2021

Alternative Treatment Method for Dementia in the Southwest Region of Arizona

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This is to certify that the doctoral study by

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2021

Abstract

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MA, Walden University, 2017

BS, South University, 2015

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

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January 2021

APA 7

Abstract

The purpose of this qualitative professional administrative study was to explore and develop a new innovative method of treatment for dementia clients using reminiscence therapy (RT) in a proposed 24-hour care village in Tucson, Arizona. In this proposed 24-hour care village, patients would remain in an environment conducive to a safe and normal lifestyle. This administrative study is a qualitative study using grounded theory and sources of evidence included current research, personal interviews, and articles. Data were collected from interviews with 10 administrators of memory care facilities in Tucson, Arizona, to determine if existing administrative staff were aware of RT and to determine administrative staff's opinions on RT's impact on patient care. Results showed the most used types of therapies at the facilities were physical therapy and occupational therapy. RT had been used by 50% of the facilities in some raw form, but was not called RT. Ninety percent of administrators were open to new approaches if they were evidence-based approaches. The findings of this study support the introduction of a 24-hour care facility using RT as its main therapy with 90% of the participants supporting the method if introduced in the Tucson, Arizona, area. The positive social change for Tucson could be that Tucson would be on the cutting edge of this new and innovative method and could be a pioneer in the field. An immersion of reminiscence therapy would be beneficial to the recipients of it for their health and well-being as well as bring more jobs to the community of Tucson. This PAS was completed for a client organization and the deliverable policy memo (see Appendix B) was provided to them.

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Dedication

This study is dedicated to all those diagnosed with Alzheimer's and dementia and to their families and caregivers.

Acknowledgments

Thank you to my family and friends who supported me and put up with my craziness as I took on the task of getting my doctorate. Thank you to my husband, Mitchel; thank you for always encouraging me and helping me when I could not think straight. Also, thank you to being both Mom and Dad so I could do homework, research, and embark in tasks to follow my dream. Thank you to my children, Shane, Trey, Laura, Sam, and Paul, who did not get all the time they needed and thus had to sacrifice repeating things to me frequently; as I became so engrossed in my studies, I would forget and become distracted as life happened around me. Thank you to my dad and stepmom, Dave and Sandy Erickson, who continually said they were so proud of me for my efforts in expanding options for those afflicted with this disease.

To my sisters, Flames, Chili, Clover, and Flutter, I cannot achieve my goals or life dreams without you. God placed you all in my life to support and guide me to not only remind me I am God's child, but also to ground me in this endeavor. Thank you for helping me to believe in myself and realize my potential and intelligence. Lastly, thank you to my professor Dr. Regier. You endured so much from me and helped me so much that I feel you should get as much credit for this study as I am.

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Section 1: Introduction to the Study

Introduction to the Client and the Problem

Dementia is a neurological disease that impacts memory and the interictal working in the brain. The diagnosis usually begins with memory loss and then progresses in dramatic and detrimental ways beyond forgetting conversations or activities, but affecting cognitive functions such as breathing, swallowing, or even skeletal movement, which can eventually lead to death. The dementing illness lasts for a mean of 8.5 years, with 58% of patients dying in a debilitated state associated with severe dementia (Keene et al., 2001). Sometimes patients live longer and need care for a substantial length of time. Organizations all over the world are working to help establish a more comfortable and natural way of life for people afflicted with dementia.

Alzheimer's is a form of dementia and the Alzheimer's Association is a nonprofit organization that assists people diagnosed with Alzheimer's and dementia, as well as their families and caregivers to establish a safe and natural way of life. The Alzheimer's Association of Southern Arizona is the chapter that covers Nevada, New Mexico, and Arizona, and their mission statement is: "To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through promotion of brain health" (AZ-Desert SW, n.d., www.alz.org/ourstory). To understand this mission statement, more understanding of the disease and traditional mindset is needed.

Dementia

Dementia usually begins with a diagnosis of Alzheimer's but is specifically defined as a progressive condition marked by the development of multiple cognitive deficits. These defects might include memory impairment, aphasia, and the inability to plan and initiate complex behavior (Dementia, n.d.). Neuropsychiatric disturbances in dementia appear to be universal with agitation, disinhibition, and irritability being more frequent in the later stages (Srikanth, et. al., 2005). Dementia can be diagnosed early, and the diagnosed patient may have symptoms for years or months before actual Alzheimer's sets in.

Patients can suffer from symptoms long before a diagnosis is reached. Ranmakers (2007) found that cognitive complaints were predictive for dementia in the 3 years before diagnosis. Patients often disguise or downplay symptoms during the early onset of the disease, and this can make it harder for a caregiver to provide doctors with accurate accounts of the symptoms. Undiagnosed Alzheimer's continues to progress and impact a person's daily life quickly. The progression of the disease depends on the person and is not known to be impacted by physical activity or previous mental capacity.

Dementia is not discriminatory. Dementia can affect anyone regardless of where they live or their economic status or body type. Dementia has multiple causes and can become prevalent at any age. A study conducted at a U.S. Department of Veterans Affairs Hospital has been the largest series of research to date on early-onset dementia (EOD) McMurtray et al. (2006). Researchers found a large number of patients below the age of 65 with cognitive deficits and impaired functioning consequent to head trauma,

alcohol abuse, and HIV (McMurtray et al., 2006). Nondegenerative nonvascular causes were found to be more common than expected in patients with a younger onset of dementia (Knopman, et. al., 2006). Dementia can be genetic or can result due to life choices, including alcohol and drug use. Dementia, depression, and anxiety syndromes are some of the consequences of alcohol and drug dependence and may mimic other causes of these disorders (Miller, et. al., 1991).

Dementia has also been linked to some mental illnesses. Patients with unipolar or bipolar affective disorder seem to have an increased risk of developing dementia compared to patients with other illnesses (Kessing & Nilsson, 2003). Dementia can also be triggered due to a brain injury. Dementia that follows head injuries or repetitive mild trauma may be caused by chronic traumatic encephalopathy, alone or in conjunction with other neurodegenerations (for example, Alzheimer's disease; Gavett, et. al., 2010). If brain damage is severe enough, it can lead to vascular dementia that severely impacts the language and speech center of the brain (Aphasia.org, n.d.). People impacted by dementia must undergo life changes to maintain safety and quality of life. Memory impairment itself may make it difficult for an individual to deal with these changes, causing frustration, uncertainty, and fear (Steenman, et. al., 2006). These changes might include the need of a caregiver and/or a dramatic relocation of residence for a patient's safety.

Dementia is a chronic disease that affects 5.7 million people currently and is predicted to affect 14 million people by the year 2050 (AZ-Desert SW, n.d. www.alz.org/alzheimer's-dementia/facts-figures). One hundred and forty thousand of

those affected with dementia live in Arizona (State-sheet Arizona, 2018). Alzheimer's and dementia was identified as the fifth leading cause of death in Pima County, Arizona, in 2013; Tucson is a major city in Pima County (Leading Causes of Death in Pima County, 2013). Arizona is among 16 states where Alzheimer's and dementia is a leading cause of death (Stebbins, 2019). States that serve as classic retirement magnets (e.g., Florida, Arizona) and second-tier retirement magnets (e.g. North Carolina, Nevada) benefit the most from elderly interstate migration (Frey, et. al., 2000). Arizona has a warm climate in the winter and many people like to retire there. An increase in the elderly population in a state can lead to higher dementia rates among the state's residents.

Many memory care homes are being built in states that have a high percentage of aging adults, retirees, or *snowbirds*, as this population is sometimes called. Memory care homes are extremely similar to skilled nursing facilities; however, they have the ability to institute a lockdown in the facilities to prevent patients, or residents, from leaving the premises for their personal safety. During a lockdown, the doors and windows are locked with a code that must be entered. This is necessary to secure residents and keep them safely in their surroundings, preventing them from wandering into unfamiliar areas.

Dementia patients have a high chance of wandering away from home and becoming lost due to their inability to remember how to retrace their steps and their inability to remember their intended destination. This is hazardous because this vulnerable population is susceptible to being taken advantage of by others or suffering the elements, which could lead to physical harm and death. A lockdown memory care facility is one way to reduce this risk to patients.

Few other forms of treatment for dementia exist because so much remains unknown about this disease. Mental health services and residential home staff know that many needs remain unmet and much can be done to improve the quality of life of patients with dementia (Hancock, et. al., 2006). Research continues not only in search of a cure but to find new forms of treatment for those diagnosed with dementia and Alzheimer's.

Reminiscence therapy (RT) is one of the newer methods of treatment for dementia that is supported by a solid research foundation. Available studies suggest that RT can improve mood and some cognitive abilities (Cotelli, et. al., 2012). RT involves using a patient's memories through the discussion of past activities and events and the use of tangible prompts, such as photographs or household and other familiar items from the past, including music and archived sound recordings (Woods, et. al., 2018). RT usually takes place in a group setting; thus, using RT in a residential village setting becomes advantageous to patient maintenance.

