

THE FAMILY APPROACH TO *Dementia Care*

Nursing and assisted living residences are using the Eden and Green House philosophies to make a true home for people with Alzheimer's.

LYNN WAGNER

A new assisted living community built by St. John's Lutheran Ministries (SJLM) in Billings, Mont., is on the leading edge of an evolution in dementia care. In mid-August, the \$3 million project, called the Cottages, opened two residences, each housing 12 elders with early- to mid-stage dementia. The 8,000-square-foot homes feature private rooms and baths, a living room centered around a fireplace, an open kitchen-dining area equipped with residential appliances and cabinets, and a communal table that seats 16.

The morning after the first group of elders moved in from the secured dementia care wing of SJLM's nursing facility, one of the staff members sat in the living room, visiting with a resident over a cup of coffee "as you would with a good friend," says Mike Follet, SJLM's vice president of operations. There was nothing extraordinary about the scene except that in the "hustle and bustle of a big institution you never see that," he adds. It is these "personal, intimate moments that we hope will happen all the time, every day in the Cottages, and make it an environment people no longer fear, but desire."

New Philosophy In Staffing

Frontline staff in the Cottages are called "Elder Sharaths," a Hebrew word

meaning “to minister.” Sharaths undergo 257 hours of training to acquire the full range of skills—including specialized training in Alzheimer’s care—needed to run the households in self-managed teams. Licensed nurses and other clinicians make medical visits to the homes, but are not part of the full-time staff and do not supervise Sharaths on a daily basis. Instead, the Sharaths, who function as “universal workers,” coordinate all activity in the household, from personal care and activities to cooking and housekeeping. The realignment eliminates traditional hierarchies and departments, putting “trust and responsibility in the Elder Sharath,” Follet says.

A primary goal is to bring staff and residents closer together. In these small households, staff will come to recognize even “subtle changes” in a resident’s condition and become “a lot more cued into meeting all needs, not just the clinical ones,” says Follet. He describes the approach as “much more holistic” than a traditional model of care, where the focus is on meeting medical needs without consideration of “whether an elder is happy spiritually, mentally, physically.”

Culture Change Gains Momentum

The Cottages incorporate touchstones of a culture change movement that is gaining momentum throughout long term care, influencing everything from architecture to staffing patterns and



A furnished bedroom at the Cottages in Billings, Mont.



Linda and Frank take to the floor at the Tinklin Pointe house.

organizational structure. The trend’s impact on dementia care can be seen in a growing number of assisted living communities, as providers combine physical, medical, and cognitive supports with an intensive focus on personal connections and individual needs.

For example, at Manhattan, Kan.-based Tinklin Pointe, a 12-person assisted living community specializing in Alzheimer’s care, the small group of staff who work there every day know the residents so well, says Willie Novotney, “that while we still have [written] care plans and negotiated service agreements, we don’t really

need them.” He gives the example of a resident with significant cognitive loss who was also losing weight, a problem that is often complicated by the difficulty of ascertaining why a person with dementia stops eating.

In a medical setting, food supplements and, ultimately, a feeding tube are commonly the answer, says Novotney, community operations mentor for Meadowlark Hills, a continuing care retirement community, and nationally known culture change pioneer, which operates Tinklin Pointe. In this case, however, the certified nurse assistant who sat with the resident every day noticed that other female staff seated at the table were not eating. She figured out that, faithful to the etiquette of his youth, the man was waiting for all of the women to be served before he would

take a bite. From then on, staff were encouraged to eat with the elders, and the man’s weight loss “instantly improved,” Novotney says.

“The things we’ve discovered are amazing,” he adds. “That is possible only because we have such a small group of people taking care of such a small group of elders.”

The Green House Effect

At the core of culture change is a “paradigm shift from anti-aging to a developmental view of aging, and that drives everything we do,” says Nancy Fox, executive director of the Eden Alternative, one of the leading organi-

zations that promotes culture change in long term care.

“Now we begin to see even a woman with end-stage Alzheimer’s as someone who can still grow and develop, who gives as well as receives,” Fox says. This belief “drives us to create a different kind of world.”

