

Montessori Techniques: Not Just Child's Play

Karen Love

With a huge smile on her face, Mrs. M looked up after putting the finishing touches on her "sculpture" creation of colored, plastic clothespins. Across the room, Mr. A was busily stacking poker chips into tall piles. Every so often, a pile would topple over, and he would laugh with glee, causing his two tablemates to start laughing as well.

Mrs. M raised 10 children and was the active matriarch of her family until Alzheimer's disease (AD) sidelined her. She had become withdrawn and no longer was quick to laugh. It was hard to draw Mrs. M into activities at her assisted living (AL) residence. Her usual refrain was, "I raised 10 children and I'm too tired." Her family grew increasingly concerned because her inactivity was causing her to lose some motor function and she was obviously not happy.

Mr. A had a disruptive habit of tapping on a table while sitting. The tapping sound annoyed other residents and caused several to become agitated. Mr. A is a retired bus driver and used to tap on the steering wheel of the bus when stopped at red lights. He has AD and is not even aware of the tapping behavior.

Advances in the field of elder caregiving have upended the dated theory of an activity director providing group recreational activities for stimulation and socialization such as the three Bs (bingo, birthdays, and Bible) for resident engagement during the day. The culture change movement has helped



usher in new knowledge and improved practices that foster better elder care, whether the setting is AL, adult day care, nursing homes, or home care. The core of these advances in caregiving is rooted in person-centered care;^{1,2} the new understanding is that everyone requires a focus on their individual needs and interests, is an individual and a one-size-fits-all approach is custodial at best.

Implementing a Montessori-based philosophy of care that promotes well-being and enhances function dramatically impacted the quality of life for Mrs. M and Mr. A.

Historically, Montessori methods have been applied strictly for childhood education, but more recently have been used successfully within the older adult population, notably for people with dementia.³

Philosophy of Individualism

Montessori is based on the philosophy of individualism. Adapting Montessori methods to foster person-centered care for elders has been remarkably successful over the past 10 years. Montessori methods have also been shown to be successful within the home environment.^{4,5}

The body of literature about ap-

plying Montessori methods, both for people with dementia and without, is limited; however, these methods have been adapted in long-term care (LTC) settings since 1992. Montessori is not a program but rather a comprehensive philosophy of person-center care that promotes elder well-being.

Montessori's high success rate, ease of implementation, low cost, and almost ingenious ability to meaningfully engage individuals while enhancing their physical and cognitive function has been proven. Beyond the therapeutic value of helping to address excess disability, Montessori methods can also increase staff job satisfaction and retention and nurture positive relationships with residents.

As the example of Mrs. M demonstrates, a person's well-being is not just related to physical health. Utilizing person-centered engagement and stimulation can be an effective conduit to support well-being. Studies report that many nursing home and AL residents have problems with inactivity and boredom. Some estimates report that residents with dementia in nursing homes spend 60% to 80% of their time with nothing to do.⁶ Agitation and other behavior disturbances routinely occur during this unstructured time. Residents are often looking for comfort, stimulation, and movement; but because of their dementia, they often cannot self-engage to socialize or relieve their inactivity.

Montessori-based Principles

The first key principle of Montessori-based techniques is to *observe* and *learn* about the interests, capabilities, and needs of individuals. A completed social history and interest form helps to frame an individual's background and interests. Identifying specific activities and materials that are engaging to each individual is achieved through a trial-and-error process.

For example, knowing that Mrs.

M raised 10 children, a staff member surmised she had done a lot of laundry. Interested in both stimulating Mrs. M and finding an activity that would provide fine-motor exercise for her fingers, the staff member experimented by presenting a box full of plastic colored clothespins. Mrs. M was asked if "she could help straighten out the mess someone made with the clothespins." Without any more direction, the staff member smiled and moved across the room. Watching from a distance, the staff member noticed that Mrs. M was clipping the clothespins together in a haphazard manner creating what

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looked like a modern sculpture. With a warm smile, the staff member approached Mrs. M and praised her "sculpture," noting that she "had a creative eye and was wonderfully talented." Other residents looked over to see what Mrs. M was making and added compliments. Mrs. M's ear-to-ear smile was clear recognition that she enjoyed the praise. A study conducted by Jiska Cohen-Mansfield and colleagues⁷ found that interventions aimed at strengthening residents' self-worth contributed significantly to their well-being. Mrs. M's ear-to-ear smile is one proof of this finding. More notably, however, was the long-term effect of discovering meaningful ways of engaging and stimulating Mrs. M.