Organization

The Desert Southwest Chapter of the Alzheimer's Association that serves all of Arizona and southern Nevada was the organization that I consulted with and provided the study results. This association provides resources, education, and support to people diagnosed with Alzheimer's and dementia and their families. Currently, more than 170,000 people are living with Alzheimer's disease in Arizona and Southern Nevada, and over 400,000 family and friends are providing care (AZ-Desert SW, n.d., www.alz.org/alzheimer's-dementia/facts-figures).

Caregivers can feel overwhelmed and stressed when caring for patients diagnosed with dementia. Caregivers can experience great burdens and feel neglected during the development of the patient's dementia, both by their family and by health and social services (Barca, et.al., 2014). The Desert Southwest Chapter of the Alzheimer's Association supplies assistance to these family members. This organization assists diagnosed patients and their families and caregivers; the organization's goal is that diagnosed patients should live life to the fullest possible.

Problem Statement

The problem is that most memory care facilities in Tucson, Arizona, are lockdown facilities with nurses and certified nursing assistants treating dementia/Alzheimer's patients no differently than regular patients at a skilled nursing facility. As a result, these facilities remove patients' autonomy and do not allow patients to maintain normalcy in their lives.

Purpose of the Study

The purpose of this qualitative professional administrative study was to explore and develop a new innovative method of treatment for dementia clients using RT within a proposed 24-hour care village in Tucson, Arizona. In this proposed 24-hour care village, patients would remain in an environment conducive to a safe and normal lifestyle. They would experience a normal day that they would recognize. Patients would be able to complete errands, such as grocery shopping and eating out with friends, as well as preferential hygiene.

This proposed village is different from the current 24-hour lockdown skilled nursing facility/memory care home model used in Arizona. For this study, I gathered information to determine if existing administrative staff are aware of RT, and if so, to understand their knowledge of the impacts to patient care, positively or negatively.

Research Question

The research question guiding this study was: What can be learned from leaders in the dementia treatment arena in Tucson, Arizona, about present, alternative, and innovative methods of treating dementia clients that could be applied to a new and innovative memory care approach there?

Nature of the Administrative Study

This administrative study was a qualitative study using grounded theory. Grounded theory is a discovery-oriented approach to research that offers a set of procedures for collecting data and building theory (Rudestam & Newton, 2015). Grounded theory allows a researcher to analyze the data collected to show past usage and models while also providing suggestions for how to change that usage to have a more improved or positive outcome.

I reviewed research on RT currently being used in two locations: Towne Square, a day program in San Diego, California, for those diagnosed with dementia; and the dementia village currently in operation in Amsterdam, Netherlands. This research served as the basis for interview questions for my study.

Interviews

Qualitative data were gathered from interviews with senior administrators of current memory care facilities that care for residents diagnosed with dementia in Tucson, Arizona. I conducted 10 interviews at facilities where dementia patients reside and administrative offices of those who oversee these facilities. The interviews were conducted face-to-face with senior administrators of memory care facilities in Tucson, Arizona.

Qualitative research is used to explore and understand what types of underlying issues are present to a social problem (Creswell, 2014). The interviews revealed the top therapies currently being used at memory care facilities in Tucson, Arizona, and the top therapies the administration of these facilities would like to see used in the future. In the data collected, participants identified effective methods in dementia treatment and what changes are needed for the dementia community. From the data collected through interviews, I developed themes and recommendations for potential new approaches. This information was used to create a proposed new memory care approach in a 24-hour care setting in Tucson, Arizona.

Significance

The goal of this study was to develop new and innovative methods of treatment for clients diagnosed with dementia. The data collected include shared insights from leaders in the dementia treatment arena in Arizona about different approaches available today that can be beneficial not only to clients but to their family members and caregivers as well.

Summary

This study was conducted for the Alzheimer's Association of Southern Arizona to gather information to present to its executives, board members, and other leaders on methods of treatment presently being used and ideas for new and innovative ways of serving dementia clients. I provided background information on dementia and the organization. I also detailed the problem, the purpose, and the research question. Finally, I provided information on the nature of the study and where and how data were gathered.

Section 2: Conceptual Approach and Background

Introduction

Arizona has a larger population of elderly due to its appeal as a retirement state because of the mild weather in the winter and its favorable real estate market. Arizona has made it easy for patients with dementia to live comfortably in their golden years by creating a plethora of skilled nursing facilities to serve individual patient's level of comfort. Nonetheless, these facilities primarily treat patients with the disease of Alzheimer's and dementia no differently than those patients who suffer from other medical diseases.

Many facilities do not tailor their care or therapies to the disease itself or the varying stages of dementia; they treat these patients alongside most other elderly ailments. One exception is Watermark, a skilled nursing facility that has formed an exclusive relationship with Tucson's Southern Arizona Arts and Cultural Alliance in which over 100 artists provide entertainment and engaging artistic and cultural programming on a daily basis to residents (Memory Care, n.d.). This therapy is provided for all patients at the facility, including independent living patients and those patients in the memory care lockdown facility. The facility has incorporated a community organization to assist in the therapy it provides for its residents.

Conceptual Framework (Concepts, Models, and Theories)

In this study, I used a qualitative approach to collect data through participant interviews. During interviews, I asked up to 16 questions of 10 senior administrators of facilities that care for patients with dementia in Arizona. The following framework

provided the basis for my study, and I presented models of treatment as they currently exist as well as some emerging concepts being tested.

Present Concepts and Models of Treatment

Most memory care facilities in the Tucson, Arizona, area are lockdown skilled nursing facilities. The main issue with placing individuals diagnosed with dementia in these facilities is that they are still physically capable people. These patients' memories are deteriorated enough that they are not able to live safely on their own, but physically, they are still able to take care of themselves; they just need redirection and light supervision or guidance throughout the day.

Dementia is a debilitating and chronic disease for which there is no cure. Alzheimer's disease is a chronic, debilitating disease that currently affects an estimated 5.5 million Americans (Czekanski, 2017). The disease continues to progress and currently there are no medications to cure it. Dementia involves many symptoms in addition to memory loss, and these symptoms make it difficult for dementia patients to go about their daily lives safely. Dementia patients might experience trouble handling money, difficulty doing common tasks such as cooking or cleaning, poor judgment making them vulnerable to exploitation, habitually misplacing things, and changes in mood and behaviors uncharacteristic to their normal personality. These symptoms make the safety of the individual a priority for the caregivers and loved ones around them. Thirty percent of people who live into their later years will experience some form of dementia, a group of debilitating diseases that produce a steady decline in the brain's functions (Heston & White, 1983).

Emerging Concepts and Models of Treatment

Music Therapy

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program by the American Music Therapy Association. Music therapy is being used for many different ailments and illnesses, including dementia and Alzheimer's. Music therapy for a dementia patient can include listening to favorite songs, background music being played in their residential facility, and live performances. Many hospitals and facilities have pianos in their common rooms available to play, which can also be considered music therapy.

Many studies have been conducted on music therapy. Evidence for short-term improvement in mood and reduction in behavioral disturbance was consistent, but there but there were no high-quality longitudinal studies that demonstrated long-term benefits of music therapy (McDermott, et. al, 2013). In another study, 22 trials were completed to see any benefits were found connected to music therapy for dementia patients and the evidence that short-term music therapy assisted with the symptoms of dementia was low stating, Findings have included low-quality evidence that music therapy interventions may improve emotional well-being and quality of life for dementia patients (Van der Steen, et. al., 2018). In a qualitative review of literature about music therapy, music/music therapy were found to be an effective method overall for treating symptoms of dementia, but systematic variation of treatment protocols is necessary to identify the

underlying mechanisms and delineate the most effective techniques (Kroger, et. al., 1999).

The studies have shown mixed reviews; music therapy helps in the short term, but not necessarily over the long term. Some researchers have recorded results during the study, others at the end of the study, and some researchers record results after the study has ended. Svansdottir and Snaedal (2006) found a reduction in symptoms of dementia; but 4 weeks after the study was completed, the results reflected there was no difference in the symptoms compared to before the study. The study showed a significant reduction in activity disturbances in the music therapy group during a 6-week period measured with the Behavior Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), but 4 weeks later the effects had mostly disappeared (Svansdottir & Snaedal, 2006).

Reminiscence Therapy

RT is defined as, "the use of life histories-written, oral, or both-to improve psychological well-being" (American Psychological Association, 2019). RT involves using existing memories that patients recall to remind them of a time when they were younger and active. These memories might include the patient raising their children, experiencing adolescent or teenage years, or life that included family and work time (Chang & Chien, 2017). Chang and Chien (2017) studied RT among individuals diagnosed with dementia who attended a day program. The findings highlighted improvements in depression, communication, and positive mood after group reminiscence intervention (Chang & Chien, 2017). Research has long shown that relationships help with mood and memory. Researchers have found that loneliness can be

as deadly as smoking and twice as lethal as obesity (Weller, 2017). This need for relationships is one reason RT occurs in a group setting; this therapy becomes more effective when patients are sharing their recreated cognitive memories with others.

