Dementia Therapeutic Environments: Cultural, Social, and Physical

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Research Bias and Exclusion

(Swaffer, 2014)

Descriptors: Demented, Sufferers, Subjects, Victims, “Not all there”
Exclusion from discussion, planning and decisions about what is “dementia friendly”
Exacerbation of social inequality, stigma, isolation, loss of identity and discrimination
Authenticity of voice versus tokenistic and patronizing inclusion for fundraising or media attention
Diagnosis= Prescribed Disengagement
Framework for analyzing long term services and supports (LTSS) programs.
Dementia Friendly Designs

1. Unobtrusively reduce risks.
2. Provide a human scale.
3. Allow people to see and be seen.
4. Reduce unhelpful stimulation.
5. Optimize helpful stimulation.
7. Create a familiar space.
8. Provide opportunity to be alone or with others.
9. Provide links to the community.
10. Respond to a vision for a way of life.
<table>
<thead>
<tr>
<th>Affordances</th>
<th>Barriers</th>
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<tbody>
<tr>
<td>Open plans, automatic doors and elevators, movement between floors and in communal areas, garden</td>
<td>Closed doors, heavy doors and thresholds hindered movement</td>
</tr>
<tr>
<td>Variation in rooms for different activities, rest, changes</td>
<td>Long corridors made self mobility more challenging</td>
</tr>
<tr>
<td>Smooth flooring and safety devices in apartments and dining room</td>
<td>No handrails in building</td>
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<tr>
<td>Garden between buildings created safe outdoor space</td>
<td>Steep slope and traffic noise hindered outside activity</td>
</tr>
<tr>
<td>Large windows, access to daylight and visibility of outside activity observations</td>
<td>Small private rooms limited mobility, activities and opportunities for social interaction</td>
</tr>
<tr>
<td>Residential area, smooth ground and walking loop</td>
<td>Large dining room = loud noises</td>
</tr>
<tr>
<td>Large private rooms, space for personal belongings, sense of home</td>
<td></td>
</tr>
<tr>
<td>Feature</td>
<td>Advantage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Flexible spaces</td>
<td>Allow for free roaming lack of orientation or destination</td>
</tr>
<tr>
<td>Multiple Cueing Systems</td>
<td>Reaching a destination, enriched environment, encourage movement and reminders</td>
</tr>
<tr>
<td>Comprehensible plans and bedroom groups</td>
<td>Reduces confusion and institutional impact</td>
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<tr>
<td>Openness and privacy</td>
<td>Doors to allow choice for level of engagement</td>
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<tr>
<td>Variety of spaces</td>
<td>Matching mood and encompassing a wide range of differing realities</td>
</tr>
<tr>
<td>Feature</td>
<td>Advantage</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Provision for animals</td>
<td>Source of comfort, increase socialization, reduce agitation, benefit care partners</td>
</tr>
<tr>
<td>Visuoperceptual safeguards and aids</td>
<td>Removal of hallucination triggers: heavy shadows, stains, patterns</td>
</tr>
<tr>
<td>Icons and Cues</td>
<td>Use of non verbal visual aides to encourage new habits or resurrect old ones</td>
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<tr>
<td>Strong visual relationship to the exterior</td>
<td>Take advantage of available space to encourage usage, conversational prompt</td>
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<tr>
<td>Challenge and exercise</td>
<td>Offer personal and shared experience, roles for resident, relatives, care partners</td>
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</tbody>
</table>
Empowering people with dementia to have high aspirations, confidence and know they can contribute

Becoming dementia friendly means:

- Shaping communities around the views of people with dementia and their carers
- Ensuring early diagnosis, personalised and integrated care is the norm
- Maintaining independence by delivering community-based solutions
- Appropriate transport
- Challenging stigma and building awareness
- Empowering people with dementia and recognising their contribution
- Businesses and services that respond to customers with dementia
- Ensuring that activities include people with dementia
- Easy to navigate physical environments
- Befrienders helping people with dementia engage in community life
Quality of Life (QoL)

Stewart-Archer, Afghani, Toye, Gomez, 2016, Canada

- Subjective definition:
  - **Freedom**: unrestricted ability to do what one wants
  - **Basic needs met**: produces feelings of well being and caring.
  - **Independence**: to choose type, quality and quantity of help.
  - **Tranquility**: to meet need for safety, security and comfort.
  - **Meaningfulness**: **be yourself, by yourself** to preserve meaning and worth.
  - **Good physical health**

- Self determination reaffirmed with continuance of even small decisions
## Caring Organization

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Type A</th>
<th>Type B</th>
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<tbody>
<tr>
<td>Manager’s Role</td>
<td>Authoritarian, remote</td>
<td>Exemplary, accessible</td>
</tr>
<tr>
<td>Staff status divisions</td>
<td>Large, rigid</td>
<td>Small, flexible</td>
</tr>
<tr>
<td>Status of residents</td>
<td>Lowest of all</td>
<td>Equal to staff</td>
</tr>
<tr>
<td>Communication</td>
<td>One way, impersonal</td>
<td>Two way, interpersonal</td>
</tr>
<tr>
<td>Feelings/vulnerabilities</td>
<td>Concealed</td>
<td>In the open</td>
</tr>
<tr>
<td>Power differential</td>
<td>High</td>
<td>Low</td>
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Progression of Change

- Dementia Awareness
- Dementia Knowledgeable
- Dementia Skilled
- Dementia Competent
“Until there is a cure, there is care”
-Teepa Snow, OTRL, FAOTA

• Understanding changes in brain structure and chemistry and how that affects perceptions, reactions, and abilities.
• Changing the social and physical environment to be accepting, supportive, and positive.
• Empowering care partners with new habits and routines to respond effectively so as to reduce stress and improve daily life for all.
Barriers to Change

- Tradition: containing the misfits, low status of care workers
- Power and prestige of the medical profession: limitations of diagnoses for care improvement
- Commercial interest in the promise of cure
- Cost of person centered care and public sector reimbursement
- Personal defenses: distancing and depersonalization
Sources for Presentation


