

Who was Maria Montessori?



- Maria Montessori was an Italian physician and educator, celebrated for her educational method that builds on the way children naturally learn. She was an innovator, feminist, and idealist.
- Born on August 31, 1870, in Italy. At age 13 she entered an all-boys technical institute to prepare for a career in engineering.
- She decided to become a doctor instead. She applied to the University of Rome's medical program but was rejected. As a result of additional study and great effort, she gained admittance.
- She was appointed co-director of a new training institute for special education teachers.
- She opened a childcare center in a poor inner-city district. This became the first Casa dei Bambini. The children were difficult to manage at first, but soon showed great interest in working with puzzles, learning to prepare meals, and using materials that centered around math lessons.
- She observed how the children absorbed knowledge from their surroundings, essentially teaching themselves. Through scientific observation she designed learning materials and a classroom environment that nurtured children's natural desire to learn.

Montessori Philosophy

- Respect the person
- Observe in order to learn about the person
- Encourage independence
- Provide meaningful work
- Remember that learning and engagement can occur anywhere

What is Montessori for Aging?

We have combined Dr. Montessori's philosophy of learning and living with what we know about aging and dementia care best practices. It is not a technique, task or intervention. It's a way of living one's life to the fullest extent possible.

Our Goal

To enable elders to be as independent as possible, engaged in a meaningful life, doing things they love, with people they enjoy, in a supportive environment.

How do we do this?

- The care community is a "prepared environment" for elders. (We explain what we mean by *prepared environment* on the next page.)
- Activities and roles are available that match the person's cognitive abilities. Materials are visually and physically accessible all throughout the community.
- Care partners practice with elders to help them relearn previous roles or enjoy new ones. The more the elders do this, the better they get. Eventually they are able to do most or all of it on their own.
- Activities and roles have meaning and purpose. For example, someone can set the table for meals to help the community or play cards with another for socialization and pleasure.
- Activities and roles happen as a normal course of the day, just like they would if the elder was living at home. The result is a flow of the day during which people are doing different chores and hobbies on their own or in small groups. Montessori isn't a specific time.
- Elders choose materials freely and are able to respond to their own internal needs. Sometimes staff need to invite or remind elders to join an activity or to participate in a role.
- Elders are encouraged to repeat activities and develop routines. That helps the elder know what to expect next and to be more independent.
- Elders are encouraged to do as much for themselves as possible. During care, care partners take their time to encourage independence. They use task break down and give directions one small step at a time so the elder can be successful.

Each and every day, make an effort to look around and think:

- What do we do that the elders could do on their own or with some help?
- How I can help an elder to participate more in this activity?
- What would this elder like to do instead of sitting here doing nothing?
- Why is this elder walking about / looking anxious / appearing sad / etc.?
- What could I do to engage this elder in something meaningful instead?



How do we begin?

Step 1 | Complete Individualized Assessment – Know the Person

- Determine previous and current roles and activities
 - * **Role:** caring for one's community, caring for others, household chores, volunteer positions, occupations
 - * **Activity:** interest pursued for pleasure, leisure, education, etc., such as a hobby, sport, or social event
- Determine how the person wants to spend his or her time NOW
 - * Ask the person and family, and observe the person's behaviors
- Determine barriers in the person's environment
 - * What is stopping the person from being able to do this and how can we change that?
- Identify supports needed for success
 - * What special supplies, cues or assistance does the person need to be successful?
- Communicate this information with entire care team and place it in the care plan

Step 2 | Create a Prepared Montessori Environment

- Elders are encouraged to move about often
- Rooms are beautiful and clean
- Only materials that support the person's social, emotional, cognitive or spiritual needs are in the environment
- Materials are arranged in an orderly manner, with everything labeled and well cared for
- Elders have easy access to the outdoors, and care partners bring the outside in whenever possible
- There are many opportunities for socialization
- There are signs, invitations and memory books to support those with memory impairment

Step 3 | Engage!

Montessori is a Person-Centered Approach

- Make the person the focus
- Prepare the environment so that all of the supplies needed are accessible
- Invite the person to participate
- Demonstrate the activity, one step at a time
- Observe the person and only help if it is needed
- Encourage and respect the person and his/her abilities
- Say "Thank you!"

Elders engage in many roles in the community:

- Setting the table
- Wiping the table
- Sweeping the floors
- Dusting
- Folding their own laundry
- Folding kitchen towels
- Watering the plants
- Reading to others
- Greeting new residents
- Making their beds
- Reading a blessing at meals

Elders engage in many activities in the community:

- Metal insets
- Three-part cards
- Matching
- Sorting
- Games
- Puzzles
- Music
- Gardening
- Exercise
- Reading
- Memory books

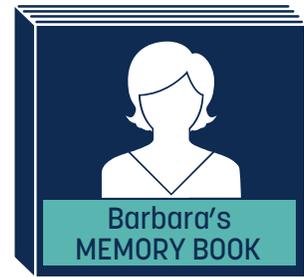
Step 4 | Use Tools, such as Memory Books

Memory books were created by Dr. Michelle Bourgeois as a way to enhance communication with people living with dementia. Memory books can be conversation starters, act as memory cues, be used in storytelling together, and if the person ever becomes unable to speak, the care partner can tell the stories of the Memory Book to the person with dementia.

We have created templates for memory books that families can complete and email back to us. We then create the rest of the book for them, and present it to the elder.

What's in a Memory Book?

- One phrase or sentence and one picture on each page telling the person's life story or important life events.
- Books can be topic related, such favorite family vacations or information about a hobby.
- White paper with large-print black lettering.
- A meaningful photo the person will recognize on the cover.
- A daily schedule and a place to write notes.



How to Use a Memory Book

- Use the book to hold a conversation, not to quiz. Provide a prompt that will encourage the person to read the page of the book or to add more to the conversation.
 - * **DO** say, *“What a lovely house you grew up in. I’ve been to Lancaster before.”*
 - * **DON’T** say, *“Where did you grow up? Do you remember that house?”*
 - * **DO** say, *“I love dogs. That dog is the the cutest I have ever seen.”*
 - * **DON’T** say, *“Whose dog is that? What is the dog’s name?”*

Task Breakdown - One Step at a Time

Much too often care partners point out all of the things a person with dementia can no longer do. For example, it is often assumed that a person with dementia can no longer brush their teeth, because when some people with dementia wash up at night, they do not brush their teeth. You might be in the bathroom with them and remind them to brush their teeth, and they still don't do it. Why might this be happening? People with dementia often become confused when there are several steps in a sequence.

Task breakdown involves analyzing an activity and segmenting it into many small steps. When each step is presented in isolation, it makes it easier to complete the task.

An Example

Instead of reminding someone to brush his or her teeth, you could first hand the person the toothbrush, then the toothpaste with the cap already removed and say,

“It feels good to have clean teeth.”

“Please squeeze some toothpaste on your toothbrush.”

“Now turn on the water.”

“OK, now wet your toothbrush under the water.”

And so on – giving the person each step that is required when the person is ready. You may find that once the person gets started, he or she can finish the task without help.