
Evidence-based
Multidisciplinary
Person-centred

Non-pharmacological
Connecting research on brain, life
story, environment and behaviour

DementiAbility

Bibliography

Selected References

DementiAbility Methods Developed by:

Gail Elliot, Founder, DementiAbility Enterprises Inc.

These methods are based on research from diverse disciplines.

A partial list of references is provided in this document.

Our Purpose

To connect research with practice through education, with the goal of enabling abilities and enhancing the lives of those living with dementia.



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Highlights of Selected Research

The importance of design - and the physical environment – has been known to impact outcomes in caring for people with dementia since the early research that was conducted in the 1980s (Lawton, 1981, in Day, K., et al, 2000).

DementiAbility focuses on preparing the environment – with the goal of setting each individual up for success – thus engaging them in life and living, enhancing independence, enriching each day, fostering social connections, enabling abilities and helping each person to live with choice, high self-esteem, dignity, meaning, purpose and joy. DementiAbility prepares environments based on “who” is living in the space – the home – the rooms. Empirical reviews such as “The Therapeutic Design of Environments for People with Dementia: A Review of the Empirical Research”, by Day, et al (2000), are useful in guiding practice, through education.

Preparing the environment involves preparing the environment (setting each person up for success). This requires staff who are educated and supported along with appropriate knowledge about each person in our care, including their history, details about needs, interests, preferences, abilities and each individual’s life story. These component parts must be taken into consideration when creating prepared environments. The physical environment must look, feel and smell like home, with each space looking like its purpose. The feel of home includes the roles and routines that were familiar to each person with opportunities to be engaged in activities/jobs/tasks that have been adapted for successful outcomes and things to do, tailored to needs, interests and abilities, that are available and accessible throughout each day. The goal is to help each person be the best he/she can be, and this can only be achieved when individuals, teams and organizations work together (Casper, et al, 2016). This begins by understanding the needs of individuals, and understanding the important connections between brain and behaviour. This bibliography provides highlights of the research that has contributed to the development of the DementiAbility Methods (Previously call the Montessori Methods for Dementia).

Day, K., Carreon, D., Stump, C. (2000) The Therapeutic Design of Environments for People with Dementia: A Review of the Empirical Research, *The Gerontologist*, Vol. 40, No. 4, 397-417.

Gitlin, L, Winter, L, Burke, J, Chernett, N, Dennis, M and Hauck, W. (2008). **Tailored activities to manage neuropsychiatric behaviours in persons with dementia and reduce caregiver burden: a randomized pilot study.** *American Journal Geriatric Psychiatry*,16(3).

Gitlin L, Hodgson N, Jutkowitz E & Pizza L. (2010). **The cost effectiveness of a non-pharmacologic intervention for individuals with dementia and family caregivers: the tailored activity program.** *American Journal Geriatric Psychiatry*, 18 (6).

Gitlin, L (2016). **Reducing neuropsychiatric symptoms in persons with dementia and associated burden in family caregivers using tailored activities:** design and methods of randomized clinical trial. *Contemporary Clinical Trials*, 49, 92-102.

Kales, H. C., Gitlin, L. N., & Lyketsos, C. G. (2019). When Less is More, but Still Not Enough: Why Focusing on Limiting Antipsychotics in People With Dementia Is the Wrong Policy Imperative. *Journal of the American Medical Directors Association*, 20(9), 1074-1079.

Cohen-Mansfield, J., Marx, M. S., Regier, N. G., & Dakheel-Ali, M. (2009). The impact of personal characteristics on engagement in nursing home residents with dementia. *International journal of geriatric psychiatry*, 24(7), 755-763.

“Despite a higher refusal rate among those with higher cognitive levels, their overall engagement with stimuli is higher. Caregivers should anticipate higher refusal rates in those with poor hearing, and therefore compensatory methods should be used in presenting stimuli in this population. **The potent role of cognitive and functional status on engagement of persons with dementia underscores the importance of tailoring activities to nursing home residents' needs, interests, and limitations.** Copyright © 2009 John Wiley & Sons, Ltd.”

Seitz, D. P., Brisbin, S., Herrmann, N., Rapoport, M. J., Wilson, K., Gill, S. S., ... & Conn, D. (2012). Efficacy and feasibility of nonpharmacological interventions for neuropsychiatric symptoms of dementia in long term care: a systematic review. *Journal of the American Medical Directors Association*, 13(6), 503-506.

“A total of **40 studies** met inclusion criteria. Sixteen (40%) of 40 included studies reported **statistically significant results in favor of non-pharmacological interventions on at least one measure of NPS.** These interventions included staff training in NPS management strategies, mental health consultation and treatment planning, exercise, recreational activities, and music therapy or other forms of sensory stimulation. Many of the studies had methodological limitations that placed them at potential risk of bias. Most interventions (n ¼ 30, 75%) required significant resources from services outside of LTC or significant time commitments from LTC nursing staff for implementation.”