(Arean, et. al.,1993) studied older adults who were diagnosed with depression and compared results of two different psychotherapies to see which had a greater significance on lowering symptoms of depression in participants. Dependent measures, taken at baseline, posttreatment, and 3-month follow up, included self-report and observer-based assessments of depressive symptomatology (Arean et al., 1993). At posttreatment, both the PST and the RT conditions produced significant reductions in depressive symptoms, compared with the WLC group (Arean et al., 1993).

RT has also been employed in various residential facilities.

Hogeweyk. RT is currently being used at a dementia care center in Amsterdam, Netherlands, at a place called Hogeweyk. Hogeweyk started in 1993 as a standard residential nursing home facility. The staff soon wanted to attempt what they viewed as a better, more humane, way to offer care (Weller, 2017). This village has around 150 residents at a time. It has a grocery store, movie theater, hair salon, library, and several homes where the residents live in groups of six or seven people to a home. Every home has 24-hour caregivers and the residents are monitored 24 hours a day, 7 days a week, due to their diagnoses of mild to severe dementia.

RT is not only being used in groups, but also in every individualized home within the village. Every home's façade is reflective of past era of the patient to assist them to feel more comfortable in their living environment. The furnishings are taken from the era

the house is modeled in, 1950s, 1960s, and 1970s, and are so precise to the era even down to the napkins. The residents are placed in the homes that most reflected their lives before they developed dementia.

Every staff member in the village is specifically trained on understanding the mental digressions of the mental state of patients diagnosed with dementia. Examples of these staff members include the chef and the wait staff at the restaurant, the hairdresser at the salon, the librarian, the clerk at the grocery store, and the person who provides the tickets at the movie theater. Staff at Hogeweyk are trained to focus on highlighting what residents can do, not what they cannot do (Weller, 2017).

No money is exchanged inside the village. All activities, services and items inside the village are included with the room and board price of the resident. Visitors of the residents can exchange money at the businesses if they would like to partake in services provided or buy items that are for sale. Spending money helps generate funds, so visitors are encouraged to take their loved ones to the movies, shop for special gifts, have dinner, or indulge in personal services. Hogeweyk is largely supported by the local government; however, this facility also accepts the residents' health insurance or private pay.

Towne Square. This location is an adult day care in San Diego, California, and the only business of its kind in the United States. It uses all the same concepts as Hogeweyk except that it is not a 24-hour care facility. It is owned and funded by the George G. Glenner Alzheimer's Family Centers, Inc. and Scott Tarde is the current Executive Director. There is only one in existence currently, but they would like to have 200 franchised around the country over the next 10 years (Lynch).

Towne Square uses RT as their entire concept. The center is designed as a small-town square replicating San Diego. This facility is designed in the late 1950s era of decor. A diner which is painted in pink and turquoise with a juke box and a lunch counter is where the patients eat their lunch every day. The Towne Square has a museum, a clinic, a movie theater showing movies from that era, a store, an automotive garage, a salon, a library, and a pet store. All are storefronts and are just rooms in the building that have these themes. The pet store is utilized by local agencies that bring in therapy animals for the clients to be able to interact and play with them.

Towne Square's staff include a nurse that works in the clinic and staff members that walk around with the patients to the different stations/rooms over an eight-hour period. Lunch is provided by another local agency, so no cooking needs to be completed on site. The other rooms such as the salon have volunteers that come in to provide services to the clients. This type of care allows the families and full-time caregivers of the participants to have peace of mind that their loved one is safe while they go to work or just run errands. The $3 million Glenner Towne Square was built in collaboration with the San Diego Opera Scenic Studio using the artisans and production staff who create the environments and sets for the stage (Snelling, 2017).

Summary of the Two Locations. Both Hogeweyk and Towne Square are having success with providing RT in their areas. Hogeweyk has now been in existence for over 10 years and has a waiting list. Towne Square has been open for one year and they also have a waiting list with people asking them to increase the hours they are open daily. There is a demand for RT in these areas due to the number of people in the area

diagnosed with Alzheimer's and dementia. Tucson also has a high amount of population diagnosed with Alzheimer's and dementia and could possibly benefit from the use of RT on a 24/7 basis for care for this population.

Rivastigmine Therapy

Rivastigmine is a drug that patients take orally to help slow the progression of Alzheimer's and dementia. It is a carbamate drug designed to inhibit both acetylcholinesterase and butyrylcholinesterase by reversibly covalently bonding to these enzymes. Butyrylcholinesterase increases as Alzheimer disease progresses, so its inhibition may become more important as the disease worsens, (Farlow, 2003). A study was completed in 2002 to test the impact of Rivastigmine against a placebo. Patients were enrolled in the study for one year and those taking Rivastigmine were found to have less decline over the year than patients who took the placebo (Doraiswamy, et al., 2002). Findings suggest that early treatment with this drug at 6–12 mg/day is associated with sustained long-term cognitive benefits in patients with moderately severe Alzheimer's and dementia, (Doraiswamy, et al., 2002).

Anytime a new therapy is introduced, research should be completed on its effectiveness, and repeated a few years later to see if the effectiveness is still the same as when the therapy was first introduced and to see if there have been any ill effects of long-term use of the therapy. This is especially true for pharmaceuticals. (Farlow & Lily, 2005) A study was completed in 2005 to investigate the impact of long-term use of Rivastigmine had on patients. After completion of the study it was determined long-term

cholinesterase inhibition therapy with Rivastigmine was well tolerated, with no dropouts due to adverse effects past the initial titration period (Farlow & Lilly, 2005).

Alzheimer's and dementia progress at different rates for different patients. (Farlow et. al., 2001) A study was conducted to investigate if Rivastigmine effected patients with both slowly progressing Alzheimer's and dementia and patients with rapidly progressing Alzheimer's and dementia. The results were that Rivastigmine had a positive impact on patients with both slowly and rapidly progressing Alzheimer's and dementia. Slowly progressive patients responded with a mean 1.03-point improvement in week 26 (ie, start of open-label Rivastigmine treatment) ADAS-Cog score at 12 weeks of Rivastigmine treatment (week 38 of treatment ;*P* 02. = vs week 26). However, more rapidly progressive patients had a significantly larger mean 4.97-point improvement from the week 26 ADAS-Cog score at 12 weeks (with respect to week 26 of treatment and slowly progressive patient scores ,*P* 001.>for both) (Farlow et. al., 2001). These studies all show positive results for patients using Rivastigmine pharmaceutical therapy.

Relevance to Public Organizations

In this study, I gathered information from executives, leaders, and workers in the field of dementia on treatment models for dementia clients. This provided information on present models for public administration as well as their ideas and perceptions for new and innovative methods that can be utilized for care of patients diagnosed with dementia. This study will assist public organizations by providing them with more information on reminiscence therapy and the need or want for it to be used at facilities by administrators of facilities that treat clients diagnosed with Alzheimer's and dementia.

Organization Background and Context

The Alzheimer's Association was created in 1980 by Jerome H. Stone. His wife Evelyn was diagnosed with Alzheimer's in 1970 during a time of little research on the disease and no support for the clients diagnosed with the disease or their families and caregivers (Alzheimer's Association, n.d.). He wanted to create something that would help other families. The mission of the organization is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health, (Alzheimer's Association, n.d.). Today they are the leading voluntary health organization in Alzheimer's care and support and research (Alzheimer's Association, n.d.).

The Alzheimer's Association provides free materials, research, education, and support to patients diagnosed with Alzheimer's and dementia as well as their loved ones and their caregivers. It provides training to people that work with patients diagnosed with Alzheimer's or dementia as well. It is funded through multiple sources including grants and private donations. It is run mostly by volunteers and has very few paid positions. There are chapters all over the United States including the one in Southern Arizona.

The Southern Arizona chapter of the Alzheimer's Association covers parts of Nevada, New Mexico, and Arizona. It partners with memory care facilities to provide training for their staff who work directly with patients diagnosed with Alzheimer's and dementia. It also provides education and support to individuals who are not associated with a memory care facility, yet still are diagnosed or work with those diagnosed with

Alzheimer's and dementia and also partners with Pima Council on Aging to provide resources and assistance to those in need in the community with the diagnosis.

Role of the DPA Student Researcher

I work for Adult Protective Services for the State of Arizona, in Tucson, Arizona, where I work with clients who are diagnosed with Alzheimer's and dementia. This responsibility has made me aware that more resources are needed for the Alzheimer's and dementia community in Southern Arizona. I remained unbiased during the study and relied on the research to back up the results of the different resources needed in the community. I am an independent person and I do not know the participants that I interviewed.

