



Dementia Care: Social Prescription in Action

Linked Senior's June Summit | June 21st

Featured Speakers



CAMERON J. CAMP,
PH.D

- Director of Research and Development | Center for Applied Research in Dementia
Creator of the Montessori Method in Dementia Care
Dementia Author and Educator



DAVID TROXEL, MPH

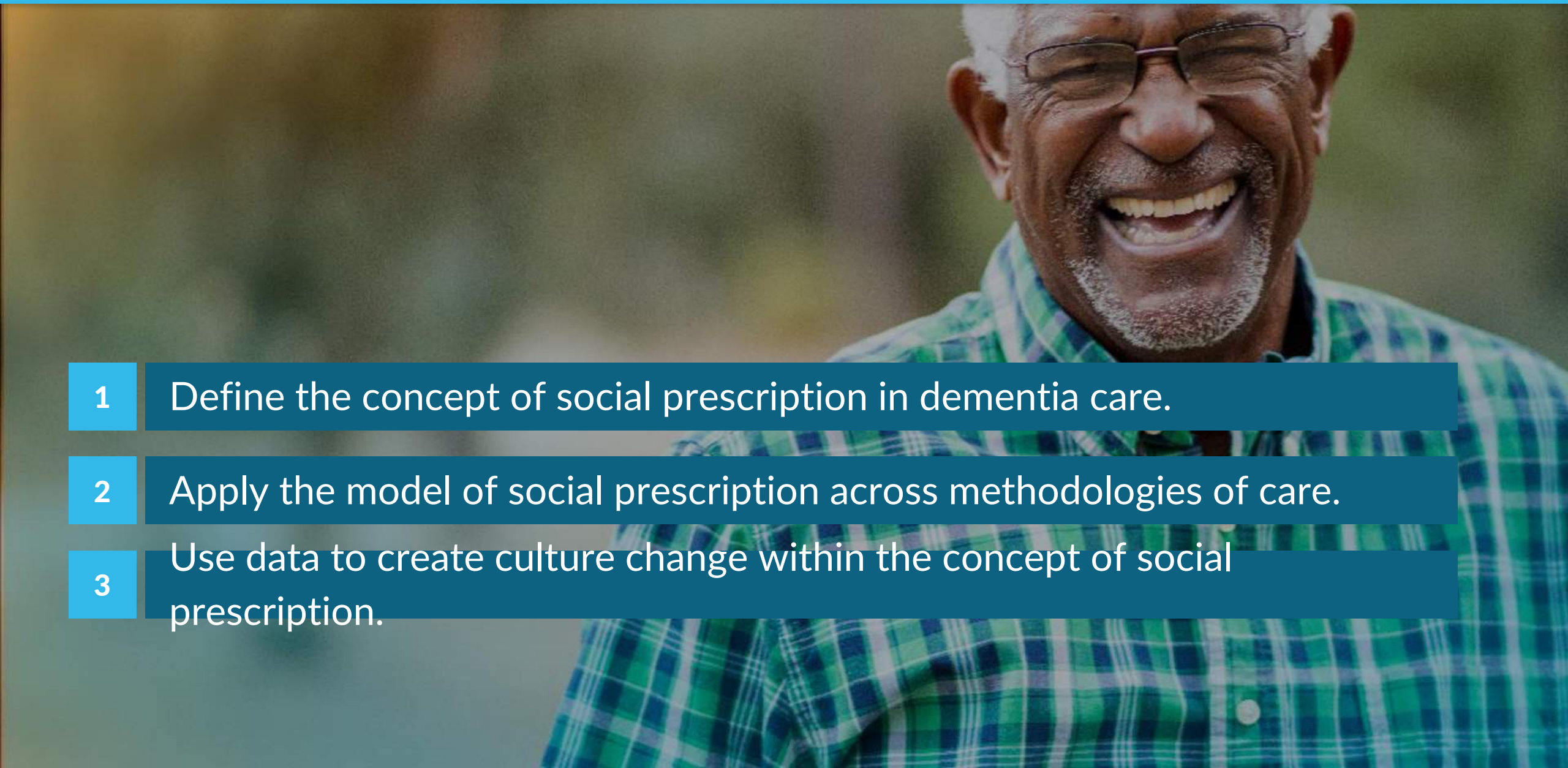
- Co-Creator and President of Best Friends™ Approach
Dementia Author and Educator



JENNIFER STELTER, PSYD, CDP,
CADDCT, DCS, DCSCT

MODERATOR

- Director of Product Research | Linked Senior
Chief Engagement Officer | Resident Engagement Institute (REI)
Chief Executive Officer | NeuroEssence, LLC at the Dementia Connection Institute (DCI)
Johns Hopkins Press Author and Dementia Educator
Creator of the Dementia Connection Model©

- 
- 1 Define the concept of social prescription in dementia care.
 - 2 Apply the model of social prescription across methodologies of care.
 - 3 Use data to create culture change within the concept of social prescription.

Social Prescription:

- Our social surroundings impact 70% of our health - where we live, our education, who we interact with, our meaning and purpose in life, and our strengths and weaknesses.
- ‘Meaning is medicine’ - providers can fulfill more than 70% of an aging person’s health care needs by simply providing meaning through engagement.
- Providing care that supports all domains of wellness of the person, not just their physical needs.

In Dementia Care:

- There is no medical treatment for dementia. Therefore, the medical model doesn’t work here. The Social Prescription Model works here.
- To understand the disease and it’s progression and how it’s impacting each individual person and their caregivers.
- To know who they are and incorporate that into their care, engagement and interactions. Let their essence of who they are be their driver of their care.
- Staff need to enable Social Prescription by engaging ‘with’ the person, not ‘to’ the person.

