



Montessori for Ageing and Dementia

Introductory Workshop Curriculum

Created by

Michelle Bourgeois
Jennifer Brush
Gail Elliot
Anne Kelly

This two-day certificate course, taught by an AMI certified presenter, is the first step in becoming an AMI Montessori for Ageing and Dementia Certified Practitioner. After completion of the workshop, the student may apply to earn an AMI Practitioner Certificate by successfully completing the competency assessment process.

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Unit: Montessori for Ageing and Dementia

Unit Code	AMIA501
Unit Contact Hours	1.0 hour

Summary

This unit provides an overview of the life and contributions of Dr Montessori and an introduction to the concept of Montessori practice as an aid to life. The role of the Montessori trained aged care professional will be introduced.

Related Quality Standards

Standard 2.1

- Respectful language is used by staff at all times. Communicative interactions are appropriate for the individual's culture, diversity, religion and age, and include courtesy, positive statements, use of preferred name, inclusive language and physical demonstrations to facilitate understanding.
- Staff work in a way which respects the pace at which the individual is functioning focusing upon the person rather than on completing the task.
- Staff are cheerful, helpful, compassionate, reassuring and caring.
- Staff are observed meeting the psychosocial needs of the individual.

Standard 2.4

- Individuals are encouraged to be as active as they want in organising or leading these activities.

Standard 2.6

- Staff have training in communication and special needs of people living with cognitive and communication deficits.

Standard 2.8

- There is a significant number of AMI Ageing and Dementia certified staff to influence organisational change. The minimum recommended number of certified staff is at least one certified staff member for every 20 staff members.

Learner Outcomes

By the end of the course, students will be able to:

- Explain the key principles that underpin Montessori philosophy and vision and make connections to quality outcomes in aged care.
- Describe how the underlying values and principles of the Montessori approach inform the performance of job responsibilities in aged care.

Educators Notes

Describe the principles of the Montessori philosophy and begin to connect these principles to dementia care best practices. Help learners understand the paradigm shift required for staff to work as a team with a focus on meeting the emotional, spiritual, cognitive, social and physical needs of each individual rather than simply completing care tasks on a schedule.

Content Outline

- Biographical information about Dr Montessori
- Essential components of the Montessori approach from the classroom to the care centre
- Mixed cognitive, physical and sensory abilities of elders working together
- Elder choice of activity from within a range of options
- Uninterrupted blocks of activity time
- Specialised activity materials
- Freedom of movement within the care centre
- Trained Montessori staff
- Human tendencies as the driving behavior in every stage of development, including older age and dementia. The physical, social, and organisational environment should respond to and facilitate the expression of abstraction, activity, communication, exactness, exploration, manipulation, order, orientation, repetition, self-perfection and work/purposeful activity.
- Person-centered approach that often requires a change in culture away from an institutional or medical model of thinking to a psycho-social multidisciplinary model of care
- Independence, respect, choice, contribution to their community and cooperative work are encouraged.
- Staff attitudes directly impact the lives and well-being of the elders.
- Respectful language is used by staff at all times. Communicative interactions are appropriate for the individual's culture, diversity, religion and age, and include courtesy, positive statements, use of preferred name, inclusive language and physical demonstrations to facilitate understanding, with memory and cognitive supports available to enhance independence.
- Staff works in a way that respects the pace at which the individual is functioning focusing upon the person rather than on completing the task.

Teaching Strategies

- PowerPoint presentation
- Present short video or images of a Montessori classroom
- Present short version of "Changing Lives" or other Montessori aged care video (Short Version – approximately 8 minutes <https://youtu.be/dYN7187bXeY> or Long Version – approximately 21 minutes <https://youtu.be/HzxXDbwjB21>)
- Handouts: Components of the Montessori approach, Human Tendencies, Montessori Principles applicable to Dementia and Aged Care

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during practice sessions/role play later in course
- End of course learning assessment

Unit: The Whole Person

Unit Code	AMIA502
Unit Contact Hours	2.0 hours

Summary

The unit reviews the key components of individualised care, the changing needs of the older person, the characteristics of dementia and introduces the organisational structures needed to promote individualised care.

Related Quality Standards

Standard 1.4

- Team members reliably work to incorporate individual needs and preferences of individuals into their schedule.
- Staff are consistently assigned to care for the same individuals.

