

# Montessori Developmental Principles to Support the Needs of the Elderly

*Jennifer Brush and Michelle Bourgeois*

*Jennifer Brush and Michelle Bourgeois, members of the AMI advisory board for Montessori for Dementia and Ageing (formed in 2014), share how the AMI Practice Standards and Quality Indicators for Montessori for Aged Care established by that board can be applied in communities of elders and individuals living with dementia. From the prepared environment to support of independence and opportunities for grace and courtesy, this application of Montessori principles focuses on 'the well-being of the whole person, including physical, spiritual, social, mental, and emotional needs'.*

In 2014, a group of dedicated dementia care experts were brought together by AMI and the Montessori Australia Foundation to present their research and practice in the area of Montessori as it is used with elders at the first International Montessori Environments for Aging conference in Sydney, Australia. During that ground-breaking conference the AMI advisory board for Montessori for Dementia and Ageing was formed, and subsequently the AMI Practice Standards and Quality Indicators for Montessori for Aged Care (AMI). The Montessori Advisory Group for Dementia and Ageing continues to be the main advisory body to AMI on all matters concerning the application of the Montessori approach for older people and persons living with dementia. The group works to support quality standards in the delivery of a continuum of care and services and to achieve quality outcomes for each person to enable life to be lived as fully as possible.

Maria Montessori did not design environments for older adults, but medical professionals, researchers, clinicians, and architects have contributed to a large body of evidence that has resulted in person-centred ageing and dementia

care guidelines. AMI Trainers for Dementia and Ageing are person-centred dementia care experts who have worked in care settings for the elderly and are knowledgeable about both clinical guidelines and research outcomes, as well as the organizational structure and operations of elder care settings. We are able to apply the Montessori philosophy of life to older age, as another plane of development, with its own unique prepared environment. Central to both the Montessori philosophy and person-centred care are the core values of respect for the individual, the importance of knowing the elder deeply, seeking and honouring the person's preferences over all aspects of their daily life, and creating a supportive environment that allows for continued participation in familiar and preferred activities, inside and outside (Douglas, Brush, and Bourgeois).

What follows is a brief description of a Montessori community for elders and those with dementia.



*Foothills Retirement Community, food preparation*

## **Key Components of a Montessori Community for Ageing**

Montessori is based on the principles of free choice and purposeful activity. In a Montessori community for elders, individuals with a wide range of abilities work both individually and collaboratively on an array of activities from which they are free to choose, explore, and discover (Brush, Douglas, and Bourgeois). Elders have freedom to move within the community, and to engage in household roles and responsibilities, guided as needed by trained staff who have completed at least two days of education with an AMI trainer (AMI). The focus is on the well-being of the whole person, including physical, spiritual, social, mental, and emotional needs. Communities offer occasions for new learning, religious practices, meditation, art, music, exercise, and so forth. In addition, there are opportunities for interaction with children, friends, family, and groups outside of the care community.

### **Prepared Environment**

The prepared environment is designed to facilitate maximum independence and exploration by all members of the community. Hands-on adult activities and materials are accessible to elders twenty-four hours a day. The community is considered the elders' home, and every effort is made to remove staff supplies and medical equipment from the community spaces. This allows elders to feel ownership of their space, encouraging participation in care of the community. Since reading is a preserved ability long through the course of dementia, visual aids such as step by step directions, invitation signs, memory books, wayfinding signs, and name tags are used to create a supportive environment that compensates for memory loss and sensory impairment.

### **Freedom of Movement**

Elders choose where to sit and what to work on, with guidance or assistance as needed from trained care partners. They are encouraged to move about the environment rather than remaining seated or in one place all day. This helps elders to maintain balance, fine and gross

motor skills, and overall healthy functioning of the body's systems. Whereas the loss of physical abilities accelerates in many long-term care communities, movement is encouraged in the Montessori setting, allowing elders to maintain and strengthen the physical abilities and skills needed to remain independent.

### Hands-On Activity

Elders work with both specially designed materials and everyday household items. Activities are hands-on and often involve movement and sensory stimulation. Each activity has multiple purposes. These may include strengthening gross or fine motor skills, maintaining hand-eye coordination, developing sustained attention on a task, or providing sensory stimulation. Some activities focus on the preliminary skills needed to maintain aspects of independent living, such as pouring, spooning, buttoning, and zipping. The purpose of an activity may also be artistic expression, enjoyment, or the satisfaction that comes from making a meaningful contribution to the community.

### Intrinsic Motivation

Humans are born with an intrinsic desire to explore and learn. Rather than focusing on keeping elders 'busy', the prepared environment provides opportunities for choice, independence, and meaningful engagement. When elders are free to follow their interests and meet their own needs, they feel fulfilled rather than bored. A Montessori household takes on a busy 'hum' of movement, activity, and collaboration.

### Concentration

Montessori observed that after a period of intense concentration, working with materials that fully engage their interest, children are not exhausted but emerge refreshed and contented. She called this state 'normalization'. With regard to elders, we think of normalization as joyful engagement in work that one finds

satisfying. Care partners do not interrupt elders' concentration when engaged in meaningful activity and only offer assistance when it is needed.

### Independence

Humans are naturally driven toward achieving independence. When care partners take over a task, offer unwanted assistance, or interrupt they are often serving as an impediment to the person's dignity and creating a situation of excess disability. Often, care partners unconsciously become the centre of the environment, constantly directing instead of allowing the elders to make decisions for themselves. Instead, a Montessori prepared environment is set up to facilitate maximum independence for elders, and care partners invite elders to engage in daily tasks (either independently or in partnership) rather than completing these tasks for them.