In Tupelo, Miss., the world changed for 89-year-old Mildred Adams, when she was transferred from the dementia care wing of a 140-bed nursing facility to a cluster of newly built suburban-looking homes on the campus of Mississippi Methodist Senior Services (MMSS). Within an hour of her move to the 10-person home, Adams—who had not fed herself for months and rarely spoke—was seated in her wheelchair with other new arrivals at

the communal dining table for a family-style meal. The food had been prepared in an adjacent, open kitchen and was served by the same staff who would provide Adams’ daily care. As her son fed her, Adams unexpectedly took the spoon from his hand and began feeding herself.

Welcome to the Green Houses, where this kind of change in mobility and function is common, says Alan Brown, chief operating officer of MMSS. “We have seen that over and over,” he adds. “It’s the norm.”

People become debilitated in a medical model, Brown says, because large institutions aren’t organized to support individual needs and abilities.

Hallways, for example, are typically

The 10 Eden Alternative Principles

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our elders.

2. An elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.

3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.

4. An elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

5. An elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable

interactions and happenings can take place. This is the antidote to boredom.

6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

7. Medical treatment should be the servant of genuine human caring, never its master.

8. An elder-centered community honors its elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the elders or into the hands of those closest to them.

9. Creating an elder-centered community is a never-ending process. Human growth must never be separated from human life.

10. Wise leadership is the lifeblood of any struggle against the three plagues.

Source: The Eden Alternative

too long for frail elders, and “there are schedules to keep.” To get people into the dining room on time, they are put into wheelchairs, and “before you know it they are in wheelchairs all the time,” he says. As a result, “people who could [previously] walk short distances can no longer” do so.

In contrast, the compact 6,040-square-foot Green Houses give residents easy access to all parts of the home, including their private rooms, which are arranged around common areas rather than along corridors.

Documentary Follows Progress

Adams’ transformation unfolded in a documentary about the Green Houses that followed a group of 10 residents as

they transferred from MMSS’ nursing facility, Cedars Health Care Center, and settled into their new home.

The film did not record the moment when Mildred began eating independently. But it did capture her incredulous son, Charles, describing the turning point as his mother continued eating her meal—slowly, but on her own, as though she had never lost this ability. Later in the video, Mildred, who a few hours earlier was described by the narrator as appearing “oblivious to the world around her,” is filmed singing “Amazing Grace.”

The Green House is a care model conceived by William Thomas, MD, founder and president of the Eden Alternative. Rooted in the tenets of the Eden Alternative (*see box,*

above), the model envisions small, residential households that apply deep culture change to the goal of bringing greater meaning into the lives of elders.

MMSS piloted the concept in May 2003, when it opened the first four Green Houses in the nation. Residents moved in over a six-week period, and the first two houses were filled by transferring residents from Cedars’ dementia care wing.

Within a month, these elders experienced a collective weight gain of 40 pounds, says Brown. “These were folks that no matter how hard we tried to get them to eat and take supplements, they were still losing weight.” He attributes the turnaround to the nearly

constant availability of food, which is prepared on-site, in plain view, and set out on kitchen counters.

“You can smell things cooking all day because the kitchen is a central part of the house,” Brown says.

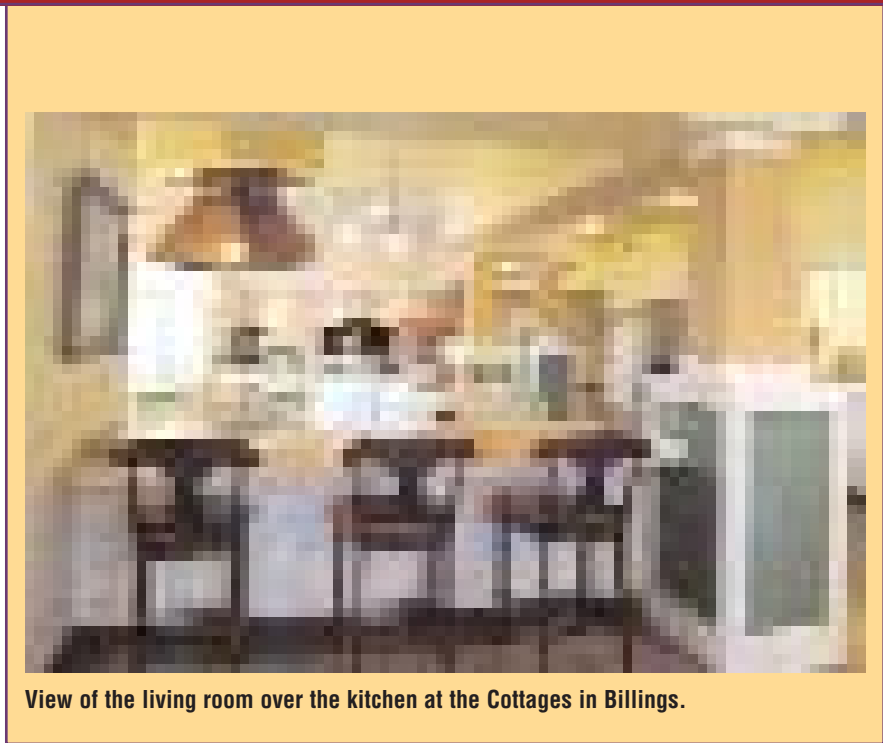
Behavioral issues among residents also plummeted, he adds. Dementia-related behaviors often occur when people are “hungry, tired, or want a drink,” Brown says. When those and other needs are met throughout the day, behaviors dissipate, he says.