The Social Prescription Model Starting to Work in Action

- In 2017, Linked Senior partnered with the Responsive Group in Toronto and Western Oregon University to research resident engagement with funding from the Baycrest-led Centre for Aging + Brain Health Innovation (CABHI). The one-year study was with 185 residents from three Responsive long-term care and memory care communities who were grouped as: (1) Low-Engagement Residents (75 people) versus (2) High-Engagement Residents (110 people).
- The study found that being highly engaged in recreational activity is associated with increased cognitive functioning and social engagement, as well as decreased aggression and antipsychotic medication use.
 - 20% decrease in anti-psychotic use
 - 18% decrease in aggressive behaviors
 - 3% increase in cognitive performance
 - 20% increase in social engagement
- Furthermore, can engagement prescriptions produce improvements in clinical and quality outcomes...stay tuned to the work done by Linked Senior!

Let's look at empirically-validated methodologies that are exemplars of the Social Prescription model



RESIDENT ENGAGEMENT
INSTITUTE

Powered by Linked Senior

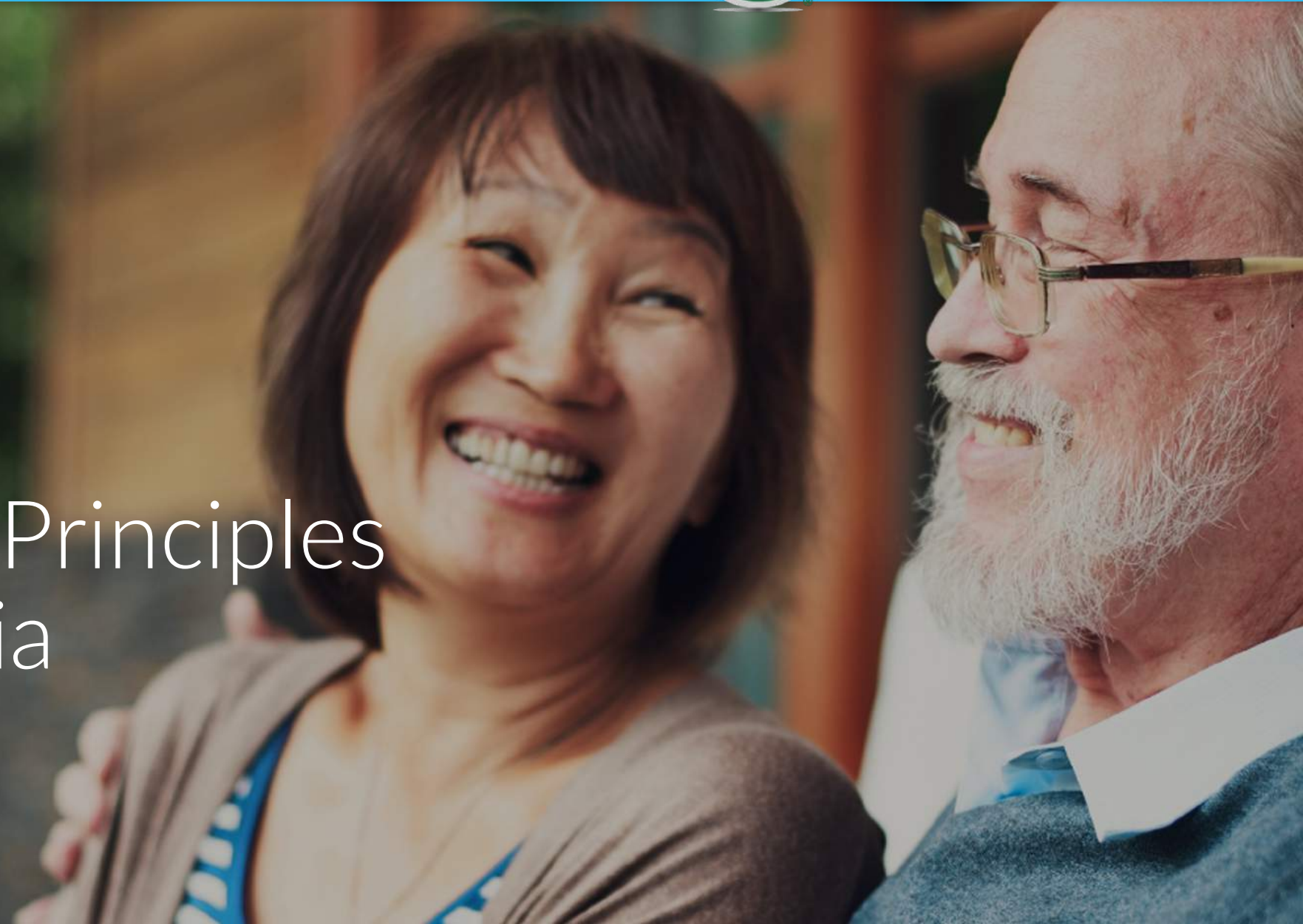


Center for Applied
Research in Dementia
Creating effective memory interventions.