Standard 2.1

- Staff work in a way which respects the pace at which the individual is functioning focusing upon the person rather than on completing the task.
- Staff are observed meeting the psycho-social needs of the individual.

Standard 2.5

- Assessment tools include sensory, speech, language, reading, and cognitive evaluations.
- Changes in behaviour are seen as triggers for reassessment.

Standard 2.7

- Changes or adjustments to programmes are made in response to feedback from individuals.

Learner Outcomes

By the end of the course, students will be able to:

- Discuss the sensory, physical, and cognitive changes related to both ageing and dementia
- Outline how to identify the individual's needs, strengths, abilities and interests in order to inform care, programme plans and environmental modifications

Educators Notes

Help learners to understand that each person has strengths, weakness, needs and interests. Our goal as health care professionals is to work in collaboration with the older adult using their strengths and interests to help compensate for any deficits caused by ageing and dementia.

Content Outline

- Sensory, physical, and cognitive changes related to ageing
- Conditions that may impact independence and functioning such as excess disability due to disuse
- Overview of main diseases that cause dementia and how the symptoms of each differ
- Process for assessing a variety of cognitive, sensory and motor abilities in order to develop a plan for life engagement
- Observation of the individual during daily tasks and routines to identify needs and strengths
- Creating teams that work to identify and incorporate plans that address individual needs and preferences into the daily care schedule
- Consistent assignments and their positive impact on the older adult
- Working in a way which respects the pace at which the individual is functioning
- Meeting the psycho-social needs of the individual
- Screening and assessment tools to identify changes in sensations, speech, language, reading, and cognition
- Changes in behavior should be viewed as triggers for reassessment

Teaching Strategies

- PowerPoint presentation
- Discussion about current assessment measures
- Identification and discussion regarding the current roles and responsibilities of each individual with dementia
- Discussion about the most important things to know about a person entering an aged care community
- Complete an All About Me book
- Practice conducting a reading screening
- Practice conducting one part of the *Hierarchic Dementia Scale*
- Exercise about the triggers of responsive behaviours
- Exercise about identifying the differences between dementia, delirium and depression
- Video of a digital story as a way to collect information and make it accessible to all staff
- Roles and routines checklist
- Examples of assessment measures

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during practice sessions later in course
- End of course learning assessment

Unit: Cognition

Unit Code	AMIA503
Unit Contact Hours	3.0 hours

Summary

This unit reviews a model for discussing memory systems and the impact of ageing and dementia upon these systems. Modifications such as task breakdown and external memory aids will be introduced.

Related Quality Standards

Standard 2.2

- Staff allow enough time for individuals to complete tasks independently.
- Task breakdown, sequencing and schedules are used to promote independence.
- The individual's strengths are used to develop activities and roles

Standard 2.4

- There is support as needed to help individuals participate in activities of interest.
- Individuals are encouraged to be as active as they want in organising or leading these activities.

Standard 3.1

- The areas are free from clutter and distracting objects.

Standard 3.2

- Policies and procedures for the creation and use of signage, orientation and communication supports, name tags, and schedules follow dementia care best practices and are implemented across the organisation.
- Task breakdown and routines are used to support memory loss and individuals strengths.
- Visual supports for activity of daily living and leisure activities follow the Montessori principles.
- All people in the prepared environment wear name badges (if culturally appropriate).

Standard 3.3

- Activity materials and signage invite engagement.

Standard 3.4

- The furnishing reflects the purpose of the space.
- Spaces follow ageing and dementia best practices.
- Individual's spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.

Learner Outcomes

By the end of the course, students will be able to:

- Define the key terms related to memory
- Discuss the differences between sensory, declarative, and non-declarative memory
- Identify an individual's spared memory capacities and know how this impacts behaviour
- Apply the information about the memory systems to engage the person in life by providing memory and cognitive supports
- Discuss how changes in memory and cognitive abilities can cause responsive behaviors
- Describe the Spaced Retrieval method

Educators Notes

Help the learner to understand the need to reduce the demands on the impaired memory systems by placing compensatory cues in the environment. These changes in cognition can cause responsive behaviours. It is important to focus on the person exhibiting the behaviour and work on understanding why they are expressing this behaviour. External aids and Montessori activities can be adapted to meet the cognitive needs of the person, including boredom, loneliness and lack of independence.