Pomeroy, S. H., Scherer, Y., Runkawatt, V., Iamsung, W., Lindemann, J., & Resnick, B. (2011). Person–Environment Fit and Functioning Among Older Adults in a Long-Term Care Setting. *Geriatric Nursing*, 32(5), 368-378.

“The findings from this study suggest that careful consideration should be paid to current trends focused on building long-term care settings that are more “person centered” and homelike because they may actually have a negative impact on function and physical activity. As noted, the many aspects of a social ecological model can influence function and physical activity and environment may just be a small part of this. **Interpersonal interactions and implementation of a function-focused care approach to care may be equally, if not more, relevant to optimizing function and physical activity in older adults.**^{41,42} Function-focused care places an emphasis on engaging residents in all functional activities rather than decreasing opportunities to perform functional tasks (e.g., giving a resident a urinal rather than walking him to the bathroom), as well as providing residents with and encouraging physical activity (e.g., walking to the dining room and other activities in and out of the household, such as going to exercise class).”

Gates, N. J., Sachdev, P. S., Singh, M. A. F., & Valenzuela, M. (2011). Cognitive and memory training in adults at risk of dementia: a systematic review. *BMC geriatrics*, 11(1), 55.

This review discusses the studies on cognitive training and distinguishes between cognitive training and other types of cognitive interventions (such as cognitive stimulation, cognitive interventions and cognitive rehabilitation).

Caspar, S., Cooke, H. A., Phinney, A., & Ratner, P. A. (2016). Practice Change Interventions in Long-Term Care Facilities: What Works, and Why? *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 35(3), 372-384.

“This review found that, with appropriate intervention factors (i.e., the inclusion of more than predisposing factors) and stronger study designs (i.e., appropriately addressing the risk of bias), **changes in care practices are indeed possible** and measurable. Three key factors need to be addressed for changes to occur in care practices related to the quality of life of, and quality of care provided for, residents.

1. First, information designed to modify care staff members’ knowledge, skills, beliefs, or attitudes must be effectively communicated and disseminated (i.e., predisposing factors).
2. Second, conditions and resources must be developed within LTC facilities to enable staff members to implement their new skills (i.e., enabling factors).
3. Third, mechanisms must be in place to support the sustained implementation of new skills or practices (i.e., reinforcing factors).

The majority of researchers attempting to change practice have not ensured that all of these factors are addressed. This is an important consideration given the amount of research published regarding the lack of change in care practices during the course of the past two or three decades, despite concerted efforts (Commonwealth Fund, 2007; Corazzini et al., 2010).”

Sarti, D. (2014). Job resources as antecedents of engagement at work: evidence from a long-term care setting. *Human Resource Development Quarterly*, 25(2), 213-237.




“How to improve employees’ work engagement currently represents one of the most important areas of concern for organizations. Within the broader research field on work engagement and its antecedents, this study analyzes one specific aspect: the role of job resources in determining employees’ engagement at work. A hierarchical multiple regression analysis was performed, along with a basic descriptive analysis, to examine a sample of 167 caregivers (registered nurses, nurse managers, home helpers, nurse’s aides, and certified nursing assistants) in nine long-term care (LTC) facilities in Italy. The results suggest **that work engagement among caregivers in the LTC sector is significantly influenced by job resources. In particular, greater learning opportunities have direct effects on increasing work engagement among health-care service employees. Furthermore, coworker support and supervisor support also play a statistically significant positive role in stimulating work engagement.”**

Bharwani, G., Parikh, P.J., Lawhorne, L.W., VanVlymen, E. and Bharwani, M., 2012. Individualized behavior management program for Alzheimer’s/dementia residents using behavior-based ergonomic therapies. *American Journal of Alzheimer’s Disease & Other Dementias*®, 27(3), pp.188-195.

Abstract

“Person-centered, nonpharmacological interventions for managing Alzheimer’s/dementia-related behavioral disturbances have received significant attention. However, such interventions are quite often of a single type limiting their benefits. We develop a comprehensive nonpharmacological intervention, the Behavior-Based Ergonomic Therapy (BBET), which consists of multiple therapies. This low-cost, 24/7 program uses learning, personality, and behavioral profiles and cognitive function of each resident to develop a set of individualized therapies. These therapies are made available through an accessible resource library of music and video items, games and puzzles, and memory props to provide comfort or stimulation depending on an individual resident’s assessment. The quantitative and qualitative benefits of the BBET were evaluated at the dementia care unit in a not-for-profit continuing care retirement community in west central Ohio. The 6-month pilot study reduced falls by 32.5% and markedly reduced agitation through increased resident engagement.”

Part 1 – Activities

-  Stimulating body, mind and spirit
-  Reducing responsive behaviours
-  Engagement with meaning and purpose

Activities & Engaging in Life with Meaning and Purpose

Ambient Activity. (2017). *AMBIENT ACTIVITY TECHNOLOGY: A Research Evaluation: The impact of ABBY, a personalized activity technology, on people living with dementia in long-term care 2017 A Journey to Engagement* [Ebook]. Midland.