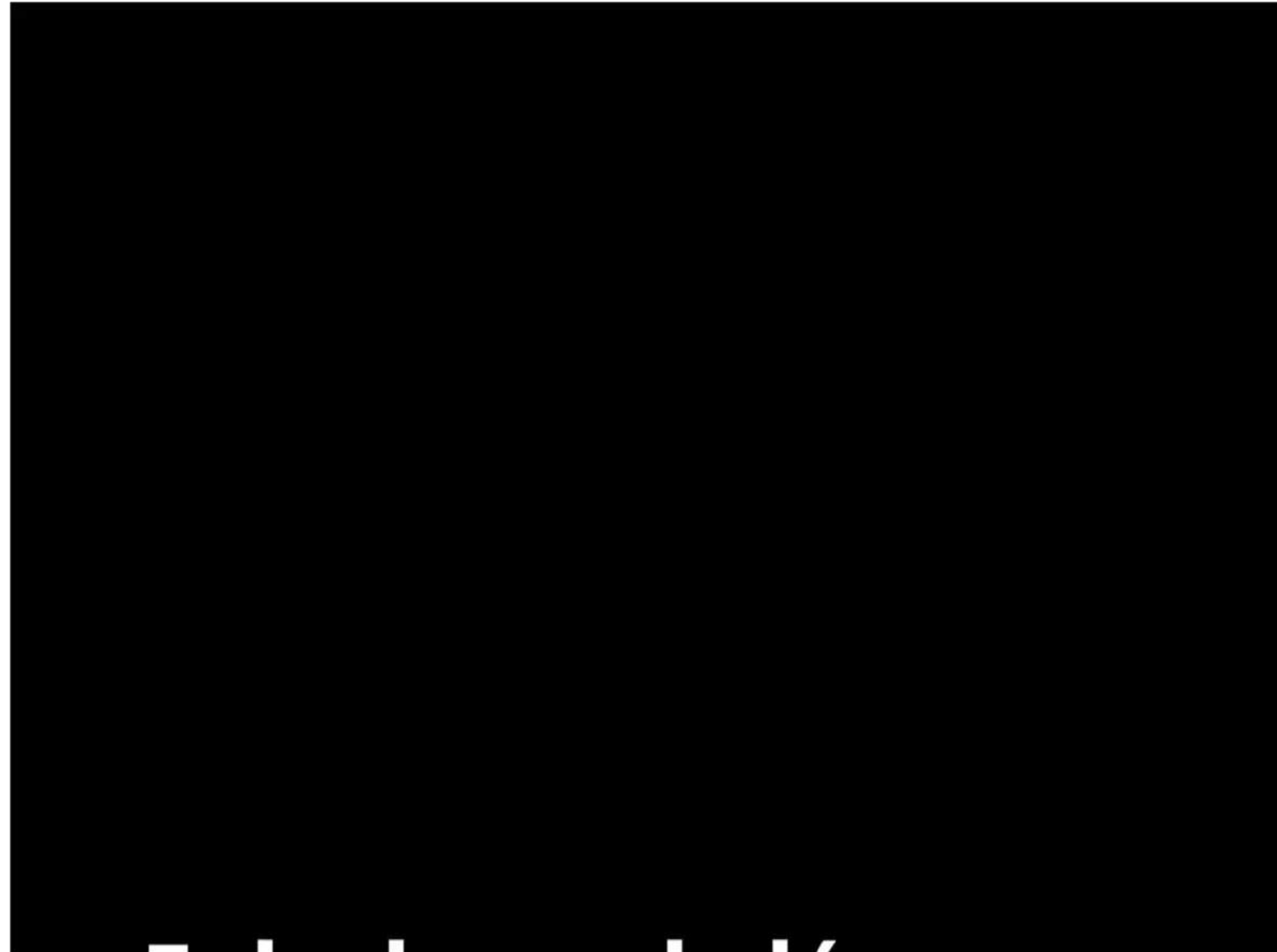
Social Prescription

Montessori Principles for Dementia

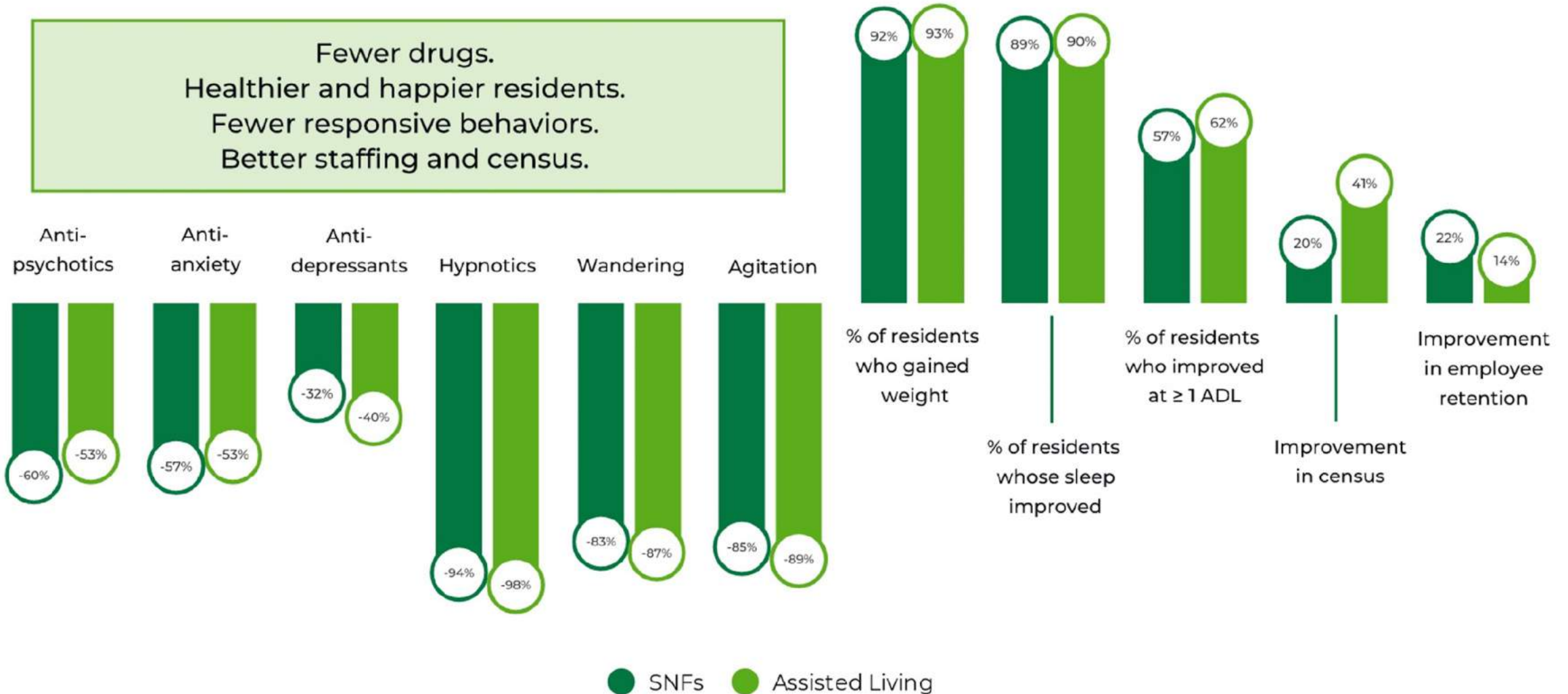
Cameron Camp, PhD
Ohio



- Let's start with a look into a Montessori-inspired community for persons with dementia



Better outcomes for Assisted Living and SNFs*



*Results after 1 year of Montessori-Based Dementia Training across 7 Assisted Living Facilities and 9 SNFs (Wit-Hoblitz, Miller, & Camp, 2016)

We believe...

- It is possible to live well with dementia
- Persons with dementia can still learn
- Independence and purpose matter!
- Responsive behaviors in dementia represent unmet needs

The Montessori Approach

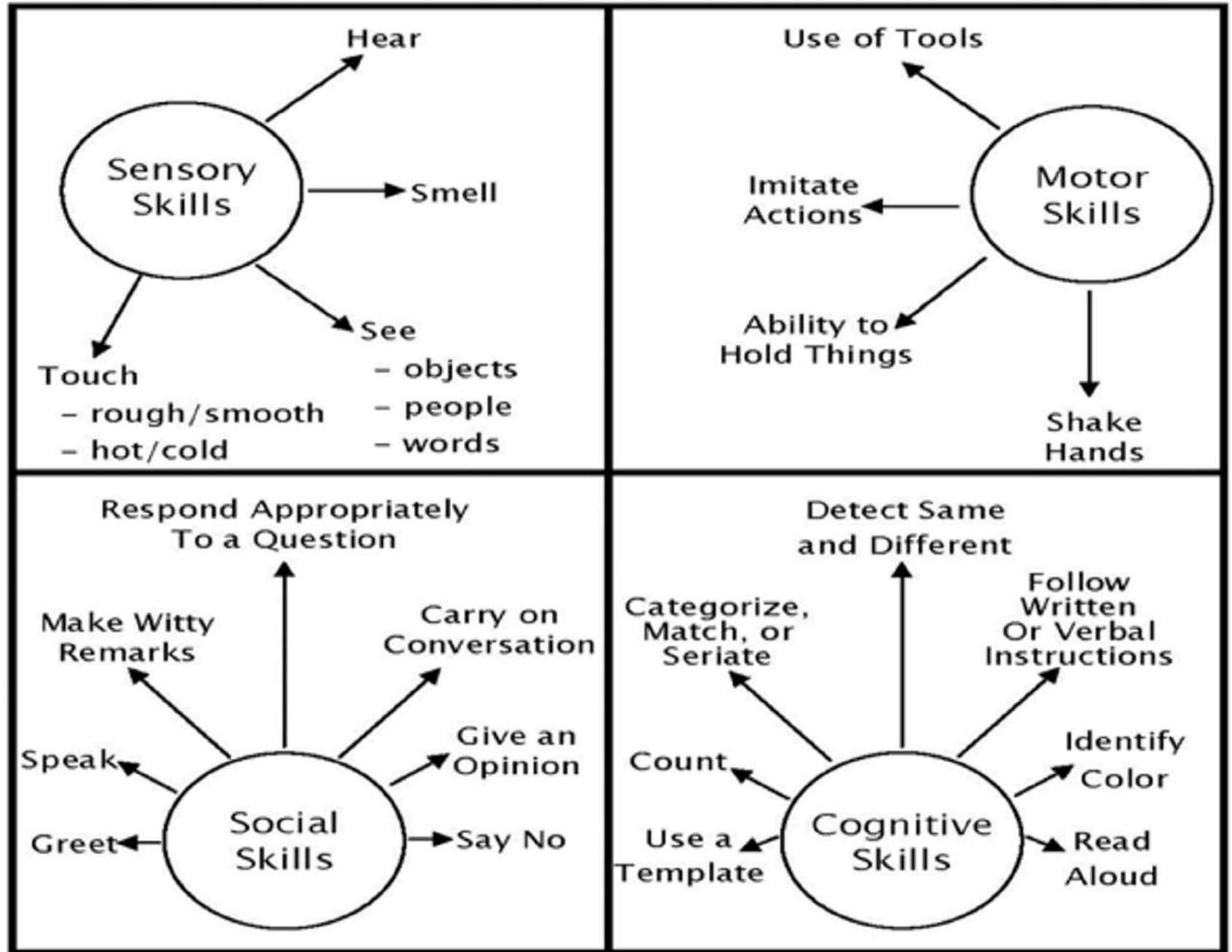
- Dignity, equality, and respect
- Focus on strengths and the minimal amount of assistance needed to be successful
- Meaningful roles and community involvement
- An environment that promotes engagement

Paradigm Shift from the Status Quo

- Memory and cognition are highly valued in our culture
- Dementia is viewed through a medicalized lens
- Focus on disease and associated losses
- Emphasis on entertainment and distraction rather than purposeful roles

Finding Strengths

1. Identify the strength
2. Find a meaningful way to draw on that strength
3. Just TRY it!



Independence

- Montessori's philosophy was to step back and allow children to be independent.
- "Everything you do for me, you take away from me." -Montessori
- How can we do this with persons with dementia?
 - Find strengths, focus and build on them
 - Utilize "cognitive ramps"
 - Think of dementia as a disability, not a disease.
 - Teach them what they need to be successful

12 Key Montessori Principles

1. The activity should have a sense of purpose and capture interest
2. Invite the person to participate
3. Offer choice whenever possible
4. Demonstrate more. Talk less.
5. Physical skills. Focus on what the person CAN do.
6. Match your speed to theirs. Slow down!
7. Use visual hints, cues, or templates
8. Give the person something to hold
9. Go from simple to more complex
10. Break a task down into steps
11. To end, ask: “Did you enjoy doing this?” and “Would you like to do this again?”
12. There is no right & wrong. Think engagement.