Content Outline

- Key terms related to memory: Encoding, chunking, storage, retrieval, sensory memory, selective attention, divided attention, short-term memory, rehearsal, working memory, long-term memory, declarative/explicit memory, episodic memory, semantic memory, non-declarative/implicit memory, procedural memory, massed practice, spaced retrieval, overlearning, conditioning
- Illustrations of healthy and damaged brains
- Importance of repetition, how learning, habits and overlearning impact behaviour and outcomes in dementia care
- Use of task breakdown to enhance independence
- Process for identifying an individual's broad spared memory capacities to inform treatment planning
- Use of spared capacities to compensate for the impaired memory systems
- Application of the information about the memory systems and supports to engage the person in life
- Step by step description of the Spaced Retrieval method

Teaching Strategies

- PowerPoint presentation
- Illustrations/images of the brain to explain the physiological impairments
- Compare and contrast types of memory through short vignettes or case studies
- Exercise on repetition priming e.g. folding a serviette or using a visual cue/memory aid
- Exercise about examples of procedural/declarative memory e.g. Procedural – cleaning teeth, grooming; declarative – children's dates of birth
- Exercise about habits and how important it is to keep these when in care, e.g. hot milk or shower before going to bed.
- Graphic illustration of the memory systems

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during practice sessions later in course
- End of course learning assessment

Unit: Prepared Environment

Unit Code	AMIA504
Unit Contact Hours	2.5 hours

Summary

This unit explains the principles of the Montessori prepared environment in supporting an individual's functioning.

Related Quality Standards

Standard 2.2

- Individual's independence is protected and encouraged.
- Task breakdown, sequencing and schedules are used to promote independence.
- Staff offer choice in all aspects of living.
- The individual's strengths are used to develop activities and roles.

Standard 2.4

- There are resources which support spontaneous activities, which are actively encouraged by staff and the wishes of the individuals are honoured.

Standard 2.7

- Changes or adjustments to programmes are made in response to feedback from individuals.

Standard 2.8

- A minimum average of 60% of all care staff have completed approved AMI Montessori for Ageing and Dementia professional development.
- There is a significant number of AMI Ageing and Dementia certified staff to influence organisational change. The minimum recommended number of certified staff is at least one certified staff member for every 20 staff members.

Standard 3.1

- An atmosphere of respect, calm, and meaningful activity pervades the environment.
- Aesthetics and beauty are key components of things within the environment.
- Montessori activities are well displayed and maintained.
- The areas are free from clutter and distracting objects.
- The organisation makes an effort to involve the individuals in making decisions about the decoration of the spaces.
- The organisation makes an effort to identify and provide the type of spaces individuals would like to be able to access for activities and these spaces are accessible to persons receiving care at times they want to use them.

Standard 3.2

- Policies and procedures for the creation and use of signage, orientation and communication supports, name tags, and schedules follow dementia care best practices and are implemented across the organisation.
- Task breakdown and routines are used to support memory loss and individuals strengths.
- Visual supports for activity of daily living and leisure activities follow the Montessori principles.
- All people in the prepared environment wear name badges (if culturally appropriate).

Standard 3.3

- A variety of individualised and generic activity materials are accessible throughout the space, which address the needs, interests, and abilities of the individuals in the community.
- Activity materials and signage invite engagement
- Staff regularly check that the activity materials are complete and in working order.
- Montessori materials are in constant and regular use.

Standard 3.4

- Spaces are available for both individual and group activities.
- Spaces are available for quiet reflection and intimate visiting.
- The furnishing reflects the purpose of the space.
- The furnishings meet the needs of the individual for comfort and ease of use.
- Spaces follow ageing and dementia best practices.
- Individual's spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.

Standard 3.5

- All food is clearly identified.
- Individuals are offered choice about where, when, and what they eat.
- Socialisation at meals is encouraged through the use of tools to support conversations.
- Individuals are supported to be as independent as possible during meals using physical, verbal and visual cues and aids.
- Disruption to mealtimes is minimised (e.g., background noise, medication administration or care procedures).

