



THE HEARTHSTONE INSTITUTE

The Hearthstone Institute carries out evidence based research, organizes educational events and develops innovative products focused on non-pharmacologic approaches to addressing the challenges and meeting the needs of people living with Alzheimer's and related dementias. The Institute offers a number of training options from keynote presentation, to half day introductions, to two day intensive workshops. Additionally, we have a Speaker's Bureau made up of Hearthstone researchers and practitioners representing a wide array of topics to inform and inspire positive change in the field of dementia.

Senior staff include Cameron Camp PhD, founder of Montessori-based Activity Programs™ for people living with Alzheimer's and procedural memory learning techniques, and John Zeisel PhD, a leading authority on Alzheimer's, author and developer of the *I'm Still Here*™ approach. Outlined below is a list of Hearthstone Institute training programs. Each training is embedded with Hearthstone's *"I'm Still Here"*™ approach which focuses on the whole PERSON with dementia and our universal goal to destigmatize Alzheimer's disease.

Montessori: Reinforcing “I’m Still Here”

In 1906, the same year psychiatrist and neuropathologist Alois Alzheimer discovered the telltale signs of dementia that we now call Alzheimer’s disease in Germany, in Italy physician and educator Maria Montessori started her first school. Alzheimer was studying the brains of people with dementia. Montessori was developing an approach to teach people with mental disabilities how to read and write. Only later did others realize that what Alzheimer had discovered was a pervasive condition that many older people lived with, and only later did Montessori decide to apply her teaching techniques to children with no cognitive disabilities. Applying Montessori principles to caring for people living with dementia, originally developed by psychologist Cameron Camp, PhD, is returning to the roots of this interesting philosophy.

Both Alzheimer and Montessori focused on disability—one neurologically, the other from the point of view of education and training. Montessori based her approach on several principles of rehabilitation applied to learning, grounded in the following basic human rights principles:

- Respect
- Dignity
- Independence
- Choice

Even more profoundly, Montessori appreciated that participants gained more or less skills, largely dependent on society’s attitude towards them. The most significant barrier to applying her approach to those with learning difficulties is the stigma that surrounds the learning disabled and those with dementia. The most powerful tool for overcoming this stigma is to generate a belief in society and among animators that every person has an innate ability and capability to learn—whether “normal” or living with a mental challenge.

Armed with this belief, with the principles of respect, dignity, independence and choice, and with the following instructions or techniques, we can translate these human rights principles into concrete actions:

- Focus on abilities that are available to the person
- Organize activities to maintain and increase levels of functioning
- Employ personally meaningful activities and materials
- Create purposeful and meaningful social roles
- Emphasize the connection between the individual and the larger community

Another basic element in this approach is to focus on the senses rather than just the brain. Because everyone can look and touch, this approach encourages exercises with these senses that then evolve into specific skills: Looking becomes reading; touching becomes writing.

The setting for such activities has to be designed and arranged to provide the most supportive environment for living and learning, and thus for self-determination and self-realization—two more human rights. A concern for others underlies the principles as well as everyone's natural tendency to embrace routines that train discipline. Montessori used all these techniques to engage participants in what she called exercise in daily living—ADL's. In applying Montessori activities to people with dementia, Camp took advantage of the brain's hard-wired abilities to care for others and to follow routines. For all groups, the more a task or activity arouses interest among participants, the more it engages the whole person and his or her personality.

In this approach, the person leading the activity is not a figure of authority, rather he or she is an enabler, an organizer or keeper of the environment who allows each person to follow his or her own interests. The best activity person, according to this mantra, is one who gets out of the way rather than who is the focus of attention; one who enables participants to become engaged with what interests them, instead directing them what to do.

Montessori encouraged creating a stimulating environment within which people could focus on self-realization through independent activity. To her, innovation, discovery and creativity are natural abilities. She wrote:

"Scientific observation has established that education is not what the teacher gives; education is a natural process spontaneously carried out by the human individual, and is acquired not by listening to words but by experiences upon the environment."