How Things Got Started

The seed for the MMSS Green Houses sprouted 10 years ago, when the organization, which operates 11 retirement communities throughout Mississippi, set its sights on building a state-of-the-art Alzheimer’s unit to replace an existing secured dementia care wing in its 140-bed nursing facility. That plan eventually expanded to a \$12 million replacement of the entire nursing facility, but before construction got under way, MMSS Chief Executive Officer (CEO) Stephen McAlilly met with Thomas, who presented McAlilly with the Green House concept. McAlilly was so taken with it that he went to the MMSS board and announced that the organization “was about to make a \$12 million mistake,” Brown says. The nursing facility plans were scrapped, supplanted by a commitment to pilot the Green Houses, using the funds already in place for the nursing facility project to launch a phased-in construction of 10 residences.

Each of MMSS’ Green Houses accommodates 10 residents and was built to the philosophical and organizational specifications of the Eden Alternative.

A Green House is “Eden from the ground up,” a manifestation of what would happen if a long term care organization “designed a physical environment and organizational structure that would fit the transformation” envisioned in Eden’s 10 principles, says



View of the living room over the kitchen at the Cottages in Billings.

Fox. Currently, MMSS operates six Green Houses, the first and only in the nation.

Although existing residences are licensed for skilled nursing, MMSS is about to open four additional homes, two of which will be assisted living.

Assisted Living Gets Involved

The Green House Project—headed by Thomas and funded by the Robert Wood Johnson Foundation to educate providers about the model—has spurred other assisted living organizations to lay plans for constructing their own Green Houses, or projects that share key attributes.

The Cottages, for example, do not bear the trademarked Green House designation because they veer in some ways from the design. But planners employed the same architect, worked closely with Green House executives in Tupelo, and borrowed richly from Green House’s physical, organizational, and philosophical underpinnings.

SJLM expects the first two Cottages to fill within a month, far ahead of the 18-month projection. The organization plans to build five more, and hopes to transfer half of its current nursing facility residents into those

households, allowing private rooms for the remaining residents.

Arizona Baptist Retirement Centers (ABRC), meanwhile, is planning to build three assisted living Green Houses next year in Phoenix, on a campus with independent living apartments, says David Ellis, president and CEO.

ABRC also plans to break ground on another three Green Houses in Youngtown, to replace an existing assisted living facility.

The project “will help fulfill [ABRC’s] mission to care for our elders with a compassionate heart, to help them recognize the value and purpose of their lives and to experience dignity, respect, and self-worth,” Ellis says.

Measuring Results

Rosalie Kane, professor at the University of Minnesota’s School of Public Health, has studied the impact of care at the Tupelo Green Houses over two years, comparing outcomes there to two traditional MMSS nursing facilities.

Kane’s research, funded by the Commonwealth Fund in New York, found statistically significant differences that show elders in Green

Houses experience less decline in activities of daily living, less depression, less incontinence, less weight loss, and less use of psychiatric drugs.

In addition, residents moving into Green Houses do not experience the “transfer trauma,” marked by heightened agitation and behaviors, which is commonly associated with dementia, Kane reported. A few weeks after residents moved from the Cedars special care unit, “people would be astonished to know that this was a dementia care population,” she says.