For Mrs. M the clothespin event turned out to be just the beginning. The feelings of self-worth and pride she experienced that day stimulated her willingness to become involved in other activities. Rarely again did the staff hear her say, "I'm too tired," and her quick-to-smile nature returned. Mrs. M's well-being was greatly improved, affording her an improved quality of life despite her progressive neurological disease. There is a growing body of literature suggesting that a strong sense of self-worth can survive through late stages of dementia.⁷

Staff members tried to engage Mr. A with activity materials whenever he sat at a table without a particular task to do, such as waiting for a meal to be served or for an activity to start so that he would be distracted and not tap the table. Six different items were offered before one caught his interest—stacking poker chips. Adults are frequently conditioned to perceive something that does not work as a failure and not continue to try other options. Indeed, when working with people with a disabling condition, the operating norm is to continue to cheerfully try different items and approaches until one works. The therapeutic value occurs once engagement is achieved. Promoting a *trial-and-error process* is another key Montessori-based principle.

Some people at first glance might see working with poker chips and clothespins as undignified or childish tasks for adults to be doing. However, it is important to understand that activity materials are only a vehicle used to therapeutically stimulate and engage residents to enhance their well-being. Besides activity materials needing to be familiar and adult objects, there are no limitations to what can be used for engagement beyond the creativity of staff, family members, or volunteers.

The other Montessori-based

principles include:

- Keep verbal instructions for activities *short, simple, and pleasant*.
- *Cue* but do not do the activity for them.
- Provide *frequent and genuine verbal feedback* and encouragement to enhance feelings of self-worth and achievement.
- Remember that there are *many right ways* of doing an activity.
- Use *repetition* of an activity to promote positive engagement.
- Build *retention* skills and capabilities progressing from simple to complex activities and concrete to abstract.

One of the most difficult aspects for caregivers implementing Montessori methods is understanding the “many right ways” principle (Table 1). For instance, when an elder with dementia stacks puzzle pieces into piles, caregivers tend to immediately try to re-cue the person to construct the puzzle picture. However, the goal is to achieve engagement; if the person seems to be enjoying stacking the pieces, then that is the “right way” for that individual at that time.

Whenever possible, provide an abundance of a particular material and aim for including colorful objects. The “abundance” element is based on the author’s *buffet theory*. One of the pleasures of buffet dining is the abundance of food choices. A diner does not actually eat every item on the buffet, but all the choices are visually exciting. Similarly, presenting a basket full of 100 colorful items is more appealing than just 10.

Although implementing Montessori methods is easy and inexpensive, it takes staff time—time to collect information about people’s social histories and interests, translate this information into ways to attempt stimulation and engagement, engage or oversee engagement, share the outcomes with other staff, and shop and maintain activity materials.

Table 1.
Key Do’s and Don’ts

Do’s

- Know individuals’ interests, needs, and “feel goods.”
- Know individuals’ capabilities and cognitive, physical, and social stimulation needs.
- Create opportunities for individuals to experience a sense of accomplishment and success.
- Encourage and cue involvement in the activity as needed.
- Provide frequent positive and genuine praise and acknowledgement.
- Use repetition of an activity to increase mastery.
- Use strong communication skills (for example, speak at eye level facing the individual).
- Use humor—it will make the caregiver laugh as well.
- Monitor to ensure the individual is enjoying the activity and not becoming frustrated.
- Build on skills and capabilities by offering items progressing from simple to more complex and concrete to abstract.
- Break activities into smaller steps, if needed, to make them manageable.
- Help individuals fill their days with satisfying experiences.
- Rotate different items to keep activities interesting.
- Clean activity materials routinely.

Don’ts

- Correct someone doing an activity.
- Give wordy instructions.
- Do activity for them unless they are becoming frustrated and need a boost.
- Focus on only one ‘right way’ to do an activity.
- Leave the TV on.
- Use activity materials that are childish (for example, playing cards made for children, matching pairs with juvenile pictures, etc.).

