

# DementiAbility

## Certification Guidelines for Individuals

A prepared environment . .



This multi-disciplinary approach requires the support of the organization, the team (including all departments) and the individual (staff, families and volunteers). The goal is to create environments that look, feel and smell like home with things to do that add meaning, purpose, human connection and joy to each day.

1

The Focus is on the Person



This is a person-centred approach to care. The WOW Model provides the framework for discovering important details about a person – past and present. Facts plus observations provide the formula for making decisions about “What to do”. An understanding of the connection between brain and behaviour is key.

2

The organization and the team work together



The goal is to create environments where people want to live, work and visit.

3

Changing practice – one step at a time!



Creating prepared environments that set each person up for success with the goal of enriching lives through enhancing function and engaging individuals in all aspects of life. Abilities are EXPOSED!

# Certification

Guidelines for Certification  
For  
Individuals

Continued on page 2

DementiAbility Methods focus on creating the look, feel and smell of home. Each person is set up for success and has opportunities to feel connected to others, live as independently as possible and have opportunities to be engaged in all aspect of life.

# DementiAbility

Exposing Abilities!  
Living with meaning and purpose.

## The Team

Who will be part of the team for:

### Environment

- Wayfinding
- Themed areas
- Other

### Activities

- Who will create?
- Who will fund raise for the items needed?
- Who will create a list of activities to go out each day?
- Who will put the items out?

### WOW

- Who will talk to management about using the WOW Model? Will there be a pilot area for testing this out?
- How will the WOW be put into action?
- Identify 2-4 people and fill in a WOW model for each. Who will they be? How will you share the information with the team?



**Identify who is on your team.**

**Please provide the following information when submitting your Certification Report.**

**Name:**

**Organization:**

**Address:**

**Email Address:**

**Phone:**

## Requirements for Certification of Individuals

If you would like to complete the requirements for DementiAbility Methods Certification you must have completed the two-day DementiAbility Methods Workshop within the last 2 years.

- If you have completed the workshop and would like to get started with your Certification process please download the documents (in either PDF or Word format) for DementiAbility Certification at [www.dementiability.com](http://www.dementiability.com). Please consider using the Word document and typing your responses right into the document for each case example. If there are no Certification Sessions posted on the DementiAbility Website please contact us at [laura@dementiability.com](mailto:laura@dementiability.com) and we will be sure to set up date and location for a Certification session.

### The Assessment Process

- Complete **three case studies** using the procedures and forms associated with the DementiAbility Methods. For each case study you must:
  - Ask a supervisor to complete the **Supervisor's Form**.
  - Fill in all the forms for each case, including the **Personal Profile, the All About Me, Needs, Interests and Roles and WOW Form**.
  - Create activities for each case and include photos in your report (faces of clients can be left out if you do not have permission to photograph).
  - Develop at least one role and routine for each case. If the client is not able to follow an agenda the staff will be responsible for ensuring routines are followed.
  - You must document 10 interactions with each person using interventions that use the DementiAbility Principles using the Record Keeping Log.
- **Select 3 – 4 people** and run **at least 6 reading groups**. Those in the reading group do not have to be the people you are working with for your casework. Write a short report on your “Reading Group” experience. It is recommended that the reading groups take place on 6 consecutive days.
- Write a **“Lessons Learned”** paper (at least 500 words). This final report will provide an overview of your experiences while implementing the DementiAbility Methods. It should include successes and challenges.
- Completion of a written examination based on the topics covered in the two-day workshop and the required reading. This examination will be completed once all other assessment tasks are completed and submitted. (Note: Consider reading the DementiAbility Textbook.)
- All assessment tasks must be finished and all paperwork submitted electronically for marking and review. This means that you will need to take photos or scan any relevant templates, materials, cue cards, and signage that is used to create activities and roles for the two people with whom you are undertaking case studies.



---

# The Forms for Certification

---

**These forms must be used for each case.**

**You will need to do three cases to complete the Certification Requirements.**

I am fine.

How are you?

What a nice day.

Tried and true.

Live, laugh and learn.

Smile and the world smiles with you.

# Sight and Reading Ability Assessment

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address/Room Number: \_\_\_\_\_

**INSTRUCTIONS:**

First of all, you should try to find out the following before you begin.

