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AICOMM: Communication and Activation Skills – Training
Programme for Relatives of Individuals with Dementia

Analysis report on contemporary methods of communication and activation of people with dementia

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Introduction

The contemporary landscape of public health is increasingly defined by the demographic transition towards an ageing population, which has precipitated a significant rise in neurodegenerative conditions. Currently, an estimated 12.1 million individuals across Europe are living with dementia, a figure projected to increase by 64% to approximately 19.9 million by 2050.

This rapid growth in prevalence, where it is estimated that one in every three people born today will develop the condition in their lifetime, presents an unprecedented challenge for healthcare infrastructure and social protection systems. With pharmacological treatments currently offering only modest effects on disease progression, there is a critical clinical and social imperative to implement evidence-based psychosocial and non-pharmacological interventions. These methods are essential not only to slow functional decline and maintain independence for as long as possible but also to facilitate the humanisation of care and the preservation of identity.

Central to this effort is the recognition of informal caregivers, family members and friends, as the cornerstone of the dementia support network. In Europe, the majority of daily assistance is provided by these "invisible workforce" who often manage complex care tasks with no formal training or support, leading to high risks of burnout, depression, and physical morbidity.

The AICOMM project (2024–2027) emerges as a vital response to this social challenge. This initiative is executed through an European consortium, leveraging the expertise of partners in Czechia (Sociální služby Praha 9), Spain (Activiza), Romania (Romanian Alzheimer Society), Slovenia (Gen Studio), and North Macedonia (DOM SOFIJA Bitola). This cross-border collaboration is vital, allowing for the synthesis of diverse care context to create a universally applicable curriculum.

The primary objective of AICOMM is the integration of AI-supported e-learning to bridge the accessibility gap in specialized training. By focusing on non-pharmacological communication and activation skills, the project empowers caregivers to preserve the dignity of the person with dementia while safeguarding their own mental health. The current deficit in formal support frameworks mandates this shift toward evidence-based strategies, ensuring that informal care becomes a competent pillar of the European healthcare landscape.

This report provides an analysis of the methodologies that underpin this paradigm shift, examining their specific impact on the informal networks that define the future of European dementia care. The purpose of this research is to select the right methods to develop the learning materials for the online training program of the AICOMM project.

Methods and approaches in dementia interaction and relationship building

The strategic selection of communication and activation models is fundamental to maintaining the personhood, dignity and autonomy of those living with cognitive decline. In a professional care context, these methodologies serve as the primary mechanism for transforming behavioural challenges into opportunities for meaningful connection.

Communication and relational approaches

The methods on this category focus on building meaningful connections through person-centred communication, validation, and relational engagement. Emphasising empathy, emotional recognition, and adaptation to cognitive changes, these approaches strengthen trust, reduce distress, and enhance social interaction, fostering supportive relationships between individuals with dementia, family members, and professional caregivers.

Validation Method

The Validation Method was developed in the 1960s–1980s by gerontologist Naomi Feil. It is grounded in the belief that the emotions expressed by people with dementia are meaningful and should be acknowledged rather than corrected. Instead of confronting disorientation or memory loss, caregivers seek to validate the person's feelings and subjective reality.

The method involves empathic listening, acknowledging emotions, and using verbal and non-verbal communication techniques such as eye contact, mirroring, and tone of voice. It is typically used in residential care settings and home care situations when individuals show confusion, distress, or repetitive questioning.

For people with dementia, validation reduces anxiety, agitation, and feelings of isolation. By accepting the emotional meaning behind statements or behaviours, caregivers can maintain a sense of dignity and trust. For families and professionals, the method provides practical communication strategies that reduce conflict and improve emotional connection. It also helps caregivers understand behavioural expressions as attempts to communicate unmet emotional needs.

Overall, the Validation Method supports a compassionate approach in which emotional truth is prioritised over factual accuracy, contributing to calmer interactions and improved well-being for both the person with dementia and their carers.

SPECAL Method

The SPECAL Method (Specialised Early Care for Alzheimer's) was developed by Penny Garner and the Contented Dementia Trust in the United Kingdom. It is based on a specific model of memory which proposes that people with dementia retain long-term memories while recent memory gradually declines.

The approach emphasises maintaining a stable emotional environment and avoiding situations that expose memory failure. Caregivers are encouraged to follow three core

principles: never ask questions that require short-term memory, listen carefully and learn from the person's past, and avoid contradicting the person's reality.

SPECAL is often used in home care and early-stage dementia support programmes. Families are trained to adapt everyday communication and routines in ways that protect the person's emotional security.

Benefits include reduced anxiety, fewer confrontational interactions, and improved continuity of identity for the person with dementia. Because the approach prioritises emotional safety, individuals often experience greater confidence and calmness in daily life. For relatives, the method offers clear guidelines that help them respond to challenging situations while maintaining positive relationships.

