Introduction to Montessori Dementia Care

the environment that people put the children in was the problem, not the kids. And so if you met the kids where they are and created an environment that works for their brain, they can learn and also all of those behaviors go away.

If we can figure out why a behavior is happening, and Montessori uses an objective observation method for this, then we can figure out what is the right support that this person needs to be able to function in their environment and also not having a behavior that's distressing to them.

We perceive behaviors as distressing to us or something we want to change when it's actually not a problem for the person with dementia. Welcome to the Think Well, Age Well podcast.

I'm your host, Dr. Heather Sandison, and I am delighted today to introduce you to two people I've had the pleasure of having conversations with today.

The tables are turned and I get to interview them. I'm joined today by two extraordinary leaders in the dementia care space, Reverend Katie Norris and Olivia Companion from Connected Companions.

Olivia is a certified dementia practitioner and Montessori dementia care professional with over a decade of experience in dementia care. She served as a home care case manager, memory care director, an activity director, and was nominated for the Massachusetts Assisted Living Association's Activities Excellence Award in 2018. In 2022, she founded Purple Hydrangea Dementia Care Consultation and Support to do dementia better.

Olivia specializes in Montessori dementia care with a focus on behavior management and purposeful engagement. Olivia supports caregivers through individual coaching, group education, writing, and as a lovely co-host of the Connected Companions podcast where she works with Reverend Katie Norris.

Reverend Katie Norris has also been a Montessori dementia care specialist, but for over 14 years. Katie's journey began as a live-in caregiver for her mother, who had Lewy body dementia.

She wanted her mom to live well and with as much independence, joy, and meaning as possible. And she found Montessori dementia care to be the perfect fit.

Since then, Katie has dedicated her career to teaching families and care communities about how to bring Montessori principles into dementia care. She is the owner of Creative Connections in Dementia Care, runs a monthly membership for caregivers, and is the primary author of Creative Connections in Dementia Care.

With a background as a chaplain, health and wellness coach, and Montessori practitioner, Katie brings a unique blend of professional expertise and lived experience to her work.

Together, Olivia and Katie are changing the landscape. They are an inspiration for what dementia care can be, bringing more humanity, purpose, and dignity to individuals living with dementia care and, of course, for their families.

You can tell why I am delighted to welcome them here today. Welcome, Katie. Welcome, Olivia. I'm so delighted to have you here today. Thank you. Thank you so much for having us.

I want to dive into Montessori. So I am the mother of a six-year-old. And of course, when I was looking at different

preschool programs, I came across the Montessori programs and heard about it from other moms.

But this isn't a word that you hear often in the dementia space. So I'm really curious, and I thought we'd start there, how both of you found your way towards applying these Montessori approaches to end-of-life care versus beginning-of-life care.

So I am a Montessori kid. I was Montessori all from pre-K to eighth grade. And then we sent our son to Montessori schools. And when we moved in with my mom to take care of her when she had Lewy body dementia, I noticed there was nothing that could help us help her do the things she loved to do.

When we go to the doctor, they'd be like, she just can't cook anymore. She can't take care of the dog anymore. She can't do all these things. That's just the way it is.

And as someone who's a Montessorian, you learn two things. You learn to figure stuff out because there has to be a way. And you also learn to meet people where they are and adapt things for somebody's brain.

And so I had already been doing that in my own life as somebody who is neurodivergent.

How Katie and Olivia Found Montessori

And a lot of the things that I use for myself, even simple like color coding, writing recipes differently than other people do, would help my mom. And I lived in Cleveland at the time, and there were two dementia educators, Jennifer Brush with Brush Development in Cameron Camp.

And so I was able to take classes from them and then start working with Jennifer and things and created my Creative Connections and Dementia Care program.

Wrote the book so it's kind of how I got started in it But Montessori has been like my life since I was little and and without Montessori I wouldn't be able to function in my own life Like I do and so I noticed it really helped my mom and that's how I got started What about you Olivia?

So I, it's funny, I found Katie on Instagram. She came up as like a suggested business to follow years ago. Um, but I was at the time working at an assisted living that was fully memory care.

It was 72 beds. It was all memory care. Um, and I went through their orientation and I loved it. And I thought this is. This is different. This isn't the typical of how things are run usually from what I had seen in the years that I had already worked in dementia care.

They never mentioned Montessori. They never mentioned It was never branded as that. It was never presented as that. But it just felt different. And then I started watching all of Katie's videos and I kind of put two and two together and thought, this is what they're doing.

