

## **The Seattle Protocols: Maximizing Quality of Life for Older Adults with Cognitive Decline.**

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Recent years have seen a slow but steady rise in the use of psychosocial strategies to reduce affective and behavioral disturbances common in persons with Alzheimer's disease (AD). One example is a series of behavioral interventions that have been developed by the authors based on social-learning and gerontological theories, and that have come to be known as the Seattle Protocols. The Seattle Protocols combine specific behavioral techniques with caregiver education and training. They emphasize practical skills that caregivers learn to employ to decrease problems in caregiving and improve patient affective and behavioral health, and they teach caregivers to systematically approach problems and potential solutions so that they can continue to improve care once treatment is concluded.

The Seattle Protocols were first tested in a clinical trial to treat depression in persons with AD. Since then, interventions based upon the Seattle Protocols have been developed to reduce agitation, sleep disturbance, and physical inactivity in older adults with dementia. The Seattle Protocols have been most extensively studied in the community with family caregivers, but recently a modification tailored to direct care staff in assisted-living residences has been investigated. Each protocol has been subjected to rigorous randomized controlled clinical trials, employing standardized and multi-factorial methods of assessing outcomes. For each protocol, detailed trainers' manuals provide all materials necessary to conduct treatment, including session-by-session information, handouts, and assignment forms.

The results of these studies demonstrate that prevalent and persistent problems, such as depression, anxiety, and sleep disturbance have been significantly reduced following a systematic behavioral approach to dementia care. Agitation has been more resistant to change using this approach, but other behavioral programs (such as those in long-term care) offer hope that these strategies can be effective in reducing agitation in patients with dementia. Physical inactivity and mood, as well as physical frailty and disability, have also been ameliorated by combining this approach with an exercise training program. Future research is planned to investigate the use of the Seattle Protocols to prolong independent functioning in persons with mild cognitive impairment, to maximize quality of life in persons with new dementia diagnoses and their family caregivers, and to reduce nocturnal disturbances in cognitively impaired residents of adult family homes. Lessons learned from our experiences with the Seattle Protocols have also been applied in clinical trials with cognitively intact but physically frail older adults. Institutional collaborators and funding agencies include the National Institute on Aging, National Institute of Mental Health, the Alzheimer's Association, and the Washington State Department of Social and Health Services.