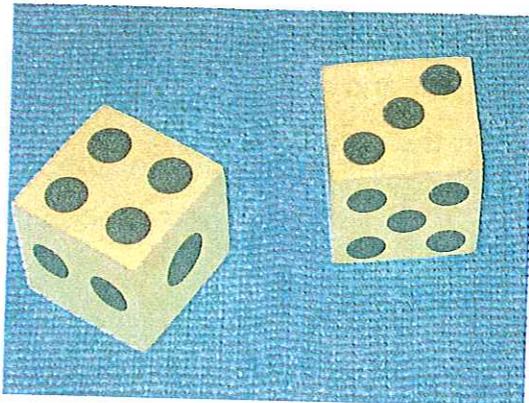
Shapes
Colored spools of thread
Colored jacks/ice cube tray
Colored cards

▪ **Spelling**

Letter tiles (such as ones in Scrabble) – depending on the cognitive level of the individual, he/she may form simple words/names to full sentences
Foam ABC puzzle – hold up a letter and ask what words start with 'A,' etc.

▪ **Reminiscing** [This activity requires caregiver participation.]

Picture cards – animals, sports, seasons, holidays, favorite meals, etc.
Trivia questions [see Attachment B]
Fill-in phrase blanks [see Attachment C]



Life Skills

Life skills are those activities that are a familiar part of everyday life, such as folding laundry, setting the table for a meal, washing and drying dishes, sweeping and polishing shoes. As a result of the cognitive changes associated with dementia, these activities become increasingly difficult to perform, at least within the normal standards of purpose and accuracy. For caregivers, it becomes tempting to take over these tasks so that they get done 'properly.' While it is important that dishes get washed well and that shoe polish does not end up in someone's mouth, focusing on mastery of a task is not the purpose and could prevent the participant from purposeful engagement and movement.

The keys to success with life skills are: (A) reorient the caregiver to what is considered 'accomplishment' of a task; and (B) ensure that items such as shoe polish or dish detergent that could be ingested are stored safely away from the participant. Think of all the exercise and stimulation involved in raking the yard even if someone else has to go behind to actually finish the work.

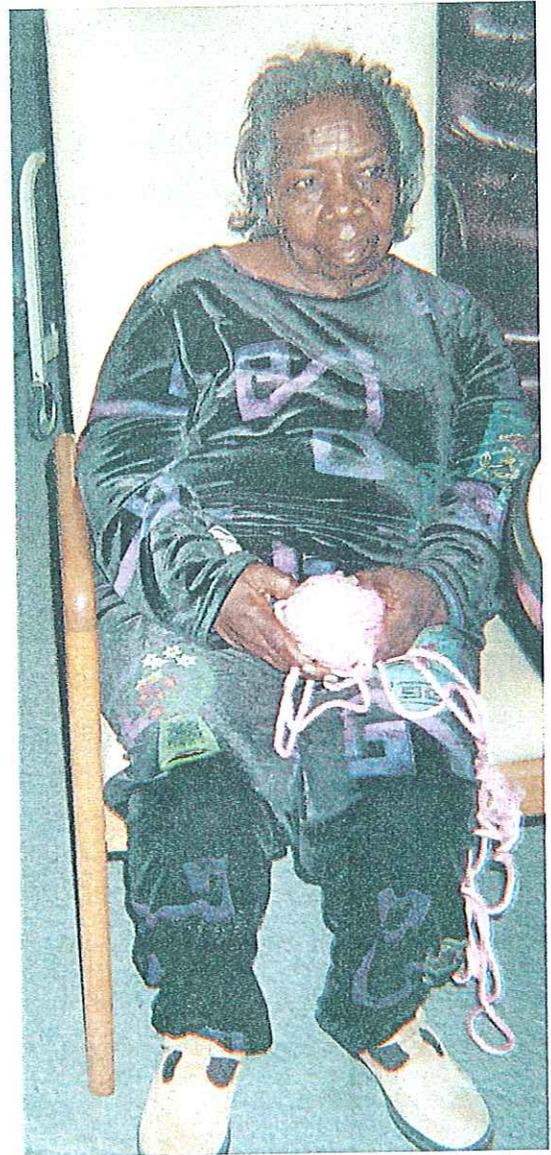
- **Folding**
 - baby clothes
 - napkins
 - towels

- **Sorting**
 - Socks
 - Nuts and bolts
 - Dry lima beans and kidney beans
 - Colored rubber bands
 - Large cuff links, clip-on earrings

- **Scooping**
 - Dry pasta into bowls
 - Dry cereal into containers
 - Ping pong balls/golf balls into container

