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The National Institute of Mental Health
The Alzheimer’s Association
The Retirement Research Foundation
The HCR ManorCare Foundation
The Wolf Family Foundation
Adult Populations

- CVA
- TBI
- DD/MR
- Progressive Disorders
  - Parkinson’s Disease
  - Dementias
Types of Cognitive Impairment

• Memory Disorders
  - Short Term Memory
  - Long Term Memory
• Executive Dysfunction
• Attention Disorders
• Language Disorders
DECLARATIVE MEMORY

• Episodic memory
  – past events, autobiographical information

• Semantic memory
  – world knowledge, concepts, vocabulary

CAN retrieve some information through appropriate cueing.
PROCEDURAL MEMORY

PRESERVED ABILITIES IN DEMENTIA

- Habits
- Location learning/Environmental Cueing
- Motor learning
- Classical condition
- Repetition priming
  - The ability to improve performance after initial exposure to information
SPACED RETRIEVAL

• Based on Procedural Memory

• A form of repetition priming

• Practice at successfully recalling information over progressively longer intervals of time
TYPES OF GOALS FOR SR TRAINING

FACT RETRIEVAL / NAMING
• Names of Family
• Name of Facility
• Names of Objects (Assistive Devices)

STRATEGY LEARNING
• Drink when prompted
• Safe Transfer
• ADLs
Swallowing Goals

• Chin Tuck to prevent aspiration

• Clearing Pocketing

• Alternative Solids and Liquids
“If you can’t think of the name of something I want you to describe it. What do you do if you can’t think of the name of something?”

“I should describe it.”
DRESSING TECHNIQUE

• “Put your shirt sleeve on your right arm first. What is the first step for putting on your shirt?”

• “My right arm first.”
Fall Prevention
After Hip Replacement
HELPFUL HINTS

• Let the client choose the information
• Teach concrete information, not abstract
• Number of intervals will vary
• Limit errors
• Teach one thing at a time
• Practice techniques while verbalizing the information
SUGGESTIONS

• Ask client to write the information
• Allow client to read information when asking the question if necessary
• Pair a motor movement with the verbal response
• Gradually fade the visual cue
First-in/Last out Model of Cognitive Losses in Dementia

• Assumes that in later stages of dementia, cognitive abilities are lost in REVERSE order they were acquired in childhood

• Examples are based on Piagetian theory and staging
  – OBJECT PERMANENCE
    • Appears in first year of life
    • Is maintained late into the course of dementia
MONTESSORI-BASED PROGRAMMING

• Based on the work of Maria Montessori

• Planned in sequences
  (Based on First-In/Last Out Model)

• Uses CUEING to access spared components of Declarative Memory
Montessori-based Tasks

• USE EVERYDAY MATERIALS
• PROVIDES
  – Structure and order
  – immediate feedback
  – high probability of success
  – repetition
  – task break down
Montessori-based Tasks

• UTILIZE PROCEDURAL MEMORY
  – Skills
  – Habits
  – Motor learning
  – Repetition priming
  – This is similar to
    “UNCONSCIOUS LEARNING”
    in Montessori’s work
PARALLELS: Montessori-Based Activities & Rehabilitation

• Circumvent deficits
• Allow independent functioning
• Engage in meaningful activity
• Provide feedback and success
• Enhance self-esteem
• Let function at highest possible level
• Provide meaningful social roles
Montessori-based Activities Related to OT/PT Goals

- Range of motion
- Fine and gross motor skills
- Eye-hand coordination
- Use of tools
- Grip exercises
- Self-care
Montessori-based Activities Related to SLP Goals

• Categorization
• Word finding
• Reminiscence
  – Access long-term memory
  – Stimulate language usage
• Reading
• Using cues -- verbal and visual
Memory Bingo
Reading Activity
A Different Visit
Dissemination Strategies

- Train-the-Trainer Model
- Create Corporate Training Program
- Use Family Members to Deliver Programming
- Use Home Health Workers to Deliver Programming
- Tie to Issues Relevant to Administrators
<table>
<thead>
<tr>
<th>Current Approaches</th>
<th>Helen’s Place Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>One activity at a time provided</td>
<td>Multiple activities available at any time</td>
</tr>
<tr>
<td>Topics of outside speakers determined by staff</td>
<td>Outside speakers chosen and invited by residents</td>
</tr>
<tr>
<td>New residents welcomed by staff</td>
<td>New residents welcomed by residents</td>
</tr>
</tbody>
</table>
## The Social Life Template™

<table>
<thead>
<tr>
<th>Current Approaches</th>
<th>Helen’s Place Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff provide entertainment</td>
<td>Residents select entertainment, and can provide their own entertainment</td>
</tr>
<tr>
<td>Focus on the facility</td>
<td>Opportunities to engage with a larger social network and the world</td>
</tr>
<tr>
<td>Provide care to residents</td>
<td>Allow residents to take care of themselves as much as possible</td>
</tr>
</tbody>
</table>

Hotel model | Community model