



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #4: Moving Persons with Dementia? Suggestions for the Physical Environment to Ease the Way

By Deb deLaski-Smith, PhD

Introduction

Relocation has been noted to be one of the causes of stress in a person's life. The preparation and the move itself stimulate concerns regarding change in general. More specifically, moves generate the fear of losing or misplacing one's possessions and self-image/self-esteem. Many people attach feelings about who they are to their possessions or to how their space is organized and put together. What message does my environment convey about me, about what I think of myself, and what will others think of me?

As persons with Alzheimer's Disease and related disorders age, moves become the norm more so than the exception. Persons who have not moved in 20-50 years may find themselves moving five times in five years. They move from their own home or apartment to that of a family member or friend. That arrangement may not work out, so they are moved to another family member's home. The caregiver can not continue to provide support so a move is made to an adult foster care or assisted living facility; then to a special care unit; then to a nursing unit. The ideal move would happen once allowing the person to progress/age in one place; hence maintain continuity. Life and varying circumstances (finances, family member personalities, or other obligations) may not enable this to happen. So what can be done to smooth the transition?



Most folks thrive with change but initially it can be unsettling and for some it can remain unsettling. One of the key abilities that seems to be retained with dementia, regardless of the other disease related cognitive and physical changes, is the ability to feel emotion. The ability to sense the emotions from others and respond. Therefore, if the move is unsettling to family, care-provider, or staff, it will be unsettling for the person with dementia as well. Work to keep the emotions of the interpersonal and physical environment calm!

Physical Environment

The new environment can play a major role in minimizing or maximizing change and the related emotions of joy and fun or frustration, anger, abandonment, and fear. Each environment has its own unique characteristics related to the memories, history, and abilities of the resident. Hence family members and care providers will have to make individualized decisions regarding the environment for the person who will live in the new setting. Whether the move is to another family member's home, an adult foster care home, an assisted living setting, special care unit, or nursing home, the following characteristics about the environment should be considered when making decisions about the move:

- **"Home-like":** It is preferred that the setting be more "home-like" and less "hotel-like". In a "hotel-like" overall decor, some residents wonder whether or not they have the right clothing to come to dinner or enough money to go to the nice restaurant (the dining room), and wonder when their vacation from this nice hotel will be over. They want to go home. Family members like the aesthetics but it is not perceived as comfy and homey by the residents.
- **Floor plan/layout:** The layout of the home/residence should be simple, obvious, and readily visible from many locations. Long identical corridors that have no landmarks (e.g. water fountain, interesting picture



or chair) are confusing and do not promote way finding independence.

- **Wandering:** Provide avenues for interior mobility. Pathways that lead to a dead-end are frustrating. Paths that lead to interesting areas and return folks back to their starting point are preferred. Access to safe outdoor pathways is desirable. Think of wandering as purposeful movement, we may not know the purpose but the movement is good for their overall health.
- **Scale of rooms:** Small rooms with small conversation areas or activity areas provide a feeling that this space can be understood and mastered. It narrows down the options and related confusion. It is easier to figure out what should be done in the room (e.g. sleep, read, watch TV, wash clothing) and where one goes when one wants to leave.
- **Design of furnishings:** Lower frustration by supporting personal independence. Offer items that fit, such as many furnishings that fit many body sizes. Some furnishings should be small in size for the petite females and others large for tall males. One size does not fit all. Chairs and sofas should accommodate comfort for long term sitting or brief napping. Items should help one get up and down (e.g. open space between chair legs to plant one's feet while getting up; padding that is not so soft that residents are swallowed by the chair and can't get up by themselves, arm rests to push off of for getting up). Consider edge safety of furnishings such as: non-scratchy materials (e.g. unfinished wicker that can bruise frail skin) and offer rounded corners on tables or counter edges so one does not bump into pointed corners. Remove glass tables since they could be fallen through but mainly because the floor can be seen through them and is therefore confusing. Furnishings need to be stable to aid with resident mobility: avoid wobbly tables, tipsy stand lamps, rocking chairs that border the walkways, etc.



- **Bedroom location and layout:** Adjustment to a new setting is greatly improved when the location of the bedroom to other major rooms resembles previous home floor plans. In other words, if in his/her previous home, when leaving the bedroom a right turn was made to get to the kitchen/living room area, find a room with the same orientation. This works the same way for getting out of bed and finding the bathroom. If one's past home had one getting up and taking a left to go to the bathroom, then try to position the bed in the new room with the same direction in mind. Keep furniture layout also similar to the old bedroom (the night stand on the right side of the bed and the dresser to the left side, etc.).
- **Bedroom furnishings and accessories:** Use of as many personal possessions and accessories as possible is critical to room acceptance. This is not the time to "freshen-up" the decor with a new chair, new bedspread, new pillows, new pictures, etc. Persons with dementia need these cues to reinforce their sense of place and not feel abandoned in a totally strange setting (regardless of how tattered his/her pillow may be getting).
- **Aesthetics/mood:** The new setting should reflect previous aesthetic tastes that trigger the long term memory of the resident, if possible (e.g. warm, country, soft pastels, or traditional and formal, or trendy). Aesthetic tastes of those who came through the Depression will not be the same as those of the baby-boom generation. Similarly, the baby-boom generation will have different tastes from that of their children as both generations age, since period preferences and trends change. Ethnic diversity should also be considered, particularly in bedroom decor.
- **Storage:** The home should have lots of storage in all locations -- one can never have too many storage areas. Out of sight is usually out of mind; so having things handy and available yet not visible is critical.



