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Montessori-Based Activities for Dementia: A Walk Down Memory Lane

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Educational Objectives

1. Familiarize readers with the Montessori method as used with participants who have dementia.
2. Demonstrate the role of Montessori-based activities for dementia in an adult day care setting.

Background

The Montessori method was initially developed by Maria Montessori, the first woman physician in Italy. Montessori worked with children of lower economic status in the early part of 20th century Rome. She believed that education would give these children a better quality of life, so she designed educational activities for children based on the abilities they had available. Montessori created schools that were called "children's houses," with small-sized chairs, tables, toilets, brooms, dishes, etc. These children's houses were the first environments created to accommodate the physical and mental capabilities of children (Myers Research Institute, 1999).

In a similar way, good long-term care facilities create environments to accommodate the physical and mental capabilities of their older adult residents. Cameron Camp, Ph.D., of the Myers Research Institute, Menorah Park for Senior Living in Beechwood, Ohio, began adapting the Montessori method for persons with dementia about six years ago. He developed a method of creating and presenting activities based on models of learning, memory, and rehabilitation with materials taken from the everyday environment.

Dr. Camp's approach utilizes materials that are designed to promote independence in daily living and positive engagement with the social and physical environment. The activities followed the first-in/last-out theory. This means that abilities acquired first in childhood remain for a longer time in persons with dementia, whereas abilities acquired later on in childhood are the first that are lost. Each activity is presented at its simplest level, and each subsequent activity builds upon the previous. The focus of each task is on the abilities of the person that are still intact. The tasks are broken down into steps that can be mastered, leading to a higher chance of success for the participant. All the information needed to complete the activity successfully is in front of the person so he or she does not have to rely on free

recall. The Montessori activities provide immediate feedback, along with repetition, both of which help facilitate learning (Myers Research Institute, 1999).

The Method

The philosophy of the Montessori method is to create persons who are as independent as possible, able to make choices, while being treated with respect and dignity. It assumes that persons want to be independent, show the abilities they have, and learn new ones; so it offers meaningful activities in environments designed to accommodate their needs. The method works with adults who have mental and physical impairments and builds upon the older adult's remaining abilities. A challenge often faced by activity professionals is finding the time to address each individual person's needs, since it is important to individualized programming when creating care plans. Consideration given to appropriate activities planning can include characteristics such as a person's past occupations, past interests, and present cognitive and physical abilities (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999). For example, a gentleman in a long term care setting would not participate in any activity, whether it was a sing-along, bingo, or crafts. He would sit alone in his room. Finally, an activities person discovered that he used to be a plumber; so she obtained some pipes, wrenches, and other tools. After she presented these to him, he would sit and "work" with these for hours. He was no longer sitting in his room idle. He would come to the activity room and work while the others played games. He had social interaction, stimulation, and felt useful again (Myers Research Institute, 1999).

Montessori activity materials are taken from the everyday environment, thereby bringing a sense of familiarity in terms of sight and touch. Interacting with these materials provides access to long-term memory through reminiscence and sensory stimulation. The one-to-one interaction provides attention and structure, as well as appropriate programming for people experiencing a decline in cognitive function (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999).

Montessori programs have the potential for improving the quality of life for clients by providing cognitive stimulation and reducing the risk of social isolation. Camp states that these types of activities encourage the client to achieve his or her highest level of functioning, while working to prevent further deterioration (Orsulic-Jeras, Schneider, Camp, Nicholson, & Helbig, 1999). Some examples of activities are "the picture sort," "color sort," and "memory bingo." For the picture sort, a person is shown pictures from two concrete categories, such as "adult" vs. "child," and the person must sort them into their appropriate categories. This activity can be tailored to fit an individual's interests, including sports, spirituality, or favorite television programs. With the color sort activity, the participant is asked to sort multiple colors of objects into corresponding colored containers. The objects could be golf balls, sticks, socks, or other familiar objects. The memory bingo game includes familiar sayings that have the last word missing. The participant has the words that complete the phrases on cards. If the word that completes the phrase is read, the participant turns that word over. Once all the words are turned over, the participant has bingo. The game continues until everyone has won. This game allows for

reminiscence, long term memory stimulation, and reading skills which are usually still intact even in those with advanced dementia.