They're just not saying that. And I don't know why they never changed. I don't know why if they ever ended up Now calling themselves Montessori, I don't think they have since, but then I had my CDP and I knew, you know, it's a quick course.

It's only like a six or eight hour course. But then I saw that there was a Montessori specialty after that. So I took that course and loved it. I'm seeing how well it can be implemented.

Like Katie said, I use it in my life. I joke that I use it on my husband and does he even know? Maybe not, but that's how I set things up sometimes because your brain just If you really figure out how your brain needs things to work and you go with that instead of going with what's in the box of what's supposed to be, then it's so much easier.

And I just fell in love with it. So it was kind of a combination between learning it through orientation at a new job that I didn't even know it was Montessori and then finding Katie online and combining the two.

So it was kind of just fell into my lap. So it sounds like maybe people have been exposed to this without even realizing, kind of like you, Olivia. So Reverend, will you please describe what defines Montessori and who is she?

Well, Dr. Maria Montessori is an amazing, was an amazing Italian physician in, you know, when women weren't allowed to be physicians. And she… really was kind of at the time because you know the first children's house opened I think in like 1906 but at the time when she got her training she became a doctor and the system was kind of like well let's give her something she's probably not going to do well at and they sent her to work with children who were in I believe it was in their parents were in an asylum, I believe was the first like kind of thing that they sent her to.

But it was her kids basically that they said were unteachable. And they were doing things like picking things off the floor, eloping, meaning exiting the building, like we call it eloping and dementia.

And People said that they could not learn, they wouldn't focus, all these other things. And she realized that the environment that people put the children in was the problem, not the kids.

And so if you met the kids where they are and created an environment that works for their brain, they can learn and also all of those behaviors go away.

And I think that's the thing that people I don't like that we use the word, well, all of our behaviors are behavior.

What Montessori Means in Dementia Care

If you laugh and you're having fun, you're having a behavior. We're having a behavior right now together and an activity together. But in dementia care, we often talk about behaviors and as if they're always bad and they just, people say they just happen in dementia, just like with those kids.

Well, it just happens with kids like that. But that's not actually true. If we can figure out why a behavior is happening, and Montessori uses an objective observation method for this.

then we can figure out what is the right support that this person needs to be able to function in their environment and also not having a behavior that's distressing to them.

I would also say sometimes we perceive behaviors as distressing to us or something we want to change when it's actually not a problem for the person with dementia.

You know, she really, and you'll see a lot of stuff, you know, occupational therapists like, oh, we do that, we color code, or oh, we do these different things.

And her, you know, system I think has been around for so long and been used in so many different ways by so many people. And I think that's amazing and how it's grown and shaped so many kind of different areas of focus.

But she kind of really puts everything together as, How do you actually make an environment where you can function and everybody around you? And it can be a mixed environment.

You don't all have to be the same. And so even Montessori classrooms are mixed ages and Montessori care communities should be mixed ages and mixed stages of dementia instead of putting people somewhere else.

You know, it's all about figuring out the sequencing for the person that works for them, the steps. Where is there kind of, I sometimes call it a glitch in their sequencing in their brain to do a task?

And we use a lot of demonstrate and follow, mirror neurons, all that kind of stuff to help somebody be able to do something more independently again. So the goal is independence, that self-reliance, confidence, getting through the day to day.

And I'm sure that reduces the quote unquote like challenging behaviors. If you feel like you can do something yourself, you have that confidence and you can get through the day feeling more purpose and meaning.

Now, also, I'm curious, can you give us a concrete example of how this might show up either in one-on-one connection with someone as a care partner or in a group setting?

Again, I'm still imagining the preschool setting, but tell me, what would this look like, say in a kitchen? Yeah, Katie and I actually, we talk about this kind of frequently because even, you know, we use ourselves as examples because I think that's the easiest way to talk about the method, but also to give kind of that example that really everybody can kind of relate to.

So Katie and I frequently talk about how our brains work very differently from each other. And, you know, if we were cooking in a kitchen together, Could it be a complete and total disaster?

Yes. Or could it be a total smooth success? Yes. And that's really just going to be how is the environment set up is really what it boils down to. If someone was observing what my brain needs and what Katie's brain needs and sets it up the right way for us, then it would be a total success.

Because if you're working with somebody with multiple people in a community living setting, It's not realistic to have one environment for you, one environment for me, one environment for them.

It's a shared environment. So you kind of have to mix things. So Katie might need different lighting than I do in a space. Katie might need a different kind of cue.