- Could this person read prior to being diagnosed with dementia?
  - Yes
  - No
  
- What language(s) did he/she read?
  - English
  - French
  - Other \_\_\_\_\_
  
- Does he/she need glasses:    ( ) No            ( ) Yes
  - For distance
  - For reading
  
- Are his/her glasses clean? If not, please clean them before you begin.

Ask this person if he/she **would** help you to determine the best size of print needed for people to see. Point to one sentence at a time, starting at the top of the page, with the largest size font. Use only the sheet with the six statements. Record your findings after you have completed the assessment.

Size of Font		Check if he/she read full sentence	If he/she didn't read full sentence, circle which words were seen.
<b>72 point</b>	<b>I am fine.</b>		<b>I am fine.</b>
<b>48 point</b>	<b>How are you?</b>		<b>How are you?</b>
<b>36 point</b>	<b>What a nice day.</b>		<b>What a nice day.</b>
<b>24 point</b>	<b>Tried and true.</b>		<b>Tried and true.</b>
<b>16 point</b>	<b>Live, laugh and learn.</b>		<b>Live, laugh and learn.</b>
<b>12 point</b>	<b>Smile and the world smiles with you.</b>		<b>Smile and the world smiles with you.</b>

( ) Could not read the sentences.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**If this is a re-test:**

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Participant Profile**  
**A Focus on Knowing the Person Behind the Dementia**

Date: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Where has she/he lived & for approximately how long?

Marital Status: ( ) Married ( ) Widowed ( ) Divorced ( ) Single

Name(s) of Partner(s): \_\_\_\_\_

**Employment/Volunteer History:**

**Languages spoken:**

( ) English ( ) French ( ) Spanish ( ) Other:

**Children/Grandchildren (If you need more space attach a separate page.)**

Name	Age	Where do they live?	Details about their relationship. (Do they visit or phone? How often, when, etc.)

**Important Friends:**

Identify important friends that continue to be involved in this person’s life. If there are friends this person likes to remember and talk about include that information too.

--	--

**Health Status:**

Cognitive	Physical																																																																																					
<p><input type="checkbox"/> <b>Dementia</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alzheimer’s</li> <li><input type="checkbox"/> Vascular</li> <li><input type="checkbox"/> Frontal Lobe</li> <li><input type="checkbox"/> Lewy Body</li> <li><input type="checkbox"/> Other:</li> </ul> <p><input type="checkbox"/> <b>Stage:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mild</li> <li><input type="checkbox"/> Moderate</li> <li><input type="checkbox"/> Advanced</li> </ul> <p><b>Orientation to time, place &amp; person:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully oriented</li> <li><input type="checkbox"/> Oriented in familiar surroundings</li> <li><input type="checkbox"/> Needs some orienting</li> <li><input type="checkbox"/> Needs orienting information most or all of the time</li> </ul> <p>Are there any situations that create heightened levels of <b>anxiety</b>? If yes, elaborate.</p>  <p><input type="checkbox"/> <b>Memory Cueing recommended</b></p> <p>Including:</p> <ul style="list-style-type: none"> <li>( ) Wayfinding (e.g. – arrows)</li> <li>( ) Daily agenda</li> <li>( ) Activities that support memory loss</li> <li>( ) Tasks need to be broken down – simplified</li> <li>( ) Sequencing required (e.g. – clothes laid out in order that they are to be used.)</li> </ul> <p>Other:</p>	<p><b>Abilities:</b></p> <p><b>Note:</b> Check off the appropriate column</p> <ul style="list-style-type: none"> <li>• Not applicable</li> <li>• Independently</li> <li>• With Assistance</li> <li>• Total Assistance Required</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">NA</th> <th style="width: 10%; text-align: center;">Indept</th> <th style="width: 5%; text-align: center;">W assist</th> <th style="width: 10%; text-align: center;">Total assist</th> </tr> </thead> <tbody> <tr style="background-color: #e0e0e0;"><td><b>Uses a Walker</b></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>Walking: ( ) needs cane</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Gets into Wheelchair</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Toileting</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Needs help eating</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Dressing</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Bathing</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Grooming: Hair</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Grooming: Face &amp; hands/nails</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Transfers (to chair or bed)</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Brushing Teeth</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>General neatness/hygiene</b></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>Knows what to do with objects</b></td><td></td><td></td><td></td><td></td></tr> <tr><td><b>Can handle own finances</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Uses a phone</b></td><td></td><td></td><td></td><td></td></tr> <tr style="background-color: #e0e0e0;"><td><b>Uses a computer</b></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Other/Comments:</p>  <p>Does this person like to be helped?</p>		NA	Indept	W assist	Total assist	<b>Uses a Walker</b>					<b>Walking: ( ) needs cane</b>					<b>Gets into Wheelchair</b>					<b>Toileting</b>					<b>Needs help eating</b>					<b>Dressing</b>					<b>Bathing</b>					<b>Grooming: Hair</b>					<b>Grooming: Face &amp; hands/nails</b>					<b>Transfers (to chair or bed)</b>					<b>Brushing Teeth</b>					<b>General neatness/hygiene</b>					<b>Knows what to do with objects</b>					<b>Can handle own finances</b>					<b>Uses a phone</b>					<b>Uses a computer</b>				
	NA	Indept	W assist	Total assist																																																																																		
<b>Uses a Walker</b>																																																																																						
<b>Walking: ( ) needs cane</b>																																																																																						
<b>Gets into Wheelchair</b>																																																																																						
<b>Toileting</b>																																																																																						
<b>Needs help eating</b>																																																																																						
<b>Dressing</b>																																																																																						
<b>Bathing</b>																																																																																						
<b>Grooming: Hair</b>																																																																																						
<b>Grooming: Face &amp; hands/nails</b>																																																																																						
<b>Transfers (to chair or bed)</b>																																																																																						
<b>Brushing Teeth</b>																																																																																						
<b>General neatness/hygiene</b>																																																																																						
<b>Knows what to do with objects</b>																																																																																						
<b>Can handle own finances</b>																																																																																						
<b>Uses a phone</b>																																																																																						
<b>Uses a computer</b>																																																																																						