- **Wiping**
Counters
Table after meal
placemats
- **Sanding** blocks of wood
- **Rolling** thick yarn into ball
- **Drying**
Plastic plates
Plastic cups
Plastic utensils
Fruit
- **Polishing**
Mirrors
Shoes
- **Cutting**
Coupons
Pictures from magazines
Apples with plastic knife
- **Singing**
Church songs
Holiday songs
'Mitch Miller-type' songs – "You are My Sunshine"
- **Reading**
Ads in magazines
Large print publications such as *Reader's Digest*





Motor Movements and Fitness

Caregivers should learn to be on the lookout for items that are unsafe and learn when to provide increasing amounts of help as participant levels of dependency increases. There is a fine line, however, between providing assistance and doing the task for them. When the caregiver actually does the whole task, the participant becomes passive to the task and does not benefit from the physical exercise. Over time when muscles do not get used or exercised, they lose their strength and eventually their function. By providing too much assistance and not allowing the person with dementia to exercise remaining strengths, caregivers can inadvertently cause what is known as **excess disability**. Excess disability is the outcome when caregivers do not let individuals do an activity of daily living because they are slow or no longer are masterful at the activity promoting premature lose of abilities.

While caregivers are concerned that individuals are well dressed and groomed, if they actually do all the physical work involved in grooming; the individual does not get the needed exercise. Therefore, the caregiver might instead button the first button on a shirt to line the buttons up correctly then let the individual finish buttoning the shirt themselves. It is important to let the participant work on the task even if they are not doing it expertly or taking more time than they had in the past. If the outcome of the participant's hair brushing looks like a Halloween hairdo, the caregiver can always add 'finishing touches' thus encouraging the physical movement while helping the individual look nicely groomed.

Motor activities are divided into two categories -- fine and gross. Fine motor skills refer to hand dexterity and movements and gross motor skills involve the rest of the body's movement.

Remember Dr. Montessori's guiding principle of "*helping individuals to do it themselves?*" How can you support "helping them do it themselves?"

Fine Motor Skills

- Cut with scissors
- Work with tongs/large tweezers
- Roll pennies
- Count coins, poker chips
- Manipulating large puzzle pieces
- Sort poker chips, crayons, playing cards
- Tear paper
- Squeeze and form shapes with clay
- Clip clothes pins
- Button sweaters, shirts
- Tie shoes
- Scoop dry cereal, colored balls
- Match playing cards, picture pairs
- Cut shapes with clay and cookie cutters
- Find 'hidden' items in container of Cheerios – coins, spinners, dice
- Stack- blocks, Legos, poker chips, colored boxes
- Sand wood
- Polish mirrors, shoes
- Hair curlers
- Thread beads
- Stretch colored rubber bands on rack
- Peel carrots, apples, oranges

Gross Motor Skills

- Roll dice
- Toss bean bag, ball, balloon
- Kick ball
- Dance
- Sweep/vacuum
- Stretch large bands
- 'Simon Says'



Sensory

Sensory activities can be enjoyed by participants at all levels of dementia. They often evoke 'emotional' memories or interests such as the smell of cooking apples (apple pies, applesauce) or baked bread, or the feel of sanding a wooden object or sitting in the sun.

Tactile activities are especially beneficial for very low functioning individuals since these activities require very little capacity and help stimulate physical movement, smiles, conversation and other engagement.

- **Tactile**

- Fill ice cube trays with cotton, fuzzy, hard, or textured balls
- Hide items in cheerios, sand, or unpopped corn kernels
- Massage hands with cream
- Textured – sandpaper
- 'Koosh' ball
- Model with clay

Tactile objects for very low functioning individuals -

- Large slinky
- 'koosh' ball
- suction shapes
- squeeze balls
- dolls, stuffed animals
- hand cream
- stretchy, thick phone cords

- **Visual**

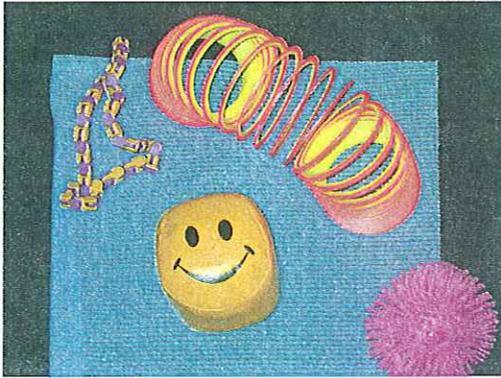
- Blow bubbles
- Plastic spinning tops
- Arrange flowers
- String beads, spools of thread
- Clip colored shower curtain rings together
- Match quilt squares