Summary

The background and research from other studies helps to show what other methods are being used in different areas around the world to treat dementia. I consulted with Alzheimer's Association of Southern Arizona to highlight different methods of innovative treatments for dementia. I conducted interviews with senior administrators of memory care facilities/skilled nursing facilities that care for patients diagnosed with Alzheimer's and dementia to highlight the different methods presently being utilized and their perception of what is possibly needed in the local community for treatment.

Section 3: Data Collection Process and Analysis

Introduction

In this study, I used a qualitative method to gather data through face-to-face interviews with senior administrators at skilled nursing facilities/memory care facilities in Tucson, Arizona. A total of 10 people were interviewed. I used a survey design method that provided a description of trends, attitudes, and opinions of a population (Creswell & Creswell, 2018). In this study, I recorded the facts and professional opinions of senior administrators involved with the care and development of treatment plans for Alzheimer's and dementia patients at skilled nursing facilities in Tucson, Arizona.

Practice-Focused Question

What can be learned from leaders in the dementia treatment arena in Tucson, Arizona, about present, alternative, and innovative methods of treating dementia clients that could be applied to a new and innovative memory care approach?

Sources of Evidence

This study's sources of evidence included current research, personal interviews, and articles. The following resources, working in conjunction with the questionnaire, will provide the evidence needed to either support or reject a 24-hour care village being more conducive to a daily routine for residents/patients and more similar to what patients experienced living in their own homes prior to receiving residential treatment. Through this study, I sought to determine whether a 24-hour care village would be warranted in the Tucson, Arizona, area and to determine if current senior administrators of facilities

would support the idea and if the community would be able to support the facility in terms of residents/patients, funding, and services.

Archival and Website Data

I obtained my information from the Alzheimer's Association website as well as the Desert Southwest Chapter of the Alzheimer's Association. I obtained some of my data from these sites and research on dementia/Alzheimer's provided on these sites. I located some data on the Pima County website so that I had specific statistics for this region. I obtained some information from personal interviews with senior administrators of facilities that deal directly with patients diagnosed with dementia/Alzheimer's.

Published Articles

I conducted research of peer-reviewed articles and studies published in professional journals including *Journal of Nursing*; *Journal of Neurological Sciences*; *International Journal of Geriatric Psychiatry*; *Comprehensive Psychiatry*; *Dementia and Geriatric Cognitive Disorders*; *Journal of Music Therapy*; *Journal of Affective Disorders*; *International Journal of Psychiatry*; *Alzheimer's Research and Therapy*; *BMC Geriatrics*; *Population, Space, and Place*; *Archives of Neurology*; *The Neurologist*; *American Journal of Nursing*; *Dementia*; *Progress in Neuro-Psychopharmacology and Biological Psychiatry*; *International Psychogeriatrics*; and *Journal of Consulting and Clinical Psychology*. I conducted a personal interview with Scott Tarde of Towne Square, and reviewed materials from the Alzheimer's Association, American Music Therapy Association, Aphasia Association, and Business Insider.

Evidence Generated for the Administrative Study

Participants

Criteria for selection as a participant was purposive. The idea behind qualitative research is to purposefully select participants that will best help the researcher understand the problem and the research question (Creswell, 2018). Therefore, I purposefully selected participants who were senior administrative staff of a facility and are aware of the current therapies being used in their facility as well as new therapies that are being introduced to use in the treatment of patients with Alzheimer's and dementia.

Selection of participants that I interviewed was random. I obtained a list of facilities in the Tucson, Arizona metro area from Pima Council on Aging website free of charge. There are 53 Tucson memory care facilities on the list, and I placed the names in a hat and drew out 10. I contacted each facility's senior administrative staff by phone and introduced myself. I explained the study to them and made sure they understood there was no compensation for participation. I then spoke with the senior administrative staff or left a voice mail for a call back with my name and that I am a doctoral student at Walden University conducting an administrative study on types of therapies that are currently being used with patients diagnosed with dementia and Alzheimer's and possible future therapies that could be used in the future.

If a senior administrative staff declined or if I was unable to reach the senior administrative Staff after three attempts, I took that particular facility out of the list of possible participants and pulled another name out of the hat to start the process again. I repeated until I had ten senior administrative staff members willing to participate.

When the participants agreed to participate, I obtained their email address and sent them the consent form to sign or had them sign this form when I conducted the interview. I then set up the time and date for the face to face interview.

Procedures

The data was collected between December 27, 2019 through May 12, 2020. At the beginning of the interview I again explained that the study was to find out what are the treatments currently being used in their facility with patients diagnosed with Alzheimer's and dementia, and what were the treatments the participants would like to see used in the future in the Tucson, Arizona area. I conducted the face-to-face interviews in each of the participants own offices or another private area of their choosing. I confirmed each appointment by phone one day before the interview was to take place. I used a note pad and a pen to take down all my notes. I recorded the interviews to be able to be played back later when I was writing up the results to make sure I did not miss anything. If a question from the interview needed to be explained to a participant, I was there to expand in more detail. If an answer from the participant needed clarification for the study, I was present to ask for that clarification.

I reassured the senior administrative staff of each facility that they could decline to participate at any point during this study and shared with each participant the protections of the study. I thanked each participant at the end of the interview and asked for their email addresses in case any follow up questions needed to be asked for clarification needed when transposing the notes and recordings into the results portion of the study. Obtaining their email address allowed me to also send them thank you e-cards

for their participation. At the end of this study, I used those emails to let the participants know the study had been completed and share a link to the published study.

Protections (Ethical Procedures)

I received all interviews and signed consent forms at my Walden University email address that is password protected, or they were collected at the interview. I used my own personal laptop to gather and record the data that is also password protected and only used by myself. The data and signed consent forms were stored on that same computer. Interviews were recorded on my personal phone that is password and fingerprint protected. The names of the individual participants are not in my report, and neither are the names of the facilities where the participants work. Numbers were assigned to each participant and only I kew the number and name correlation. This was a voluntary study. Each participant had the right to withdraw from the study at any time. There were no incentives given to participate.

Analysis and Synthesis

The interview questions used to generate the data were created by me and were sixteen questions pertaining to the use of current therapies in the facilities, the awareness of Reminiscence Therapy by the participants, as well as get the opinions and thoughts of those senior administrators on the new concept of Reminiscence Therapy and using it in combination with the other therapies already in place.

I used Microsoft Word for the writing of the questionnaires. I collected, analyzed, and wrote a report based on the data collected from the questionnaires. I outlined each interview and listed all the different topics that the participants spoke about. I created a

chart of how many times each participant spoke about each topic. I came up with the top themes of what types of treatment is needed in the Tucson, Arizona, area for the treatment of Alzheimer's and dementia. Using the questions asked to the participants I was able to have a clearer understanding of what types of treatments are currently being used in the area as well as what types of treatments the participants have heard of or learned about and would like to see be used in the future, but have not been implemented yet. This analysis brought to light what level of understanding the participants have on the future treatments they discussed and saw if further research and/or education is needed on those future treatments that were revealed during the interviews. This study also brought to the surface how many, if any of the participants had heard of or are interested in using any new or innovative methods to assist in treating patients diagnosed with Alzheimer's and dementia.

Summary

This qualitative research study used the answers of the participants in the questionnaire to discover the current therapies being utilized in skilled nursing facilities in Tucson, Arizona, and used the answers to uncover the opinions of the participants about future therapies; specifically, Reminiscence Therapy and its utilization in combination with other therapies to be applied together in a 24-hour care village.

Section 4: Results

Introduction

The purpose of this qualitative professional administrative study was to explore and develop a new innovative method of treatment for dementia clients using RT within a proposed 24-hour care village in Tucson, Arizona. The problem is that most memory care facilities in Tucson, Arizona, are lockdown facilities with nurses and certified nursing assistants treating dementia/Alzheimer patients no differently than they treat regular patients at a skilled nursing facility; thus, facilities do not allow patients to maintain the normalcy of their lives.

In this section, I present the findings from the data collected through interviews. I analyzed the data from all 10 interviews and found many similarities and a few differences in the responses participants gave to interview questions. I will summarize the sources of evidence, how the evidence was obtained, and the analytical strategies that were used. Section 4 concludes with overall recommendations taken from the interviews of the 10 participants.

Sources of Evidence

Data were gathered from 10 administrators of memory care facilities in Tucson, Arizona, to determine if existing administrative staff were aware of RT, and if they were, what were the impacts to patient care, positively or negatively. If they were not aware of RT or using it, I asked about their reservations with using RT. Qualitative research is meant to explore and understand what types of underlying issues are present to a social problem (Creswell, 2014). The interviews I conducted highlighted what participants

believe is effective or not effective in dementia treatment and what needs to be changed for the dementia community.

