

Dementia Care Resources from AOTA's Mental Health SIS Resource Library

January 2026

Content generated by Allison F. Sullivan, DOT, MSOT, OTR/L

In support of its January 13th Practice Chat “***Saying Yes and Saying No: Validation and Boundary Setting for an Individual with Narcissism and Dementia***” with guest host Emily S. Gavin, MS, OTR/L, CDP, the American Occupational Therapy Association (AOTA) Mental Health Special Interest Section (MHSIS) is featuring these attached Dementia Care resources, globally sourced and collated in its member-created library:



Dementia care behavioral health interventions



Value of OT in Dementia care



MHOT Dementia care efficacy evidence



MHOT dementia-related assessment tools



AOTA Everyday Evidence Podcast episode & free articles

MHSIS Interim Chair, Allison Sullivan, DOT, OTR/L, writes:

Dementia care has become an increasingly significant practice area for occupational therapy practitioners seeking to address cognitive decline, functional withdrawal, and behavioral health through engagement in meaningful, values-based activities. Across the literature, the role of occupational therapy in dementia care is consistently described as a straightforward, evidence-informed approach that helps individuals reconnect to reinforce daily routines, strengthen personal agency, and increase participation in life roles. Within occupational therapy, dementia care aligns closely with our profession's emphasis on activity analysis, habit formation, environmental structuring, and the therapeutic use of meaningful occupations to improve well-being.

This compilation brings together key resources that illustrate how dementia care principles are being translated in occupational therapy practice and research. Included are foundational evidence-based practice resources, an open-access dementia care treatment manual, and an outcome measure that assesses executive functioning, occupational performance skills, and environmental awareness. The collection also highlights AOTA's recent Alzheimer's Disease Practice Guidelines, including two brief systematic reviews outlining interventions to address cognitive performance as well as behavioral and psychological symptoms of dementia. In an *Everyday Evidence* podcast, Alzheimer's Disease practice guidelines authors Liz Metzger and Stacy Smallfield discuss the research, case studies, and clinical recommendations included in the practice guidelines and provide tips, tricks, and recommendations to help all practitioners enhance their practice when working with this population.

Collectively, these materials offer a concise, practice-ready foundation for OT practitioners who wish to maximize the efficacy of their professional skills by integrating meaningful evidence into their intervention planning, client/caregiver education, and goal setting. Whether supporting behavioral health service delivery, addressing memory impairment-related health risks, or enhancing participation outcomes, occupational therapy provides a structured, yet flexible, pathway for helping clients re-engage with the occupations that make life meaningful.

OT in Dementia Care:

Metzger, L., Henley, L., Smallfield, S., Green, M., & Rhodus, E. K. (2023). **Systematic Review Brief—Interventions within the scope of occupational therapy to improve cognitive performance for individuals with dementia and mild cognitive impairment (2018–2022).** *American Journal of Occupational Therapy*, 77, 7710393260. <https://doi.org/10.5014/ajot.2023.77S10026>

Smallfield, S., Green, M., Metzger, L., Henley, L., & Rhodus, E. K. (2023). **Systematic Review Brief—Interventions within the scope of occupational therapy addressing behavioral and psychological symptoms of dementia (2018–2022).** *American Journal of Occupational Therapy*, 77, 7710393240. <https://doi.org/10.5014/ajot.2023.77S10024>

Systematic review briefs provide a summary of the findings from systematic reviews evaluated in conjunction with the American Occupational Therapy Association's Evidence-Based Practice Program. Each systematic review brief summarizes the evidence on a theme related to a systematic review topic. These systematic review briefs presents findings related to interventions addressing behavioral and psychological symptoms, in addition to interventions to improve cognitive function for individuals living with Alzheimer's disease and related dementias and mild cognitive impairment.

Behavioral Health & Dementia Evidence:

Martin-García, A.; Corregidor-Sánchez, A.-I.; Fernández-Moreno, V.; Alacantha-Porcuna, V.; Criado-Álvarez, J.-J. 2022. **Effect of Doll Therapy in Behavioral and Psychological Symptoms of Dementia: A Systematic Review.** *Healthcare* 10, 421. <https://doi.org/10.3390/healthcare1003042> .

Abstract: (1) Background: Behavioral and psychological symptoms of dementia (BPSD) are a threat for people with dementia and their caregivers. Doll therapy is a non-pharmacological person-centered therapy to promote attachment, company, and usefulness with the aim of minimizing challenging behaviors. However, the results are not clear.

(2) Objective: To know the effectiveness of doll therapy in reducing behavioral and psychological symptoms of people with dementia at a moderate-severe phase.

(3) Methodology: The systematic review was informed according to the criteria established by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Searches were conducted in eight databases: Cochrane, PubMed, Web of Science, Cinahl, Embase, Lilacs, PeDro, and Scopus before October 2021. Studies were selected when they accomplished the simple majority of Consolidated Standards of Reporting Trials (CONSORT). The risk of bias was appraised with the Cochrane Collaboration Risk of Bias Tool. The review protocol was recorded in Inplasy:1539.

(4) Results: The initial search strategy showed 226 relevant studies, 7 of which met the eligibility criteria. In the included studies, a total number of 295 participants (79% female) with a mean age of 85 years were enrolled. There was found to be a reduction in challenging and aggressive behaviors, the participants were less rough and irritable, and their communication skills and emotional state were also improved.