Those who use Montessori methods anecdotally report that staff time is saved and utilized more effectively, and the everyday work experience is more pleasurable and rewarding. The goals of supporting a satisfying quality of life for elders who have a reinforced sense of purpose are realized using the rebalanced person-centered Montessori method. Staff no longer are simply task oriented and managing disruptive and depressive behaviors that can be stressful for everyone, but are rewarded with enhanced skills and expertise, and improved job satisfaction.

Therapeutic Applications

The application of Montessori methods in LTC is focused on the thera-

peutic value of enhancing well-being by helping individuals function at their highest possible physical and cognitive level. Montessori methods integrate opportunities for residents to feel a sense of self-worth and to experience belonging in a group—both important emotional elements of well-being.

Humans are multidimensional beings with physical, social, intellectual, emotional, and spiritual needs. Thus, engagement needs to address these various needs to ensure that elders are exposed to a variety of cognitive, motor movement and fitness, sensory, life skills, and social functions. Staff need to identify the functions for which each individual needs support and engagement. For exam-

ple, some activities such as manipulating stretchy bands and squeezing squishy balls exercise muscles while others evoke pleasant emotions and laughter.

Successful engagement is measured in a number of ways. The most visually obvious measures of emotional engagement are smiles and laughter, or a resident who happily hums throughout the day. Less obvious measures include an individual's ability to button a sweater after exposure to fine-motor stimulation activities for her hands.

Not Just for Staff

Once an environment is set up to use Montessori methods, the benefits are not limited to residents and staff. Family members and other visitors find value in having activity materials readily available to use while visiting. For instance, a grandson can throw a football to his grandfather who does not get much upper arm exercise. Volunteers also benefit. Often they want to provide assistance but don't know exactly what to do. Having activity materials handy stimulates ideas of how to engage the residents.

Affordable Activities on a Limited Budget

Dollar stores are an ideal place to purchase activity materials. The stores are full of inexpensive everyday items for one-stop shopping. Materials can be easily discarded if a resident with dementia chews on them or if items become worn. The stores sell housewares, sporting and game equipment, hardware, clothing, food and other items.

Imagine shopping there for AL residents with dementia. The hair and beauty aisle contains packets of thin, stretchy, colorful head bands—great to use for gross motor movement. Packets of different-sized and colored hair curlers with clip-on tops are familiar to the current generation of elder women who used these type of curlers;

they offer good fine-motor exercise when the resident takes the clip-on tops on and off. Remember there is no right way to use materials; some residents may string together the curlers like beads on colorful shoestrings.

Colored pencils and lead pencils in eye-catching patterns are other dollar store staples. For a resident who formerly worked in an office, sharpening pencils can provide great fine-motor exercise and opportunities for staff to praise their efforts. Socks are another good life-skill activity material. Six packets of children's and adult's socks in as-

Using everyday items to stimulate and engage residents not only enhances their physical function, but also effectively addresses behavior challenges.

sorted colors can provide a full basket. Presenting a basket full of socks in assorted colors with the request "Could you help me organize these socks?" offers another functional activity. Some residents might fold matching socks together, while others may simply lay them all out on a table. Regardless of what is actually done with the socks, the socks provide the activity vehicle to engage and exercise their hands. Montessori engagement has unlimited potential to accommodate a wide range of interests and abilities that can be discovered through trial and error. For a small investment, dollar stores provide colorful plastic clothespins, plastic shower curtain rings in four colors, poker chips, ice cube trays, puzzles, tongs, and a huge container of jumbo crayons.

It's not just the residents who have fun. A housekeeper stopped at a table where a resident was engrossed in using tongs to pick up ping pong balls and place them into ice cube trays. Also on the table was a container of 80 multicolored shower curtain rings. The housekeeper pulled up a chair and began clipping the shower curtain rings together. Before long, she had strung together 25 rings. The resident looked up and told her "she was doing a great job and to keep it up," making the housekeeper laugh. She bantered back that he was good with the tongs; did he hone that skill barbecuing? This conversation got them talking about their favorite food to barbecue. The residence's maintenance man who was working nearby joined the conversation by detailing his recipe for mouth-watering barbecue sauce. This type of spontaneous interaction only took minutes, left everyone smiling, and appropriately involved staff in nontraditional roles—another reason why Montessori-based techniques should not just be for children anymore! **ALC**

Karen Love is President of Pathways to Care, an aging services consulting firm created to help organizations and facilities implement strategies to enhance resident care and staff satisfaction.

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