It is difficult to correlate findings to specific environmental features or care strategies, Kane says, because “with an intervention like the Green House, so many things changed at once, and it’s a comprehensive intervention. You can’t really say [one thing] is the key cause of good results.”

At the same time, the research indi-

cates that certain markers of Green House care are likely contributors to superior outcomes, she says:

■ *Scale.* The small size of the residences makes it easy for elders to get around, which in turn encourages and sustains mobility. “Distances are very short,” Kane says, making it “more plausible that people can get up and walk to where they are going.”

■ *On-site food preparation.* Appetites are heightened by the sight and smell of food being prepared, mitigating weight-loss problems.

■ *Staffing.* Frontline staff get to know residents so well that they are able to pick up subtle, but critical cues. For example, in the midst of giving a tour of the residence, a staff member excused herself when she noticed an elderly woman tapping her foot, recognizing a sign that the resident wanted to go to the bathroom.

“When you know people to that extent, they are less likely to have incontinence,” Kane says.

■ *Familiar rhythms.* “The normal rhythms of life,” Kane says, in which “people are offered a cup of coffee, the doorbell rings, groceries arrive,” create an environment that feels natural and more comfortable.

Overall, Green Houses differ from traditional long term care settings in three key respects, she adds: the physical environment, the way staff are deployed, and the philosophy of care. “When wrapped together it creates something very different.”

Up Close And Personal

At the heart of communities’ efforts to nurture relationships and attend to individual needs is a heightened focus on knowing residents. Staff are encouraged to take time for personal interac-

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tions and look for opportunities to engage elders in conversation and simple, everyday activities.

“We’ve made it okay to reach out and hug people, touch people, be involved with them,” says Vicki Wilson, administrator of Fairbanks Pioneer Home, a dementia care facility that is Eden-certified and one of six assisted living communities owned and subsidized by the state of Alaska. “We are not there just to do care, but to live with people,” Wilson says.

Fairbanks Pioneer Home houses 90 residents, in addition to two dogs, three cats, and several birds. The 130 staff who work there strive to “learn people’s rhythms” and “learn who they are,” to better accommodate individual needs, says Wilson.

A high-touch, high-interaction approach breaks with the tightly scheduled, task-oriented routines that evolved in traditional long term care settings, experts say—routines that are incompatible with a model of care that invites the normal rhythms of life into the community.

“A lot of people with a strong medical background have a hard time with that,” says Bonnie Brian-Caldwell, director of health care services for Aegis Living in Redmond, Wash., which operates 37 assisted living facilities in five states. The drive to “get this or that done” doesn’t work well in dementia care, Brian-Caldwell says. “We’ll get [the task] done,” she adds. But the most important thing for staff to do is help make residents “comfortable, joyful,” and keep feelings of anxiety or “disquiet” at bay, she says.

One of the ways providers attempt to better understand residents is by capturing a person’s “life story,” which helps staff know what was important to individuals in their care and focus con-



Fairbanks Pioneer

Moose feel welcome to visit the Fairbanks Pioneer Home, an Eden-certified facility.

versation on whatever “makes that person tick,” Brian-Caldwell says.

“Each moment of the day is an opportunity to interact with someone with Alzheimer’s,” says Dan Carsal, CEO of Alta Vista, based in San Luis Obispo, Calif., which operates three assisted living residences and a day care program.

Staff from other facilities, who are “used to running around and cleaning,” often have to be retrained to sit down and “interact with residents one on one,” Carsal says. “That’s doing your job.”

Familiarity helps staff tailor activities and care practices to individual needs, experts say.

Medical Problems Spotted Quicker

In addition, proximity helps staff to quickly flag potential medical problems.

“With Alzheimer’s it can be difficult to know when there’s a problem,” says Teri Wickum, director of health care services for Alta Vista.

A resident who exhibits a slight “change in behavior, stops eating or drinking, or who grimaces,” could be at risk, she says. Recently, for example, a staff member called her to report

that a resident “just didn’t seem right,” a perception that turned out to be a urinary tract infection. “We took care of that before other problems developed,” says Wickum, who personally accompanies residents on physician visits, to exchange information and stay on top of care needs.

When caregivers know residents well, she adds, they are “able to head off” medical problems. The largest Alta Vista residence houses 12 people, and the other two are half that size. These small communities maintain a high staff ratio, with at least three staff during the day, making it possible to provide focused care and attention.

