Help to anticipate

Impact of extended dementia care and dementia friendly environments to entire retirement homes.

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The Eval’zheimer© model of intervention

A normal environment promotes normal behaviours
Eval’zheimer© model of intervention

- Coordination of:
  - an environmental intervention,
  - with a training intervention (30h; 6 sessions).

- Specifically designed for SCUs.

- Environmental intervention based natural use of space (6 dimensions).

- Training session based the social model of disability and person centred care.
Principles of the environmental approach

Social & Physical environment

Individual

Non congruent person-environment relationships:

• Aggressive behaviours,
• Suicidal behaviours,
• Social interactions regulation disorders,
• Learning disorders,
• Personality disorders,
• Disorientation,
• Agitation,
• Anxiety, ...
Psychological outcomes

Social & Physical environment

Individual

Traditional approach: behavioural & cognitive re-education, psychotherapy, chemotherapy...

Tools to cope with one's environment
Psychological outcomes

Social & Physical environment

Individual

Traditional approach: behavioural & cognitive re-education, psychotherapy, chemotherapy...

Environmental approach: mobilising social and physical environment to modulate behaviour.
Psychological outcomes

Social & Physical environment

Individual

Traditional approach: behavioural & cognitive re-education, psychotherapy, chemotherapy...

Environmental approach: mobilising social and physical environment.

Does it benefit BPSD and coping processes to re-establish homeostasis?
Holistic model of place (Calkins, 2001)

Environmental changes cannot only be seen as physical changes
- Design/architecture
- Social (carers and family)
- Organisational

Role of culture
- What works somewhere may not work elsewhere

Ethics and Environment
- Look out for the people
- Designing living environments
  (residential and domestic areas)
- Human Rights

Living facilities in which people work in
or
working facilities in which people live in?
Physical and symbolic divisions of space enabling it’s users to represent themselves and to use the place in which they evolve, according to their norms and values and in with socially adapted means.
Congruence between structure of spaces and uses that are made of it in order to facilitate social relationships, adapted behaviors and caring of residents.
Display of care

The way care is displayed within a setting enables to observe the balance of the relationships between caregivers and residents (assistance, authority, collaboration, empathy) in its physical and social dimensions.
Domestic or institutional atmosphere can be characterized by the physical and social features of the setting.
Intimacy
Appropriation of space

Quality of a setting as it is lived, perceived and embraced by its occupants according to their intimate and personal characteristics.
Supervision, assistance and surveillance of residents within their own spaces in order to keep them secure as well as to optimize institutional functioning.
Examples of redesigned facilities according to the Eval’zheimer model of intervention (1)
Examples of redesigned facilities according to the Eval’zheimer model of intervention (2)
Examples of redesigned facilities according to the Eval’zheimer model of intervention (3)
Examples of redesigned facilities according to the Eval’zheimer model of intervention (4)
Examples of redesigned facilities according to the Eval’zheimer model of intervention (4)
Examples of redesigned day care according to the Eval’zheimer model of intervention (5)
The Eval’zheimer© model of intervention

- Continuous R&D process
- Tested using a RCT method: significant results on quality of life (QoL-AD).
Experience feedback from 30 SCUs from 2007 to 2012

Primary concerns:
- Durability of the intervention
- Over 60-70% of people in retirement have cognitive disabilities.
- People without dementia seem to appreciate visiting the SCU.
- People without dementia express the need for such environments → What is good for people with dementia is also for people without dementia.
- De-stigmatising

I’d like to be cared for as if I had dementia!
How to design environmental fit conditions for people with and without dementia?

Experimenting the Eval’zheimer© model on entire retirement homes
2015-2016
Experimental design: simple blind RCT

- 4 comparable retirements homes in France; cluster randomisation
  - Experimental group: 2 homes (Paris, Lille)
  - Control group: 2 homes (Nantes, Paris)
- Simple blind: evaluator blindness
- Ethical considerations: approved by the national comity on personal data computation.

- Resident participation (N=92/370): low
  - Mean age: 88 yo; [69-103]
  - Aprox. 70% with cognitive impairments

- Staff participation (N=53/100+): average
  - Mean age: 43 yo; [22-59]

30 000 € / home for environmental changes
Agenda

- Experimental group:
  - Evaluation 1: March 2015
  - Intervention: April - October 2015
  - Evaluation 2: March 2016

- Control group:
  - Evaluation 1: March 2015
  - Ordinary yearly activity
  - Evaluation 2: March 2016
Implementation procedure:

- 1 information session for managers (accountants, administrative staff, reception...)
- 6 x 2 Training sessions/home for care staff
- Environmental design intervention: using sketches to promote creativity
First outcomes

- **Implementation:**
  - Teams are show motivation in implementing new practices (sharing meals, night time care, outings, ...)
  - Teams are also interested in changing environmental frame: wearing uniforms Vs not wearing uniforms, changing rhythm
  - Families seem to find it more friendly and are more inclined to stay longer with their relatives
  - Such an organisation seems to organisationally feasible
  - Fire and hygiene restriction friendly
  - Sketching is an interesting pedagogical tool for design interventions
Thank you for your attention

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