Each of the 10 participants were sent the agreement to participate in the study be email. The first five participants handed them back to me signed when I conducted the interviews in their offices. The last five participants were sent the agreement again by email, and they signed and emailed them back to me before the agreed upon time the phone interview took place. In the next section, I will explain the reason for the change from in-person interviews to phone interviews for the last five interviews.

How the Evidence Was Obtained

I obtained a list of skilled nursing facilities, memory care homes, assisted living facilities, and rehabilitation facilities in and around Pima County, Arizona, including the Tucson metropolitan area, from the Pima Council on Aging. The facilities' names were placed in a hat and 10 names were drawn. I called each facility randomly pulled from the hat and asked to speak with either the executive director or a senior staff administrator. If one of those persons was not available, I left a voice mail with my name, the purpose of my call, and my contact information. Of those first initial 10 facilities, five called me back and set up a time for the interviews. Each participant was given the option to either meet at their facility or some other place in the community of their choosing. Each of those five interviews took place in the participants' offices at their facility by their choice.

Around the midway mark of conducting my interviews, the Covid-19 pandemic was starting to spread in the United States. The elderly population was at risk and many

skilled nursing facilities around the country had cases of the virus. This made it more difficult to continue the interviews. My sixth interview that had been scheduled was canceled due to the virus; the skilled nursing facility she worked for was not allowing visitors.

At this time, I was granted permission to continue research/interviews by phone instead of in person because of the pandemic. I called skilled nursing facilities again to set up interviews by phone. This proved to be a bit less challenging than the in-person interviews; however, due to the pandemic, skilled nursing facility administrators were busier than they had been a few months earlier, and it still proved difficult to gather the last five interviews needed. I called and left voice mails at 19 more facilities before obtaining the last five interviews needed to complete my sample. If a senior administrative staff declined or I was unable to reach them after three attempts, I took that facility off the list of possible participants and drew another facility's name out of the hat to start the process again until I had 10 willing participants.

After this elongated participant selection process, the data were collected. Collecting data involved interviews that included a series of 16 open-ended questions I developed (Appendix A). I used the participants interview response for data to discover the current therapies being used in skilled nursing facilities in Tucson, Arizona, and to uncover participants' opinions about future therapies, specifically RT and its use in combination with other therapies to be applied together in a 24-hour care village.

How the Evidence Was Analyzed

I used narrative analysis to make sense of the data. This approach analyzed content from various sources, such as interviews of respondents, observations from the field, or surveys and it focuses on using the stories and experiences shared by people to answer the research questions (Humans of Data, 2019). I conducted interviews with 10 participants to hear their stories and learn from their experiences. I approached each interview with questions in four categories: the facility, resident behaviors, types of therapy used, and reminiscence therapy (RT). I took the four categories and began to get a picture of what the administrators were saying. I went through my notes and counted how many times the same answers appeared in each of the four categories. I then took the top answers and came up with my themes which then led to my recommendations.

Findings

I will present the findings under each category beginning with demographics of the different facilities represented by the interviewed administrators. I will then present findings related to the care of the residents and what kind of care of therapy was most prominent. Finally, I will discuss the participant's views of RT as a new therapy approach.

Demographics of the Facilities

Each administrator was asked how they would describe their facility, particularly if they considered their facility to be a "traditional" skilled nursing facility as most of society thinks of as the definition of a traditional skilled nursing facility. Only two of the participants answered they believed there were parts of their facility that could be

considered as a traditional skilled nursing facility. Eight other participants answered no. When asked to elaborate, five of the participants stated that their facility was one where they focused on having the clients live as independent as possible as long as possible with one of those five stating they treated patients as individuals and another of the those five stating they treated the patients as individuals. Three of the ten participants stated they provided care and assistance for clients in a thriving environment with one stating it was innovative and another using the description as different. Of the two participants that stated their facility was a traditional skilled nursing facility, one participant stated their facility was a safe place and did not elaborate. One participant stated their facility was a place of rehabilitation and was only temporary for patients while they healed from other ailments not related to dementia until they could go back to their permanent place of living.

I asked if each facility had a memory care lock down wing at the facility or if the entire facility was lock down. Five of the participants replied they had a memory care lock down wing with two of those participants stating they also had multi-levels on their property such as independent living, assisted living, skilled nursing, and memory care lock down. Four of the participants stated their entire facility was lock down, including the front door. One facility stated since it was a rehabilitation facility, it did not have a memory care lock down wing, nor was the entire facility locked down, but all of the doors had alarms on them except for the doors leading to the courtyard in the middle of the building and the front door.

Table 1

Facility Defined

	Yes	No	Yes and No
Independent	5		
Provide care/assistance	3		
Thriving environment	1		
Safe place	1		
Patient's respect	1		
Patients as individuals	1		
Memory care	8		2
Skilled nursing facility		8	2
Rehabilitation	1		
Innovative	1		
Different	1		
Multi-levels	2		
Lockdown wing	4	1	
Whole facility lockdown	5	1	

There was only one question I asked about the administrator themselves. I asked why they got into this line of work and what about their work, brought them the most joy. Answers varied with a few administrators sharing the same passions. Four of the administrators answered they, "Wanted to make a difference in the lives of others." Two administrators answered they, "Had been in nursing 20 years and this is where it led them." Two administrators answered, "Residents hold a special place in their hearts." Two administrators answered they, "Love to make people happy." One administrator answered they, "Love to help people." One administrator answered, "A family member got dementia and they decided to make a career out of it after taking care of that family member."

Resident Behaviors

The next set of questions covered questions about the resident's behaviors. I asked what percent of them had visitors on a regular basis, left the facility for outings on a regular basis, had outbursts or behaviors, and were diagnosed with dementia with behaviors. When asked how many clients leave the facility for outings on a regular basis, only one facility stated 90%. One facility stated 60% one 40%, on 30%, one 25%, one 20%, two 10 %, and two 5%. The next question was what percentage of residents at each facility who were diagnosed with dementia had regular visitors. Three administrators answered 5%, two answered 10%, two answered 25%, one answered 30%, one answered 40%, and one answered 50%. This means that at least 50% or more residents at each facility diagnosed with dementia did not have any regular visitors or if any visitors at all.

Psychological symptoms and behavioral abnormalities are common and prominent characteristics of dementia. They include symptoms such as depression, anxiety psychosis, agitation, aggression, disinhibition, and sleep disturbances. Approximately 30% to 90% of patients with dementia suffer from such behavioral disorders, (Muller-Spahn, 2003). I asked each participant how many of the residents either had behaviors or were diagnosed with dementia with behaviors. Five administrators answered that only 5% of their residents had behaviors or were diagnosed with dementia with behaviors. One stated 10%, One stated 20%, one stated 40%, one stated 50%, and one stated 90% or more of the residents either had behaviors or were diagnosed with dementia with behaviors.

Table 2

Resident Activity in Percentage

	5	10	20	25	30	40	50	60	90+
Leave facility for outings	2	2	1	1	1	1		1	1
Have regular visitors	3	2			2	1	1	1	
Have outburst/behaviors	3	4	1		1	1	1		
Diagnosed with behaviors	5	1	1			1	1		1

Therapy Used With Dementia Clients

I asked each administrator to give me the top three therapies that they used with their clients who were diagnosed with dementia. The top three therapies were occupational therapy, physical therapy, and reminiscence therapy. It should be noted here that not one participant answered reminiscence therapy. For each of those five reminiscence therapy answers I marked below on Table 3, I was told the following answers: “We watch old movies from the resident’s time.”, “We look at old pictures from the resident’s time or old pictures of them and their families when they were younger.”, “We like to pipe in oldies music and even have people that will come in and perform old songs for the residents to remind them of happier times.”, and “We dance to music from their era for exercise.”. All these types of activities can be classified as reminiscence therapy and I explained this to each the participants towards the conclusion of the interview.

I asked each participant if they were collecting data on these therapies at their facilities and not one of the participants answered yes. Each one of the administrators answered that they relied on borrowed research to determine whether to use it at their facility or not. One participant answered, “We try new activities with residents and some

work for some and some don't. If it works, we keep doing it; if it does not, we stop." I then asked the administrators if they did their own research to actively seek out new therapies and if there were any new therapies would they be willing to try them. Only three of the administrators admitted to researching new therapies with two of them stating they only read articles "once-in-a-while". The seven others all stated they were just too busy to do any research on their own. All ten participants stated they would be willing to try new therapies with one stating that they were willing to try it if it had the backed-up research to prove it worked.

Table 3

Types of Therapy

Music therapy	4
Physical therapy	8
Occupational therapy	8
Reminiscence therapy	5
Pet therapy	1
Cognitive therapy	1
Speech therapy	3

Reminiscence Therapy

The last set of questions were focused on reminiscence therapy. Seven of the administrators had heard of reminiscence therapy and three had not heard of it before. I explained the definition of reminiscence therapy to the three participants that had never heard of it. I then asked all the administrators if they knew what a dementia village was. Five of the participants had heard of it and three of them had read a few articles about Hogeweyk on the internet.

