DementiAbility Methods

List of Selected References

2020

Prepared by: Gail Elliot

DementiAbility Enterprises Inc.
www.dentiability.com
# Table of Contents

**Intro: Highlights of Selected Research**

<table>
<thead>
<tr>
<th>Part</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Activities</td>
<td>p.7</td>
</tr>
<tr>
<td></td>
<td>Cognitive Stimulation and Addressing Responsive Behaviours.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Colour and Vision</td>
<td>p. 16</td>
</tr>
<tr>
<td>3</td>
<td>Communication and Dementia Resources</td>
<td>p. 23</td>
</tr>
<tr>
<td>4</td>
<td>Culture Change</td>
<td>p. 30</td>
</tr>
<tr>
<td>5</td>
<td>Doll Therapy</td>
<td>p. 35</td>
</tr>
<tr>
<td>6</td>
<td>Environmental Design</td>
<td>p. 38</td>
</tr>
<tr>
<td>7</td>
<td>The use of name badges</td>
<td>p. 44</td>
</tr>
<tr>
<td>8</td>
<td>Uniforms</td>
<td>p. 46</td>
</tr>
<tr>
<td>9</td>
<td>Memory</td>
<td>p.48</td>
</tr>
<tr>
<td>10</td>
<td>Sexuality</td>
<td>p.54</td>
</tr>
<tr>
<td>11</td>
<td>Publications by Gail Elliot &amp; Others</td>
<td>p. 55</td>
</tr>
<tr>
<td>12</td>
<td>Various</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Incontinence</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Hand Hygiene</td>
<td></td>
</tr>
</tbody>
</table>
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).


“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.”


“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 ≈ 30, 75%) required significant resources from services outside of LTC or significant time commitments from LTC nursing staff for implementation.”

“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).”


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).


“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).”

"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."
Part 1 – Activities

- Stimulating body, mind and spirit
- Reducing responsive behaviours
- Engagement with meaning and purpose
Activities & Engaging in Life with Meaning and Purpose


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


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.


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.

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.


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.


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.


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.


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 one's mental capacities, were more closely linked with a lower risk of dementia.


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 Alzheimer's Diagnosis. 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.


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.


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.


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.


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.


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.

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.


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.


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.


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...
DementiAbility Enterprises Inc. Select References (2020)

(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.


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.


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.


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, non-chemical, 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.

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.


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.


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.


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.


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 leuocytes throughout the 8 weeks. The study revealed that yoga meditation can reverse the pattern of increased NF-κB-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.


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.


Part 2 – Colour & Vision
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](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."

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.”


- 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).
References for Vision and Colour


Part 3 – Communication and Dementia


Elliot, G. (2015). Memory Aids for Dementia, Burlington, ON.


Among Older Adults With Dementia. *American Journal of Alzheimer's Disease & Other Dementias*, 51-57.


Part 4 – Culture Change
Knowledge Translation


Fleming, R., and Bennett, K., (2015). The Dementia Friendly Environment Assessment Tool, University of Wollongong, Australia and Alzheimer’s Australia.


Goleman, Daniel, Leadership that Gets Results, Harvard Business Review. March-April 2000 p. 82-83


Part 5 – Doll Therapy


Braden, B. (2014). Doll Therapy in Dementia Patients, Doctoral Dissertation, Doctorate of Nursing Practice, University of Toledo.


Part 6 – Environmental Design
Environments for Dementia


Benbow, W. A. BEST PRACTICE DESIGN GUIDELINES: NURSING HOME DESIGN COMPLEX CARE and DEMENTIA 2013 (BPDG).


Brush, J., & Sanford, J., Fleder, H & Bruce, Carrie & Calkins, Margaret. (2011). Evaluating and Modifying the Communication Environment for
People With Dementia. Perspectives on Gerontology. 16. 32. 10.1044/gero16.2.32.


McGilton\textsuperscript{a}, K. S. Rivera\textsuperscript{a} T. M. & Dawson\textsuperscript{bP} (2003) Can we help persons with dementia find their way in a new environment? Aging & Mental Health Volume 7, Issue 5, pages 363-371


Rainville, Romedi Passini & Nicolas Marchand A Multiple Case Study of Wayfinding in Dementia of the Alzheimer Type: Decision Making, Aging, Neuropsychology, and Cognition: A Journal on Normal and Dysfunctional Development Volume 8, Issue 1, 2001


IIRG-00-2058, funded by the Alzheimer’s Association, Polisher Research Institute, North Wales, PA.


Part 7 – The use of Name Badges

References for Name Badges


Granger K. Healthcare staff must properly introduce themselves to patients. BMJ2013;347:f5833. (2 October.)


Part 8 – Uniforms


Bowie, A. Horizon plans to standardize uniforms Nurses Union says its members were already moving in that direction. Published: July 15, 2016. Retrieved: September 23, 2016.