In order to live by the principles outlined above, it is evident that partners of those living with dementia need to focus on:

- Circumventing deficits
- Allowing independent functioning
- Engaging in meaningful activity
- Providing feedback and success
- Enhancing self-esteem
- Enabling participants function at their highest possible level
- Constructing meaningful social roles

Meaningful social roles

Since creating meaningful social roles is so essential to this approach, it is good to know how to do this most effectively. Two steps make creating meaningful social roles easy. First, ask participants what they would like to do—what would mean something to them? Participants know what they are interested in. Second, create "social clubs" around the topics of interest. Social clubs have their roles and responsibilities implicit in their organization, making it easier for an organizer to invent roles. For example a "Welcome Committee" needs members to write the welcome message, others to prepare the basket of welcome gifts, others to deliver the gifts and the welcome message, as well as members who call the meeting to order and lead the discussion. A "Reading Club" needs to have members who select the reading material, call the

meeting to order, lead the reading group, and clean up after each meeting. The same process of role creation is evident in every club—comedy club, dining club, volunteer club, letter writing club, email message club, painting club, drama club and even the visit-a friend-in-the-hospital club. The list is infinite.

Training Modules

In order to apply these principles and approaches to dementia settings, we have identified seven areas of training, each applying Montessori principles.

- Montessori and “I’m Still Here” *Principles*
- *Communicating* with respect and dignity
- Communicating with templates in *Multi-Lingual Environments*
- Montessori-based *activities*
- *Personal Care* with invitations and choice
- *Dining* with dignity
- *Arts & Culture* as community connections

In sum, the principles are the basis for carrying out each intervention. Activities, arts and culture, personal care and dining—the interventions—tend to define most of what takes place in the lives of people living with dementia. Communication, especially in multi-lingual settings, is the vehicle for implementing the steps necessary to achieve the goals of each person.

“Montessori-based activities” is therefore a short-cut term for a group of cascading principles, techniques and actions leading to each person’s dignity, respect, independence and choice. The observable outcomes of this approach include replacing the 4 “A”s of Alzheimer’s—anxiety, agitation, aggression and apathy—with engagement, focus of attention, language expression, positive mood, accessing memories, emotional connectedness, social participation, short term event memory and future orientation.

Principles of Montessori-based Programming (MAP)[™]

7 hours

No limit to number of participants

This approach to designing interventions for persons with dementia focuses on use of the Montessori Method of education adapted for use with adults. Based on principles of rehabilitation as applied to learning, and grounded in a philosophy of respect and dignity for the individual, MAP[™] emphasizes:

- use of abilities that are still available to persons with dementia
- use of activities to increase or maintain levels of functioning
- the use of personally relevant activities and materials
- the creation of meaningful social roles
- connecting the individual with dementia to a larger community

Suggested attendees include executives, administrative staff, marketing/admissions, nursing, activity directors and direct care staff. The goal of the course is to provide attendees with a working knowledge of Montessori principles and how to incorporate them into a care plan for persons with dementia. Objectives include enabling attendees to:

- Receive an overview of the *"I'm Still Here"* approach to dementia care.
- Examine elements of a true community that can be incorporated within their facility or program
- Understand that learning takes place in persons with dementia, and how to capitalize on that capability to improve quality of care and quality of life
- Understand the types of learning that are available to persons with dementia, and how they can be used to address commonly seen challenging behaviors
- Focus on the strengths of persons with dementia
- Begin to ask "Why is this happening?" when addressing problematic behaviors
- Learn techniques to effectively answer the question "Why is this happening?"
- Design interventions for problematic behaviors seen in their own residents/clients
- Create engaging activities' materials on the spot for individual, small group, and large group programming
- Learn the key principles for insuring that an activity is likely to be engaging
- Learn how to document level of engagement during programming
- Increase positive interactions with family members
- Increase "buy-in" and "ownership" of programming by staff, family members, and volunteers
- More effectively utilize existing resources
- Begin the process of culture change that can continue to grow and be successful

Outline : MAP Principles Training

8:30—8:45 am: Introduction/Overview
8:45—9:15 am: The *I'm Still Here*™ Philosophy
9:15—9:45 am: Understanding Dementia
9:45—10:00 am: Break
10:00—12:00 pm: Memory and Reading Ability
12:00—1:00 pm: Lunch
1:00—2:15 pm: Introduction to Montessori-Based Dementia Programming
2:15—2:30 pm: Break
2:30—4:00 pm: Over view of MAP Principles
4:00—4:30 pm: Q & A

Montessori-based Communication

4 hours

50 participant limit

Prerequisite: MAP Principles

This course teaches effective verbal and nonverbal techniques for successfully communicating with persons experiencing all stages of memory loss. Strategies for handling common challenging situations will be discussed and practiced, including how to prevent and decrease anger, agitation, and fear.