“We do health tracking to the nth degree,” says Carsal. Food and fluid intake is monitored and tracked, and staff manage medications and medical appointments, all of which help keep people healthy, he says.

A New Look At Activities

As the care paradigm shifts, focusing ever more intently on meeting individual needs, the definition of activities is broadening to include the vast diversity of potential tasks, diversions, and interactions that make up the fabric of a person’s day. All “activities” have some

Tinklin Pointe



Frances performs a concert for Tinklin Pointe's family cat.

personal, social, or therapeutic value, providers say, and as a result, activities are no longer considered the exclusive purview of activity directors, but the responsibility of all staff.

"Everything is an activity," says Joan Hyde, CEO of Hearthstone Alzheimer's Care in Woburn, Mass. "Brushing teeth is an activity."

Hearthstone organizes group activities that residents enjoy and that strengthen cognitive skills throughout the day, such as word games, poetry, and music sessions. In addition to stimulating cognition, these activities help elders create a sense of structure in their lives that they can no longer create for themselves, says Hyde, who is also an Alzheimer's disease researcher. For those who want to participate, organized activity helps stave off the feeling that days are slipping away, which can in itself create frustration, Hyde says.

But planned activities are balanced with "lots of opportunities for individualization," based on "whatever is going on in the environment." The goal is for each person's day to flow "in a way that makes sense for that individual," Hyde says.

When a staff member sits down to do nails with a group of three women, for example, "Is that an activity? Is it personal care? That's a group of friends helping each other with their nails."

At Tinklin Pointe, the days unfold "without a formal plan," says Annie Peace, in-house mentor for Meadowlark Hills. Breakfast is leisurely, with staff making eggs, pancakes, or whatever orders come in, as residents get up. Everyone is on their own morning schedule. Staff help those who need it to get dressed. In this activity, as with others, staff are trained to offer residents choice, so that they continue to feel empowered and in control of their lives—but not so many choices that it exacerbates confusion.

"Though I know that every day you like to wear blue shirts, I still ask whether you want to wear the blue shirt,"

says Peace, whose job is to "manage by wandering around," looking for "team-building opportunities and training needs."

Becoming Engaged

Some residents at Tinklin Pointe like helping with household routines, such as walking the dog, an 11-year-old smooth collie who still barks whenever the doorbell rings.

On days when an individual or group wants to go to town for fun, that could mean a trip to Wal-Mart to shop for a toaster, or getting a hamburger from Burger King.

Traditional group activities, such as bingo and exercise classes, are still part of the routine because residents enjoy them, Peace says. But many activities are "focused on habitual skills," such as doing laundry or "talking about recipes and cooking," Peace adds. Residents gather in the kitchen to make potato salad, peel cucumbers, or make a barbecue sauce.

The "learning circle" is one of the ways that staff intentionally engage residents in a social group. The circle might start with a group gathered in the living room, and the goal is simply for everyone to have a chance to talk, Peace says.

Recently, one of the participants mentioned how hot it

Simple.



Resident Lloyd prepares for a snack at Tinklin Pointe.

was outside, which started people talking about things they've done in the heat. One resident said a favorite memory was of family reunions and suggested that they all have a picnic in the courtyard.

"So we did that yesterday," says Peace.

Many daily activities "are an extension of what [residents] have done all their life," says Wickum, whose own grandmother lives in an Alta Vista residence. "They work in the garden, come in and help around the house," she says. Her grandmother's life, for example, revolved around "taking care of the family—cooking, setting the table, washing. She gets to do that here."

Therapeutic Activities

While all activity has the potential to benefit residents with Alzheimer's disease, providers have developed some activities that are meant to have a specific therapeutic impact on residents' cognition, mobility, or psychological state.

Heritage Woods in Agawam, Mass., for example, has attempted to slow decline and maximize independence through a "health and spirit" initiative, says Richard Cabral, administrator of the 112-unit assisted living community. While Heritage Woods doesn't specialize in dementia care, the Eden-certified facility provides "focused interventions" to try to keep residents with cognitive loss from having to transfer to a secured dementia care unit elsewhere on the Genesis Health Care campus.

In the past four years, since the effort began, the length of stay for residents with memory impairment has risen 78 percent, indicating that they are retaining abilities longer, Cabral says.