Part 9 – Memory


Laver K;Cumming RG;Dyer SM;Agar MR;Anstey KJ;Beattie E;Brodaty H;Broe T;Clemson L;Crotty M;Dietz M;Draper BM;Flicker L;Friel M;Heuzenroeder LM;Koch S;Kurrie S;Nay R;Pond CD;Thompson J;Santalucia Y;Whitehead C;Yates MW, 2016, ‘Clinical practice guidelines for dementia in Australia’, MEDICAL JOURNAL OF AUSTRALIA, vol. 204, pp. 1 –


Part 10- Sexuality

Ballard EL: Attitudes, Myths, and Realities: Helping Family and Professional Caregivers Cope with Sexuality in the Alzheimer's Patient. Sexuality and Disability, 13(3), 255-270


Mayers KS, Solberg C: Inappropriate Social and Sexual Responses to a Female Student by Male Patients with Dementia and Organic Brain Disorder. Sexuality and Disability, 12(3), 207-211, 1994


Miller BL, Darby AL, Yener GO, Mena I: Dietary Changes, Compulsions and Sexual Behavior in Frontotemporal Degeneration. Dementia, 6, 195-199, 1995
Part 11 – Other

2019  Yuen, I., and Kwok, T. (2019) provides evidence that the DM are a “safe and efficacious therapeutic intervention for addressing agitation in long-term care home residents with dementia” (p.1)


2016  Elliot, G., Dementia Caregiving Solutions and Insights, DementiAbility Enterprises, Burlington, ON.


2016  Dyon, N., Elliot, G., Feeling Forgetful, DementiAbility Enterprises, Burlington, ON.

2015  Benigas, J., Brush, J., and Elliot, G. Spaced Retrieval Step by Step, Health Professions Press, Baltimore, MD.


2015 Elliot, G., Memory Aids for Dementia, 2nd edition, Burlington, ON.


2014 Elliot, G., Helping Me, Helping You, A Resource for Dementia Caregiving, DementiAbility Enterprises, Burlington, ON.

2014 Elliot, G., Memory Aids for Dementia, DementiAbility Enterprises, Inc., Burlington.


2013 Elliot, G. Montessori Methods for Dementia. Translated into Cantonese, Hong Kong Occupational Therapy Association, Hong Kong.


2007 Series Editor of Carry on Reading in Dementia Readers, McMaster Centre for Gerontological Studies, McMaster University.

2007 "A focus on Montessori-based dementia programming, Canadian Nursing Home Journal, "Volume 19, Number 1, March/April, 2007.


<table>
<thead>
<tr>
<th>Year</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>CROSS-CULTURAL AWARENESS IN AN AGING SOCIETY: Effective Strategies for Communication and Caring, A Resource for Practitioners, Educators and Students, Office of Gerontological Studies, McMaster University, Hamilton, ON.</td>
</tr>
<tr>
<td>1999</td>
<td>Co-Editor, with Dr. Ellen Ryan and Sheree Meredith, <em>FROM ME TO YOU: INTERGENERATIONAL CONNECTIONS THROUGH STORYTELLING</em>, McMaster Centre for Gerontological Studies, Hamilton.</td>
</tr>
<tr>
<td>1996</td>
<td>FACTS ON AGING IN CANADA, Office of Gerontological Studies, McMaster University, Hamilton.</td>
</tr>
<tr>
<td>1994</td>
<td>RETIREMENT PLANNING MANUAL, Oakville, Ontario.</td>
</tr>
</tbody>
</table>

**Publications for People Living with Dementia**

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Elliot, G., <em>Growing up on a Farm</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
<tr>
<td>2017</td>
<td>Elliot, G., <em>Life on the Farm</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
<tr>
<td>2016</td>
<td>Elliot, G., <em>Let’s Chat</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
<tr>
<td>2013</td>
<td>Elliot, G., <em>Times have Changed</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
<tr>
<td>2013</td>
<td>Elliot, G., <em>1950’s Television</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
<tr>
<td>2012</td>
<td>Elliot, G., <em>1950’s at the Movies</em>, DementiAbility Enterprises, Burlington, ON</td>
</tr>
</tbody>
</table>
2012  Elliot, G., Newsflash: Listen up!, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., Sundays Were Special, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., The Amazing Human Body, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., The Work It Series, Math Master, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., () The Work It Series, Spelling Quest, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., () The Work It Series, Trivia Questions, DementiAbility Enterprises, Burlington, ON
2012  Elliot, G., () The Work It Series, Word Searches, DementiAbility Enterprises, Burlington, ON
2010  Elliot, G., Memorable Women, DementiAbility Enterprises, Burlington, ON
2009  Elliot, G., Anne with an “E”, DementiAbility Enterprises, Burlington, ON
“Staff often form close attachments to the clients they care for, as well as the families 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.”

Part 13

Incontinence


Hand Hygiene


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, environment, education, and culture. Major beliefs and barriers that alter nurses' preexisting behavior toward patient hand hygiene must be acknowledged.

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.)


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.


“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 personnel (Table 2). For a review of the components of a multimodal strategy, see the article by Pincock et al.