I might do well with a verbal cue. Katie might do well with a visual cue. You know, she mentioned recipe cards. Maybe my recipe card could have a bunch more words or be numbered and hers needs to be bulleted with fewer words.

Or then we translate it into dementia care. Maybe somebody needs all of the ingredients measured out in front of them lined up in the order of the recipe.

If they're a lefty, maybe it goes left to right. If they're righty, maybe they need right to left. Maybe, you know, someone that safety-wise isn't using a stove anymore doesn't do that part of the recipe but can do another piece.

So it's really, it's thinking ahead and it's observing. I think the key here with the objective observation is that you are thinking ahead because once you're at the activity, it should already be set up in a certain way.

So knowing our person, you know, Maria Montessori called it Follow the Child, knowing the person, following the person and what they need, knowing where those glitches or those gaps are, because you might try the whole recipe thing and if it is a complete and total disaster, okay, that was terrible, but next time you do it, you know where those gaps are, and you know, okay, this didn't work.

Katie didn't do well with the recipe card being black text on a white card. So maybe next time we try the black text on a different color card, or we try the Kelly Green writing on the white card, or the font isn't right, she can't read script anymore, whatever.

You learn where those gaps are, And then when you fill in the modification to those gaps, that's where the Montessori is. So you might be modifying up, you might be modifying down, you might be, you know, changing the physical environment or something that's really, it seems really small to us, but to someone else's brain, that could be the thing that makes the difference.

So it's really observing and then filling in where was the gap. So as I hear you describing this, I'm almost overwhelmed. Like, OK, there is an infinite number of variables that we could modify or change.

So how do I determine what it is important to observe and change and modify and what variables? And I think

maybe this ties into another question I have is, Olivia, you mentioned a training course.

So I'm just imagining if I'm the caregiver for a parent or a spouse who has dementia, can I take this course? Can I learn about how to apply this at home?

Yeah, I'll let Katie speak to the first part, but as far as the certification, I had to do my CDP, the Certified Dementia Practitioner first, and then I could take the, it's called a CMDCP, Certified Montessori Dementia Care Professional.

It was during, you know, the craziness of COVID, so it was online, There may be in-person options, but I know Katie also has taken a really good certification and Katie runs a professional certification as well, so those are also options to look into, but I'll let Katie speak to the other piece of that question.

Yeah, I mean, well, just with the certification, I mean, I have a professional certification and then I also, all of my care partner members get their training in Montessori dementia care, so family care partners and everything.

But then the one that's really good is the AMI Association Montessori International Training, practitioners training as well. So if you, you know, whichever practitioner training you want, if you are not working with people with dementia during your training and a teacher is not reviewing that, I would look into other trainings as well.

Because Montessori, you do have to learn how to do the process, and the process is very important, and it takes a little bit of time to learn it.

Using Observation to Support Daily Tasks

And so like with that, when we're observing, I think for Olivia and I, it becomes second nature after a while, after you do this for a while, even with your own person.

You just kind of know what to look for because you get to know people. But with Montessori, some of the things that we're looking for is, You know, she talks about prepared environment all the time.

And that is only having the items needed for the task at hand. Now, Olivia and I are going to, we'll actually use an example from when I was just working with a group of people in a care community.

And we were filling bags to give away to homeless people. So like the staff are like, we could take these home and then, or when they go on their trips, in their van to like, you know, the grocery store.

If they see somebody who's homeless, they can give out these bags, right, of food and water and things. So, you know, I brought everything and we're going to fill these bags with, you know, three different things.

When I go, I need to set it up correctly. So I can't have a pattern tablecloth. I can't have a whole bunch of music and a whole bunch of other people around.

That's very distracting. Other items on the table, nothing like that. You need the items for the task at hand. Now, we might see a task as, here's a whole bunch of items.

You're just going to put one of each of these in a bag, right? But for some people, that's not going to work. That's not the one task you're working on.

You are working on putting just the granola bar in the bag. Other people can work on putting the granola bar, the Slim Jim, and the Ritz crackers. in the bag all at one time, but other people need just the one item.

So when I'm working with a group, I usually prepare and I might bring a list of here's the three things you're going to put in a bag. And for the people that I know that can follow a checklist, I give them their bag, not multiple bags usually, their bag and a set number of things that you're going to put in the bag.

You know, for some people I could give them three bags and then three of each item and they can fill all those. For other people I give them one bag, one of each item, they fill it for another person, one bag, one item, and then I hand them the next item when they're done.