Standard 3.6

- A variety of outdoor activities are provided.
- Outdoor areas are aesthetically pleasing and incorporate elements of the natural environment where possible.
- Outdoor areas are safe for walking and are wheelchair friendly.
- Exits to outdoor areas are easy to use and unlocked (depending on weather conditions).
- Comfortable and accessible seating is available in outdoor spaces.

Learner Outcomes

By the end of the course, students will be able to:

- Describe the six principles of the Montessori prepared environment
- Discuss the three primary design guidelines for dementia
- Implement environmental interventions based on dementia care best practices
- Identify the link between the social, physical and organisation environment and how it impacts behaviors

Educators Notes

This section brings together the principles of the Montessori prepared environment with evidence-based design for older adults and dementia to support independent functioning. The instructor should reflect back on the human tendencies and make a connection for the learner between these tendencies and the activities available in the prepared environment. The prepared environment should support activity programming and one's abilities to have roles and responsibilities in the community.

Content Outline

- Introduction
- Principles of the Montessori prepared environment: freedom; structure and order; beauty; nature and reality; social environment; intellectual environment
- Evidence-based design strategies for the cognitive, visual, and auditory environment: maximising cues (includes signage), personalising spaces, enhancing lighting, creating visual organisation, increasing sightlines, maximising contrast, minimising glare, reducing background noise, and managing reverberation
- Dementia care best practices: predictability, routines, task breakdown, consistent staffing, enhanced meal services, meaningful roles and activities, memory books
- Lighting guidelines for older adults
- Home like environments
- Access to outdoor environments
- Key terms related to the environment: environmental press, capacity and performance, cognitive mapping, wayfinding
- Memory books as a visual aid for communication and functioning

Teaching Strategies

- PowerPoint presentation with photo and video examples of prepared environments
- Group work to create plans for different stages of environmental interventions
- Exercise about common signs that are needed in their care home (bedrooms, dining, toilet, office, garden, etc.)
- Exercise about designing an outdoor or activity area - what would it look like?
- Exercise about how light impacts sleep, strategies to encourage better sleep
- Videos of people using activities and activity stations
- Handout about objective assessment of light intensity and lighting guidelines

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during practice
- End of course learning assessment

Unit: Independence

Unit Code	AMIA505
Unit Contact Hours	1.0 hours

Summary

This unit emphasises the significance of facilitating independence and the impact of ageing and dementia on an individual's personhood and independence.

Related Quality Standards

Standard 1.3

- Consent is collected at entry point regarding the sharing of the individual's personal information for the purposes of maintaining independence and personhood. This includes consent for wearing a name badge and posting name plaques or photographs on room doors as well as for listing information regarding the individual's roles, routines and activities in public areas.

Standard 2.2

- Individual's independence is protected and encouraged.
- Staff allow enough time for individuals to complete tasks independently.
- Task breakdown, sequencing and schedules are used to promote independence.
- Care plans reflect the individual's strengths and abilities and document skill maintenance/enhancement
- Staff offer choice in all aspects of living.
- The individual's strengths are used to develop activities and roles.

Standard 2.4

- Individuals are assessed for strengths, needs and interests and from these activities and roles are encouraging and developed.
- Multiple opportunities are offered on an on-going basis for individuals to engage in roles and activities in which they are interested.
- There is support as needed to help individuals participate in activities of interest.
- There are resources which support spontaneous activities, which are actively encouraged by staff and the wishes of the individuals are honoured.
- Individuals are encouraged to be as active as they want in organising or leading these activities.

Standard 2.5

- Admission procedures include documentation of the individual's past and current personal information including needs, interests, lifestyle preferences, roles, skills, and abilities.
- Information is solicited from the individual and those with a significant relationship to the individual.
- Assessment tools include sensory, speech, language, reading and cognitive evaluations.
- Changes in behaviour are seen as triggers for reassessment.
- There is a process in place for regularly reassessing and updating information about the individual.
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Standard 3.2

- Task breakdown and routines are used to support memory loss and individuals strengths.
- Visual supports for activity of daily living and leisure activities follow the Montessori principles.
- All people in the prepared environment wear name badges (if culturally appropriate).

Standard 3.3

- A variety of individualised and generic activity materials are accessible throughout the space that address the needs, interests, and abilities of the individuals in the community.
- Activity materials and signage invite engagement.
- Staff regularly check that the activity materials are complete and in working order.

