



## **10 Tips from Ecumen for Developing a Successful Behavioral Alzheimer's and Dementia Care Program for Senior Housing**

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*Approximately **5.2 million people** in the United States live with Alzheimer's, and **10 million baby boomers** are anticipated to develop Alzheimer's in their lifetime.*



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Increasingly, senior housing professionals are seeing a subset of Alzheimer's: when the affected person develops substantial and challenging behaviors, including screaming, biting, throwing things, or exhibiting aggressive sexual behavior. Though they occur in a relatively small percentage of people, these behaviors can be devastating to their families, hurtful to those around them, and frustrating to senior housing professionals who care for them.

Many senior housing providers are forced to keep these residents heavily medicated or discharge them to a mental health hospital unit.

At Ecumen we sought to develop a better way to serve people experiencing extreme behaviors from Alzheimer's and dementia, and prepare for the future where many more people will likely develop such behaviors absent a cure for this insidious disease.

In October 2007 we opened Summit House at Prairie Lodge, a home with 14 apartments in Brooklyn Center, Minnesota, to serve this special population. It has been an incredibly rewarding experience for the people and families we serve and for our team members who work in this special environment. We'd like to share with you 10 tips that we think you will find helpful as you seek to provide behavioral Alzheimer's and dementia care in your senior housing community.

### **1. Consult with those who have walked the walk.**

Behavioral care isn't memory care "as usual." We have substantial memory care experience throughout Ecumen, but this is a very different type of client we were seeking to serve. We spent more than a half year in the planning process and sought counsel and consultation from

others who had served this population. That insight was invaluable in everything from our infrastructure planning to staffing needs. Before you run with a behavioral Alzheimer's plan, it is so beneficial to consult with people who have "walked the walk."

**2. Your team's leaders have to be ready to embrace a new journey.**

You need to have your key leaders on board and ready to accept the unknown. At the core of behavioral care, you are dealing with unexpected behavior. That requires a great deal of flexibility and a desire to embark on a new journey. If your site's leaders don't have that flexibility and desire to embrace ambiguity, it's impossible to maintain and attract care professionals who need to be comfortable with no two days being the same.

**3. In hiring seek emotional intelligence: skills can be taught, but not patience or humor.**

In our hiring, we looked much more deeply at a person's "being" than their skills. For example, giving a bath is a tactical skill a person can learn. We focused on people's "emotional intelligence." Again, flexibility is key and the ability to demonstrate flexibility with extreme patience and compassion. Our team members at Summit House are so adept at being in tune with the people we serve. It truly is like good music, there's just a natural synchronicity and flow. We would not have accomplished that through traditional skill-based hiring methods.

**4. Integrate collaboration throughout the process.**

After you get the right people on board, training is essential. We conducted a great deal of training before we opened Summit House and continue it regularly. But just as important is collaboration. Because of the high staff-to-patient ratio (one caregiver for five patients) caregiving can be intense. Monthly team gatherings allow team members to share with each other what's going well and to problem-solve any issues together.

**5. Use existing resources to the advantage of the people you serve and your team.**

We began integrating newly hired team members into our existing memory care services about a month before Summit House was opened. This helped them get acclimated to their new place of employment. We also structured an existing building so that our regular memory care and behavioral Alzheimer's were physically near each other. This allows an on-call nurse to easily serve people in regular memory care and behavioral care, but keeps the physical areas distinct. This also makes it possible to move a resident from regular care to behavioral care and prevents having to relocate the person to a completely different site.

**6. Stay away from the institutional.**

During planning, our team vetoed anything that could be considered "institutional." For example, there's no nurse's station – instead, staff work from a desk that is seamlessly integrated into the setting. We also went with big, comfy furniture in the lounge area. Yes, it's going to get worn faster, but this is a person's home and it needs to feel that way. The furniture and interior design really contributes to every one's comfort – our residents, their family members, staff and visitors.

**7. Right-size the physical infrastructure and keep the staffing ratio small.**

Summit House has three “pods,” each with four or five private suites that share alcoves off of a main lounge area. Staffing is roughly five residents to one caregiver. When you have any more than 15 people in one area, there’s too much commotion, which can unnecessarily trigger difficult behaviors. We purposefully don’t have big, wide-open spaces.

**8. Be ready for the same licensure, but higher costs.**

The licensure and regulatory requirements for behavioral memory care and regular memory care are the same. But with fewer patients per staff there are higher operating costs and higher costs for family members. From a training perspective and cost perspective, our experience is that this works well as part of an existing senior housing environment. You can integrate new employees into other settings as you conduct training for behavioral care and other revenue streams are present as you’re in the planning and start-up phase for memory care.

**9. Focus on programming that fits the person, not for the person to fit programming.**

You won’t find large parties, concerts or group activities here. Rather we focus on personalized one-to-one interaction such as taking a walk, visiting or watching a movie. As we prepare to serve a new person, we conduct the Ecumen Lifestyle Covenant. This is an agreement between the person and family we’re serving, and our team members who will be working with them, so that we’re all working together in empowering the lifestyle the person desires. The Ecumen Lifestyle Covenant asks open-ended questions, such as: What do you like? What are your passions? What defines a good day? Are there routines you prefer? This mutual covenant forged by our customer empowers a person and us helps create familiarity, which is important in navigating challenging behavior. Forcing people into schedules or activities based on our needs is not home.

**10. Proactive sensory training is a must.**

We talked earlier about our care team being in tune with our residents. Key to that is developing proactive sensory skills. All of our team members at Ecumen’s Summit House are trained to recognize escalating behavior. Having fewer patients per team member, consistent shift assignments, and significant one-to-one time, the professionals at Summit House become very familiar with behavioral signs being conveyed by the resident. Our team members *expect* residents to have behavioral issues. They are not surprised when they happen. However, by recognizing signals and cues they can “get ahead” of the behaviors in a sense and implement their strategy for helping the person return to a calm state.

Behavioral Alzheimer’s care is not for the faint of heart. However, no risk, no reward. This has been an incredibly rewarding experience. But “rewarding” is actually an understatement. It is a life changer.

*To learn more about Ecumen’s behavioral Alzheimer’s care, e-mail Manthey or Meyers: [debbiemantry@ecumen.org](mailto:debbiemantry@ecumen.org) or [janellemeyers@ecumen.org](mailto:janellemeyers@ecumen.org). To read a Minneapolis Star*

*Tribune* article on Summit House go to Ecumen's "Changing Aging" blog at [www.ecumen.org/changing-aging/](http://www.ecumen.org/changing-aging/).