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(5) Conclusion: Our findings suggest that doll therapy improves the emotional state of people with dementia, diminishes disruptive behaviors, and promotes communication. However, randomized studies with a larger sample size and higher methodological rigor are needed, as well as follow-up protocols in order to reaffirm these results.

Keywords: doll-therapy; dementia; behavioral and psychological symptoms of dementia

Rohr, S., Reppermund, S., Matison, A., Samtani, S., & Sachdev, P. S. (2025). **Making time for brain health: Recognising temporal inequity in dementia risk reduction.** *The Lancet Healthy Longevity*. Advance online publication. <https://doi.org/10.1016/j.lanhl.2025.100768>

Abstract: Time is an under-recognized social determinant of brain health, and is potentially as important as education or income for dementia risk. Temporal inequity refers to the unequal distribution of discretionary time owing to structural conditions shaping daily life. Temporal inequity encompasses insufficient time for rest, misaligned biological rhythms, fragmented leisure, and the encroachment of work or digital demands into personal time. Time poverty is a measurable manifestation, denoting insufficient time for brain health, disproportionately affecting structurally disadvantaged populations and exacerbated by performance-driven cultures. Although evidence for modifiable risk factors of dementia, such as sleep, physical activity, nutrition, and social engagement, is strong, adopting healthy behaviors requires time. In this Personal View, we integrate insights from epidemiology, neuroscience, and time-use research to argue that addressing temporal inequity is essential for brain health and dementia risk reduction. We call for temporal justice through research and policies that recognise time as both a resource and a site of inequity in aging and dementia. Accordingly, we outline future research directions, including the development of metrics for temporal inequity, longitudinal studies linking time-use patterns to brain health outcomes, and intervention research to evaluate policies that expand equitable access to time.

Dementia-related Cognitive Assessment

Executive Function Performance Test Manual with Alternate Forms of the Executive Function Performance Test

Recommended citation: Baum, C., Morrison, T., et al. (2007). "Executive Function Performance Test: Test protocol booklet." Unpublished program in Occupational Therapy Washington University School of Medicine, St. Louis, MO

The EFPT is a top-down performance assessment designed to examine cognitive integration and functioning. It is a public domain instrument that you may use without a fee. The publisher requests that if you download this information, you send an email to Dr. M. Carolyn Baum at baumc@wustl.edu to indicate that you have downloaded it. This link provides the training manual, labels and check template you will need to personalize the assessment to your individual clients: [**Executive Function Performance Test \(EFPT\)**](#)

- The EFPT serves three purposes:
 - 1) To determine which executive functions are impacting function
 - 2) To determine an individual's capacity for independent functioning
 - 3) To determine the amount of assistance necessary for task completion

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- The assessments requires participants to complete the following tasks (in order):
 - 1) Hand Washing - only use this task if the person has severe cognitive impairment and you want to see if they can follow directions. If they cannot, do not proceed.
 - 2) Oatmeal Preparation
 - 3) Telephone
 - 4) Taking Medication
 - 5) Paying Bills

Instructions: Please refer to the training manual available at the Washington University at St. Louis.

Bibliography:

Baum CM, Connor LT, Morrison T, Hahn M, Dromerick AW, Edwards DF: Reliability, validity, and clinical utility of the Executive Function Performance Test: a measure of executive function in a sample of people with stroke. *American Journal of Occupational Therapy*; 2008 Jul-Aug;62(4):446-55.

Baum, CM, Wolf, TJ, Wong, AWK, Chen, CH, Walker, K, Young, AC, Carlozzi, NE, Tulskey, DS, Heaton, RK & Heinemann, AW (2016): Validation and clinical utility of the executive function performance test in persons with traumatic brain injury, *Neuropsychological Rehabilitation*, DOI: 10.1080/09602011.2016.1176934.

Dementia Care Intervention:

Fondation M  d  ric Alzheimer. (2024). Psychosocial interventions and dementia: Understanding, knowing, implementing (Practical guide, 2024 ed.). Fondation M  d  ric

Alzheimer. https://www.alzheimer-europe.org/news/fondation-mederic-alzheimer-publishes-new-guide-psychosocial-interventions?language_content_entity=en

Impressive new resource from France: a "scientific framework for non-pharmacological interventions" for clinicians, families, caregivers & clients. New research suggests that the risk of developing dementia at any time after age 55 among Americans is 42 percent, more than DOUBLE the risk previously recognized, an estimated half-million cases this year. Practitioners in every medical setting treating adults must be prepared to assess and address these needs in order to provide competent care.

Everyday Evidence Podcast Recording (See corresponding "OT in Dementia Care" articles above):

Access Recording Here: [AOTA's Everyday Evidence: Alzheimer's Disease Practice Guidelines](#)

This 2024 AOTA *Everyday Evidence* podcast episode concerns AOTA's Alzheimer's Disease Practice Guidelines. In this interview with Stacy Smallfield and Liz Metzger, who co-authored the *Occupational Therapy Practice Guidelines for Adults Living with Alzheimer's Disease and Related Neurocognitive Disorders*, the authors discuss the research, case studies, and clinical recommendations included in the practice guidelines and provide tips, tricks, and recommendations to help all practitioners enhance their practice when working with this population.