And so that's kind of the process is figuring out what is a task. for that person. It's manageable for where that person is in their process. Right. Because I think a lot of people see tasks as, like I remember this one time my husband bought pickles and they were not cut.

And I was like trying to make a sandwich. And I was like, why do we have these pickles? He's like, you can just cut them. I'm like, that's too many steps for me.

I already have too much cognitive overload. That's too many steps for me to be able to handle making my own lunch. We have to buy pickles that are cut.

And people often perceive that as, you know, laziness or whatever. You know, neurodivergent brains and dementia is a form of neurodivergence. We often need things modified in different ways.

So what might be one task to somebody is like five steps. You know, one step to somebody is like really five, 10 steps. And so we teach people how do you sequence the steps to something.

And Montessori teachers learn how to properly sequence steps to something so that then we can demonstrate it, have somebody observe and follow what we're doing, and then we can see, you know, what they need and everything, what supports they need.

You know, I'm just thinking my, I, of course, like put this all into my context, which is sort of the physiological biochemical and what you described with the pickle and like the need to cut the pickle.

If this is, there's a whole industry. I mean, all industry is around reducing friction when they want you to spend money. And then increasing friction when like you go to try to get a downgrade your subscription or cancel it, right?

And so I think we can think of this as almost like a resource allocation. A demented brain, a brain that's struggling, everything requires more resource, more energy.

And if we then add additional tasks on top of that, when something could be simplified, And that takes some creativity, right? Somebody else has to do all the thinking of, how do I simplify this?

But you can see how that frees up more energy for them to be connected or for them to feel successful or for them to get through their day. So yeah, I'm kind of plugging this whole concept into my framework a little bit.

But I really appreciate this idea. OK, so if I'm the spouse of someone who has dementia, And I want this for my partner. I want to be this person. I want to be this care partner.

And I want my partner to benefit from this, either in a professional setting or in a home setting. What are the steps that I need to take to get them the benefit?

Yeah, it can be really hard because, right, like if your person is moving into a community setting, you don't have a ton of control over how they're doing things.

So I would say if that is the route that you're going, you really have to do your research. And we know, you know, that it can take years to get a spot in a place.

So sometimes, you know, Katie and I talk about this frequently, by the time clients come to us to work with us, sometimes it's in crisis mode and there's just, you know, we're, you know, like Dr.

Bredesen talks about plugging the holes in the roof, like we're just trying to do damage control at that point. But if

you have the time to really do some research on some communities, just like the one that I was working in, you might not be able to just Google Montessori assisted living near me, you might not find anything.

Because I would say from what I know of Murama, it's pretty Montessori friendly. That might not be on any of the branding or anything, just like the place I was working.

You have to do some legwork there and do a tour and really observe and see how the interactions are going, see what the modifications look like. Are the activities mixed ability?

Is it, you know, there's You can kind of see if your person would be accepted there for where their gaps or their glitches are and how would they be supported in that.

If you're doing this at home, you have a lot more control and I often get kickback from clients and I'm sure Katie does too of, well that's more work for me because now I have to set up A, B, C, and D.

Well yes, but you might be doing that legwork up front, but once the system is set in place, A lot of the other stuff kind of falls off.

Applying Montessori at Home and in Communities

Like we use the example of someone who misplaces their wallet all the time and then talks about, you know, someone stealing their money, someone stole their wallet, and it turns into, you know, a snowball effect of this panic and then we see these other behaviors and then the caregiver gets stressed and it turns into a whole thing.

So if we introduce something like a printed picture of the actual wallet and that is on the table next to the front door and we use a way to teach them that every time they walk in the door this is where the wallet goes, put it on the picture, or maybe it goes on a special colored plate, or maybe it goes in a special basket.

And once the habit is learned or that behavior is learned, because we know people with dementia can learn, then that becomes the new habit and then we just we don't have to deal with the oh someone's stealing all my money someone stole my wallet because we avoid the problem altogether so there yes there can be some legwork to it but once you have it going and it's in place.

I know that a lot of people might have heard, if they've never heard of using Montessori for dementia, maybe they've heard of anchoring tasks. Like if you have a task that's already ingrained in you, you know, when you come home, you hang up your keys.

Okay, so can we put a shelf right next to where the keys get hung up and that's where the wallet goes because the key thing is already established. How can we build on that task that's already a habit so that we can create a new habit.

And if that one doesn't work, okay, maybe it's the next step. Maybe it's when you take your shoes off, or maybe when it's close your doors. And this is where the observation comes in, because we can watch, okay, when Heather walks in the door, and she closes the door, she hangs up the keys, she takes the shoes off, these are the places her eyes go, and these are the places that her hands go.