I asked the two final questions in the interview about the Tucson area supporting a facility that utilizes reminiscence therapy as its main therapy and to be specific, would the Tucson community support a facility similar to Hogeweyk. Nine out of the ten participants stated “yes”, with only one stating “no”. Of the nine participants that stated yes, five stated “excitement” of the possibility of a dementia village and three asked if I could let them know if any type of facility ever came to the area so they could “apply to work there”, with the last participant that stated yes stating they are going to “learn more about reminiscence therapy and a dementia village”. The one “no” answer stated they did not believe a dementia village would be affordable for anyone to live in and stated that was the reason for their “no” answer.

Table 4

Reminiscence Therapy

	Yes	No
Heard of reminiscence therapy	7	3
Tucson support a facility utilizing reminiscence therapy	9	1
Heard of a dementia village	5	5
Tucson open to a dementia village as a new approach	9	1

Summary of Findings

Lock-down facilities with outdoor courtyards in the middle of the facility are the most common among participants. A high number of participants stated that their residents did not go out into the community with friends or family and did not have regular visitors come to them at the facilities. The most used types of therapies at the facilities are physical therapy and occupational therapy. RT was used, but it was not

called reminiscent therapy. Music therapy was also used often by almost half of the facilities. Administrators are open to new approaches if proven to work.

Table 5

Summary of Findings

Have a courtyard in the middle of the facility	80%
Less than half of residents leave the facility	80%
Less than half of residents have visitors	80%
Used physical and occupational therapy	80%
Used music therapy	40%
Unknowingly used a form of reminiscence therapy	50%
Administration open to new proven approaches of therapy	90%

Themes

As a result of these findings and analyzing each of the administrator's interviews, I have been able to identify four themes that were prominent throughout. The identified themes are: the majority of facilities have occupational and physical therapies, the majority of residents do not leave the facility on outings or have visitors into the facilities, administrators are open to new therapies but do not have the time to research them, and the majority of administrators are open to RT as a new therapy but do not have the time to researcher it. I will now summarize each of these themes below.

Most Facilities Have Occupational and Physical Therapies

As people age, bodies start to decay from past injuries or normal decrease in mobility. Physical and occupational therapy are a must for almost every patient to assist with keeping the muscles and joints in the body working as well as they can for as long as possible.

Most Residents Do Not Leave the Facility for Outings Nor Do They Have Regular Visitors in the Facility

Administrators shared that it can be scary for the family of a resident that is diagnosed with dementia to take that resident out in public. The family is scared that the resident could get lost in big crowds or can get irritable while out in public and possibly have an angry outburst. Administrators also shared that people are terribly busy these days with work, children, and other activities that they do not visit loved ones in care homes due to not having enough time in their schedules to do so.

Most Administrators Are Interested in Other Types of Therapy, But Do Not Have the Time to Research Them

Most of the administrators interviewed stated they would love to try new therapy approaches or new activities but did not have the time to thoroughly research them. They were too busy with meetings, taking care of day-to-day tasks with the residents, and addressing staffing issues that they did not have the time or energy sometimes to really research any newly developed therapies to implement them properly.

Most Administrators Are Open to RT, But Do Not Have the Time to Research It

Ninety percent of the administrators interviewed stated they would be interested in reminiscent therapy (RT), but did not have time to research it. When I explained what RT was, half stated they were completing some type of it, but did not realize that the activities they were doing with the residents was RT. Most of the administrators stated an interest in knowing more about RT, but also stated they would like that information

brought to them instead of them having to research it on their own due to their lack of time to be able to do so.

I am now going to discuss my themes in more detail in the interpretation of findings section.

Interpretation of Findings

In this study, I set out to learn from leaders in the dementia treatment arena in Tucson, Arizona, about present, alternative and innovative methods of treating dementia clients that could be applied to a new and innovative memory care approach in Tucson, Arizona. The study revealed that most of the participants were interested in learning new approaches and were also interested in implementing these approaches but did not have a whole lot of time to do research on their own. It also revealed that half of the participants were already incorporating some activities that were part of new treatment methods but were unaware that they were doing so.

Interpretation of Findings by Themes

Most Facilities Have Occupational and Physical Therapies

In a study using reminiscent therapy of individuals that who were diagnosed with dementia and attended a day program, the findings of that study highlighted improvements in depression, communication, and positive mood after group reminiscence intervention (Chang & Chien, 2017). The findings of my study confirm this research as most facilities are using occupational and physical therapies to reach the same results. Occupational and physical therapies are the number one needed therapy due to activities of daily living being impacted by dementia. People diagnosed with dementia

can forget how to do something as simple as buttoning a button, which they have done all the lives and have muscle memory to do so.

Talking through how to button a button or what steps are next in getting dressed can help trigger the memory to have the fingers button the button on their own. This can be classified as reminiscent therapy. If facilities were to use reminiscent therapy more often it could improve residents' communication skills during physical and occupational therapy leading to the patients being able to communicate their needs to the staff more effectively. It could also improve residents' moods during the physical and occupational therapy sessions.

While collecting data for this study, I found that physical and occupational therapy were the most used therapies for people diagnosed with dementia in a facility. The answers I received from all the participants supported that finding with 90% of the participants answering they used physical and occupational therapy. In fact, that was the first thing those nine participants answered when asked the question, what therapies were used with patients with dementia at the facility.

Reminiscence Therapy is defined as, "The use of life histories-written, oral, or both-to improve psychological well-being" (APA.org, 2019). RT uses existing memories that the patients must recall in order to remind them of a time where they were living their lives more active. The study revealed 50% of the facilities were completing RT in some sort of raw form. The participants were unaware that the activities they were conducting with residents could be classified as RT. They were watching old movies and

listening to music from the residents' eras. They were also telling stories and discussing things from the residents' pasts.

Music Therapy is one of the therapies that may be used at facilities. This study revealed that 40% of the facilities were using music therapy. Not only were they using music therapy, but the music they were using was older music from the era of the residents. This therapy could then be considered music therapy and RT because it was music from the resident's younger days. In a qualitative review of literature about music therapy, the published literature demonstrated that music/music therapy is an effective method overall for treating symptoms of dementia, systematic variation of treatment protocols is necessary to identify the underlying mechanisms and delineate the most effective techniques (Kroger, et. al., 1999). The findings of my study confirmed this research as the facilities were effectively using the music therapy to treat the symptoms of dementia.

Most Residents Do Not Leave the Facility for Outings Nor Do They Have Regular Visitors Into the Facility

While gathering data for this study, I found how loneliness can affect the body. Researchers have found that loneliness is just as deadly as smoking and twice as lethal as obesity (Weller, 2017). Humans are social creatures. We need human interaction to feed our souls and make us want to continue to thrive. Mental health services and residential home staff need to be aware that many needs remain unmet and much can be done to improve the quality of life of the residents with dementia (Hancock, et. al., 2006). My study confirms this research as participants discussed that many of their residents did not

get regular visitors nor did they get taken out of the facility by many friends and family. When this question was asked many of the participants' facial expressions were sad, or their faces reflected sympathy for the residents. These participants also know how important human interaction is for a person's overall well-being.

RT is one of the newer methods of treatment and is backed up by a solid research foundation. Available studies suggest that RT can improve mood and some cognitive abilities (Cotelli, et. al., 2012). RT can be done in larger groups as well as individually. Completing RT sessions in a group will enable the participants to feed off one another's ideas and energy as they share memories and experiences. It can help the residents to form new relationships with others they have things in common with from the past and currently. Even if a person does not remember all they did the day before, their emotional memory will remember they had a good time and want to do it again giving them that desire to thrive and face the day.

Arizona is the 16th state where Alzheimer's and dementia are a leading cause of death (Stebbins, 2019). States that serve as classic retirement magnets (e.g. Florida, Arizona) and second-tier retirement magnets (e.g. North Carolina, Nevada) benefit the most from elderly inter-state migration (Frey, et. al., 2000). The study results revealed 90% of the residents did not have regular visitors nor did they go out into the community with family members or friends. Friends and family may not be near due to residents having moved here to retire earlier in their lives from different parts of the country.

Most Administrators Are Interested in Other Types of Therapy But Do Not Have the Time to Research Them

Some of the participants had heard of Hogeweyk but did not know it by that name or had done any research on the concept it was using. Hogeweyk started in 1993 as your typical hospital-style nursing home. But the staff soon realized there was a better, more humane, way to offer care (Weller, 2017). This place had been in existence for 27 years, yet not everyone had heard of it. After interviewing the participants, I realized that research and new forms of treatment needed to be brought to the facilities and the staff instead of them searching for it on their own because they did not have the time.