Dawson, P., and Wells, D., (2000) Description of retained abilities in older persons with dementia, *Research in Nursing and Health*, 23(2): 158-66.

“Our results provide support for an individualized, abilities-focused approach to the care of people with dementia.”

Kales, H. C., Gitlin, L. N., & Lyketsos, C. G. (2019). When Less is More, but Still Not Enough: Why Focusing on Limiting Antipsychotics in People With Dementia Is the Wrong Policy Imperative. *Journal of the American Medical Directors Association*, 20(9), 1074-1079.

Tappin, R., (1994) “The Effect of Training of Functional Abilities of Nursing Home Residents with Dementia”, *Residential Nurse Health*, June 17(3); 159-165.

Hall, C. B., Lipton, R. B., Sliwinski, M., Katz, M. J., Derby, C. A., & Verghese, J. (2009). Cognitive activities delay onset of memory decline in persons who develop dementia. *Neurology*, 73(5), 356-361.

This study followed 488 individuals in order to determine who would develop dementia. Participants who did develop dementia were then studied to see if stimulating activities could enhance their cognitive reserves. The result was that those with dementia were able to decelerate memory deficits by 0.18 years with use of cognitive based activity.

Judge, K. S., Camp, C. J., & Orsulic-Jeras, S. (2000). Use of Montessori-based activities for clients with dementia in adult day care: Effects on engagement. *American Journal of Alzheimer's Disease and Other Dementias*, 15(1), 42-46.

This study followed a group of individuals with dementia for nine months in order to see the effects of Montessori-based programming. The study determined that with specially designed cognitive activities, residents were exhibiting higher levels of constructive engagement through both their motor and verbal behavior. The researchers found that the residents showed actual engagement as opposed to passive participation.

Van der Ploeg, E. S., & O'Connor, D. W. (2010). Evaluation of personalised, one-to-one interaction using Montessori-type activities as a treatment of challenging behaviours in people with dementia: the study protocol of a crossover trial. *BMC geriatrics*, 10(1), 3. Retrieved from: <http://old.biomedcentral.com/1471-2318/10/3/>

This study focused on using individualized activities for persons with dementia in order to determine whether or not they would lessen responsive behaviours. This study is based off of Maria Montessori's principles. The trial was controlled with a cross-over design and participants ranged from individuals with moderate to severe dementia and responsive behaviours. Activities were meaningful and based on skill level. Results were based on presence of responsive behavior as well as emotional response to the activity. The Cohen-Mansfield Agitation Inventory was used as a secondary measure.

Harmer, B. J., & Orrell, M. (2008). What is meaningful activity for people with dementia living in care homes? A comparison of the views of older people with dementia, staff and family carers. *Aging and Mental Health, 12(5), 548-558.*

This study focuses on what makes activities meaningful for people with dementia. This study included 17 residents, 15 staff and 8 family caregivers. Results showed that meaningful activity came in four different themes: 'reminiscence', 'family and social', 'musical', and 'individual'. The residents stated that meaningful activities were ones that addressed not only their social needs, but their psychological ones as well. Family and staff found that activities that addressed their physical needs and abilities were considered meaningful and important.

Lin, L. C., Huang, Y. J., Su, S. G., Watson, R., Tsai, B. W. J., & Wu, S. C. (2010). Using spaced retrieval and Montessori-based activities in improving eating ability for residents with dementia. *International journal of geriatric psychiatry, 25(10), 953-959.*

This study focuses on spaced retrieval and using Montessori-based activities during meal times in order to reduce responsive behaviours. The study consisted of 85 randomized patients with dementia from three special care units. The study ran for 8 weeks and consisted of three 30-40 min. sessions a week. The study found (based off the Edinburgh Feeding Evaluation in Dementia scale and an assisted feeding score) that with Montessori-based intervention, individuals can be much more independent during mealtime and staff will experience less responsive behaviors. Since eating is one of the last daily abilities an individual is likely to lose, they are more likely to be able to regain the skill after training and practice. This intervention can potentially prevent individuals from losing their independence during mealtime.

Littbrand, H., Stenvall, M., & Rosendahl, E. (2011). Applicability and effects of physical exercise on physical and cognitive functions and activities of daily living among people with dementia: a systematic review. *American Journal of Physical Medicine & Rehabilitation, 90(6), 495-518.*

The goal of this study was to analyze the results of attendance, intensity and adverse events of physical exercise as it effects cognitive function of people with dementia. A qualitative analysis of 10 studies suggested both "moderate" as well as "low" results. The importance of the study rests on the knowledge that the interventions last for a few months and are task-specific in order to challenge the individual's various needs. The study concluded that weight-bearing exercise is applicable to attendance and adverse events. Furthermore, it may even improve walking ability as well as decline in daily

activities. There is more research needed in order to conclude whether it enhances cognitive function however, it is possible that it may prevent further deterioration.

Vergheese, J., Lipton, R. B., Katz, M. J., Hall, C. B., Derby, C. A., Kuslansky, G., & Buschke, H. (2003). Leisure activities and the risk of dementia in the elderly. *NewEngland Journal of Medicine*, 348(25), 2508-2516.