By focusing on preserved abilities and emotional well-being, the SPECAL Method aims to help people live contentedly with dementia for as long as possible.

Effective Communication

Effective communication in dementia care is not a single method but a set of principles developed through research in gerontology, psychology, and speech-language therapy. As dementia progresses, changes in memory, language, and comprehension make communication increasingly challenging.

Effective communication strategies focus on adapting how information is conveyed and interpreted. Key principles include using simple language, maintaining eye contact, speaking slowly, using gestures, allowing extra response time, and reducing environmental distractions.

These techniques are widely used in both professional care settings and family caregiving. Communication strategies are particularly important during personal care activities, emotional distress, or decision-making situations.

For people with dementia, improved communication reduces confusion, frustration, and isolation. It allows them to express needs and preferences more easily and supports their autonomy for longer.

For families and professionals, communication training enhances confidence and reduces misunderstandings that may lead to conflict or stress. Clear communication also strengthens relationships and supports emotional connection.

Ultimately, effective communication is a cornerstone of person-centred dementia care because it enables meaningful interaction even when cognitive abilities decline.

Person-Centred Communication and Relationship Model

The Person-Centred Communication and Relationship Model is grounded in Tom Kitwood's person-centred care philosophy, which emphasises seeing the person with dementia as an individual with unique needs, preferences, and emotions.

The model focuses on fostering meaningful relationships through empathy, respect, validation, and active listening, prioritising the emotional and social well-being of the individual rather than only addressing cognitive deficits. It provides a framework for informal caregivers to interact in ways that promote dignity, trust, and engagement, highlighting the relational aspect of care as central to quality of life.

The model is used to guide all daily interactions, including conversation, emotional support, conflict resolution, and collaborative decision-making. It is particularly valuable in home caregiving, as it provides relatives with strategies to maintain connection, manage distress, and understand the person's perspective. Techniques include using simple, clear language, non-verbal cues, validation of emotions, and responding flexibly to changing needs and moods.

This approach fosters a sense of security, belonging, and emotional well-being for the person with dementia, while reducing agitation and behavioural challenges. For relatives, it increases confidence in caregiving, improves the quality of interactions, and strengthens the emotional bond. By encouraging respectful, empathetic communication, it supports meaningful engagement and preserves relationships across all stages of dementia, making it a practical and effective strategy for home use.

Reality Orientation

Reality Orientation is a cognitive support approach that was developed in the 1960s in the United States to help people with memory impairments maintain awareness of time, place, and person. The method was initially used in psychiatric and geriatric settings and later adapted for dementia care.

The approach involves repeatedly presenting orientation information through verbal reminders and environmental cues. Examples include clearly visible clocks, calendars, signs indicating rooms or activities, and structured conversations that reinforce information about the current date, location, or upcoming events.

Reality Orientation can be delivered informally during daily interactions or through structured group sessions led by trained facilitators. It is most effective for individuals in the early to moderate stages of dementia, when some capacity for learning and recall remains.

The benefits include improved awareness of the environment, better communication, and increased confidence in daily activities. However, modern dementia care emphasises applying the method sensitively. If reminders about reality cause frustration or distress, caregivers may instead prioritise emotional reassurance.

For families, reality orientation techniques can support daily routines and help maintain communication, particularly when used alongside other person-centred approaches.

Behaviour understanding and management

These following approaches help professionals and caregivers interpret and respond to behavioural and psychological symptoms of dementia. By identifying underlying causes,

triggers, and unmet needs, they guide personalised interventions, reduce agitation, and improve daily functioning, supporting safer, more compassionate care while enhancing the well-being of both people with dementia and their families.

Unmet Needs Model

The Unmet Needs Model of dementia-related behaviour was developed through research by scholars such as Algase and colleagues in the 1990s. The model proposes that behavioural and psychological symptoms of dementia are often expressions of unmet physical, emotional, or social needs rather than random symptoms of the disease.

According to this perspective, behaviours such as agitation, wandering, or shouting may indicate discomfort, pain, loneliness, boredom, or fear. Care providers are encouraged to investigate possible causes instead of simply trying to suppress the behaviour.

This model is widely applied in person-centred dementia care and behavioural assessment frameworks in residential and community care settings. It informs multidisciplinary approaches where professionals analyse environmental factors, health conditions, communication barriers, and psychosocial needs.

The benefits include more humane and effective responses to behavioural symptoms. When underlying needs are identified and addressed—such as providing meaningful activity, improving comfort, or facilitating social interaction—distress often decreases significantly.