Components of the initiative include a "memory lane" program in which residents talk about current events, work on puzzles, or play trivia games to "stimulate their minds," he adds. Chair exercises, walking groups, and other physical

exercise have helped people retain mobility. In addition, Eden-inspired changes have helped improve quality of life for residents in areas such as dining, where Heritage Woods has made it easier for residents to make choices and brought in the help of home health aides to ensure that meals are an "enjoyable, stressless time," says Cabral. "That is one of the best parts of an elder's day," he adds. "We wanted to make sure that programming was not interfering with their ability to do that."

Hearthstone Alzheimer's Care has developed an extensive "cognitive strengthening" program to help elders with dementia continue to acquire skills that help them sustain mobility and reduce frustration.

"Twenty-five years ago, when I started in dementia [care and research], the world believed that brain cells died," says Hyde.

"We know brain cells can be preserved by being actively used, even as cells die through the course of the disease."

Everyone experiences brain cell death, Hyde says; dementia just accelerates the process. Nevertheless, elders with the disease "still have many left, and by continuously learning new things, it creates neural pathways that are strong, and to some extent regenerates and protects cells from dying,"

Cost Effective.

she adds. Hearthstone's cognitive strengthening helps residents, even late into the disease, remember and learn things, such as a caregiver's name. Elders often get frustrated because "they know they know the caregiver, but not the name," Hyde says. Learning to recall a caregiver's name, in turn, helps reduce frustration.

Even mobility skills can be acquired late into the disease, Hyde says. "One reason people are put into a gerichair or are restrained is because they fall when they get out of a chair. We can teach someone to grasp [chair] arms when they stand," to prevent a fall and remain free of chemical or physical restraints.

Cognitive strengthening also targets skills such as getting dressed. People can relearn or remember how to dress with cues and minimal assistance from staff, Hyde says.

Acquisition of these memories, thought processes, and abilities helps reduce agitation and frustration, says Hyde, which is often triggered "when someone is 'helped' and they don't want to be."

Reducing Agitated Behaviors

Minimizing elders' frustration, agitation, and so-called "behaviors" associated with Alzheimer's disease is an ongoing challenge that providers manage in different ways.

Behaviors often emerge "when someone has an unmet need and when they can't communicate" that need, says Meadowlark's Peace.

"Maybe their knees hurt, or they have to go to the bathroom." When staff know residents well, they are "more likely to arrive at the answer."

"People with memory loss are more prone to having anxiety issues, nervousness, and irritability," she adds. Offering residents choices, Peace says, helps reduce those feelings. For example, someone who is told they will take a shower at 8:00 is more likely to get upset and resist than when staff say, "Today would be a good day to take a shower, what time would you like to do that," Peace says.

Aegis Living uses a relaxation technique based on sensory stimulation, called Snoezelen, to help calm residents with dementia when they become "stressed or agitated," says Jim Cox, executive director of the South San Francisco region.

Most Aegis communities have Snoezelen rooms, equipped with such sensory items as bubble tubes, aromatherapy, teddy bears, black lighting, and fluorescent stars, where staff can take residents who are experiencing anxiety.

Staff can use this range of sensory options to draw people's attention and distract them from discomfort by touching a piece of fur, inhaling pleasant aromas, or listening to running water. A session may last 10 seconds or an hour,

depending on what a resident needs and wants to do.

Snoezelen arrived here from the Netherlands about 20 years ago, when occupational therapists were looking for relaxation techniques that would work with autistic children, Cox says.

The approach works well with Alzheimer's, he adds, because the disease leads to "a decline in sensory awareness," which can be offset by stimulating the senses

and triggering memories. Snoezelen sessions have been shown to bring down blood pressure and pulse rates, says Cox, who trains Aegis staff in the use of Snoezelen. "We don't have to reach for medication."

Applying Snoezelen effectively requires an understanding of what individuals respond to, he adds. "The only way you are going to be successful is to have an individual focus."

Sessions don't always take place inside a Snoezelen room. A resident might respond best to an activity like pulling weeds, Cox says. Sensory perception is also the basis for group activities, such as cooking and food tasting, and can help families make a connection with loved ones, he says.



Powerful.

In fact, the technique has “morphed into a philosophy of care” at Aegis in which sensory perception becomes a vehicle for awakening joy, purpose, and personal connections, Cox says.