Standard 3.4

- Spaces are available for both individual and group activities.
- Spaces are available for quiet reflection and intimate visiting.
- The furnishing reflects the purpose of the space.
- The furnishings meets the needs of the individual for comfort and ease of use.
- Spaces follow ageing and dementia best practices.
- Individual's spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.

Standard 3.5

- All food is clearly identified.
- Individuals are offered choice about where, when, and what they eat.
- Individuals are supported and encouraging to choose own food
- Individuals are offered choice of dining companions.
- Socialisation at meals is encouraged through the use of tools to support conversations.
- Individuals are supported to be as independent as possible during meals using physical, verbal and visual cues and aids
- Disruption to mealtimes is minimised (e.g., background noise, medication administration or care procedures).

Standard 3.6

- Outdoor areas are safe for walking and are wheelchair friendly.
- Exits to outdoor areas are easy to use and unlocked (depending on weather conditions).
- Comfortable and accessible seating is available in outdoor spaces.

Learner Outcomes

By the end of the course, students will be able to:

- Explain the importance of promoting independence and preventing excess disability
- Explain the key components that support an individual's daily independence
- Identify and evaluate the barriers and facilitators to independence in the physical, social, and organisation environment
- Develop an individualised treatment plan to support the person in social, mental, physical, emotional, and spiritual functioning

Educators Notes

Facilitating independence is a process that begins at the time of diagnosis through to admission to a care community and continues throughout the person's life. As the individual's' needs change, staff will need to make adjustments to the environment, activities and care plan to support the person through all stages of life, from community living to long term and end of life care.

Content Outline

- Process for collecting and disseminating information regarding the individual's personal information for the purposes of maintaining independence and personhood
- Individual, team and organisational approaches to protect and encourage independence, including changes in organisational structure and methods of care delivery
- Modelling of techniques to allow enough time for individuals to complete tasks independently
- Approaches to providing task breakdown, sequencing and schedules to promote independence.
- Processes for offering choice in all aspects of living
- Use of the individual's strengths to develop activities, roles and routines
- Care plans that reflect the individual's strengths and abilities and document skill maintenance/enhancement and engagement

Teaching Strategies

- PowerPoint presentation
- Review of assessment measures
- Role play of task breakdown
- Practice at using movement recovery activities
- Exercise about creating excess disability - how might they change this?
- Exercise about barriers to promoting independence? (e.g. task focused, time restraints, attitudes)
- Video about a Tren, <https://www.youtube.com/watch?v=WkJc2Rk6lgA>
- MASS video - Changing Lives, <https://youtu.be/dYN7187bXeY>

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during role play
- End of course learning assessment

Unit: Observation

Unit Code	AMIA506
Unit Contact Hours	1.0 hours

Summary

This unit reviews the importance of observation in identifying and assessing the needs of the individual.

Related Quality Standards

Standard 2.2

- Care plans reflect the individual's strengths and abilities and document skill maintenance/enhancement.
- The individual's strengths are used to develop activities and roles.

Standard 2.3

- Observations are used to identify the individual's changing care needs.
- Observations are recorded on a regular basis by the multidisciplinary team.
- Care plans are reviewed regularly and reflect the individual's changing needs and preferences.

Standard 2.5

- Assessment tools include sensory, speech, language, reading, and cognitive evaluations.
- Changes in behaviour are seen as triggers for reassessment.
- There is a process in place for regularly reassessing and updating information about the individual.

Standard 2.7

- Changes or adjustments to programmes are made in response to feedback from individuals.

Learner Outcomes

By the end of the course, students will be able to:

- Identify at least three methods of collecting information about each individual
- Discuss the importance of collecting information about each individual for the purpose of understanding the whole person, including behaviours
- Explain the importance of observation
- Know how to connect information about the person to the observations when understanding behaviours
- Use information collected from observations to develop individual care and programme plans
- Make adjustments to programmes and care in response to individuals changing needs

Educators Notes

One of the most helpful tools available to care partners is observation. Observation skills allow the staff to objectively assess situations, older adults' reactions to the environment and the impact of Montessori strategies without judgment. Observation is a critical component of care planning and key to the creation of effective interventions in all aspects of life and living.