For families, the model offers a constructive way to interpret behaviours that might otherwise appear confusing or frustrating. It encourages empathy and problem-solving rather than control or punishment, ultimately improving quality of life for both people living with dementia and their caregivers.

DICE Approach

The DICE approach (Describe, Investigate, Create, Evaluate) is a structured clinical framework developed by dementia researchers and clinicians to assess and manage behavioural and psychological symptoms associated with dementia. The model was created to help professionals and families understand the underlying causes of behaviours such as agitation, aggression, wandering, or sleep disturbances.

The first step, Describe, involves carefully documenting the behaviour and the circumstances in which it occurs. Investigate focuses on identifying possible contributing factors, including medical conditions, environmental triggers, emotional distress, or unmet needs. Create refers to developing personalised strategies to address the identified causes, often involving non-pharmacological interventions such as environmental adjustments, improved communication, or meaningful activities. Finally, Evaluate involves reviewing whether the strategies have been effective and making adjustments if necessary.

The DICE approach is widely used in multidisciplinary healthcare settings and caregiver training programmes. It promotes systematic problem-solving and reduces reliance on medication.

For people with dementia, this method leads to more personalised and compassionate responses to behavioural symptoms. Families benefit from having a clear framework to interpret behaviours and develop practical strategies for managing challenging situations.

Dementia Care Mapping (DCM)

Dementia Care Mapping (DCM) was developed at the University of Bradford by Tom Kitwood and colleagues in the 1990s. It is both an observational tool and a practice development method designed to evaluate and improve the quality of care for people with dementia.

The process involves trained observers systematically recording the experiences of people with dementia in care environments over several hours. Observations focus on levels of well-being, types of activities, staff interactions, and environmental factors.

DCM is commonly used in residential care homes, hospitals, and community services as part of quality improvement initiatives. After observations, feedback is provided to staff teams to identify strengths and areas for improvement in care practices.

For people with dementia, the method promotes environments where staff interactions are more supportive, respectful, and person-centred. It helps ensure that daily routines include meaningful engagement rather than passive care.

Families benefit because DCM encourages transparency and accountability in care services. It also supports organisational learning and staff training, leading to improved care cultures. Overall, Dementia Care Mapping helps services move towards more compassionate, responsive, and person-centred dementia care.

Psychosocial and activity-based interventions

These methods engage individuals in meaningful, stimulating activities tailored to abilities and interests. By promoting engagement, social interaction, and emotional expression, they enhance quality of life, reduce apathy and agitation, and reinforce identity and self-esteem in people with dementia.

Cognitive Stimulation Therapy

Cognitive Stimulation Therapy (CST) is a structured, evidence-based psychosocial intervention developed in the United Kingdom by researchers including Aimee Spector and Martin Orrell. It emerged in the early 2000s from research on cognitive interventions aimed at improving mental functioning and social engagement in people with mild to moderate dementia.

The therapy usually involves small group sessions held twice a week over several weeks. Each session focuses on a theme—such as childhood memories, food, music, or current affairs—and includes activities designed to stimulate thinking, memory, language, and social interaction. Activities may include discussions, word games, creative exercises, and problem-solving tasks.

CST is widely used in community services, day centres, and residential care settings. The sessions are facilitated by trained professionals who encourage participation and maintain a supportive, inclusive atmosphere.

Research shows that CST can lead to improvements in cognitive functioning and quality of life comparable to some pharmacological treatments. Participants often enjoy the social aspect of the sessions and experience increased confidence and engagement. For families, the therapy can help maintain communication and social interaction, contributing to a more active and fulfilling daily life for people living with dementia.

Reminiscence Therapy

Reminiscence therapy emerged in the 1960s and 1970s through the work of psychiatrist Robert Butler, who recognised the psychological importance of reviewing life experiences in later life. In dementia care, reminiscence focuses on recalling past events using prompts such as photographs, music, objects, or stories.

The method is often used in group activities or individual sessions in care homes, day centres, and community programmes. Facilitators encourage discussion about childhood, work, family life, or historical events.

Because long-term memories are often preserved longer than recent memories in dementia, reminiscence allows individuals to engage confidently in conversation and share personal experiences.

Benefits include increased self-esteem, improved mood, and stronger social connections. People with dementia may feel recognised and valued when their life stories are acknowledged.

For families, reminiscence sessions can help preserve family history and strengthen emotional bonds. They also provide insight into the person's identity, values, and experiences, which can inform more personalised care.

Overall, reminiscence therapy supports dignity and identity by recognising the continuing importance of a person's life history.

Life Story Work

Life Story Work is a person-centred approach that involves gathering, documenting, and using the personal history of an individual to inform dementia care. The method emerged from person-centred care philosophy and social work practice during the 1980s and 1990s, particularly influenced by the work of Tom Kitwood and other researchers who emphasised the importance of identity and biography in dementia care.