The Importance of Activity

- Activity is not just entertainment. Activity is everything we do from the moment we wake up to the moment we go to bed.
- The activities we do give us a sense of control, a role within our community, and they shape our identity.
- Activities **MUST HAVE PURPOSE**. Leisure and entertainment-based activities are good for a little while, but we need purposeful activity too.

Purpose and Self-Esteem





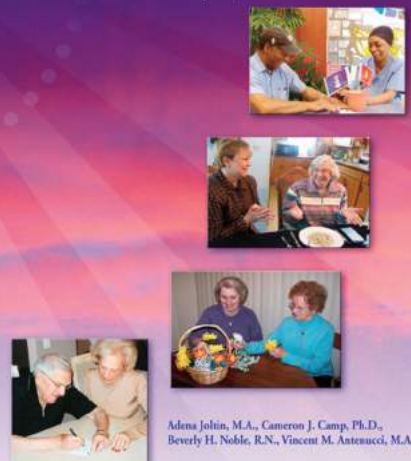
Center for Applied Research in Dementia

Creating effective memory interventions®

www.cen4ard.com


A Different Visit

Activities for Caregivers and their Loved Ones with Memory Impairments




Adena Joltin, M.A., Cameron J. Camp, Ph.D.,
Beverly H. Noble, R.N., Vincent M. Antenucci, M.A.

This work was supported by a grant from the Alzheimer's Association




Montessori-Based Activities for Persons with Dementia

Volume 1




Second Edition

Cameron J. Camp, Ph.D.
Editor



Montessori-Based Activities for Persons with Dementia

Volume 2




Cameron J. Camp, Ph.D., Nicole Schneider, B.S., Silvia Orsulic-Jeras, M.A.,
Jeanne Mattari, Ph.D., L.S.W., Adena McGowan, M.A., Vincent M. Antenucci, M.A.,
Megan L. Malone, M.A., S.L.P., Gregg J. Gorzelle, B.A.,
Artistic Director - Charole A. Kalman

This work was supported by a grant from the National Institute of Mental Health

Teaching Empathy and Conflict Resolution to People with Dementia

A Guide for Person-Centered Practice



Cameron Camp and Linda Camp



Person-Centered Montessori Abilities System™

www.cen4ard.com

© 2002 Cameron J. Camp III and Associates, LLC



Social Prescription

The Best Friends™
Approach to
Dementia Care
and the Power of
Activities with
Engagement

David Troxel, MPH
Sacramento, CA



Introduction & History

Founded in the 1980's through work at the University of KY Alzheimer's Disease Research Center and the Helping Hand Day Center. (Bell & Troxel)

Early recognition about the power of socialization to create a "therapeutic" or "healing" environment.

Focus on life story work, communication and human rights.



Introduction & History

A model of care in private and public settings used in the US and internationally.

Activities professionals have embraced the approach and its support of activities with purpose and engagement.



The Best Friends™ Approach

BE A “BEST FRIEND”

- Empathy and understanding
- Affection/warmth
- Knowing and using Life Story
- Working on communication
- Creative problem solving
- Doing things together
- **Employing caregiving knack, “the art of doing difficult things with ease or clever strategies.”**



Meet Patricia, “folk artist”

The Best Friends™ Approach



The Best Friends™ Approach

Life Story Work – The Hotel Manager



Activities with Engagement – the “treatment” for dementia?

Music

Exercise

Time spent outdoors

Chores

Doing something for others

Streaming programs on nature or history

Learning together

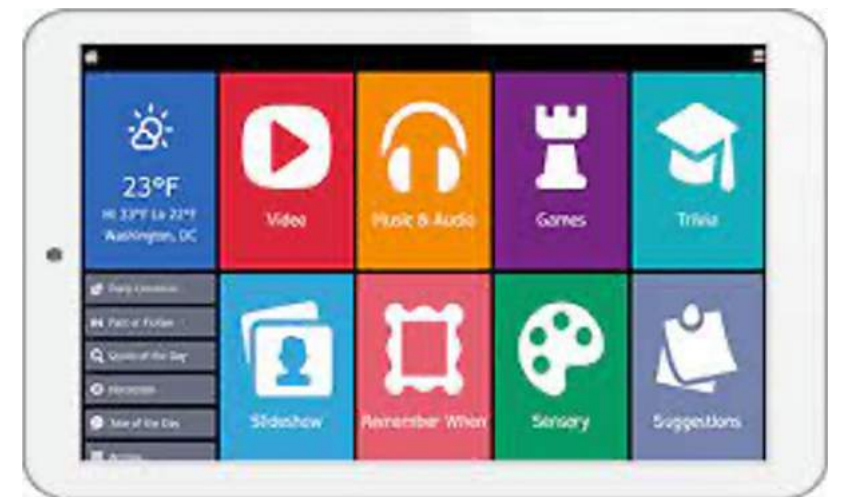
Writing a mini-memoir

Creating a Spring or Summer project

Cooking/baking/reviewing old family recipes

Spiritual times together; celebrating old rituals

The Best Friends™ Approach

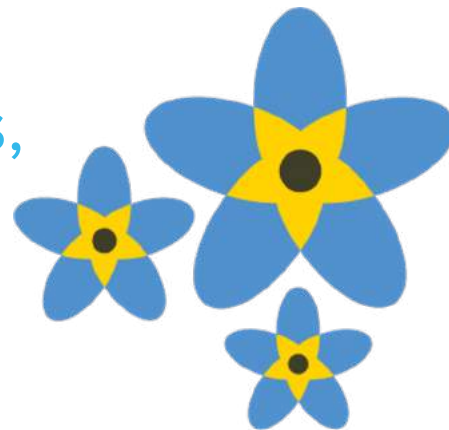


The social prescription and the Best Friends Approach

The social prescription looks at the person in a holistic way with a focus on creating well being.