Towne Square is another facility that no one in the participants had heard of. Towne Square is a day program designed around the same concept as Hogeweyk. It uses a building design of late 50's and early 60's of downtown San Diego, CA. This allows the people attending to feel more comfortable with the familiar surroundings from their past. This facility is very close to Arizona being in San Diego, CA; however, the participants had never heard of it. Towne Square did a lot of marketing to reveal what they were doing and their new concept even being on national news, yet not one of the participants in the study had heard of it. This means that new research, therapies, and ideas to help treat dementia must be brought to the caregivers and facilities for it to be of any benefit to people suffering from the disease.

This theme came out of the study, but I did not have a predictor for this one. I, as a person who was not fully immersed in this business but had knowledge of both Hogeweyk and Times Square, assumed that the participants would have heard of both

places. I was wrong and my study disconfirmed this idea and extended knowledge concerning facility administrators. Only half had heard of Hogeweyk but had not really researched it even less had heard of Towne Square, even with it being in the United States and fairly close to the Tucson, Arizona where this study took place. I was surprised by this, but then the participants explained they are too busy taking care of the residents and do not have the time to research anything new.

Most Administrators Are Open to RT, But Do Not Have the Time to Research It

Reminiscence Therapy is defined as, "The use of life histories-written, oral, or both-to improve psychological well-being" (APA.org, 2019). Since the staff did not have the time to research reminiscence therapy, they therefore did not know how to implement it properly. The research, education, and training need to be brought to them. Most of the participants had not heard of reminiscence therapy even though some were using a form of it. RT involves using the patient's own younger memories with the discussion of past activities and events through the utilization of tangible prompts such as photographs, household and other familiar items from the past, including music and archive sound recordings (Woods, et. al., 2018).

One of the main reasons I did this study was to find out if the Tucson area could support and would like to know more about RT. I was surprised that not that many participants had heard of it. I was positive, going into the study, that if participants were not implementing it, they had at least heard of it. This theme was like the one above. The participants were excited to hear about RT and loved the concept. They just had not either heard of it or took a lot of time to research it if they had heard of it. They were too busy

taking care of the residents to do so. Thus, this study extends knowledge for my client as how to improve training assistance for member facilities.

Interpretation of Findings Summary

Fifty percent of the administrators interviewed had heard of Hogeweyk, the Dementia Village in Amsterdam and 50% had not. Whether they aware of the village or not, when I described the concept of Hogeweyk, as stated in section two, "Staff at Hogeweyk are trained to focus on highlighting what residents can do, not what they can't (Weller, 2017)", 90% of the participants were interested in the concept. Those participants that were interested were excited to hear of the methods that were being used at Hogeweyk and fully supported those same methods being utilized in a 24-hour facility in Tucson, Arizona. They believed the area could support the concept and wanted me to contact them when the facility had come to fruition so they could work there.

I will now be discussing the implications and recommendations based on the findings of this study. The recommendations are based on the themes that emerged from the analysis of the participant interviews. These recommendations revolve around providing education and training for facility administrators of new and innovative therapy to be used with clients diagnosed with dementia including RT.

Implications

As RT grows in popularity and as the education of it spreads, it becomes more and more widely accepted as an alternative to traditional therapies currently being conducted with patients diagnosed with Alzheimer's and dementia. Research continues to support that residents and staff alike respond positively to its implementation. The

immersion of it, instead of just bits and pieces of it at a time continues to grow in popularity around the world. As it is not widespread at this time, the positive social change for Tucson could be that Tucson would be on the cutting edge of this new and innovative method and could be a pioneer in the field. An immersion of RT would be beneficial to the recipients for their health and well-being as well as bring more studies and jobs to the community of Tucson.

As a result of this study, I offered the following recommendations to my client, the Alzheimer's Association of Southern Arizona:

Recommendations

The original research questions was: What can be learned from leaders in the dementia treatment arena in Tucson, Arizona, about present, alternative and innovative methods of treating dementia clients that could be applied to a new and innovative memory care approach in Tucson, Arizona? What was learned from leaders in the dementia treatment arena in Tucson, Arizona, was that many of the facilities were already using a type of RT, they just did not know it. They had integrated it into their daily routines by showing old movies and having old music in their facilities. Fifty percent of the facilities liked to have staff speak with the patients on a personal basis about their past.

Recommended Solutions

1. Have a forum where the innovative approach of reminiscent therapy is presented to member administrators to educate them on this innovation.

2. At the forum have administrators that are already using reminiscent therapy concepts share how those concepts are working in their facilities.
3. Have guest speaker from Towne Square/Glenner Foundation come to describe how the immersion of reminiscent therapy in the form of an adult day program is working at their facility.
4. Recommend/Offer books, articles, and studies on reminiscent therapy to administrators.
5. Conduct training classes and other types of education with administrators and staff to make implementation of reminiscence therapy more impactful.

Proposed Secondary Product

One additional recommended solution that could be a stepping-stone to the dementia village would be to have RT completed on a regular basis at each individual facility. This could be from having oldies music piped over the loud-speakers, exercise classes that used oldies music, movies shown that are from the residents' youths, and staff speaking with residents on a more consistent basis about their past. Facilities could even designate one staff member or hire a specific staff member to complete all these tasks routinely with each individual resident as well as handle group activities where RT is the focus. Other agencies could be brought into the facility to complete the RT with individuals or as groups on a regular basis as well. Education will be key in the future to administration and staff who work directly with the residents receiving RT and its implementation into daily activities.

Strengths and Limitations of the Study

There were a couple of limitations to the study as well. It is true that the monetary cost of the study was minimal, but the time cost of the study was large. I had to use an hour to an hour and a half for each interview. I had to call each facility and leave messages for a return call and time on calls when I was able to get someone on the phone to set up the interviews.

The Covid-19 pandemic happened during my collection of data phase, which further delayed the collection process. Many facilities were not able to participate as they no longer had the luxury of time because Covid-19 had affected all their facilities and it took me longer to find willing participants for the study. Another limitation was that this is a wonderful way to collect data, but the data does not fit neatly into categories for analysis. There are no real standards for each category in a qualitative study. The last limitation to the study is that it is specified to the Tucson, Arizona, area, therefore it is limited. It could be duplicated in other cities around the world, but this one is limited to this area and therefore cannot be expanded upon too much more than what it already is now.

The number one limitation to building a dementia village would be the mass amount of money and time it will take to build it. To build a small, working, walled village would take millions of dollars. It would also take multiple approval of many permits by city, county, and state governments as well as the multiple amounts of companies building each part of the project. It will take many moving parts to get the village completed, which many people and companies may find intimidating.

Section 5: Dissemination Plan

The Alzheimer's Association of Southern Arizona agreed prior to this study to receive the results of this study and to take the results into consideration when helping to educate caregivers, facilities, and patients about different treatments for dementia available in the Southern Arizona area. My deliverable to the association as my client is a memo with recommendations.

Professional Administrative Study Deliverable Described

The memo that I have prepared with the problem, findings, and results that I will be presenting to The Desert Southwest Chapter of the Alzheimer's Association is attached (Addendum Appendix B). I will also complete an oral presentation to the Alzheimer's Association of Southern Arizona to include a miniature model of a dementia village so they may be able to visualize what one may look like. I also plan to be available for questions and consultation in the future if needed.

Summary and Conclusions

I suggest, based on the results from this study, that more education be offered to current facilities on RT to be used at those facilities with residents so they can be more impactful. I also suggest, based on the results from this study, that a plan for a dementia village be considered and researched to be built in the Tucson, Arizona, metro area. The results suggest that 90% of the participants agree that using RT in a dementia village type facility would work in the Tucson, Arizona, metro area and that the area would be able to support this type of facility.

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Appendix A: Service Order Agreement

Service Order Agreement

Project Proposal / Organization Approval

Students are required to secure approval to participate from the organization where they wish to conduct research. The organization leader must state their desire to participate in the study in a signed letter. The letter should state a preference if the organization wishes to be identified or not in the student's published study. An organization report with the organization's name will be provided by the student to the organization. In concert with a student's Professional Administrative Study chairperson, the student must provide details on what they hope to accomplish and have a signed agreement from a senior organizational leader.

This Project Proposal has been drafted by Angela Lynch for Desert Southwest Chapter of the Alzheimer's Association and is dated 9/6/19.

Scope of Work

Work Phase	Estimated Time Required
interactions: Researcher will conduct research with ten senior administrators of memory care facilities in Pima County, Arizona. This research will determine current therapies and desired future therapies to be utilized with current and future Dementia/Alzheimer's patients that reside .in those memory care facilities.	Five weeks
Outcomes/Deliverables: To present current and future needs/wants of types of therapies being utilized with Dementia/Alzheimer's patients in the Pima County, Arizona area.	Five to ten weeks or until research is completed.