This longitudinal study examined the relation between active participation in leisurely activities with the risk of a diagnosis of dementia. The study analyzed 469 subjects who were over the age of 75 for 5 years who had no previous history of dementia. At the end of the 5 years 124 subjects were diagnosed with some form of dementia. Individuals who were more likely to read, play board games, musical instruments and dance reduced the risk of dementia. It appeared that "cognitive activities", ones that worked at ones mental capacities, were more closely linked with a lower risk of dementia.

Wilson, R. S., De Leon, C. F. M., Barnes, L. L., Schneider, J. A., Bienias, J. L., Evans, D. A., & Bennett, D. A. (2002). Participation in cognitively stimulating activities and risk of incident Alzheimer disease. *Jama*, 287(6), 742-748.

This longitudinal study followed 801 older individuals without dementia or any history of dementia for an average of 4.5 years in order to establish the link between cognitive activity and risk of an Alzheimers Diagnosiis. The results showed that cognitive stimulation was closely linked with a reduced risk of developing AD. The random-effects model showed a 1-point increase in cognitive activity and was linked with a lower decline in global cognition, working memory and perceptual speed.

Orsulic-Jeras, S., Judge, K. S., & Camp, C. J. (2000). Montessori-based activities for long-term care residents with advanced dementia: effects on engagement and affect. *The Gerontologist*, 40(1), 107-111.

This study followed 16 residents in long-term care settings with advanced dementia as they participated in activities that followed the principles as proposed by Maria Montessori. The study proposed that meaningful activity could potentially reduce responsive behaviours and promote more meaningful activity in resident's daily lives. The study found that with this specific type of activity, residents showed more constructive engagement, less passive engagement and a general sense of pleasure while participating in the activities.

Camp, C. J., & Skrajner, M. J. (2004). Resident-Assisted Montessori Programming(RAMP): training persons with dementia to serve as group activity leaders. *The Gerontologist*, 44(3), 426-431.

This study followed a small group of residents with early-onset dementia in order to determine if they would be able to lead small-group activities in the later stages of dementia. Assessments of the individuals leading the group were conducted based on their ability to retain the information needed to lead the session, their engagement in the session as well as their overall emotional state. The study concluded that the individuals leading the group found a general state of satisfaction and the individuals in the group appeared to have higher levels of engagement and joy compared to their normally scheduled activities. It was concluded that many individuals in the early stages of

dementia still have their procedural memory and may benefit cognitively from filling leadership roles. This social experience is beneficial for the individual in the leadership position, but also benefits the individuals taking part in the group activity.

Camp, C. J., Cohen-Mansfield, J., & Capezuti, E. A. (2002). Mental health services in nursing homes: Use of non-pharmacologic interventions among nursing home residents with dementia. *Psychiatric Services*.

This article focuses on interventions for individuals with dementia that do not rely on pharmacy. The emphasis is to find interventions for responsive behavior and how to provide engaging activities that help individuals have purpose each day. The more structured the activity, the more likely the individual is to remain engaged and focused on the task. The article suggests agitation generally arises due to a lack of stimulation (both social and environmental) and is therefore not to be treated with restraints. Using spaced retrieval and activities based on Maria Montessori's principles, the needs of individuals with dementia can be met which in turn can help prevent further deterioration of the brain. Behaviours can be addressed by understanding the need the person is trying to relay.

Padilla, R. (2011). Effectiveness of environment-based interventions for people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65(5), 514-522.

This study suggests that a complex visual environment that disguises unsafe areas may prevent an individual from wandering. The article states that unlike other initiatives, the Montessori approach is based on abilities and interests that help give the individual purpose and are therefore more meaningful. Four studies have suggested higher levels of engagement, reduced responsive behaviours, greater enjoyment in tasks, and less anxiety about performing the task are associated with Montessori programming. The programming also showed that individuals had a greater attention span, object permanence and memory. There was also a significant decrease in agitation, aggressive behavior as well as physically nonaggressive behavior.

Kolanowski, A. M., Litaker, M., & Buettner, L. (2005). Efficacy of theory-based activities for behavioral symptoms of dementia. *Nursing research*, 54(4), 219-228.

Research suggests that many responsive behaviors exhibited by individuals with dementia are due to agitation and boredom. This study tested the Need-driven Dementia-compromised Behavior (NDB) model but using activities designed according to an individual's skills and interests in order to see their effects on responsive behaviours caused by passivity and agitation. The study was a crossover experimental design and consisted of 30 participants. The participants were measured on engagement, affect, and behavioural symptoms. Under the conditions of the NDB, the researchers found participants spent more time engaged, appeared to have a positive affect and were less passive than those under the control condition. When the activities are catered to the individual's interests and abilities, the individual is able to perform at higher levels.

Padilla, R. (2011). Effectiveness of environment-based interventions for people with Alzheimer's disease and related dementias. *American Journal of Occupational Therapy*, 65(5), 514-522.