<p><input type="checkbox"/> <b>Depression</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Some</p> <p><input type="checkbox"/> Significant</p> <p>Provide details about stage &amp; treatment &amp; impact on engagement in life and motivation to be involved in activities.</p>	<p><b>Arthritis</b></p> <p>Identify limitations &amp; describe what needs to be done to ensure that function is maintained</p> <table border="1" data-bbox="873 415 1399 562"> <thead> <tr> <th>Ability re:</th> <th>Excellent</th> <th>Moderate</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Reaching</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grasping</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manipulating Objects</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Ability re:	Excellent	Moderate	Poor	Reaching				Grasping				Manipulating Objects			
Ability re:	Excellent	Moderate	Poor														
Reaching																	
Grasping																	
Manipulating Objects																	
<p><b>Delirium</b> ( ) Yes ( ) No</p> <p>A sudden change in status has been checked to ensure a delirium has been treated.</p> <p>Follow up:</p>	<p><b>What hand is used?</b></p> <p><input type="checkbox"/> Right hand</p> <p><input type="checkbox"/> Left hand</p>																
<p><b>Pain</b></p> <p><input type="checkbox"/> Often in pain. Where?</p> <p><input type="checkbox"/> Sometimes in pain.</p> <p><input type="checkbox"/> Seldom shows signs of being in pain.</p> <p><b>Note:</b> Always observe to make sure that pain is being treated. Pain may be contributing to behaviour – make sure it is reported.</p>	<p><b>Vision &amp; Hearing</b></p> <p><input type="checkbox"/> <b>Sight &amp; Reading Assessment completed:</b> Date _____</p> <p><input type="checkbox"/> Needs glasses to read</p> <p><input type="checkbox"/> Needs glasses always</p> <p>Size of font required: _____</p> <p><input type="checkbox"/> Needs hearing aid</p> <p>Date batteries last checked:</p>																
<p><b>Motivation:</b></p> <p><input type="checkbox"/> Usually wants to be involved in activities</p> <p><input type="checkbox"/> Sometimes interested</p> <p><input type="checkbox"/> Sometimes interested but needs encouragement</p> <p><input type="checkbox"/> Never interested in activities but will observe</p> <p><input type="checkbox"/> Just wants to be left alone</p> <p>Comments:</p>	<p><b>Communication Skills:</b></p> <p><input type="checkbox"/> Able to hold a conversation</p> <p><input type="checkbox"/> Some ability to hold a conversation</p> <p><input type="checkbox"/> Minimal ability to hold a conversation</p> <p><b>Enjoys talking about:</b></p>																