Having things/supplies stored in multiple places maximizes response rate and the safe handling of a situation without leaving a resident alone.

These storage areas can be camouflaged to blend into the background to avoid attracting resident attention. Yet things for the resident's use should be visible and obvious (e.g. open shelving, glass front cabinets, unlocked drawer with high contrast hardware that encourages opening the drawer).

- **Interactive Environments:** Provide interesting settings and activities that remind the resident of the past. Keeping busy reduces boredom. Interactive settings that engage the memory and are available at all times is stimulating (e.g. an office area; a dressing table with interesting jewelry, hats, scarves; an interior "front porch"; a kitchen with safety devices).
- **Lighting:** Provide visual access to natural daylight to gain vitamin D to support the production of calcium, regulate ones circadian rhythm, help one generate melatonin, and other health benefits. While windows are important, glare needs to be controlled with window glazing and/or window treatments. A person in their 80s needs three times as much light as a teenager to perform the same function. Therefore, it makes sense to light where there is a task (bathrooms, at bedside, by chairs -- this is common sense but usually poorly done). Artificial lighting needs to be used evenly with few dark spots (these spots look like holes that one wouldn't walk into). Here too control for glare by adding more light fixtures versus increasing the wattage of one lamp. Surfaces should not be shiny; the use of matte, dull finishes everywhere (e.g. faucets, sinks, counter tops, floors, table tops) greatly reduces painful and confusing glare. Clean doesn't have to mean shiny.
- **Window treatments:** Treatments (curtains, blinds, shades) should be easy to open and close without breaking. They should control



daylight glare by being able to tilt or turn yet allow visual contact with the out of doors. At night time, window treatments should be able to close so resident reflections are not misinterpreted and cause fear (e.g. residents think stalkers are outside looking in).

- **Surface Treatments:** Keep the setting clean, simple, and easy to understand. Busy patterns are distracting; changes in flooring material/color may make one think there is a step; flowers to pick off the wall may be confusing. Avoid shiny materials for they provide more confusion with glare than comfort for cleanliness.
- **Color Contrasts:** Provide color contrast everywhere a task needs to be performed (e.g. light switch to wall color, toilet color to flooring, chair seat to flooring, cabinet hardware to cabinet door front, etc.). People fall, things get spilled, items aren't found as one's vision ages along with the lens of the eye becoming more yellow. Colors blend and fade. Help one see by creating purposeful contrasts.

Conclusion

All reactions to the environment can NOT be predicted. One needs to understand that when the move has occurred the job is far from complete! Assessing how the resident is doing through monitoring behavior and watching how he/she uses the environment is very important. Continual modifications are usually called for. These modifications are most often at minimal or no cost. For example, the resident may use the toilet paper holder as a grab bar to get up off the toilet. Within a short period of time it has pulled out of the wall and needs to be moved, with a more useful grabbing device added to the bathroom at the toilet. For the resident who won't use the bathroom because there is a nice lady already in the bathroom -- meaning the nice lady who is her own reflection in the mirror, taking down the mirror and replacing it with a picture, works well. A full length body pillow for a woman who is up nights looking for her husband who



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services

THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #4
Moving Persons with Dementia?
Suggestions for the Physical Environment
D. deLaski-Smith
Page 7 of 7

hasn't come to bed, may substitute for the body that is no longer there, and therefore reduce night time wandering.

Try -- assess -- try again. This not only applies to a move, but will need to be the mode of operation as any new behaviors arise. One question to always ask is, "How can the environment be used to change this behavior?" Creativity, flexibility, and ingenuity are critical characteristics of family members and professional care providers. Talk with other caregivers since they may have experimented with large or small environmental changes that worked. Try -- assess -- try again -- enjoy the change in behavior, keep your sense of humor, and tell a friend what you've found that works (e.g. the special care unit that used a fanny pack on the front of a male resident so he would have something else to zip and unzip and take things out of...)!

© Copyright 1997 by D. deLaski-Smith (Page 7 and Header Revised 2018).

Citation: deLaski-Smith, D. (1997). #4 - Moving Persons with Dementia? Suggestions for the Physical Environment to Ease the Way. *Dementia Care Series Caring Sheets: Thoughts & Suggestions for Caring*. Lansing, Michigan: Michigan Department of Health and Human Services.

Edited and produced by Eastern Michigan University (EMU) Alzheimer's Education and Research Program for the Michigan Department of Health and Human Services (MDHHS), with gratitude to the Huron Woods Residential Dementia Unit at St. Joseph Mercy Hospital, Ann Arbor, Michigan.

The author, Deb deLaski-Smith was Professor of Interior Design at Eastern Michigan University.

Editor: Shelly Weaverdyck, PhD, Former Director EMU Alzheimer's Education and Research Program; Email: sweaverd@umich.edu

All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at **<http://www.lcc.edu/mhap>** (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at **<https://www.improvingmipractices.org/populations/older-adults>** (Improving MI Practices website by MDHHS)

The Caring Sheets were originally produced as part of the in-kind funding for the Michigan Alzheimer's Demonstration Project. Funded by the Public Health Service, Health Resources and Services Administration (1992-1998) and the Administration on Aging (1998-2001) 55% federal funding and 45% in-kind match. Federal Community Mental Health Block Grant funding supported revisions to Caring Sheets (2002-2018).