- **Auditory**

- Music
- Bells
- Wind chimes

- **Smell**
Bread machine
Crock pot – apples and cinnamon
Potpourri

- **Taste**
Lemon slice
Peppermint candy
popsicle



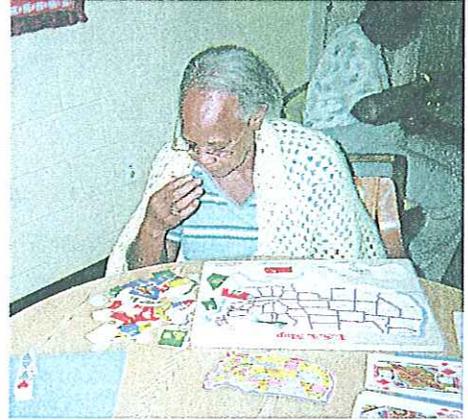
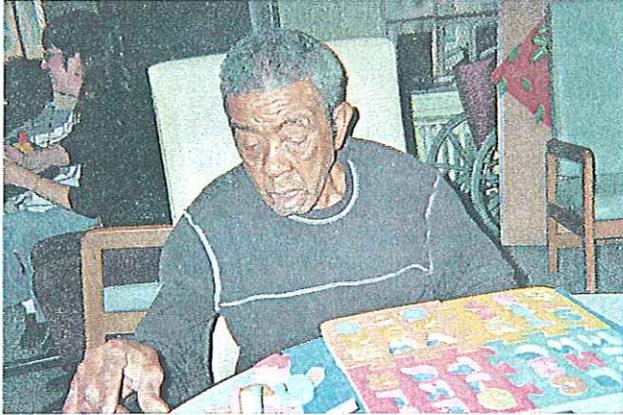
Socialization

Unlike the other activity domains previously discussed where the caregiver's focus is on allowing the participant to "do it themselves," caregivers should be actively involved in socialization activities with participants. Socialization helps to foster and promote emotional fitness and well-being. Some sample exercises are included in the back of the manual such as trivia questions, fill-in the blank expressions and humorous stories.

Using poignant pictures with a group of people such as ones showing holidays, special foods, and pets can help stir memories and promote happy conversations. Pictures of food such as fried chicken, cake, and potato salad can be used to stimulate cognitive function by asking participants for the ingredients needed to prepare their favorite recipe for fried chicken, etc. The complexity of the activity can be increased, for example, by prompting the participants to 'serialize' or provide the order of steps needed to prepare the food item.

Jokes/Humor [see Attachment D]
Fill-in the blank expressions [see Attachment C]
Poignant pictures
Favorite foods/holidays





Attachments

- A. Comparison Chart
- B. Trivia Questions
- C. Fill-In the Blanks
- D. Humor
- E. Montessori-Based Activity Principles

Comparison Between Montessori-Based and Traditional Approaches

Montessori-Based

Emphasis is on stimulating engagement and enjoyment.

Caregiver's role is unobtrusive and mostly used to cue the individual.

Individual works on activities that are of interest to them and at the level they can be engaged for enjoyment.

Individuals work at their own pace.

Goal is to stimulate engagement and function rather than on accomplishment of a specific task.

Engagement is reinforced through immediate and frequent verbal encouragement.

There is no 'right way' to work on any of the activities.

Individuals can sit wherever they choose.

Traditional

Emphasis is on mastery and accomplishment of activity.

Caregiver's role is dominant and active.

Individuals work on group activities that may not be interesting to them or at a level beyond their capacity.

Individuals work at a pace set by group norm or caregiver.

Goal is to stimulate engagement through accomplishment of a specific task.

Engagement is reinforced through positive verbal encouragement.

'Errors' are corrected by the caregiver.

Individual sits where caregiver selects.

Trivia Questions

What is the capital of Spain?	Madrid
Where is the Amazon River?	Brazil
What Louisiana city is famous for celebrating Mardi Gras?	New Orleans
Do polar bears live in the Arctic?	Yes
Who invented fireworks?	Chinese
Frankfurters are another name for what food?	Hot dogs
Black gold is another name for what product?	Oil
Winston Churchill was the prime minister of what country?	UK
Where would you go to see a bullfight?	Spain
What is the most widely used spice in the world?	Red pepper
What city would you find the Eiffel Tower in?	Paris
Can fish close their eyes?	No eyelids
What is the capital of Japan?	Toyko
Would you find an alligator in Alaska?	No
Name three US states that start with A?	Alaska, Alabama Arizona
What type of object is Humpty Dumpty?	Egg
What country would you find kangaroos?	Australia
What color are flamingos?	Pink
What city is known as the 'Big Apple' ?	New York City
Which US state produces the most potatoes?	Idaho
Both wine and raisins come from which fruit?	Grapes
What is Old Faithful? [not your favorite car!]	geyser in Yellowstone