**Interests:** Identify the things that this person enjoys/ed fill in the “Interests Checklist”.

**Roles:** Identify the types of roles/tasks that this person would like to do using the “Roles Checklist”.

<p><b>Pets</b></p> <p>Does he/she have a pet now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did he/she have a family pet? Elaborate.</p>	<p><b>Room Environment:</b></p> <p><input type="checkbox"/> Room feels like home</p> <p><input type="checkbox"/> Room reflects former self</p> <p><input type="checkbox"/> Phone is usable</p> <p><input type="checkbox"/> TV available (if interested)</p> <p><input type="checkbox"/> Radio (if interested)</p> <p><input type="checkbox"/> Orienting info available</p> <p>Modifications Required:</p> <p>Who will do this?</p>
--	--

**Habits and Routines:**

Identify routines (past and present). How did this person spend his/her time before he/she was diagnosed with dementia? Identify details related to routines and habits of daily life from distant and recent past (bathing, meals, leisure, etc.) It is important to understand past routines/habits – as they can relate to present behaviours and needs. Consider what can be done to add routine to this person’s day. Ensure that routines are communicated and understood by the client, with the objective of adding predictability and meaning to life for those who would benefit from this strategy.

**Fears, losses, and tragic events.** This information may need to be taken into consideration in all aspects of daily life. The purpose is to be aware of – but not necessarily to address these issues – unless you are qualified to do so.

Ask, “Is there anything you would like me to know about?” or “Is there anything you would like me to know about you?” This is a very open-ended question. There may be something important that he/she wants to share with you have his/her life, health, work and/or family.

**Important events and/or other information that you need to be aware of.**

**Needs:** Describe this person’s needs, including social (e.g. - loneliness); cognitive stimulation; sensory (to touch and feel); and practical life (having things to do and memory supports in place). Are boredom and loneliness concerns and in need of being addressed?

Information collected from:

- Client/resident
- Family member(s) Please elaborate: \_\_\_\_\_
- Friends
- Work or volunteer colleagues
- Client files
- Other: \_\_\_\_\_

Form updated:

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Date: \_\_\_\_\_ By: \_\_\_\_\_  
Date: \_\_\_\_\_ By: \_\_\_\_\_

**Additional Notes:**



Interests	Name:		
	Date:		
	Past	Present	Notes
Gardening			
Playing cards			
Playing games (what type?) <ul style="list-style-type: none"> <li>• Board games</li> <li>• Mahjong</li> <li>• Other</li> </ul>			
Cooking			
Baking			
Animals (elaborate)			
Children			
Volunteering			
Helping others			
Listening to Music (what type?)			
Singing			
Playing an instrument			
Reading (what does he/she like to read?)			
Swimming			
Browsing the internet			
Yoga			
Crafts (Favourite types?)			
Dancing (Favourite types?)			
Wood working (what types of projects?)			
Nature (specify)			
Collecting (stamps, coins etc.)			
Watching Movies (what types?)			
Travelling (favourite destinations?)			
Fishing			
Knitting or crocheting <ul style="list-style-type: none"> <li>• Examples and level of abilities</li> </ul>			

Sports (Playing or watching)			
<ul style="list-style-type: none"> <li>• Hockey</li> <li>• Baseball</li> <li>• Soccer</li> <li>• Volleyball</li> <li>• Curling</li> <li>• Golfing</li> <li>• Other</li> </ul>			
Bowling			
Planning parties			
Attending parties			
Outer space/Astronomy			
Scrapbooking			
Nutrition and health			
Wine tasting			
Photography			
Playing an instrument (guitar, piano etc)			
Camping			
Riding a motorcycle			
Working out (specify)			
<ul style="list-style-type: none"> <li>• Walking</li> <li>• Jogging</li> <li>• Other</li> </ul>			
Fashion (hair, nails, clothes and/or makeup)			
Shopping (for what?)			
Celebrity news			
Bingo			
Comedy (elaborate)			
Going to the cottage			
Going to the theatre			
Acting in a play			
Hiking			
Puzzles			
Painting (what types?)			
Creative arts (elaborate)			
Writing (what does he/she like to write about?)			
Bird watching			

Learning new things			
Keeping my brain active			
Genealogy			
Talking on the phone			
Doing email			
Surfing on the computer			
Using a tablet/i-pad/etc.			
Sending text messages			
Religion <ul style="list-style-type: none"> <li>• Prayer groups</li> <li>• Reading important prayers</li> <li>• Rituals</li> <li>• Other</li> </ul>			
Other:			