This study was designed as an intervention for four individuals living with dementia in order to help support their performance of activities and to better their everyday life, regardless of their level of impairment. The program included that; task conditions are highly supportive, episodic and semantic memory skills for successful performance should be minimized, an acceptable performance level should be possible and factors related to patients motivation and habits should be taken into account. Using the Assessment of Motor and Process Skills instrument, positive results were seen in three out of four patients.

Cohen-Mansfield, J. (2001). Nonpharmacologic interventions for inappropriate behaviors in dementia: a review, summary, and critique. *The American Journal of Geriatric 3Psychiatry*, 9(4), 361-381.

This review of research suggests that there are three significant psychosocial theoretical models that have been most commonly associated with responsive behaviours associated with dementia. The models include: the "unmet needs model", a behavioural/learning model, and an environmental vulnerability/reduced-stress threshold model. 83 sources based on non-pharmacological interventions suggest that sensory environments, social contact (real or simulated), behaviour therapy, staff training, structured activities, environmental interventions, medical/nursing care interventions and combination therapies have all had a significant impact on the lives on individuals living with dementia. Individualizing care and finding the perfect combination of the above strategies utilizes the best results.

Kolanowski, A. M., Buettner, L., Costa Jr, P. T., & Litaker, M. S. (2001). Capturing interests: Therapeutic recreation activities for persons with dementia. *Therapeutic Recreation Journal*, 35(3), 220.

This article highlights how many therapeutic activities have proven to be extremely beneficial for combatting responsive behaviours in individuals with dementia. One of the biggest difficulties is finding activities that are purposeful. This article highlights that selecting activities can be as simple as knowing the individuals skill level and interests. Ten residents had the opportunity to test this theory in a cross-experimental study where they took part in controlled activities that were based off their skills and interests. The activities catered to skills and interests (as opposed to generic tasks) proved to reduce responsive behaviours.

Han, P., Kwan, M., Chen, D., Yusoff, S. Z., Chionh, H. L., Goh, J., & Yap, P. (2010). Acontrolled naturalistic study on a weekly music therapy and activity program on disruptive and depressive behaviors in dementia. *Dementia and geriatric cognitive disorders*, 30(6), 540-546.

The focus of this study is to determine if a structured weekly music and activity program can lessen responsive and depressive symptoms of individuals with dementia. Over a course of 8 weeks a group of individuals with dementia attended a session hosted by a registered music therapist where they were measured on the Apparent Emotion Scale

(AES) and the Revised Memory and Behavioral Problems Checklist (RMBPC). Results showed a significant increase in mood and a significant decrease in responsive behaviors. It was concluded that a weekly session of music and activity based therapy can help eliminate responsive and depressive behaviours in individuals with dementia.

Gitlin, L. N., Winter, L., Burke, J., Chernett, N., Dennis, M. P., & Hauck, W. W. (2008). Tailored activities to manage neuropsychiatric behaviors in persons with dementia and reduce caregiver burden: a randomized pilot study. *The American Journal of Geriatric Psychiatry, 16*(3), 229-239.

This study focuses on whether a Tailored Activity Program (TAP) reduces responsive behaviours associated with dementia. The study also analyzed whether these interventions would reduce caregiver burden and in turn, enhance overall well-being. Sixty patients and their caregivers were studied for four months. An occupational therapist used neuropsychological and functional testing, selection and created activities specific to the individual based on needs, interests, skills and abilities, and then instructed the caregivers how to run the activity. At the end of the study, caregivers found there were less responsive behaviours, a greater sense of self-efficacy, skill and enhancement and less time engaged in care.

Zgola, J. M. (1987). *Doing things: A guide to programing activities for persons with Alzheimer's disease and related disorders*. JHU Press.

This book discusses how activities and roles of daily living that an individual may have once been able to execute have now become difficult or impossible if they have been diagnosed with dementia. Caregivers and loved ones have speculated that not being able to execute these simple tasks causes individuals with dementia to lose their identity. These feelings of loss as well as boredom are what cause responsive behaviours such as pacing, agitation and perseveration. In order to find their sense of worth, the book suggests that individuals with dementia should find activities that can help rebuild their self-confidence. This book suggests that making activities simplified and by supporting the individual through the task, individuals with dementia can find their sense of worth, feel happy and ultimately that the caregiver will see reduced responsive behaviours.

Olazarán, J., Reisberg, B., Clare, L., Cruz, I., Peña-Casanova, J., Del Ser, T., ... & Spector, A. (2010). Nonpharmacological therapies in Alzheimer's disease: a systematic review of efficacy. *Dementia and geriatric cognitive disorders, 30*(2), 161-178.

This systematic review of 1313 candidate studies argues that non-pharmacological therapies (NPTs) can prevent responsive behaviours associated with dementia such as depression and agitation. Non-pharmacological interventions can be defined as “any theoretically based, nonchemical, focused and replicable intervention, conducted, with the patient or the caregiver (CG), which potentially provided some relevant benefit.” One of the most recognized non-pharmacological interventions mentioned in the review is using meaningful cognitive based activities to prevent or halt responsive behaviours. Non-pharmacological approaches to dementia care have been recognized as being both effective and cost-friendly.