Do comets sometimes have arms, legs or tails?	Tails
Do you use a loom in baking, weaving or farming?	Weaving
How many pounds of food does an elephant eat a day?	300
Do you find honey, nectar, or tar in flowers?	Nectar
Where would you go to find the Statue of Liberty?	New York
Where would you go to find San Francisco?	California
Where would you go to find the Library of Congress?	Washington, DC
Where would you go to find London?	England
Where would you go to find Hollywood?	California
Name two US states that begin with A?	Alaska, Alabama, Arkansas Arizona
Name two US states that begin with I?	Indiana Illinois Iowa
Name two countries that begin with E?	England Ecuador
Is Mexico above or below the US?	Below
Is Canada above or below the US?	Above
Where in the world is Mt. Everest?	Nepal
Where in the world is Big Ben?	London, England
Where in the world would you find pyramids?	Egypt
New Orleans is famous for Mardi Gras, tall buildings, or beaches?	Mardi Gras
New York City is famous for beaches, Broadway, or Streetcars?	Broadway

Don't let the cat out of the...	bag
Absence makes the heart grow...	fonder
Practice what you...	preach
Snug as a bug in a...	rug
Measure twice, cut...	once
Don't cry over spilled...	milk
That makes my hair stand on...	end
Too good to be...	true
We'll be there rain or...	shine
Bet your bottom...	dollar
Strong as an...	ox
Here today, gone...	tomorrow
Stubborn as a...	mule
Every cloud has a silver...	lining
Neat as a...	pin
All hands on...	deck
Tempest in a...	teapot
Two can live as cheaply as...	one
Where there's a will, there's a...	way
Hell has no fury like a woman...	scorned
You can lead a horse to water but you can't make it...	drink
Poor as a...	church mouse
Don't desert a sinking...	ship
Haste makes...	waste
Hit the nail on the...	head
Strike it...	rich

Fill-in The Blanks

By the skin of your	teeth
Actions speak louder than	words
Old as the	hills
Rumors spread like	wildfire
A fine kettle of	fish
Straight as an	arrow
Half a loaf is better than	none
Like father, like	son
Take it with a grain of	salt
Flat as a	pancake
Burn the midnight	oil
Walk a mile in my	shoes
Bringing up the	rear
Walk softly and carry a big	stick
Stand on your own two	feet
At the drop of a	hat
Soft as a baby's	bottom
Don't put all your eggs in one	basket
Mad as a wet	hen
All for one and one for	all
Blood is thicker than	water
A penny saved is a penny	earned
Plain as the nose on your	face
Caught between a rock and a hard.....	place
Live and let	live

Humor

- Dear God, are you really invisible or is that just a trick?
- Dear God, did you mean for giraffes to look like that or was it an accident?
- Dear God, you don't have to worry about me. I always look both ways.
- Dear God, I would like to live 900 years like that guy in the Bible.

- Never underestimate the power of termites
- Don't bite the hand that looks dirty
- You can't teach an old dog new math
- Where there's smoke there's pollution
- A penny saved is not much
- If at first you don't succeed..... get new batteries

- A husband read an article to his wife about how many words women use a day – 30,000 to a man's 15,000. The wife replied, "The reason is because we have to repeat everything we say to men." The husband turned to his wife and asked, "What?"
- A little boy attended his first wedding. After the service, his cousin asked him how many women a man can marry. "Sixteen," the boy replied. His cousin asked how he knew that and the little boy replied, "4 better, 4 worse, 4 richer and 4 poorer."
- A little girl became restless as the preacher's sermon dragged on and on. Finally, she leaned over to her mother and whispered, "Mom, if we give him the money now, will he let us go?"
- The Sunday school teacher asked if the little boy said prayers before eating. "No sir", replied the little boy. "My Mom is a good cook."

Montessori-Based Activity Principles

1. **Observe** the participant to understand their interests, capabilities, strengths, and needs;
2. Keep verbal instructions **simple, pleasant and clear**;
3. There are many '**right**' ways of doing an activity;
4. **Cue** participants but do not do activity for them;
5. Provide participants with **immediate and frequent verbal encouragement**;
6. **Build** on participants' skills and capabilities progressing from simple to more complex and concrete to abstract;
7. Use **repetition** of an activity to promote success and positive engagement; and
8. Use activities that build and help **retain** skills and capabilities.

Share successes with others!

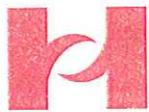


District of Columbia Office on Aging

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Home Care Partners (HCP) is a non-profit home care agency that has provided non-medical home care services to residents of the Washington D.C. metropolitan area since 1957. As a licensed training school, HCP also trains individuals interested in careers as Home Care Aides. Home Care Partners is part of the Senior Service Network supported by the D.C. Office on Aging.

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