

A. Sterns, H. Sterns, R. Sterns, G. Lax. Utilizing Montessori and universal design principles to produce a group activity for people with dementia. *Gerontechnology* 2008; 7(2):214. Professional care giving is a demanding profession. As the number of older adults requiring professional care giving and supported living grows as the population ages, greater efficiencies must be achieved. But these efficiencies must be achieved with corresponding improvements in quality of life for residents and improved job experiences for those providing care. A. Sterns and colleagues are proposing a model of caregiver efficiency that provides a new framework for delivering effective, quality care with maximum efficiency¹. R. Sterns and colleagues propose a set of criteria for improving activity design that emerge from the perspective of the care demand efficiency model². Incorporating Montessori principles that emphasize existing skills and cueing activities can be developed in which participants are empowered to engage in normal social activity rather than non-participation and negative behaviours. Such activities are reinforcing and therapeutic for participants and a positive and engaging experience for staff. Staff re-evaluates what residents are capable of after seeing positive outcomes with such activities. Staff success and satisfaction lead to greater willingness to do more for the persons in their care. A model intervention, called the Memory Magic™ Program provides an example for expanding and innovating beyond the activities available today. This model provides a challenge to activity professionals and researchers to extend new concepts to group settings that can be easily integrated into activity programs. As more activities are available and adopted in care settings, such considerations go a long way to helping match caregiver demand requirements with staffing. **Methods** Forty participants participated in a structured interview at 12 facilities of three different types: assisted living (N=6), adult day care (N=14), and skilled nursing care (N=19). Data collection took place in three different U.S. regions: South (Birmingham, Alabama); East Coast (Greater Washington, D.C.), and the Midwest (Greater Cleveland including Akron, Ohio, and Western Pennsylvania). All participants were activity directors (35%) or activity staff (65%). Each individual was involved in supervising or directly leading activities throughout the 8-week trials. Those older adults participating in the experimental and standard activity had an average age of 84.8 years (s.d.=7.4). The average education of the participants was about the level of high school graduate with a technical education or some college. The sample consisted of 81% females and 19% males. The average Mini Mental Status Exam (MMSE) score was 15.3 (s.d.=7.2), the score of someone showing cognitive difficulties associated with moderate levels of impairment from Alzheimer's disease. The mean number of people participating in the activity was 15.3 (s.d.=8.9). **Results and discussion** Staff indicated very positive responses to the therapeutic activity supporting many aspects of the model. Impressions of the intervention were highly positive, overall. On a five-point scale ranging from 1, 'poor' to 5, 'excellent', the mean overall impression rating was 4.2 (s.d.=.62), which roughly corresponds to 'very good'. These ratings were not significantly different between facility types ($F(2, 37)=2.7, p >.05, \eta^2=.13$). Respondents tended to believe that older adults responded well to the experimental intervention with a mean rating of 4.4/5 (s.d.=.67). Additionally, all 40 respondents indicated that the residents were more engaged or engaged at about the same level during the experimental intervention compared to similar standard activities. None indicated that they were less engaged. Finally, of 39 respondents, 31 (80%) indicated that the experimental intervention attracted residents who rarely participate in regular activities. Dementia presents notable challenges for staff in continuous care environments. The proposed model of caregiver demand can be used to evaluate the impact of available tools such as activities to reduce care demand and increase professional care provider effectiveness.

References

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