A SCOPING REVIEW ON THE USE OF MONTESSORI METHODS FOR OLDER ADULTS WITH DEMENTIA

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Introduction

- An estimated 500,000 Canadians have Alzheimer's disease or a related dementia.[1] Research shows that Montessori Methods (MM) are a promising intervention to promote prosocial behaviors and aid in engagement. [2] MM supports a person with dementia in a prepared environment that builds on existing skills, interests and abilities to enhance function and independence.[3]
- There are a number of approaches for implementing MM. This includes implementation by staff, peers, volunteers and can be done either individually or in group settings.
- Given the observed benefits of MM for dementia, there is a need to identify optimal and feasible approaches for implementing MM across dementia care settings in Canada.

Objective

- To map the literature on different approaches of implementing MM to assess their feasibility and effectiveness in dementia-care settings.

Scoping Review

- **Electronic and manual literature search** of peer-reviewed and grey literature published up until April 2014 using the following databases**:**
  - ***Peer-reviewed:*** PsycInfo, AgeLine, MEDLINE, CINAHL, ASSIA, and ERIC.
  - ***Grey literature:*** Dissertations and Theses: Full Text, and Scopus
- **Inclusion Criteria:**
  - Articles published in English.
  - Nursing homes/ assisted living facilities, hospitals / adult day care centres, or home care settings.
  - Articles focusing on implementation of MM (quantitative / qualitative /review and/or commentary).
- **Data abstraction:** Country of origin, study design, sample, MM implementation, and key findings.

Results

Table 1: MM Approaches

TYPES OF IMPLEMENTATION

- Intergenerational Programming (Patients with dementia serve as teachers to toddlers); n = 4
- Resident-Assisted-Programming (Patients with mild dementia serve as mentors to those with more severe dementia); n = 2
- Group settings vs. one-on-one administration; n = 2
- Use of volunteers or caregivers trained in Montessori Methods; n = 3

MONTESSORI METHODS

- Breaking down tasks.
- Tools from everyday environment used.
- Catered to individual interest.
- Emphasis on self-construction and self-choice.
- Move from simple to complex tasks.
- Use of repetition.

CHARACTERISTICS ASSESSED

- Levels of engagement.
- Self-engagement, non-engagement, passive, and constructive.
- Agitation.
- Boredom.
- Socialization and communication.
- Apathy.

CONTROL ACTIVITIES

- Art therapy.
- Movies.
- Current events.
- Discussion groups.
- Other regularly scheduled activities.

Scope of the Literature

- 14 records met inclusion criteria - 11 intervention/2 reviews/1 commentary.
- Studies took place in the USA (n=12) and Australia (n=2).
- Study participants were men and women with dementia, with ages ranging between 56 to 101 years.
- Patients ranged from moderate to severe dementia, based on ratings such as the Mini Mental State Examination and Direct Assessment of Functional Status.
- Settings included nursing homes, adult health care centers, and special care units.

Key Preliminary Findings

- Implementation of MM resulted in higher levels of engagement, less apathy and agitation, and positive feelings and attitude towards self.
- A wide range of individuals have capability of administering MM.
- MM are easy to implement in real-world settings.
- Reduced negative stereotype towards older adults living with dementia-facilitates various stakeholders to work together.
- Positive feedback towards caregivers led them to feel more committed and positive towards their jobs.
- Improved social skills and fulfillment for patients.

Discussion

- Current state of the literature shows that a variety of MM approaches can serve to improve psychosocial function in persons with moderate to severe levels of dementia.
- The most common implementation approaches identified in the literature were the following: 1) intergenerational programming; 2) the use of volunteers or caregivers trained in MM; and 3) resident-assisted programing. (RAP)
- RAP may be the most feasible to implement since no outside volunteers and/or intergenerational partners are needed. However, involvement of informal caregivers in MM was found to impart benefits to both patients and caregivers.
- One-on-one administration seems to be more effective than group settings, although this may be less feasible due to lack of available resources (e.g., caregivers).
- There is a need for more Canadian-based research to identify feasible and optimal approaches for implementing MM in Canadian dementia settings.

Next Steps

- An expert panel consultation process using qualitative methods will be undertaken to identify facilitators and barriers to implementation of MM in Canadian dementia care settings.
- The findings will be used to develop recommendations for clinical practice, policy and research in Canada.

References

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