Additional Services Provided if Requested: None	
Total	Ten to Fifteen weeks
Services Summary To provide Desert Southwest Chapter of the Alzheimer's Association with current therapies and future desired and/or needed therapies utilized with dementia/Alzheimer's patients in the Pima County, Arizona.	Estimated Length of Engagement Ten to Fifteen weeks

Terms of confidentiality and compliance;

In all reports (including drafts shared with peers and faculty members), the student is required to maintain confidentiality by removing names and key pieces of information that might disclose an Institution's / individual's identity or inappropriately divulge proprietary details. If the Institution itself wishes to publicize the findings of this project, that is the Institution's judgement call.

The student will publish the case study in ProQuest as a doctoral capstone (with site and participant identifiers withheld). The case study will be based upon interviews with non-vulnerable adults on the topic of the Institution business operations, review of public records, and review of internal records/documents related to the Institution's operations that the Institution deems appropriate for sharing with the student. The doctoral student will not use these data for any purpose other than the project outlined in this agreement.

Interview recordings and full transcripts will be shared with any interviewee (upon request), and the doctoral student will provide opportunities for clarifying previous statements. Transcripts with identifiers redacted may be shared with the doctoral student's university faculty peer advisors, and site leadership (upon request).

The doctoral student is responsible for understanding and complying with all of the institution's policies and regulatory requirements.

Ethical Conduct in this Consulting Relationship

The Code of Conduct in the Walden University 2016-2017 Student Handbook and the ethical requirements for IRB compliance.

Also, students are required to uphold professional principles in fulfilling their roles as consultants and coaches to client organizations' Beyond the confidentiality requirements outlined above, three principles are key to ensuring ethical conduct in consulting relationships.

Principle I : Protect the integrity of Walden University

- Not representing conflicting or competing interests or positioning themselves such that their interest may be in conflict or may be perceived to be in conflict' with the purposes and values of Walden University
- Not intentionally communicating false or misleading information that may compromise the integrity of Walden University and of the consulting capstone experience

Principle 2: Exhibit professional conduct at all times

- Respecting the climate, culture, values, and regulatory requirements of client organizations and client workforce members

Principle 3; Protect the promise of confidentiality

- Not using or adapting client organization's data and information after the capstone experience, unless the information has been publicly shared by the client
- Not conducting telephone conferences with the client organization in public place where information may be overheard

Appendix B: Policy Memo

MEMORANDUM

To: Morgen Hartford, Regional Director, Southwest Chapter Alzheimer's Association

From: Angela Lynch Walden University Doctoral Candidate

Date: Sept. 16, 2020

Subject: Summary and Recommendations from a professional administrative study entitled: *Alternative Treatment Method for Dementia: A professional administrative study for the Southwest region of Arizona*

Executive Summary

This memorandum provides a summary of the study of Alternative Treatment Method for Dementia: A professional administrative study for the Southwest region of Arizona. This study was conducted to determine whether administrators at current memory care facilities in the Tucson area would be open to new and innovative treatment methods to be utilized with patients diagnosed with dementia such as reminiscence therapy.

This administrative study is a qualitative study using grounded theory. This study's sources of evidence are current research, personal interviews, and articles. Information was gathered from ten Administrators of memory care facilities in Tucson, Arizona, to determine if existing administrative staff were aware of RT, and if they were what were the impacts to patient care, positively or negatively. If they were not aware of it or utilizing it, what were their reservations.

Results showed the most used types of therapies at the facilities is physical therapy and occupational therapy. Reminiscent therapy was used by fifty percent of the facilities in some raw form, but it was not called reminiscent therapy. Results also reflected that

administrators are open to new approaches if proven to work. I propose three major solutions to address these issues. (1) Build a new immersion reminiscence therapy-based facility mimicking a small walled city that allows for residents to be in the outdoor areas more that appear to be more like public spaces and allows for more visitors. (2) Bring in outside agencies to current facilities to conduct reminiscence therapy with residents. (3) Educate staff at current facilities on innovative new therapies such as reminiscence therapy on a quarterly basis to be utilized with residents at individual facilities.

Background of Issue

The problem is that most memory care facilities in Tucson, Arizona, are lock-down facilities with nurses and certified nursing assistants treating dementia/Alzheimer patients no differently than regular patients at a skilled nursing facility, thus the facilities do not allow the patients to maintain the normalcy of their lives. Many facilities for the most part do not tailor their care or therapies to the disease itself, or the varying stages of dementia, but lump it in with most other elderly ailments. Memory care facilities in the Tucson area have no uniqueness other than they are lockdown skilled nursing facilities. The main issue with placing individuals diagnosed with dementia in these facilities is that many are not physically ready. Their memory is deteriorated enough that they are not able to live safely on their own, but they are able to still physically take care of themselves and enjoy many things in life; they just need re-direction and light supervision or guidance throughout the day.

Summary of Data Collection and Analysis

This study's sources of evidence are current research, personal interviews, and articles using the survey design method for the analysis of the personal interview. All participants in the study met the criteria for participation and were persons who had first-hand knowledge of what types of treatment therapies were being utilized at their individual facilities with patients diagnosed with Alzheimer's Dementia. The data to inform the research questions was collected. It involved a series of 16 open ended questions, I developed. This qualitative research study used the answers of the participants in the interview to discover the current therapies being utilized in skilled nursing facilities in Tucson, Arizona and answers to uncover the opinions of the participants about future therapies; specifically, Reminiscence Therapy and its utilization in combination with other therapies to be applied together in a 24-hour care village.

Summary of Findings and Implications

The findings represent months of data collection including time spent conducting the interviews and months of summary and analysis. The different questions in the interviews were grouped into four categories; the facility demographics, the therapy used, the resident's behaviors, and reminiscence therapy. The following will detail the findings of the study.

- The facility demographics section revealed that 80% of the facilities were traditional skilled nursing facilities. A high number of participants stated that their residents did not go out into the community with friends or family and did not have regular visitors come to them at the facilities.

- Physical and occupational therapy were used by 80% of the facilities. Reminiscent therapy was used by 50% of the facilities, but it was not called reminiscent therapy.
- Nine out of the ten facilities stated 50% or less of the patients were diagnosed with Dementia with behaviors with fifty percent of the participants stating only 5% of their residents were diagnosed with Dementia with behaviors.
- Ninety percent of the participants were open to new and innovative types of therapy, such as reminiscence therapy being utilized in their facilities and that same ninety percent stated they believed the Tucson area would be open to and could support an immersion reminiscence therapy type of facility such as a Dementia Village.

Themes of the Research

Some themes I saw frequently throughout the participants is administrators are open to new proven approaches of therapy, but few have time to research any. Administrators are open to trying new activities and therapies, but need those therapies and activities brought to them. Administrators are busy with their current tasks at their facilities and taking care of resident's daily needs. Another theme I see running through the study is that most residents are not going out of the facility nor are they getting many visitors in. Activities and events need to be planned by facilities that are open to the public, not just family and friends of the residents. Those activities and events then need to be widely advertised as to attract visitors. Facilities can also partner with other businesses to plan events and

activities to ensure people from the community attend, to bring that interaction with community members to the residents.

Most of the facilities use traditional therapies to treat their residents. Half of the facilities were unknowingly using a form of reminiscence therapy. Education about new forms of therapy, specifically reminiscence therapy, in the form of trainings and seminars can be brought to each facility to meet them where their needs are. This education will help the administration and staff be able to utilize reminiscence therapy in a more impactful way than it is currently being utilized as well as bring more new types of therapy that would be beneficial to staff and residents alike. To address these themes, I recommend the following:

Recommendations

1. Have a forum where the innovative approach of reminiscent therapy is presented to member administrators to educate them on this innovation.
2. At the forum have administrators that are already using reminiscent therapy concepts share how those concepts are working in their facilities.
3. Have guest speaker from Towne Square/Glenner Foundation come to describe how the immersion of reminiscent therapy in the form of an adult day program is working at their facility.
4. Recommend/Offer books, articles, and studies on reminiscent therapy to administrators.

5. Conduct training classes and other types of education on a regular basis with administrators and staff to make implementation of reminiscence therapy or other new therapies more impactful.

Implementation of Recommendations

I extend the invitation to the recipients of this policy memo to further discuss ways to implement the recommendations. For more information, please contact me by phone (314-605-2042) or by email (angela.lynch2@waldenu.edu).

Conclusion

This study indicates positive social change in the implementation of new and innovative therapies to be utilized with patients diagnosed with Alzheimer's and dementia in the Tucson area. As reminiscence therapy grows in popularity and as the education of it spreads, it becomes more and more widely accepted as an alternative to traditional therapies currently being conducted with patients diagnosed with Alzheimer's and dementia. Research continues to support that residents and staff alike respond positively to its implementation. The immersion of it, instead of just bits and pieces of it at a time continues to grow in popularity around the world. As it is not widespread at this time, the positive social change for Tucson could be that Tucson would be on the cutting edge of this new and innovative method and could be a pioneer in the field. An immersion of reminiscence therapy would be beneficial to the recipients of it for their health and well-being as well as bring more studies and jobs to the community of Tucson.