Outline: MAP Communication

8:00am - 8:30am	Continental Breakfast
8:30am - 8:45am	Review of Principles
8:45am - 9:15am	Application of Principles to Communication
9:15am - 9:45am	Introduction to a New Approach
9:45am – 10:00am	Break
10:00am – 12:00pm	Verbal and Non-Verbal Communication

Communication Adaptations for Multi-lingual Caregiving Environments

7 hours

50 participant limit

Prerequisite: MAP Principles

The typical care environment today is multilingual with staff and residents from all backgrounds and nationalities, often creating challenges with language and dialect. Additionally, as dementia progresses individuals can tend to favor their native language, regardless of languages they may have learned and spoken most of their lives. These challenges can interfere with successful caregiving and lead to feelings of frustration, mistrust, confusion and even fear. This course addresses these challenges by teaching practical techniques to encourage and facilitate communication between persons who speak different languages. These techniques involve the use of external storage and retrieval of information combined with a simple and effective approach to phonetic transliteration. The goal of this course is to enable and empower the learner to implement these techniques within their caregiving environments to increase verbal communication regardless of language differences and barriers that may exist.

This short course provides basic knowledge and practical skills that improve the use of verbal communication with residents *in any language*. Key subtopics covered in this course include:

- Language and dementia
- Key phrases to know in any language
- Identifying individualized needs
- Available technology and assistive resources
- Phonetic/transliteration approaches and techniques
- Creation and use of signs and other environmental cues

Outline: Multi-lingual Communication

9:00-9:30	Introduction: Language and cultural differences in long-term care
9:30-10:45	Language and dementia
10:45-11:00	Break
11:00-12:00	Importance of verbal communication: Why? What? Where? When?
12:00-1:00	Lunch
1:00-2:45	Overview of phonetic transliteration
2:45-3:00	Break
3:00-4:00	Creating, adapting and using environmental language cues
4:00-4:30	Getting started
4:30-5:00	Q&A

Montessori-based Activities

7 hours

50 participant limit

Prerequisite: MAP Principles

This experience provides attendees with opportunities to practice the skills they have learned. The workshop includes role playing, hands-on creation of activity materials focusing on specific clients or residents that attendees currently are working with, and additional experience with documenting effective implementation of MAP™ and the effects produced. While we encourage personnel from all disciplines to attend the seminar (day one), the workshop (day two) is limited to 50 participants and is generally attended by personnel who will be responsible for implementing the Montessori principles into the organization's program (activity directors and direct care workers).

Outline: MAP Activities

8:30--9:15 am: Review of MAP Principles

9:15—10:00 am: Developing materials for MAP

10:00—10:15 am: Break

10:15—12:00 pm: MAP Evaluation and Assessment tools

12:00—1:00 pm: Lunch

1:00—2:30 pm: Montessori role play

2:30—2:45 pm: Break

2:45—3:30 pm: Action Planning for Montessori Programming

3:30—4:00 pm: Conclusion and Q & A

Resident Lead Activity Programming

3 hours

No limit to number of participants

Prerequisite: MAP Principles

Persons with living with dementia have many remaining skills, but are rarely given a chance to fill meaningful social roles. This course will illustrate how to train persons with dementia to fill the role of group activity leader for their peers. Enabling persons with dementia to lead activities not only provides them with a chance to experience meaning in their day, it can also provide additional resources to Activity Directors, who are often expected to engage many residents with minimal staff resources. By the end of the course, attendees will be able to:

1. Describe three activities that can be led by persons with dementia (Memory Bingo, Hearthside Book Club™, and Meet and Remember).
2. Describe the procedures used to select and train persons with dementia to lead activities.
3. Describe the results of a research study in which persons with dementia led group activities for their peers.
4. List at least 3 other activities that could be led by persons with dementia.