Content Outline

- Observation as a tool to develop activities and roles
- Observation as a guide for creating care plans that reflect the individual's strengths and abilities
- Approaches for using observations to identify the individual's changing care needs
- Methods for recording and tracking observations
- Understanding behaviors as expression of unmet needs
- There is a process in place for regularly reassessing and updating information about the individual
- Changes or adjustments to programmes are made in response to feedback from individuals

Teaching Strategies

- Case Studies
- Exercise about using the HDS-R to develop a care plan based on cognitive function
- Examples of observation charts

Assessment Strategies

- Short question and answer review at the end of the section
- Instructor observations during role plays or group work
- End of course learning assessment

Unit: Memory and Independence Support Demonstrations

Unit Code	AMIA507
Unit Contact Hours	1.5 hours

Summary

Throughout the course, time should be allotted for practical demonstrations regarding use of task breakdown, spaced retrieval training, wayfinding and/or visual cues. Learners should also be able to demonstrate activities for visual, tactile and auditory experiences, eye-hand co-ordination and/or fine and gross motor movement.

Learner Outcomes

By the end of the course, students will be able to:

- Role play at least two techniques to facilitate an individual's independence, communication, and/or memory skills
- Plan and prepare example roles, routines and activities

Educators Notes

This is an opportunity to reinforce the concepts taught throughout the course and give students feedback about their ability to implement Montessori strategies.

Content Outline

- Use case studies and Montessori materials to provide opportunities for role play, group work, action planning, and oral presentations on topics such as care planning, memory books, task breakdown, observation, screening and assessment tools, environmental cues, movement recovery, roles, routines, activities adapted for abilities and interests and Spaced Retrieval.

Teaching Strategies

- Provide a variety of materials and case study summaries to enable students to participate in hands-on practice

Assessment Strategies

- Observations and feedback

Unit: Culture of Care

Unit Code	AMIA508
Unit Contact Hours	1.0 hour

Summary

This unit reviews the steps for creating a culture that reflects the values of Montessori for Ageing and Dementia. Culture change transformation may require changes in organisation practices, physical environments, relationships across all levels of the organisation and workforce models. The Montessori model incorporates person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living.

Related Quality Standards

Standard 1.1

- Individuals and their families understand that there is an expectation that their experiences will be based upon Montessori for aging care and dementia values.
- The leadership creates a sense of community in which those with a significant relationship to the individual feel they are welcome to participate in daily life

Standard 1.2

- The organisation has an effective method for collecting information about the individual's preferences related to meals, personal care, activities and meeting personal needs.
- The organisation has an effective method for making information about the individual's preferences available to the team, including care plans or information provided in the environment.
- The organisation has an effective practice for implementing the individual's preferences.

Standard 1.3

- The organisation has a written admission policy that reflects the aim of the Charter.
- The organisation's admission tools collect multi-disciplinary information about the individual's needs, interests, abilities, and personal preferences.
- Consent is collected at entry point regarding the sharing of the individual's personal information for the purposes of maintaining independence and personhood. This includes consent for wearing a name badge and posting name plaques or photographs on room doors as well as for listing information regarding the individual's roles, routines and activities in public areas

Standard 1.4

- Multi-disciplinary teams composed of staff from all departments are self-managed and are supportive and responsive to needs of other staff members.
- Team members reliably work to incorporate individual needs and preferences of individuals into their schedule.
- Staff are consistently assigned to care for the same individuals.

Standard 1.5

- Montessori for ageing care and dementia information is readily available prior to and during the admission process.
- Indicators of Quality Practice for Montessori for aging and dementia are available to visitors and those with a significant relationship to the individual.
- The organisation maintains on-going communication about the nature of the Montessori approach for

ageing care and dementia.

- Montessori for ageing and dementia information provided in organisation advertising.
- Family education programmes are effective and scheduled in a manner that enables most with a significant relationship to the individual to attend.

Standard 1.6

- Leadership of the organisation supports the prioritising of Montessori for ageing and dementia by allocating enough funds to purchase adequate supplies and materials.
- Leadership of the organisation allows staff as well as older adult individuals to have input and make decisions about department budgets related to Montessori for ageing and dementia supplies.
- Leadership of the organisation allows staff to have input and make decisions about department budgets related to Montessori for ageing and dementia professional development.