So where can we put an intervention in so that This is where we insert the step to put the wallet somewhere specific. And once that's repeated enough times, we don't deal with the stealing issue anymore.

Yeah. This is something we talk a lot about in our programs as well. It's so refreshing to hear it just in a different way. But the anchoring, right? Like what are the routines we already have?

Some of them we might be really proud of, some of them maybe not so much. But when we do the same things repetitively day after day and we have these patterns, can we connect things to them so that it becomes the habit?

And then also there's this concept of like, okay, if I put in some effort upfront, yes, this does take the observation. And I love that, like just watching how someone walks in the door.

There is this invitation to curiosity and interest and experimentation that can be actually kind of fun. We can look forward to this rather than feeling like it's this burden.

But the upside, what we get back from this investment is that we de-escalate. We don't have this escalating crazy, like, my wallet is stolen, somebody stole my money.

And spending all that time there, again, the resource allocation, we want to spend our time connecting, enjoying, having fun, playing games, doing the things that we enjoy and love with the people we enjoy and love, not freaking out that our wallet was stolen every other day.

So yeah, that is the investment, right? That's what we get for it is when we figure this out. So this is really fun. I want to understand more about like how basically, also actually, you know where I want to go?

Reverend Katie Norris, tell us about the reverend piece, because you know, like we've talked a lot about Montessori, but there's a spiritual side to this.

So share a little bit about that. Yeah, well, and not surprising that I ended up being a minister because Montessori actually was a pretty spiritual person and believed that everybody in the world had a cosmic task.

And if we can't live out our cosmic task, then a lot of times we're sad, can't function very well. We have even behaviors that, because we don't feel like we're living into who we are.

And so that was really important to her that children are allowed to be who they are. And I'm a Unitarian Universalist minister and I was raised Catholic, but then we switched to Unitarian Universalist and I've been a parish minister, a hospital chaplain, a hospice chaplain.

But then when I started doing, I had a parish ministry when I was living with my mom and then I started doing all the dementia work. And so now I just mostly do community ministry, which is my dementia work now.

Um, and I'll do like pulpit supplier. I'm the sabbatical minister at a church for a couple of months right now. So, um, but yeah, it's all kind of tied for me.

Ministry is, um, really about helping people be loved and accepted for who they are, um, by themselves and by everyone around them. And so, and, and helping people function like, yeah, because that is part of our functioning if we can be who we are.

And so that's kind of like how it all ties together for me. Wonderful. So if people want to learn more about what both of you are doing and what you're bringing to this space, first of all, like physically, where in the world are you?

If people want to work in person, and what does that look like? What are the options for them? So I am in Massachusetts. It's so funny because Katie and I, as you know, people will listen to the podcast or watch our videos or, you know, they just hear us chatting with each other or we, you know, coach for each other's clients sometimes.

And people think, you know, oh, clearly they've been, you know, friendly and all this for years. Yeah, but we've never actually in person met each other because we're so far away.

I know. I know. So I'm in Massachusetts. If you're in Massachusetts, I'm in north central Massachusetts.

Reverend Katie's Spiritual Perspective

So it doesn't look that big on a map, but it's a hike. So I work with caregivers, professional and personal, one-on-

one. I also teach group classes and I teach for organizations too.

So I consult with assisted livings on, you know, does this look want to sorry? Does it, you know, what could we adjust? What could we change? I teach to first responders.

And I do work with people in person and online. But today is actually the first day of my maternity leave. So I won't be doing that for a few months. But when I do come back, I do work with people across the board through Purple Hydrangea.

So yeah, I do kind of a mixed bag of things. clients will or families will often tell me, you know, why do you do so many? Why do you do this and this and this?

And I do it because, you know, you might only have 10 minutes in the car to listen to the podcast. Okay, great. So I do the podcast. Well, but you could also maybe get away for an hour and do support group once a month.

Okay, so I run a support group. Maybe you do have the time and the space and the energy to work with me one-on-one once a week. Okay, great, we do that.

So caregivers have different capacities, so I have different modalities. I want to dig a little deeper into, you said first responders. Can you hear a little bit more about that context?

So first responders, I You know, working in communities and facility living, I saw how frequently first responders would come in and hadn't had the education that I think they should have and didn't have interactions in the way that I would like to see people with dementia be treated.

Programs, Membership, and First Responder Training

I remember there was one, when I was an activities director, a woman had choked in the dining room and she was given CPR by a machine, which was really wild to see if you've never seen the like, it straps around you, it has this like big arm in the middle and it does the compressions.