## Dementia Ability Methods

Name: \_\_\_\_\_

Role	Roles this person held in the past	Identify what roles this person could acquire now.	Notes (Have they been put into an agenda?)
Put dishes in the dishwasher			
Fold laundry			
Make lunches			
Set the table			
Vacuum			
Polish silver or brass			
Decide what to have for dinner			
Grocery shopping – picking things up from the store			
Make a bed			
Dust furniture			
Home repairs			
Sorting out drawers			
Make coffee			
Wash dishes			
Cut the lawn/shovel the snow			
Cook dinner			
Wash floors			
Clean the toilet			
Clean the sink			
Ironing			

Lead the meal and/or bedtime prayer			
Make lunch			
Tidy up the house			
Rake the leaves			
Put children to bed			
Help others			
Call people (who?)			
Other			

What roles would you consider selecting for this person? List your recommendations here.



<p style="text-align: center;"><b>Needs</b></p> <p>How important are these to _____?</p>	<p style="text-align: center;">Not important</p>		<p style="text-align: center;">Very Important</p>	<p style="text-align: center;">Notes:</p> <p>Loneliness and Boredom are the greatest needs, but what other needs to also be addressed?</p>
<b>Basic physiological needs:</b>	<b>1</b>	<b>2</b>	<b>3</b>	
Go to the bathroom regularly				
Eat three meals a day				
To enjoy my food including that I can see it, recognize it, taste it				
I like to eat foods I like				
Fine dining				
A good night's rest				
The ability to engage in intimacy				
To be free from pain				
To enjoy good mental health				
To have opportunities to move my body daily including exercise, yoga, etc.				
<b>Safety &amp; Security</b>				
I am safe & I don't put self or others at risk				
To feel safe where I live				
I am cared for by self and other				
To know who it is that I am interacting with daily				
Need to feel safe, secure and comfortable in a place that feels like home				
I have places to walk where I feel safe and won't get lost				
<b>Social:</b>				
To be able to communicate with others via phone, texting an/or email				
To be able to tell others how I feel - free to express myself				
To spend time with family				
To be able to enjoy time with friends				
To feel connected to others and to feel I belong				
<b>Occupation:</b>				
Work – having meaningful work				

Engaged in meaningful activity (including household chores)				
Helping others				
<b>Love and Belonging:</b>				
To feel like I belong in the place I call home				
To feel like I belong wherever I go				
I like to be alone				
To feel like I have others to love and that they love me				
<b>Self-esteem:</b>				
To feel good about what I do in the day: in work, volunteering/helping others, helping myself				
The ability to make my own decisions in what I wear and what I eat				
To be respected by others				
To solve problems				
<b>Self-actualization:</b>				
To engage in activities that stimulate my brain				
Engage in activities that help me to feel connected to others				
To practice my religion and spiritual beliefs				
To say prayers daily				
To do things for myself				
To be able to communicate with others in my language				
To be able to engage in creative arts and to feel good about my accomplishments				
To be able to read and learn regularly				

Identify the needs that should be addressed immediately. Consider needs related to boredom, loneliness, lack of success in daily living and the need to be engaged in daily life.

## Connecting Observations to Goals and Interventions

Area of Observation	Strength/Skills/Abilities	Goals Steps to meet goals	Activities, Roles, Routines and Cueing (Based on needs, interests, skills and abilities.)
<b>BODY</b> (including Practical Life - Activities of Daily Living, fine & gross motor movement, need for touch)	<p>Observations:</p>  <p>Strength/Skills/Abilities</p>	<p>Goal(s)</p>  <p>Steps to meet goal(s)</p>	<p>Activities (including ADLs):</p>  <p>Roles &amp; Routines:</p>  <p>Cueing:</p>
<b>Social</b> (Culture, spirituality & social connections)	<p>Observations:</p>  <p>Strength/Skills/Abilities</p>  <p>Interests:</p>	<p>Goal(s)</p>  <p>Steps to meet goal(s)</p>	<p>Activities:</p>  <p>Social Connection:</p>  <p>Roles &amp; routines:</p>  <p>Cueing:</p>
<b>Cognitive</b>	<p>Observations:</p>  <p>Strength/Skills/Abilities</p>  <p>Interests:</p>	<p>Goal(s)</p>  <p>Steps to meet goal(s)</p>	<p>Activities:</p>  <p>Role &amp; routines:</p>  <p>Cueing:</p>

--	--	--	--

**Describe the roles you created. Then discuss how they were made into routines. If the person could not use an agenda discuss how the staff implemented the routine (e.g. – provided an activity at the same time every day). Provide at least one example of an agenda that you created for each resident and if you did not use an agenda explain why. Discuss how you taught other staff to support the use of an agenda and to support the initiatives you put into place.**



Summarize each case using the WOW Model below. Develop intervention plans based on the information collected.