Standard 1.7

- Representation from all departments and 60% of all direct care staff (including recreation, personal care, nursing, rehabilitation therapists and social workers) have completed the AMI Montessori for Ageing and Dementia training.
- An ongoing commitment exists by the organisation to maintain a level of 60% of staff with AMI Montessori for Ageing and Dementia certification.

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Standard 2.2

- Care plans reflect the individual's strengths and abilities and document skill maintenance/enhancement.
- Staff offers choice in all aspects of living.
- The individual's strengths are used to develop activities and roles.

Standard 2.4

- Individuals are assessed for strengths, needs and interests and from these activities and roles are encouraged and developed.
- Multiple opportunities are offered on an on-going basis for individuals to engage in roles and activities in which they are interested.
- Individuals are encouraged to be as active as they want in organising or leading these activities.

Standard 2.5

- Admission procedures include documentation of the individual's past and current personal information including needs, interests, lifestyle preferences, roles, skills, and abilities.
- Information is solicited from the individual and those with a significant relationship to the individual.
- Assessment tools include sensory, speech, language, reading, and cognitive evaluations.
- Changes in behaviour are seen as triggers for reassessment.
- There is a process in place for regularly reassessing and updating information about the individual.

Standard 2.7

- Individuals and those with a significant relationship to the individual are invited to and attend any discussion related to the individual's care.
- There are on-going efforts to solicit information from individuals about the way in which they would like care provided.
- Changes or adjustments to programmes are made in response to feedback from individuals.

Standard 2.8

- A minimum average of 60% of all care staff have completed approved AMI Montessori for Ageing and Dementia professional development.
- There is a significant number of AMI Ageing and Dementia certified staff to influence organisational

change. The minimum recommended number of certified staff is at least one certified staff member for every 20 staff members.

- Professional development is built into yearly schedules and paid for by the organisation.

Standard 2.9

- A Montessori committee meets regularly to discuss opportunities for improvement.
- Feedback is regularly solicited from all stakeholders as part of a continuous improvement process.
- Implementation of Montessori standards is continuously monitored and a process is in place for quality improvement and innovation.
- Insights from monitoring activities bring about subsequent improvements in care practices to enhance quality of life.
- An annual quality review process is in place.
- Staff serve as role models and mentors in the Montessori for Aging and Dementia approach for both colleagues and new staff members.

Standard 3.1

- The organisation makes an effort to involve the individuals in making decisions about the decoration of the spaces.
- The organisation makes an effort to identify and provide the type of spaces individuals would like to be able to access for activities and these spaces are accessible to persons receiving care at times they want to use them.

Standard 3.2

- Policies and procedures for the creation and use of signage, orientation and communication supports, name tags, and schedules follow dementia care best practices and are implemented across the organisation.
- All people in the prepared environment wear name badges (if culturally appropriate).

Standard 3.3

- A variety of individualised and generic activity materials are accessible throughout the space, which address the needs, interests, and abilities of the individuals in the community.
- Activity materials and signage invite engagement.

Standard 3.4

- Spaces are available for both individual and group activities.
- Spaces are available for quiet reflection and intimate visiting.
- The furnishing reflects the purpose of the space.
- The furnishings meet the needs of the individual for comfort and ease of use.
- Spaces follow aging and dementia best practices.
- Individual's spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.

Standard 3.5

- Individuals are offered choice of dining companions.
- Socialisation at meals is encouraged through the use of tools to support conversations.
- Disruption to mealtimes is minimised (e.g., background noise, medication administration or care procedures).

Standard 3.6

- A variety of outdoor activities are provided.
- Outdoor areas are aesthetically pleasing and incorporate elements of the natural environment where possible.

- Outdoor areas are safe for walking and are wheelchair friendly.
- Exits to outdoor areas are easy to use and unlocked (depending on weather conditions).
- Comfortable and accessible seating is available in.

Learner Outcomes

By the end of the course, students will be able to:

- Identify leaders in the care community who will be able to build and lead a Montessori Philosophy of Care team
- Identify team members that will work with their organisation to establish a vision and mission that reflects the Montessori philosophy of the prepared environment
- Identify programmes and organisational barriers and put a plan in place to overcome each barrier
- Identify the qualities of Emotional Intelligence and use these qualities to enhance the work and caring environment
- Begin the journey of culture change with a plan that encompasses the concepts contained in this course

Educators Notes

The first step toward changing the culture of care is to excite staff to change their organisation. Next, assemble a group to lead the Montessori change effort. Once the organisation has a clear vision to guide the change effort, reduce barriers to change and celebrate each and every success as the organisation moves towards this new culture of care. The process to change an organisation involves on-going mentoring and utilisation of the Emotional Intelligence of staff. Training alone does not change the culture in most organisations; it is an on-going process that takes time. This change requires leadership, and support from all levels of management, to articulate the connections between the new behaviours and organisational success.