In a company memo written last year, Aegis founder and CEO Dwayne Clark describes Snoezelen’s effect on his own mother, who is battling Alzheimer’s disease. On a particularly bad day when she did not want to eat breakfast or speak, Clark’s sister put a Frank Sinatra record on the stereo. The effect was transforming, he writes. “You could literally see color come to her face,” and she sang and chatted as she once had. She asked both his sister and him to dance, “and the steps came back to her easily. It was as if someone blew life back into her.”

Dancing led to reminiscing about dance contests she’d won and military men who had been her partners. “What we didn’t realize is that we’d just conducted a Snoezelen experience,” Clark says in the memo. “We changed the focus from ‘I am sick and old’ to one of good memories and health.”

Environmental Intervention

At Tinklin Pointe, the “office” is housed and camouflaged in an old-fashioned-looking roll-top desk, situated in the open, next to the dining area. Sometimes residents gather there, as the household coordinator works at the computer—or picks up his guitar. The desk is modern, concealing electronic resident charts and a paging system, but it replicates a traditional look to blend with the surroundings, says Peace.

The entire household is “architecturally designed” to provide a “supportive environment for people with memory loss,” she adds. It is also deliberately free of equipment and design features that would not be found in a residential home.

There are no call lights, alarms, or bells. Residents who need assistance can pull a cord in their room, which activates a pager and privately summons staff. Medicines are stored in locked medicine cabinets, not distributed from med carts rolling down the hallway, Peace says.

The household’s manageable size contributes to a “reassuring environment,” where residents are not overwhelmed by choices or unrecognizable spaces, says Peace. Each apartment has a different-colored door and features—such as a kitchenette window that looks onto the hallway—designed to remind people where they are.

Hearthstone’s Early Start

The effectiveness of carefully planned residential features, design cues, and supports is not a new concept at

Hearthstone Alzheimer’s Care. Twelve years ago, Hyde and Hearthstone’s co-founder John Zeisel conceived a residential model for dementia care built, literally, around a hearth, a symbolic and recognizable focal point for sociability.

Hearthstone doesn’t build freestanding communities, but occupies a floor or wing of existing senior living centers, often contracting with the developer before construction begins.

As with the later Green House model, Hyde and Zeisel witnessed what they call “Hearthstone miracles,” as elders who were debilitated or uncommunicative recovered abilities, while behaviors such as shouting and hitting diminished dramatically.

Families that “didn’t know mom could speak or dance” saw those abilities return, Zeisel says.

The average size of a Hearthstone community is 30, much larger than residences being created in the Green House model. According to Zeisel, that is an “ideal” number because it is large enough to sustain vibrant “village-ness.” “There is always a critical mass of activity,” contribut-



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ing to quality of life for people who live there, he says.

Measuring Environmental Effects

In a 2003 study published in the *Gerontologist*, Hyde and Zeisel collaborated on research to identify specific environmental factors that reduce dementia-related behavioral symptoms, including agitation, aggression, and depression.

The study assessed linkages between design features and behaviors in 15 special care units (none of them Hearthstone's), among 427 residents. The results pointed to what Zeisel calls "the big eight" features that help reduce negative outcomes:

- **Safety.** Controlled exits and other safety features give residents independence.
- **Residentiality.** People "know what home is," Zeisel says, an awareness and

recognition that many researchers believe is "hardwired" into the brain. People who feel they are home will behave that way, he adds.

■ **Social spaces.** "If it looks like a kitchen, library, or garden, people know how to behave," says Zeisel. "They come into the library and pick up a paper." If all spaces look the same, however, "they don't know where they are or how they are supposed to behave."

■ **Destinations at the ends of paths.** The environment should tell people where they are going, Zeisel says, a feature called "natural mapping." Hallways that end at a living room with a fireplace or a kitchen helps accomplish this.

■ **Personalization.** It's important to jog memories with things that help people "know who they are," and recognize that "this is a place that's yours."

- **Privacy.**
 - **Sensory control.**
 - **Support.** Features that help people get around contribute to independence and mobility. Hearthstone, for example, implemented a "lean rail" as a treatment, Zeisel says. These are wide chair rails that look residential but are wide enough for people to lean on.
- The "big concept," validated by the study, is the value and importance of using the environment as intervention and treatment, Zeisel says. ■

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For More Information

- For information on the Eden Alternative and Green House, go to www.edenalt.com.

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