## WOW Summary Chart

<b>W – Who</b> What do you know about this person?	<b>O</b> <b>Observations</b>	<b>W</b> <b>What will/did you do?</b>
Date:  Name: Location:  Contact:	<b>What is happening?</b> <b>What do you see?</b> <ul style="list-style-type: none"> <li>• Why is this happening? (Past habits? Trigger?)</li> <li>• When is this happening?</li> <li>• When is this not happening?</li> <li>• What needs are unmet (boredom? Loneliness? Pain? Lost?)</li> </ul>	<b>What are you going to do?</b> <ul style="list-style-type: none"> <li>- Cueing (wayfinding, finding things)</li> <li>- Agenda</li> <li>- Roles</li> <li>- Routines (in an agenda)</li> <li>- Support for ADL's (cueing)</li> <li>- Leisure activities (things to do)</li> <li>- Social connections</li> </ul>

---

In order to create a sustainable change in practice you need to demonstrate that you have worked with your team. Discuss how you shared your cases with other staff and how you worked together and how you will continue to work together to change practice.

---

---

Describe the activities you created. Please provide photos.

---

---

Discuss themed areas you created or rooms that you modified to create the look, feel and smell of home. Please provide photos.

---

---

Include examples of how you broke down tasks for those who needed this. This includes activities of daily living such as getting dressed or going to the toilet as well as task breakdown for roles and activities. What did you do to teach the person to use the cues. Please provide photos.

---



---

Include examples of cueing and wayfinding that you used when you were doing your certification or examples that were already in place and continue to be used.

---

## DementiAbility Methods: The Montessori Way Principles

---

Please identify whether you used each of the Principles below when you were putting the DementiAbility Methods into practice. A “Yes” answer is sufficient if it is clear in your report that this was completed. If your report does not include any of the points below please discuss what you did to ensure the principle was used.

- Consider the person’s ***needs, interests, skills and abilities***.
- ***Independence is fostered, including environmental/memory supports & the creation of roles and implementation of routines.***
- ***Freedom of choice*** – including asking, “Would you . . .?” when extending an invitation.
- ***Environment is adapted.*** Materials, templates & manipulatives are easily ***recognizable and visible***, with no unnecessary markings.
- Materials are ***familiar to the individual and aesthetically pleasing.***
- ***Activities are always demonstrated, one component at a time to ensure successful outcomes.*** Tasks are broken down as needed.
- The environment allows learning to progress in a ***sequence***.
- Activities are created in a manner that allows them to progress from ***simple*** (but never “babyish”) to ***more complex AND*** from ***concrete to abstract*** and, ***vice versa***, as needed, according to needs, interests and level of ability.

- Take advantage of spared capacity by placing emphasis on ***procedural memory*** and ***environmental cueing*** (to support declarative memory).
- Introduce activities, roles & routines that are ***meaningful to the client***.
- ***Activities are set up for success*** and free of unimportant detail.
- Sit on the person's ***dominant side***.
- ***Prepare table and room for no distractions***.
- ***Interactions end with, "Thank you"***.

**You are required to implement at least 6 reading group sessions. Provide an overview of what you did and describe your successes and lessons learned. Ideally you would implement a reading group at the same time every day for one week and report outcomes. What have you done to ensure the reading groups will continue to be held after you are Certified?**



Lessons Learned with (Client name) \_\_\_\_\_

Successes:

Things tried but not successful. Why not?

**Write a final 2 – 3 page report describing your Certification experience. Discuss your experiences and how you worked with others towards creating a change of practice.**



**Please provide the following information when submitting your Certification report.**

**Name:**

**Organization:**

**Address:**

**Email Address:**

**Phone:**

### **Supervisor**

**Please provide details about your supervisor**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Note: Your supervisor must email Gail Elliot at [gail.elliott@dementiability.com](mailto:gail.elliott@dementiability.com) when you are ready to begin your Certification process. The purpose of the email is to provide evidence that he/she supports the commitment you are making in becoming Certified in DementiAbility Methods. Upon completion of your Certification your supervisor will be asked to confirm that:

- you have completed all components of certification and
- supports you and the strategies you have put in place.