9:00 am -9:30 am	Introduction
9:30 am-10:30am	Role Play Memory Bingo, Hearthside Book Club, and Meet & Remember
10:30 am-11:00am	Identifying a Group Leader
11:00 am-12:00 pm	Training a Group Leader
12:00pm -12:30pm	Discuss Results of the Research Study
12:30pm-1:00pm	Ideas for other activities that could be led by persons with dementia

The Montessori-based Dining Experience

3 hours

No limit to number of participants

Prerequisite: MAP Principles

The Dining Experience can be a wonderful opportunity for social interaction and cognitive stimulation. During this course participants will learn how to provide a pleasant and meaningful dining experience for persons with memory loss. Topics include:

Creating a restaurant style dining experience

Successfully inviting a person to dine

Menu choices

Presentation of food choices

Adaptation of food to promote independence

The use of templates and external memory aides

The use of music or other cues to signal the beginning of meal time

Encouraging social interaction during meals

Montessori-based Personal Care

7 hours

50 participant limit

Prerequisite: MAP Principles

The philosophy of Montessori and Hearthstone is to create persons who are as independent as possible, able to make choices for themselves, and are treated with respect and dignity. This course is designed to apply the Montessori principles to one of the care partner's most difficult tasks: providing personal care – bathing and dressing – to a person with dementia. During this course specific techniques to successfully facilitate these tasks will be described and practiced, including the use of templates and signs and encouraging the person to do for themselves and maintain control of their personal care.

Outline: MAP Personal Care

8:00am - 8:30am	Continental Breakfast
8:30am - 8:45am	Review of Principles
8:45am - 9:15am	Application of Principles to Personal Care
9:15am - 9:45am	Understanding Resident's needs
9:45am - 10:00am	Break
10:00am - 12:00pm	Using Montessori Techniques with all levels of care
12:00pm – 1:00pm	Lunch
1:00pm - 2:15pm	Use of Templates and Contracts to Empower Residents
2:15pm - 2:30pm	Break
2:30pm - 3:00pm	Other Methods for Personal Care
3:00pm - 4:00pm	Problem solving around your residents personal care issues

The Montessori-based Arts and Culture Experience

Exposure to the arts has been shown to increase feelings of self-confidence, self-awareness, and self-expression for persons living with dementia. For years, recreational therapy has played an important role in the design of programming *within* long-term care residential settings. The present challenge/opportunity is to broaden the current scope and definition of arts and culture opportunities for people living with Alzheimer's, to reach *beyond* the walls of the care setting, and to make a tangible connection with the outside community. This entails the building of relationships with local museums, poetry cafés, community theatre groups, universities, music schools, parks and recreation departments, etc. This course will provide instruction on how to create and implement such a program.

The key subjects to be covered include:

- Alzheimer's, Art, and the Brain
 - Making Connections and Forming Partnerships with the Arts and Culture Community
 - The Museum as a Treatment Environment: Setting up a program for your residents
 - Working with Volunteer Artists and the Creation of Art Exhibitions
 - Fundraising and sustainability
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Procedural Interval Learning (PIL)[™]

Procedural Interval Learning (PIL) is a highly successful technique used to help persons learn new information by practicing procedures rather than by memorizing words or concepts. This tool is linked to procedural memory systems, ingrained skills, long-term habits, motor learning and repetition priming.

Examples of goals reached using PIL include remembering to:

- Take medications appropriately
- Get your walker before you walk
- Use safe transfer techniques
- Request assistance when needed
- Name a family member appropriately
- Use assistive devices, etc.

This methodology has also been successfully utilized to reduce repetitive behaviors and questions exhibited by persons experiencing cognitive challenges.