### Mixed Abilities of Individuals

Elders of different abilities work together, form friendships, and help each other in a supportive community. Peer collaboration is encouraged; elders share their strengths with others who need more support in those areas. Rather than staff taking over all leadership roles, elders have opportunities to use their leadership skills in areas of strength and interest. Opportunities are provided to teach, work cooperatively with, and learn from children both in the care community and the school setting. The inter-generational programming that we have completed has shown benefits to elders such as improve affect, increased engagement, and maintenance of cognitive skills (Bourgeois and Brush, under review). During inter-generational interaction elders and children worked together and the elders guided the children in the activities. This preserved behaviour and overlearned role of a mentor is not something that needs to be taught to the elders or people living with dementia.

## Empowering Elders and Care Partners to Thrive

Brush and colleagues have shown that after culture change to a Montessori community, elders displayed significantly more positive emotions, affect, and feelings of self-esteem and belonging. Care partners reported significantly more job satisfaction.

Brush, J., Douglas, N., & Bourgeois, M. (2018). Implementation of the Montessori program in assisted living: positive outcomes and challenges. In press, *Journal of Nursing Home Research Sciences*, 4, 64-70.

Meaningful Engagement Through Montessori  
[www.providermagazine.com/reports/Pages/2019/Meaningful-Engagement-Through-Montessori.aspx](http://www.providermagazine.com/reports/Pages/2019/Meaningful-Engagement-Through-Montessori.aspx)  
Provider, December 1. Brush, J. & Benigas, J. (2019)

The Montessori Approach: Purposeful living in memory care.  
<https://www.leadingage.org/magazine/march-april-2018/Montessori-Approach-Purposeful-Living-in-Memory-Care-V8N2>  
LeadingAge Magazine, March-April 8(2), Brush, J. Simons, C., & Van Y, R. (2018)

### Individualized Engagement

Each and every elder living in a Montessori community has an individualized plan that is created as a result of assessment of and collaboration with the elder and their family (when applicable). This individualized plan is communicated to all staff so that the community as a whole works together to support the elder in meaningful life engagement.

### Observation

Observation is an integral part of the Montessori philosophy. We recommend routine observations of all elders in the community, both on their own and when interacting with others. Many healthcare professionals find it difficult to sit quietly and simply observe. Our days are busy, yet our constant physical motion means we are missing out on noticing important information from elders. Observation enables us to gather information that will help us adjust elders' individualized care plans to better meet their needs.

### Montessori Triad

Care partners serve as guides and facilitators, connecting elders with opportunities for purposeful engagement in a prepared environment to support intellectual, physical, emotional, and social well-being. In the care setting, therefore, the Montessori Triad refers to the dynamic interaction among the elder, the Montessori-trained care partner, and the prepared environment.

### Grace and Courtesy

In the classroom grace and courtesy lessons introduce students to basic skills and social strategies that enable the children to function as part of a community. In a care community, it is the role of the staff to model grace and courtesy at all times and to assist elders who need support with these skills. Social skills such as offering and responding to greetings remain relatively intact through ageing and dementia, so elders enjoy opportunities to

welcome guests, invite friends to join them during activities, help others, and to assist with caring for the community.

Older adults and people living with dementia have the same needs as everyone else — to feel valued and respected. In the absence of a cure for dementia, socialization and engagement in purposeful activities is a powerful treatment for the symptoms associated with dementia. People with dementia still need to feel wanted, learn new information, have relationships with friends and family, and contribute to the community. A Montessori community provides a safe, engaging, and meaningful environment for elders to live a purposeful and rewarding life.

## References

- Association Montessori Internationale, "Advisory Group Charter, Quality Areas, Standards and Indicators" (Amsterdam: Association Montessori Internationale, 2017)
- Bourgeois, M., and J. Brush, "Intergenerational Montessori Program for Adults with Memory Concerns", under review for *Clinical Gerontologist* (Milton Park, UK: Taylor & Francis)
- Brush, J., N. Douglas, N., and M. Bourgeois, "Implementation of the Montessori Program in Assisted Living: Positive Outcomes and Challenges" in *Journal of Nursing Home Research Sciences 4* (Auzeville-Tolosane: International Association of Gerontology and Geriatrics, 2018), pp. 64–70
- Douglas, N., J. A. Brush, and M. Bourgeois, "Person-Centered, Skilled Services Using a Montessori Approach for Persons with Dementia" in *Seminars in Speech and Language 39.3* (Noida, India: Thieme, 2018): pp. 223–30.

**Jennifer Brush** is director of Brush Development (US) and programme director of Montessori Education for Dementia at St. Nicholas Montessori College, Ireland. A recent Fulbright Specialist, Jennifer is a member of the AMI advisory board on Montessori for Dementia and Ageing and an AMI-certified Trainer for Montessori for Dementia and Ageing.

This article has been adapted with permission from Jennifer Brush, *Montessori for Elder and Dementia Care* (Baltimore: Health Professions Press, 2020).

**Michelle Bourgeois**, PhD, is director of the PhD programme in the Department of Communication Sciences and Disorders at University of South Florida. She is a member of the AMI advisory board on Montessori for Dementia and Ageing.