And it was traumatizing, I think, for all the other residents because it was in the dining room. We didn't have time to move anybody. And I think just the interactions that happened was, it was kind of eye-opening for me to see, here's another gap, which was kind of more fuel to the fire to start Purple Hydrangea.

So I started, I created a course for first responders to be able to learn A, learn about dementia because some of them have no idea what it is, but also how to make that five to 10 minute interaction better because you don't have a ton of time to do all this observation and all these amazing things that Katie and I are preaching right now.

You don't have the time to do that. So how do we boil all of this down into five minutes? And what does that actually look like? Because if you know that the situation you're walking into is someone living at home with cognitive decline that might need some extra sensitivity or might need communication in a different way or might need the sensory stuff to be kind of toned down.

I mean, they show up with no hate to first responders obviously I love you guys but showing up with the lights and the sirens and you got the walkie-talkie on and everybody's dressed in a way that makes you an authority you walk in above and you're you know it could be scary it could be really triggering um there could already be dynamics in play when you walk in where someone is quote-unquote behavioral and it just gets escalated very quickly.

And that's not what I want to see. So I created this course to teach them how do we boil all this down into a five to 10 minute interaction. And it's not perfect.

It's not because that's not enough time. It's just not. But are there little things that we can do? Are there different ways that we can communicate? Are there different ways that we can show up?

Are there different ways that we can learn how to interact, like not ripping you into my world of reality, but just joining where your reality is today.

And that in itself just, you know, if someone calls 911 because someone's hallucinating so much and they don't know what to do, and it's turning into a potentially unsafe situation at home, and the first responders show up and start arguing about whatever the hallucination or the delusion is, or making it worse, can we jump into their world?

I teach them it's called join their team and we talk about different ways to do that and what team stands for and all that. If you can join their team, join their world, you guys can come out of that together rather than you trying to rip somebody else into my world.

And that might save you a little bit. That might, that in itself could deescalate the situation and then we don't have to be sectioning people and all this other stuff.

So it's really, it's really cool to teach the first responders class. I wish it could be broader. My reach is small right now. But I think it's something that if you are in a situation where you're walking into a role, if you're walking into a situation where your job is to help other people that are in crisis, you should have some background knowledge of how cognitively changed brains work, whether it's dementia or any other cognitive change.

You should have some basic knowledge about the brain, how it works, how people interact with each other, and how you can help support that because you could change the situation very quickly and very easily if you know what you're walking into.

Particularly in this day and age when there are so many people suffering with dementia, right? And as the demographics are shifting, firefighters are trained to fight fires, but these days they're doing so many medical calls.

And when they show up with a little bit of insight, and I'm sure some of them have personal insights just from their own family members, But when, you know, as a team or as a unit, they can be trained about this is potentially a way to communicate with someone who is suffering with cognitive changes in a way that deescalates.

I mean, that just makes everyone's job easier and makes it less traumatic. Maybe people are more likely to reach out for help. Katie, I'd like to switch to understanding more about your membership program and how that helps to provide support and community for people who are suffering with dementia and their families.

Sure. Yeah, so I have, I call it the Care Partners House because they're called Children's Houses for Montessori, so Care Partners House. And we meet weekly on Zoom.

And there's also a ton, like my full Montessori courses and like hundreds of Montessori activities. The recipes, I call them recipes that I've made. There are step-by-step, all that stuff is in there so people can do all of that.

Um, but it's really focused on as a care partner myself, the thing that was least helpful was support groups that were only support groups because they weren't generally run by anybody that was trained in dementia care, um, in actual like care.

And then it was. a lot of, here's all the things that are happening, that's just dementia. And so mine is really group coaching and support. They are the best group of people ever.

They're so amazing. And they started like a WhatsApp group and they all chit chat and it's lovely. And then, you know, but when you are, when you come to the group call and you're like, you know, my person with dementia, um, is still pretty, let's say they're earlier stage and they are at home, but they're not eating their lunch.

You know, what do I do? So we figure out signage in the house. And then also usually this is like a color coded container that their lunch is always in.

We make sure it's usable for them. So like they get, we work through, okay, what's going on for your person? And I

will have people send me videos of like, what's going on in the house?

Cause if I can't see it, like I have to be able to observe with them and things like that. So that's kind of, some of the ways that we, that the group helps each other.

They do, you know, we support each other and you can rant and vent. And then also though, there's actually like technical help for, okay, how do I use a Montessori process for this, for what's happening for me?

