



Dementia Care Today, Hope For Tomorrow

Q&A with David Troxel, MPH

David Troxel, MPH, is an author, dementia care expert and consultant who was the executive director of the Santa Barbara (California) Alzheimer's Association from 1994 to 2004. Troxel lives in Sacramento, CA, and together with his writing partner, Virginia Bell, MSW, developed the Best Friends approach to dementia care.

Troxel discusses dementia and Alzheimer's care of today and tools developed in collaboration by him and Virginia Bell to enhance the well-being of those living with memory loss and cognitive impairment.

Q: How would you summarize what we know about Alzheimer's disease and dementia as we know it today?

A: The famous opening sentence of Dickens' "A Tale of Two Cities" captures the state of dementia care today: It was the best of times, it was the worst of times..."

It's the worst of times, because we are still struggling to find an effective, disease-altering medicine for dementia. Fifteen years have come and gone since the most recent FDA-approved drug entered the market. Today, dementia not only is the sixth leading cause of death but the only one in the top 10 with no effective prevention or treatment — and the most expensive disease an American can have.

It's the best of times, however, in that awareness is growing and there is much we can do to improve quality of life for people with dementia, particularly those living in community-based environments such as memory care communities. The right blend of people, programming and environment add up to what we call a therapeutic environment — an environment that contributes to spiritual, physical and emotional wellbeing.

For 30 years, Virginia Bell and I have worked to create therapeutic environments that benefit people with dementia. In our view, this kind of dementia program embraces meaningful and innovative activities, good communication, skilled problem-solving around behaviors challenging for staff, and excellent staff training.

Q: What are some tools that you recommend for creating a therapeutic environment?

A: Our number one recommendation is to pull out the resident's "life story." Gaining knowledge of a person's personal preferences, interests, history and motivations allows you to start conversations about things that are important to them. It's a great way to establish rapport and create a social, emotional, and physical environment that feels like home for them.

That knowledge also gives the person security because even when they don't remember something, you can still provide relevance to them, creating a sense of familiarity. How would you feel if someone brought you apple juice instead of orange juice, or coffee instead of tea? Develop and use the life story to say aloha to a resident who lived in Hawaii (evoking smiles and happy memories) or to sing a resident's favorite Louis Armstrong tune to lift their spirits.

Secondly, emphasize socialization. Focus on relationships and activities that fill the days of a person with dementia. Structure the day with several meaningful interactions with those around them. Group activities and programming that allow them to interact with other residents, the team and their families is extremely important. No matter how far the disease has progressed, they desire a feeling of self-worth.

We've learned much from the power of creating a caring community in which everybody — residents, staff members and families — thrives. Residents with dementia respond well to this caring and loving culture, rich in relationship and activity. The result will be a reduction in behavior challenging for staff and an increase in the staff's experience of success.



Troxel is the dementia program consultant for Prestige Senior Living, and was an expert contributor to the Expressions Memory Care Program.