Principles of Procedural Interval Learning (PIL)

7 hours

No limit to number of participants

PIL Principles Outline:

8:00—8:30 am Registration

8:30—10:00 am: Overview of Memory Systems

10:00—10:15 am: Break

10:15—11:00 am: PIL Overview

11:00—12:00 pm: PIL Case Studies

12:00—1:00 pm: Lunch

1:00—1:30 pm: Building a case load using PIL

1:30—2:15 pm: Functional Goal Writing

2:15—2:30 pm: Break

2:30—3:00 pm: Documentation/reimbursement

3:00—4:00 pm: Transitioning PIL to client's environment

4:00—4:30 pm: Q & A

Procedural Interval Learning (PIL)[™] Workshop

7 hours

50 participant limit

Prerequisite: Principles of PIL

This workshop covers the techniques of applying PIL, along with role playing and demonstrations of how to deliver PIL. In addition, we discuss and give examples of how to assess appropriate application of PIL, and how to document its effects.

Outline: PIL Workshop

8:00—8:30 am Registration

8:30--9:00 am: Review of Day One

9:00—10:00 am: PIL tutorial and role play

10:00—10:15 am: Break

10:15—12:00 pm: PIL therapy simulation

12:00—1:00 pm: Lunch

1:00—2:00 pm: Action planning for transitions

2:00—2:30 pm: Tips for success

2:30—3:00 pm: Conclusion and Q & A

Leadership Training

3 hours

This presentation focuses on organizational leadership in excellent dementia care and the necessary role it plays in the successful implementation of the *I'm Still Here*[™] philosophy within an organization. It is a very inspiring presentation that is highly motivating!

A brief outline of the training includes:

- What is the "*I'm Still Here*[™]" Method?
- Evolution of the "*I'm Still Here*[™]" methodology
- Critical components (environmental adaptations, communication methods, and therapeutic activities)
- What is Montessori-based Activity Programming (MAP)[™] and what is its role in the "*I'm Still Here*[™]" model?
- Organizational commitment necessary to successfully implement these programs

SPEAKERS BUREAU / KEYNOTE PRESENTATION TOPICS

The Hearthstone Institute will provide speakers to present on the following topics (one hour). Other topics are available and can be customized to meet organizational goals. Fees are based on the requested presenter.

Understanding Alzheimer's Disease: an Overview

This presentation covers the following topics: disease definition and history, different stages of the disease, how the brain is affected, effective communication techniques, how to treat the symptoms, and ways to reduce the chance of onset.

The Dynamics of Memory and Aging

Our memories help us construct our self-image. There is more to memory however, than just short-term and long-term retrieval. Emotional and spiritual memories are interwoven with our personalities, and when accessed, allow for greater connection to our community and ourselves. This is especially true for those living with a memory disorder. A focus on “what is still there” versus “what is gone” fosters a higher quality of life and increased confidence. This presentation will also discuss ways in which people can strengthen their “memory muscles” and possibly delay onset of dementia through exercise and nutrition.

Art and Alzheimer's: The Art Therapy Experience

In this presentation we will examine the relationship between art and Alzheimer's disease, and show how art has the ability to revive and utilize emotional memories. We will discuss ways in which the artistic experience, both creating and viewing art, can be used to foster a “sense of self” among participants. The discussion will also include ways to see artistic intervention as a valid treatment for the symptoms of dementia, leading to greater access to cultural opportunities and increased quality of life.

Non-Pharmacologic Interventions for Person with Dementia

This presentation demonstrates how the use of non-pharmacologic treatment modalities – environment, communication techniques and therapeutic activities – combined with the use of pharmaceutical treatments when needed offers the most effective means of providing a high quality of life to people living with cognitive challenges. This *Coordinate Care Approach™* is discussed in detail and specific examples are used to illustrate how these techniques are used at Hearthstone.

Introduction/Overview of Montessori-based Activity Programming (MAP)™

An overview of the topic, along with illustrations of how this approach can utilize the strengths of persons with dementia to create engaging activities that reduce problematic behaviors and caregivers' stress, as well as increasing positive emotions.

Introduction/Overview of Procedural Interval Learning (PIL)™

An overview of the topic, along with illustrations of how this approach can utilize the strengths of persons with dementia to help them learn, remember, and maintain clinically relevant goals.