Kwack, H., Relf, P. D., & Rudolph, J. (2005). Adapting garden activities for overcoming difficulties of individuals with dementia and physical limitations. *Activities, Adaptation & Aging, 29(1)*, 1-13.

This article discusses how using gardening and horticultural activities for individuals with dementia can be extremely effective in relieving responsive behaviours. However, in order to cater to an individual with dementia's specific needs and abilities, gardens need to be adapted in a way that makes them accessible and simple to work with. These methods will assist in making the individual feel more confident, less frustrated and set up for success.

Clarke, A., Jane Hanson, E., & Ross, H. (2003). Seeing the person behind the patient: enhancing the care of older people using a biographical approach. *Journal of clinical nursing, 12(5)*, 697-706.

This study aimed to look at whether using a biographical approach would assist in promoting person-centered care. The study used storytelling as a way for caregivers and visitors to better understand who the person is/was behind the dementia. Family and staff assisted in putting together personalized biographies for residents and then used the books to put together personalized care plans for them. Data was collected from focus groups, interviews and observation in order to determine whether the personalized biographies would assist in informing care. The study concluded that the biographies were perceived as an enjoyable way for caregivers and practitioners to find personalized ways to interact with the individual. This study can be applied to finding ways to personalize activities that support an individual's unique skills and abilities.

CHRISTENSEN, H., KORTEN, A., Jorm, A. F., Henderson, A. S., SCOTT, R., & Mackinnon, A. J. (1996). Activity levels and cognitive functioning in an elderly community sample. *Age and Ageing, 25(1)*, 72-80.

This study sampled a group of 858 community members with dementia in order to determine the effect of activity levels on crystallized intelligence, fluid intelligence and memory. Using the mini-mental state examination, the study analyzed whether or not activity levels would increase or decrease performance of crystallized and fluid intelligence as well as memory. The study proposed that activity and cognitive exercise is vital to preventing further impairment and deterioration. This study found that activity influenced cognitive performance independently of sensory dysfunction and disability. It is important that the activities are stimulating and encourage mental stimulation. The study confirms that sensory as well as motor functioning are equally important to maintain cognitive performance. The study suggests that with age deficits will worsen, but with activity the deterioration will be gradual rather than constant.

Leung, G. T. Y., Fung, A. W. T., Tam, C. W. C., Lui, V. W. C., Chiu, H. F. K., Chan, W. M., & Lam, L. C. W. (2011). Examining the association between late-life leisure activity participation and global cognitive decline in community-dwelling elderly Chinese in Hong Kong. *International journal of geriatric psychiatry, 26(1)*, 39-47.

This study followed 505 participants aged 60 and over who were not diagnosed with dementia at the beginning of the study. The researchers collected information based on

leisure activity participation, global cognitive function and important sociodemographic variables. Activities were classified into sub categories such as intellectual, social, physical and recreational. Results showed that residents who participated more in intellectual activities were less prone to cognitive decline.

Black, D. S., Cole, S. W., Irwin, M. R., Breen, E., Cyr, N. M. S., Nazarian, N., ... & Lavretsky, H. (2013). Yogic meditation reverses NF- κ B and IRF-related transcriptome dynamics in leukocytes of family dementia caregivers in a randomized controlled trial. *Psychoneuroendocrinology*, 38(3), 348-355.

This study looked to find the biological mechanisms of how a daily practice of yoga and meditation can influence the brain. It followed 45 family caregivers of individuals with dementia. The participants were separated into two conditions, one where they took part in Kirtan Kriya Meditation and one where they simply listened to relaxing music. Each condition lasted for 12 minutes a day for 8 weeks. Using promoter-based analyses, researchers collected genome-wide transcriptional profiles from peripheral blood leucocytes throughout the 8 weeks. The study revealed that yoga meditation can reverse the pattern of increased NF- κ B- related transcription of pro-inflammatory cytokines. They also found there was a decreased IRF1-related transcription of innate antiviral response genes which is commonly found in healthy individuals who had faced a significant life stressor.

Chan, A. S., Ho, Y. C., Cheung, M. C., Albert, M. S., Chiu, H. F., & Lam, L. C. (2005). Association Between Mind-Body and Cardiovascular Exercises and Memory in Older Adults. *Journal of the American Geriatrics Society*, 53(10), 1754-1760.

This study compared the effects of older individuals who practiced mind-body exercise as opposed to cardiovascular exercise. The exercises were categorized by observing the individual's: motion speed, emphasis on relaxing the mind, and their conscious control of movement and was assessed using the List Learning Test. The study was conducted in Hong Kong with 140 adults aged 56 and up. The study found that neither one of these exercises were better than the other, but when they are used in combination that their learning and memory was better than individuals who did not exercise on a regular basis. Those who practiced both types of exercise seemed to perform better than those who only practiced one. The study concluded that the combination of these exercises can preserve memory in older adults and can be an effective alternative for adults who cannot practice strenuous physical exercise.