The social prescription connects persons with dementia to community support, including social events, opportunities for classes and learning, exercise and the arts and social services.

The Best Friends approach recognizes each person's individuality and the importance of being "in community."



**Dementia
Friendly
Communities**

Recommendations

- Fight loneliness and isolation with “30 second activities” – support unstructured time as well as calendar activities. (65% of a resident’s time in SNF is “do nothing” time, Harper-Ice, 2002)
- Tie activities into the person’s life story and interests.
- Enjoy activities, “with engagement”

A “standard” activity of taking a walk. Results - Good exercise, supports goals, enjoyable.

A walk “with engagement.”
Benefits – enjoy conversation, stop and talk about gardens/flowers, reminisce, hold hands, discuss the miracle of “Mother Nature.”

Resources

The Best Friends™ Approach

www.bestfriendsapproach.com

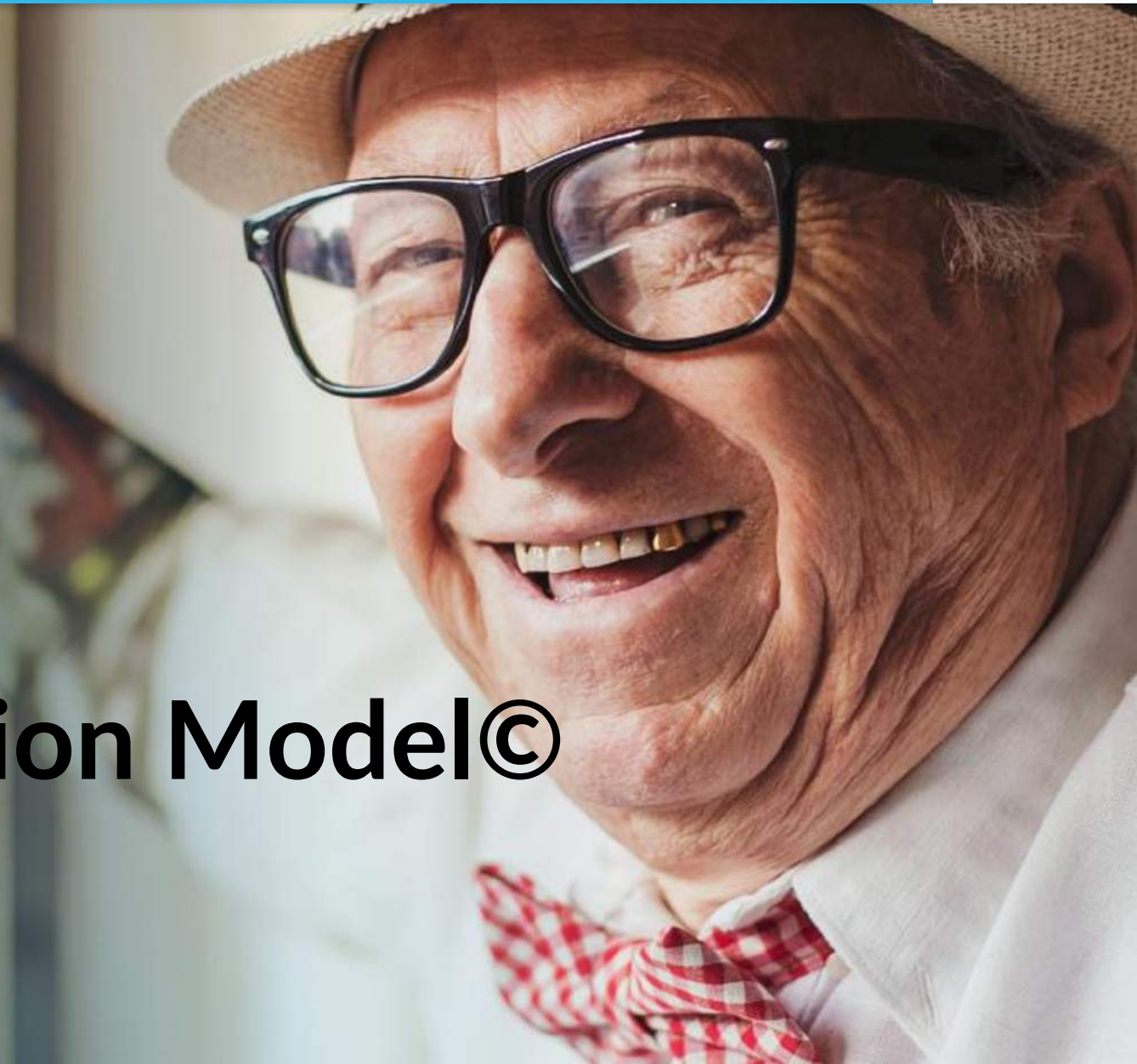
www.facebook.com/bestfriendsapproach



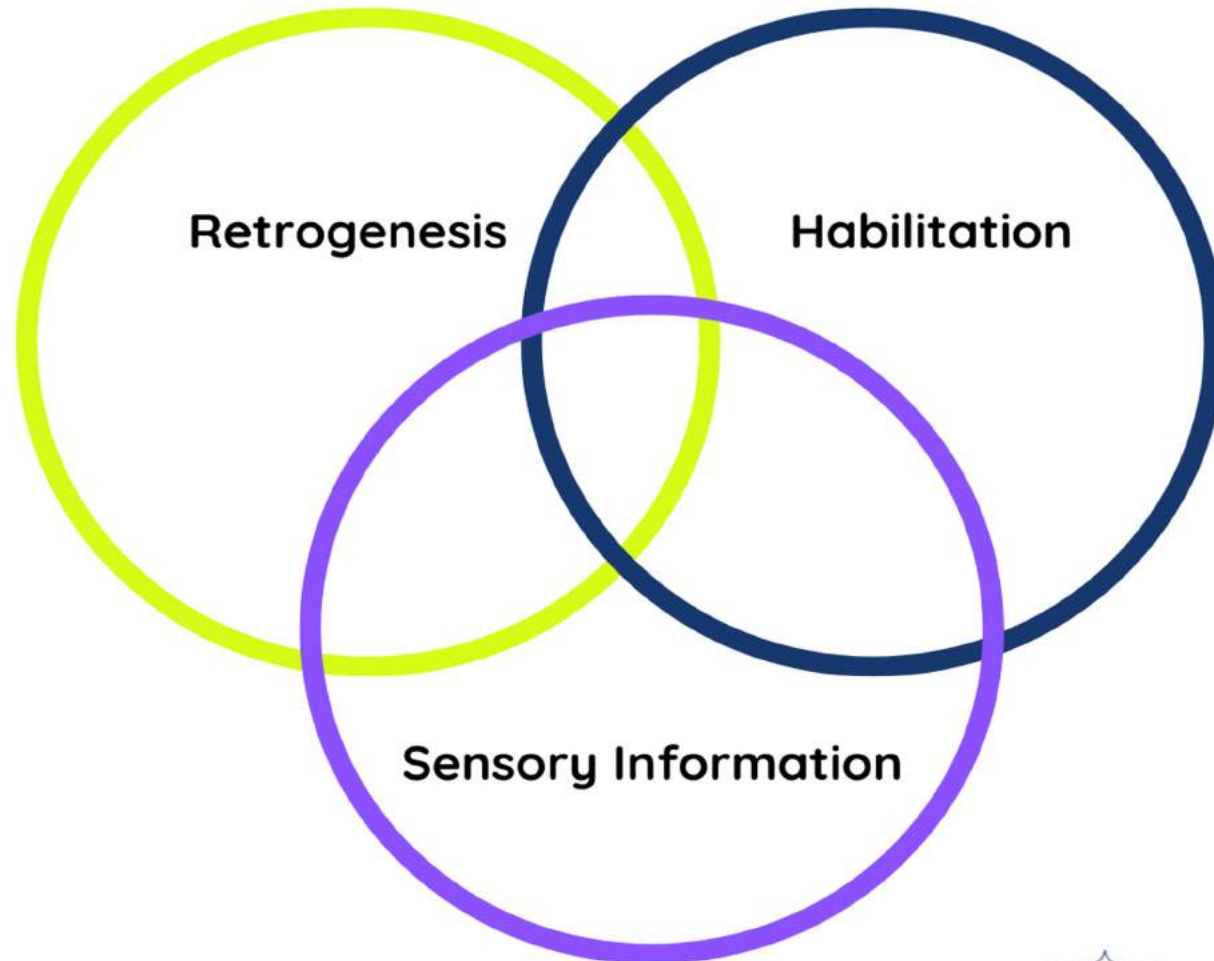
Social Prescription

Dementia Connection Model©

Dr. Jennifer Stelter
Chicago, Illinois



Introducing: Dementia Connection Model©



Dementia Connection Model

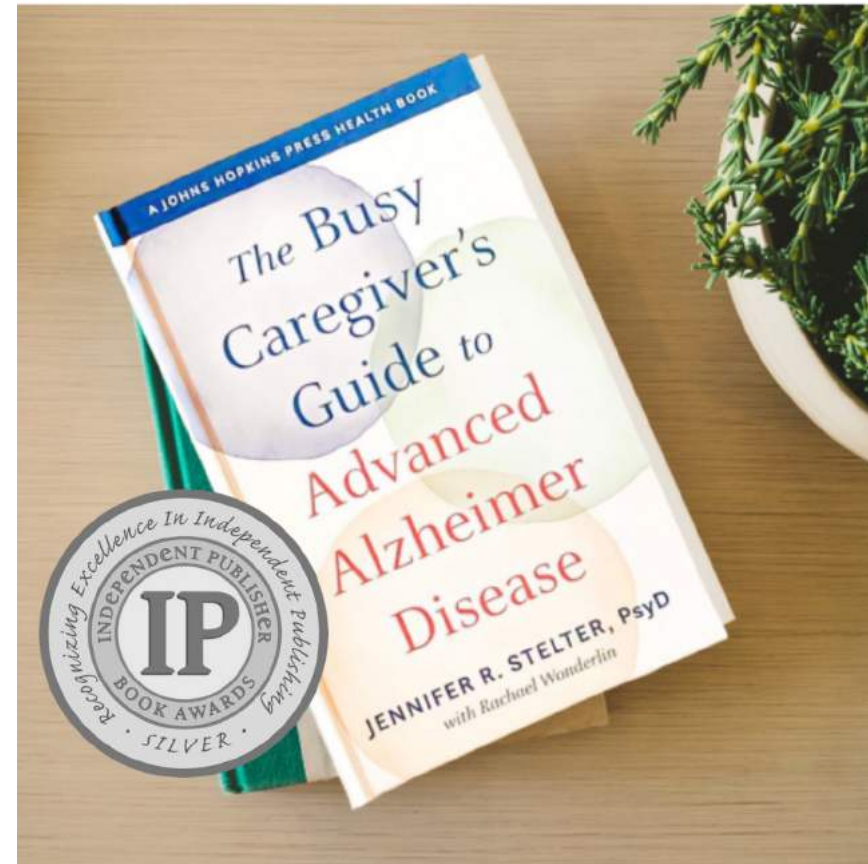


- Assess: Identify sensory needs and preferences based on their domains of wellness, what were their past roles, what did they do for a living
- Plan: What sensory-based tools will you need to engage based on preferences, when will you use these tools to be proactive in creating a structured routine for them
- Implement: Record frequency of negative behavioral expressions, clinical areas, what seems to bring them pleasure and calmness (this provides you with data of what and when)
- Evaluate: What worked, what didn't work, how can you change the plan to incorporate what is working, when it's working

- This allows the caregiver/staff to help support the person in a positive way.
- This supports the person with dementia to thrive in their new world without judgement, expectations, and controls.
- This improves the connection between these two, because the person with dementia associates those positive feelings with the caregiver/staff; and the caregiver/staff member feels confident and competent in what they are doing.

- Focus group conducted 2016 with a mid-west assisted living organization to improve the dining experience for those living with dementia.
- Implemented at each meal, daily:
 - aromatherapy (olfactory stimulation)