Content Outline

- Content of course is reviewed and reinforced with the objective of creating new habits that are aimed at integrating the Montessori Philosophy into an environment that is prepared for those living with dementia as well as all others who require support in that care environment
- Close the “knowledge to action” gap through the use of the workshop resources with the objective of ensuring this new knowledge is put into sustainable practice
- Create interdisciplinary teams that will work collaboratively to change the culture of care that will assume the responsibilities required for putting the Montessori Methods into practice within place of employment
- Identify barriers to culture change and discuss solutions for overcoming potential barriers
- Understand the importance of Emotional Intelligence in team members and to enable staff to identify what they personally bring to a team to support or hinder culture change
- To provide opportunities for frank and open discussion about the importance of educating all team members and colleagues about the content of this workshop, including unions, all disciplines and all levels of staff within the learner’s organisation
- Create the prepared environment within the context of the following components: physical environments support memory and cognitive loss, include spaces that look and feel like their purpose (e.g. a bedroom looks like a bedroom), activities that are available and accessible (and set up for success) and opportunities for meaningful engagement; environments facilitate social connections (with memory supports in place); and environments enrich the senses and set individuals up for success so they can live a life with meaning and purpose
- The importance of creating an environment where all members of the team are respected and managers and leaders work together to create a change in culture is emphasised

- Address barriers, including internal and external factors (such as external governing bodies and regulators)
- Interviewing and employing for Emotional Intelligence identified as a crucial component of change management within an organisation

Teaching Strategies

- Lecture
- Group discussion with brainstorming ideas shared on flip chart paper
- Documentation of ideas and strategies that can be used by individual learners that will be taken back to place of employment.
- Exercise – what do they bring to the team?

Assessment Strategies

- Short question and answer review at the end of the section
- Feedback during group planning and discussion
- End of course learning assessment

Suggested Reading for AMI Educators

Books by Dr. Maria Montessori

- The Discovery of the Child
- To Educate the Human Potential
- The Advanced Montessori Method Vol. 1

Books about Montessori

- Montessori and Early Childhood – A guide for Students, S. Feez
- Montessori: The Science Behind the Genius Updated Edition, by A. Stoll Lillard
- Montessori Today: A Comprehensive Approach to Education from Birth to Adulthood, by P. Polk Lillard
- Education for Human Development: Understanding Montessori, Mario M Montessori
- People who have helped the world: Maria Montessori, by M. Pollard

Books about Dementia and Culture Change

- Adapting the Ward for People with Dementia, by R. Fleming, I. Forbes, and K. Bennett K.
- Checklist for Change, by J. O'Neil, G. Elliot & M. Dempsey
- Culture Change in Long Term Care, by W. Weiner & J. Ronch
- Dementia: From Diagnosis to Management—A functional approach, by M. Bourgeois & E. Hickey
- 8-Step Process for Leading Change, by J. Kotter
- Emotional Intelligence, by D. Goleman
- Environment and Communication Toolkit for Dementia Care, by J. Brush et al.
- Hierarchic Dementia Scale HDS – R, by D. Dastoor
- I Care: A Handbook for Care Partners of People with Dementia, by J. Brush & K. Mills
- Leadership for Person Centred Dementia Care, by B. Loveday
- *Memory*, by L. Squire & E. Kandel
- Memory & Communication Aids for People with Dementia, by M. Bourgeois
- Montessori Methods for Dementia™: Focusing on the Person and the Prepared Environment, by G. Elliot
- Talking the Talk but Not Walking the Walk-Barriers to Person-Centered Care in Dementia, By H. Hill
- The 7 habits of Highly Effective People, by S. Covey
- *Spaced Retrieval Step by Step*, J. Benigas, J. Brush, & G. Elliot
- Dementia CSI: Care Solutions and Insights for the dementia caregiver