The activities also foster self-esteem and help manage problem behaviors during activity sessions (Stevens et. al, 1998). Because the activities presented use dementia-appropriate materials and are challenging, they have a high rate of success, thereby reducing agitation and other problem behaviors. Judge, Camp, and Orsulic-Jeras (2000), have found that adult day care clients participating in Montessori- based group programming showed significantly higher levels of constructive engagement (defined as motor or verbal behaviors in response to an activity) than control group clients (controls participated in regular day care programs only).

Circle Center Adult Day Services in Richmond, Virginia is the only adult day care in central Virginia that has a dedicated program based on Montessori principles and approaches. This program, called Memory Lane, began in June 2002 after staff underwent training with Camp and his colleagues at Menorah Park. Memory Lane serves participants at the center who have been diagnosed with mid- to late-stage dementia who have Mimi Mental State Exam scores ranging from 0 - 14. The program is designed in four blocks of time throughout the day, where participants are involved in Montessori activities for forty-five minutes to one hour. Up to 32 participants can be enrolled in the program. This arrangement allows participants to function at their highest level possible by scheduling them at times during the day when they feel their best, while giving them periods of rest before or after activities. Family caregivers are offered training to use the method at home and receive feedback about their family member in the program through monthly progress reports.

Case Study

Mrs. H is a 96 year old widowed Caucasian female who started coming to the adult day care center two years ago. She lives with her daughter and her daughter's husband. Mrs. H has some college education and worked as a secretary when she was younger. She came to the center exhibiting mild dementia symptoms, probably due to multiple TIAs. At first, she was able to participate in regular programming at the center and enjoyed the large group socialization. Over the past two years, Mrs. H's dementia has progressed to the point where she can only tolerate the large group for a few hours in the morning and can no longer fully understand the games and other activities being presented. When taken to a quieter environment, she would get anxious and frustrated about why her daughter has not come to pick her up yet. The staff at the center tried to keep her busy by having her fold napkins or other simple tasks, but this would get tedious and boring for her. She would occasionally begin to cry because she didn't understand why she couldn't go home and was tired of just sitting and waiting.

Fortunately, the center began the Montessori-based program at the time when Mrs. H's needs increased. She participates twice a day. She comes once in the morning for an hour and participates in the Montessori activities. Afterwards, she returns to the regular programming for a snack and socialization with the rest of the participants. After lunch, Mrs. H goes back for another hour of Montessori activities where she often helps other participants in the program with their activities. Some examples of activities that Mrs. H enjoys the most are the treasure hunt, stringing beads, and the cutting

exercise. The treasure hunt consists of a plastic tub fill $\frac{1}{4}$ - $\frac{1}{2}$ full of corn kernels, several large flat round objects such as bingo chips, and a template of the outlines of the flat objects. The object of the activity is for the client to find the objects hidden in the corn and place them on the template. This activity promotes and maintains the ability to stay on task, helps demonstrate object permanence, and provides tactile stimulation. The stringing beads activity consists of plastic or wooden beads of any kind, and string. The activity develops hand-eye coordination and practices skills used in arts and crafts, such as the pincer grip, fine motor skills, and range of motion. The cutting exercise consists of pieces of paper with outlined shapes, pictures, or lines to cut out and a pair of scissors. This promotes hand-eye coordination, develops gross and fine motor skills, and practices using tools. These activities helped to increase her self-esteem because she completed each activity with success and promoted her socialization in the small group setting. She would often state how happy she was to be doing these activities and how much she enjoyed being in the Montessori room. Staff have noticed that her periods of anxiousness have decreased and crying for her daughter have almost completely disappeared.

Conclusion

Mrs. H is now presented with appropriate activities for periods throughout the day; therefore, her self-esteem has increased and she has shown less anxiousness about going home. She is able to succeed with the activities presented to her, making her more willing to participate. Mrs. H no longer worries about when her daughter will come to pick her up while she is in the Montessori program and feels a greater sense of satisfaction with herself and her environment.

As the aging population and the prevalence of dementia increase, facilities serving older adults need to provide improved quality programming to maintain or enhance the quality of life for these individuals. Montessori-based activity programs can serve to fill this growing need. Such programs not only provide meaningful activities but also enhance recognition and memory, as well as a sense of completion and success for dementia participants.

Study Questions

1. Upon what principles is the Montessori system based?
2. How do individuals with dementia benefit from Montessori-based activity programs?
3. Compare and contrast Montessori-based activities to regular programming activities in adult day care centers. What are significant differences in staffing and in caregiver involvement?

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