McGilton, Katherine. A patient centered approach to being with other adults with dementia. Brain Xchange Webinar. Alzheimer Society. Sept 16, 2015.

Wilkinson, A., Charoenkitkarn, V., O'Neill, J., Kanik, M., & Chignell, M. (2017, April). Journeys to engagement: Ambient activity technologies for people living with dementia. In *Proceedings of the 26th International Conference on World Wide Web Companion* (pp. 1103-1110). International World Wide Web Conferences Steering Committee.

Part 2 – Colour & Vision

Summary

Vision and Colour

**White and Black and Yellow and Black as leading Visibility choices
AND
Benefits of both Visibility and Conspicuity**



Summary:

When glasses are not entirely corrective, there are tools and techniques to accommodate for the other causes of 'low vision' that may prevent an older adult from being able to read. One method is to use colour contrast to enhance abilities. Research has shown that black on white and black and yellow are the best options for visibility (Hackman & Tinker, 1957) and yellow and black are cited as having the best conspicuity (Green, 2002 a & b). In the DementiAbility workshops we ask the participants what they find 'easiest to see'. We show the group each of the following different choices:

- the black print on white paper
- black text on yellow paper
- black text on an orange-yellow paper (a deeper colour – not as bright as a pure yellow)

We then ask what they find easiest to see. Almost unanimously, people pick the black on yellow option. Regardless of whether they are selecting based on ease of seeing or conspicuity, it has been clear that the yellow background aids those who need help supporting their vision and enhancing visual deficits.

Why do people pick the black on yellow as their preference? Both black on white and yellow on black are cited as having strong 'visibility' (Hackman, & Tinker, 1957; Tinker & Patterson, 1931). So both options do provide the best combination for vision. To add to this, research has shown that yellow and black is the option that has been cited to have the best visibility and conspicuity. "A person may fail to see even highly visible objects if they do not attract attention. Conspicuity attracts the spotlight and brings objects into conscious perception (Green, 2002). Some colors attract attention better than others." These are important points when working with those with limited attention and also perceptual deficits.

Study outlining value of black and yellow:

Research below taken directly from: <http://www.visualexpert.com/Resources/colorfunctionality.html> as per the research of Marc Green, PHD

Visibility

Certain color combinations enable better detection, discrimination and recognition of objects and improved legibility of text. Brightness contrast, along with size and viewing distance, is the prime determinant of print legibility. High brightness contrast is created by some color combinations but not by others. It is not the colors per se that matter, but rather that different colors have different brightnesses. Black/white is the best combination because it provides the highest brightness contrast. There is also good apparent contrast for black/yellow, the color pair that has the next highest brightness difference. Research studies (Hackman, & Tinker, 1957; Tinker & Patterson, 1931) have confirmed this prediction by experimentally showing black/white and black/yellow produce best legibility. In sum, black/white and black/yellow are best.

Driving example: The high brightness contrast between black and yellow enables drivers to see the important information 1) at a greater distance, 2) with smaller sized numbers, 3) in peripheral vision, 4) under poorer weather conditions and 5) in spite of eye disease or visual loss due to aging. It also allows them to respond faster.

Conspicuity

A person may fail to see even highly visible objects if they do not attract attention (Green, 2002a,b). Conspicuity attracts the spotlight and brings objects into conscious perception. Some colors attract attention better than others.

The issue of color conspicuity has been extensively studied because of its immense practical importance.

Since the fovea is small, conspicuous objects must be able to attract attention when seen in low-resolution peripheral vision. Colour can be an effective conspicuity device because it is easily and quickly perceived without the cognitive effort required in reading and can be perceived in peripheral as well as in central vision.

For many years red was considered the most conspicuous color. Recent research in commercial and safety fields has converged on the same conclusion: the most conspicuous colors are yellow and yellow-green, sometimes called "lime yellow."

Here are just a few examples:

- A study found that yellow-green fire engines have far **fewer accidents** than red ones. The green-yellow engines are more conspicuous to motorists.
- A study of forestry worker clothing found that "lime-yellow" was the most **detectable** color and recommends its use for worker clothing.
- A large-scale study asked over 12,000 people to rate the **"visibility"** of a mannequin dressed in a variety of colors. Yellow was the clear winner. It also was chosen by 97% of 119 color deficient observers.
- A marketing textbook contains a section on use of color to gain attention and says "Certain colors are inherently eye catching. Yellow is powerful because of its **luminosity**, and it is especially powerful when combined with black." Black/white has best visibility but low conspicuity. Moreover, the signs are normally seen against a blue background, the sky. Yellow is the color with the highest color contrast against blue backgrounds, providing better conspicuity.