So, yeah. Dementia care is evolving pretty rapidly right now. And of course, I'm so delighted to see that the research is supporting lifestyle interventions and that we're seeing more and more of that.

Where do you see the biggest opportunities for growth and change, say, in the next five to 10 years as all these baby boomers are aging? Olivia, why don't you go first?

Yeah, I think, you know, and Katie might have something similar to say because we say this probably every podcast episode, everything comes back to activities and behaviors, right?

I would like to see the activities change with the population because It is wild. I mean, I don't know about you, but I've never gone to a bingo hall and played bingo.

So in, you know, 30, 40 years, if I'm going into a care space, is bingo going to be relevant for me? For me, probably, because it'll remind me of when I was, you know, working in activities.

But as the general person who's 35 years old right now, Probably not. So I would like to see the evolution of activities keep up with the clientele because that's hugely important to all of this and to all of it working is that people need purpose and the purpose has to be related to their life story.

You know, if I'm not able to cook, if I had dementia, I would be heartbroken. If I couldn't be outside in the garden growing food, I would be devastated.

If I couldn't do things that were helpful, kind of, you know, helpful around the house things, you know, it's It's learning the person and being able to take those things into, you know, later life.

So, as an activity addict, I would say that we have to keep up with that. We have to not only know what the individual and the person wants, but we have to keep up with the generational activity thing too, right?

Like, it's technology. Technology, music, oh my God, the music is going to be so different. Yeah, we have to keep up with that. Katie, what do you think in the next five to 10 years?

I think I hear Olivia saying, okay, well, we need to design for the generations, like for the people who are moving in and think like, what would we want?

Yeah.

Future of Dementia Care and Practical First Steps

Katie, what do you see as some of the trends or the direction that you hope to see things evolve in the next five to 10 years? I am hoping that we somehow can help people know how to guide somebody with dementia correctly.

Because what I often see is, let's say we're helping somebody take a shower. Get in the shower. Get in the shower. Mary, step in the shower. Step in the shower.

And it's just that it doesn't help. So I feel like the alternative, because this is common, right? And I do this with my daughter. Okay, put your shoes on, put your shoes on, put your shoes on.

So what is the answer? What is the answer? So observing them, obviously, and see what they're doing. But so I have, like, first Do it so these are the things that I would say if you're gonna like I'm just starting out Montessori generally observe like Olivia said and then Use less words Montessori teachers usually teach in silence because the more you talk the less most people can process unless they only process through Speech then we got to figure out something different right so it needs to match the person and You know also if somebody were blind we would need to do more tactile things like that, but The general thing is that the less cognitive overload you can give somebody.

And so for most people, less talking and we show we don't tell, and you show one step at a time. Montessori teachers, generally, it's like 28 steps that they've written out to tie a shoe.

We don't teach kids 28 steps, but you need to kind of know what they are so that you can help somebody where they are. So if you're kind of helping somebody get in the shower, I, besides looking at it as a white shower and a white wall and they just can't see what they're stepping over, that kind of stuff.

Olivia and I send each other pictures of bathrooms all the time. But if I know, I might step in the shower with them. Right. So and make sure you need to make sure that they have the right range of motion and stuff, but maybe they don't know how high to lift their leg.

And if I lift my leg high enough to their level and I have them follow me, they will step into the shower. And so you also want to think of things. more literally as if they're interpreting what you say literally.

Because if you tell someone to turn around, like turn around and get in the shower, what way? Which way? If you tell them left or right, some of us, I forgot what it's called, but I have a very hard time telling my left or right.

If you tell me left or right, gosh help you because I can't do it. So you need to show me which way. you want me to go. And so, simplify, less words, show, don't tell, and kind of observe what they're doing at first.

Um, and yeah, I mean, yeah. So if you're kiddos having a hard time putting on their shoes, kind of sit down and put your shoes on with her and see if that helps.

And, you know, it could also be like, we're having somebody shower at the wrong time of day, or, you know, they're having trouble finding their shoes if there's three pairs of shoes out.

So we only leave one pair of shoes out if we're getting ready for school. Cause three is too many cognitive things to choose from. And so there are lots of different things.

Right, so we might want to move the Barbies to a different area than where the shoes are and things like that. Or have a little transition where we're transitioning when we're done with the Barbie, where do we put her?

And then we're transitioning to our next thing. So people don't usually know. Transitions are an activity. And transition is where most people fall apart.