 - music (auditory stimulation)
 - colored-plateware (visual stimulation)
- Results:
 - 46% of residents increased their food consumption
 - 54% of residents gained or maintained weight
 - 72% decrease in supplemental use
 - 90+% satisfaction rate

- Resources:
 - www.DementiaConnectionInstitute.org



How Technology Can Help Support the Social Prescription Model

- REIS study in November of 2020 had 700+ submissions.
- When resident preference data is stored electronically, staff are:
 - 2xs more likely to create individualized plans for each resident
 - 133% more likely to build community and group engagement
- When staff use electronic engagement platforms, staff are:
 - 162% more likely to know if residents are engaged in programming in real-time
 - 183% more likely to know if programs match their residents' preferences

- EEPI study in the Fall of 2021 (follow up from the REIS)
- Indicated that 77% of activity professionals seek out evidenced-based research to some capacity, with 51% using it 50% or more of the time.
- **Therefore, the Social Prescription Model is a need and a want.**

Social Prescription Areas (using APIE, standard practice model in healthcare):

- Assess - all domains of the person (e.g., physical, mental, spiritual, etc.)
- Plan - act of social prescribing =
 - take 30min walks/5 days week
 - listen to music of the 40's, preferably Frank Sinatra and Doris Day, daily between 2:30PM-4PM (right before and during sundowning), etc.
 - Etc.
- Implement - routine established by the caregiver/staff so they can do these things with the person/people they are caring for; take into account 'non-scheduled' activities with everyday engagement - 'chats', 'check-ins', hand massages, making coffee
- Evaluate - what is working and what is not working; is the plan providing improvements in care and quality of life

To Start = Setting Measurable Goals

- Analyzing different data sets and observing client behaviors, Linked Senior is promoting the use of the 85/35 rule where senior living providers should set goals of **engaging 85% of their residents on a monthly basis (group/community plan) and having engagement prescriptions of 35 minutes of engagement per resident per day (individual plan) to start:**
 - % Pre-COVID client data analysis shows that the bulk of the Linked Senior client base were engaging 85% of their residents. #ActivitiesStrong surveys show that residents are appropriately engaged when 85% of the population or more is engaged.