Other research on colour:

- The Organization 'Web for Accessibility in Mind' suggests that black and white and yellow and black are the best options for providing high visibility of words for the reader.
- Salvi, S. M., Akhtar, S., & Currie, Z. (2006) discuss how contrasting colours are important as the eye develops a "yellow film", turning most things to look a shade of yellow. This is why we would put something on a yellow background with black font. It contrasts with the black words and does not distort the colour of the background.
- Robnett, R. H., Shanahan, P., Mullahy, C., Hui, Y. H., Chop, W. C., & Cross, N. (2013) recommend the use of "black with white or yellow contrasts" under decreased ability to see contrasts.
- McClure, R. J., & Massengill, R. K. (1999) found that "whether viewed by one eye or both, if yellow is used for the background, it produces a relatively strong excitation of the medium wave length and long wave length retinal cone receptors, while producing little or no excitation of the short wave length retinal cone receptors. On the other hand, if blue is used for the test stimulus, it produces a relatively strong excitation of the short wave length retinal cone receptors, while producing little or no excitation of the medium wave length and long wave length retinal cone receptors."
- Wolffsohn, J. S., Cochrane, A. L., Khoo, H., Yoshimitsu, Y., & Wu, S. (2000) discuss how contrast is enhanced by yellow lenses because of selective reduction of short-wavelength light.

- The web accessibility initiative suggests there is more fixation when black text is on a coloured background. It was the preferred reading style for around 40% in the study. It was the style individuals with dyslexia preferred the most.

Typeface Recommendations

Typeface is described as the “distinctive design of an alphabet of letters and related characters” (Morrell & Echt, 1997, page 341). A typeface with a monotone appearance (e.g. – Sans Serif or Arial, exhibited here, and below) is easiest to read, meeting the criteria for designing materials for older eyes. Novelty characters may be quite ornate, but, in many cases, may catch the eye at the expense of providing clarity and ease of reading. Morrel and Echt (idid) have found that novelty fonts are difficult to decipher. (e.g. – Matisse of Kaufman BT or Westminster). Hartley (1994) recommends these sorts of novelty typefaces should be avoided when designing text for older adults. *As a case in point, would you find it difficult to read a book if it had been written entirely in this Westminster font? This sentence was typed in size 12 font – but as you have concluded by now the letters and curls are far too close together for easy reading.*

Sorg (1985) surveyed older adults to determine which font was easiest for them to read. She found that Century Schoolbook was more easily read by older adults but it is interesting to note that Vanderplas and Vanderplas (in Meyer and Poon, 2006) found that older adults read the Sans Serif (Helvetica Bold) faster than several of the serif typefaces. (Note: Century Schoolbook is similar to Times New Roman or Bookman Oldstyle.) When you make decisions about the type of font to use remember that simplicity is best. In fact, it is recommended that you use Arial or Sans Serif (which literally means ‘without curls’. The author sought the opinions of a variety of people, who represent the target audience for this book, and the general consensus what that they preferred this size and type of font).

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Part 3 – Communication and Dementia

Communication and Dementia Resources

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Part 4 – Culture Change Knowledge Translation

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Additional Research

OTHER

Staff Grief

http://www.alzheimer.ca/~ /media/Files/national/For-HCP/staff_grief_e.pdf

“Staff often form close attachments to the clients they care for, as well as the families² they support. Yet it is sometimes assumed that somehow healthcare providers are immune to grief – and that the impact of death and their grief reactions will diminish as they witness death more frequently. Studies of staff in high-mortality settings – long-term care homes, oncology and intensive care units, and hospices – have found that when grief is not acknowledged, expressed

or supported, the effects of grief add up rather than lessen with each accumulated loss. As staff face multiple deaths and losses, it is crucial for employers to provide them with education and support in managing their grief. The benefits that result will include improved quality and consistency of care for clients and their families, increased staff retention, and higher staff morale and cohesiveness.”

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Despite epidemiologic evidence to suggest that hand hygiene is an important part of preventing health care-associated infection, patients are not provided the opportunity to do so. Human behavior is extremely complex and is the consequence of multiple interdependent influences from biology,

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We concluded that cross-infection through staff caring for more dependent residents may spread MRSA within care homes and from the recently hospitalized. Control of MSSA and MRSA in care homes requires focused infection control interventions.)

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One year after the visits, a significant increase in the mean amount of alcohol-based hand rubs used was detected while usage of antimicrobials for the prevention of urinary tract reinfections had decreased.

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“In the health care setting, current best practices to promote hand hygiene behavior include the use of multimodal strategies. As with HCWs, successful patient hand hygiene programs will likely require a multimodal approach that emphasizes important features, including the formulation, design, and availability of hand hygiene resources; timing and technique for hand hygiene behavior; education and training of patients and caregivers; monitoring adherence and providing feedback and reminders; and creating a culture of hand hygiene and patient safety among patients, HCWs, and senior hospital personnel⁶⁹ (Table 2). For a review of the components of a multimodal strategy, see the article by Pincock et al.

World Health Organization Hand Hygiene Guidelines

https://www.who.int/gpsc/5may/tools/who_guidelines-handhygiene_summary.pdf