Oh, we're all going. I'm just going to use bingo. We're all going from bingo to something else, singing. And then it's just mass chaos because nobody also set up a transition as an activity correctly to guide somebody to do something, to do the next step.

So their brain doesn't have any input. So I guess I wish we would learn about how different brains work, because I think in the end, that is what helps people the most, as well as all the things we can do for our brain health.

You know, like beforehand with the food and exercise and learning new things and staying social. That's huge in terms of less rates of dementia in the future, but also If people get dementia, care should look like home and regular life, you know?

And I think with the shoe example that I was just thinking about, Heather, with you saying, you know, if I said, put

on your shoes, put on your shoes, put on your shoes, put on your shoes.

And I, what I see is, you know, OK, well, that didn't work. So let me try this cue. That didn't work. Let me try this cue, which like, OK, you're on the right track of, OK, the cue didn't work.

So what is a different cue that I can do? But what I see is that we on the cuing side get uncomfortable with silence and we need to let their brain process and give them a little bit of extra time.

And it's uncomfortable for us to sit for like 30 seconds and let it kind of marinate and make its way to the brain and then figure out, okay, Where's the issue?

Can they not see the shoes? Is it too many shoes to choose from? Is it this? Is it that? So instead of us rapid firing more cues, we have to sit in silence for a little bit.

And that is so uncomfortable. So hard to be. It's hard to sit there and not be like, I'm going to fix it. We're going to be late. I know. Oh my gosh, I always remember that with my son.

It was like just mass chaos in the morning. Well, also because I could never find any of my stuff. So it was just a mess. But like, you know, think of it as instead of put on your shoes, what's the first thing you need to do to put on your shoes?

I mean, she may need to put her Barbie away, but maybe if you're by the seat, you need to sit on the seat. Maybe that's the first thing that you say. Pick up your shoe, you know, things like that.

So simplify it a little bit. But yeah, give time. Oh, the silence is rough. It's rough. So for anyone listening who's feeling excited, but maybe a little overwhelmed, Olivia, rapid fire, one first step.

Oh, like the first step to start Montessori care. One first step for someone to take today. Who's listening? Stop doing and just watch them. Because people just, they want to fix it all right away.

And we don't have to do that. It's just like the Bredesen protocol. You don't have to do all 50,000 steps right away. Pick one. And I would say the pick one that you should do is just stop trying to do it and just watch for the gaps.

Be curious, observe. Katie, one step. one step, I would say my step, yeah, comes after Olivia's, which would be to make things more simple, break it down by actual steps.

So I actually have people practice right down how many steps you think it takes to brush your teeth, like literally every step, because that will help you know where somebody might have a gap and make sure that brush your own teeth, but also then watch how they brush theirs because I might put my toothpaste on in a different order than you do.

And if you change that order, someone will not be able to brush their teeth. If you, so it has, that's why we say objective observation has to be the way they would do it.

Cause if you change something in somebody's sequence that can go from somebody can brush their teeth or brush their hair or go to the bathroom or not.

If you change one thing and it's out of the order of where they would normally do it. And that happens with ADLs all the time, dressing, all that kind of stuff.

Um, so know the steps and just simplify, um, take it one step at a time. amazing. Thank you so much, Reverend Katie Norris and Olivia Companion for sharing your wisdom, your stories, and your dedication and passion for bringing dignity and joy into dementia care and really doing it differently with this guidance and wisdom from the Montessori approach.

It's unique and your passion and your care just exudes in everything that you do. If you, our listeners, would like to learn more about their work, you can find Olivia at Purple Hydrangea Dementia Care.

and on the Connected Companions podcast with Katie, and also learn more about Katie through creative connections in dementia care. We're gonna link to both of those resources in the show notes so you can explore that further.

And I recommend that you follow and subscribe to their podcast as well. I hope that this conversation today has inspired you to see more of what's possible when we can reimagine dementia care with purpose and independence and compassion at the very center.

As always, thank you so much for joining me here on the Think Well, Age Well podcast. If you have found value in today's episode, please share it with a friend, write a review, subscribe to the podcast.

It helps us to reach so many more caregivers and spread, be the ripple effect in getting the families the support that they're looking for. Until next time, be well, and let's keep working together to make dementia rare and optional so that aging can be fun and something we look forward to.

Be well, everyone. Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review, and share this episode with someone you care about.

It's one of the best ways to help others discover tools and inspiration for aging well. To stay connected, get bonus resources and never miss an episode, head over to drheathersanderson.com and join my email list.

Until next time, keep thinking well and aging on purpose.