 - When looking at Linked Senior's research data and health outcomes in the field, the average number of minutes recommended from these data points is to engage each resident at 35 minutes per day.

How Are We Doing

- In 2022 as of April, of Linked Senior customers, on average
 - 23.25% are meeting the 85% engagement of residents benchmark
 - 41% are meeting the 35 minutes per resident per day benchmark
 - 32.13% are meeting the 85/35 rule!!

Assessment Information Gathered

- Josefina, 78 year old, hispanic female
- Cognitive: Diagnosis of Alzheimer's disease - moderate phase
- Mental: History of depression
- Behavioral: Expresses self with repetitive behaviors of humming and clapping, sundowns about 330PM daily
- Physical: Mainly uses a wheelchair, has Kidney disease
- Psycho-social:
 - Significant roles - Mother of 4, wife to her late husband, grandmother of 6
 - Interests - Always been a fan of the arts, loves reading romance novels, and enjoyed growing vegetables and flowers in her annual garden at her home
 - She won her local library's reading competition 5 years in a row!
- Occupational: Librarian for most of her career
- Spiritual: Beliefs are of the Catholic faith and is currently practicing
- Environmental: She prefers to be with small groups of people and thrives one-on-one. Additionally, she likes to feel warm.
- Admitted to an assisted living memory care facility earlier this year

*****Put comments in chat box.*****

How do we onboard/welcome Josefina who doesn't want to be in assisted living?

*****Put comments in chat box.*****

What Plan would you 'prescribe' for her?

*****Put comments in chat box.*****

How do we motivate Josefina, who doesn't want to come to an activity you know she will enjoy, so the Plan can be Implemented?

*****Put comments in chat box.*****

How would you evaluate the Plan?

- The Social Prescription model is the treatment model for those living with dementia. It is both a need and a want.
- No matter the methodology used to put into practice the Social Prescription model, follow through using the APIE process to stay organized and to know if your methodology is working.
- With the use of technology, the methodology can be much easier to track for success, ensuring your carry through with Social Prescription.
- Start your use of the Social Prescription Model with the 85/35 rule!



We support social prescription as a main approach to person-centered care so that every resident **has a choice** and can **live with purpose.**

i

Dr. Jennifer Stelter | jstelter@linkedsenior.com