The process typically involves collecting information about a person's life experiences, relationships, interests, achievements, and important events. This information is often compiled into a life story book, digital record, or memory box containing photographs,

written narratives, and meaningful objects. The material can be created collaboratively with the person with dementia, family members, and caregivers.

Life Story Work is widely used in care homes, day centres, and home care settings. Care professionals use the information to personalise communication, design meaningful activities, and better understand behaviours that may be linked to past experiences or values.

For people with dementia, the approach reinforces identity and promotes a sense of dignity and continuity. It allows individuals to share memories that remain meaningful even as cognitive decline progresses. Families benefit because their relative's personal history is recognised and integrated into daily care, strengthening emotional connections and helping caregivers provide more individualised and respectful support.

Montessori Method

The Montessori approach for dementia was adapted by Dr Cameron Camp in the 1990s from Maria Montessori's educational philosophy. The approach is based on the principle that individuals learn and function best when activities build on their remaining abilities.

Montessori-based dementia programming uses structured tasks, visual cues, repetition, and hands-on activities designed to support independence. Activities may include sorting objects, matching tasks, or practical everyday activities.

The method is widely used in care homes, memory care programmes, and adult day services. It emphasises enabling people with dementia to take active roles in daily life rather than being passive recipients of care.

Benefits include increased engagement, improved self-confidence, and greater independence in daily activities. The structured nature of tasks helps compensate for memory difficulties while allowing people to succeed.

Families and caregivers also benefit because the approach provides practical tools for supporting participation and reducing frustration. Montessori-based programmes often lead to more stimulating environments and positive social interaction.

Snoezelen

Snoezelen, also known as multisensory stimulation, originated in the Netherlands in the 1970s. It involves specially designed environments where sensory experiences such as light, sound, texture, and aroma are used to promote relaxation and stimulation.

Snoezelen rooms typically include soft lighting, fibre optic displays, calming music, tactile objects, and comfortable seating. Sessions are usually guided by trained staff.

The approach is used in dementia care homes, hospitals, and specialised therapy centres. It is particularly helpful for individuals who have difficulty engaging in traditional activities.

For people with dementia, multisensory stimulation can reduce agitation, improve mood, and promote relaxation. It also provides opportunities for sensory enjoyment even when cognitive abilities decline.

Families often find that Snoezelen environments allow them to share calming and meaningful moments with their relatives. These experiences can enhance emotional connection and reduce stress.

Meaningful Activities

Meaningful activities are a central component of person-centred dementia care. The concept is based on occupational therapy principles, emphasising that participation in purposeful activities contributes to health, identity, and well-being.

Meaningful activities are those that reflect a person's interests, past roles, abilities, and preferences. Examples include gardening, cooking, crafts, music, household tasks, or social interactions.

In dementia care, activities are adapted to match cognitive and physical abilities while maintaining a sense of purpose. They are commonly implemented in care homes, day centres, and home support programmes.

For people with dementia, engaging in meaningful activities reduces boredom, agitation, and behavioural distress. It supports a sense of competence and personal identity.

Families often report that meaningful activities improve mood and encourage positive interaction. Shared activities can strengthen relationships and provide enjoyable moments despite cognitive decline.

In addition, staff benefit from having structured ways to engage residents beyond routine care tasks. Overall, meaningful activities contribute significantly to emotional well-being and quality of life.

Music Therapy

Music therapy is a clinical intervention delivered by trained therapists and supported by extensive research in neuroscience and psychology. Because musical memory is often preserved in dementia, music can evoke powerful emotional and cognitive responses.

Music therapy may include listening to familiar songs, singing, playing instruments, or rhythmic movement. Sessions can be individual or group-based.

The approach is widely used in residential care homes, hospitals, and community programmes. It is particularly effective for managing agitation, anxiety, and depression.

Benefits include improved mood, increased social interaction, and stimulation of memory and emotions. Music often helps individuals reconnect with personal memories and cultural identity.

For families, shared musical experiences can restore moments of recognition and emotional closeness. Music therapy also provides caregivers with a non-pharmacological strategy for supporting emotional well-being.

Doll Therapy

Doll therapy involves providing lifelike dolls to some people with dementia, particularly those who previously had caregiving roles. The approach is based on attachment theory and the human tendency to nurture.

In practice, individuals may hold, care for, or talk to the doll as if it were a baby. The activity is usually introduced sensitively and voluntarily.

Doll therapy is commonly used in residential care homes with people who display anxiety, agitation, or loneliness.

Benefits include reduced distress, increased sense of purpose, and calming effects. Caring for the doll can provide comfort and emotional security.

For families, the approach may initially raise ethical questions, but many report that it brings peace and happiness to their relatives. When used respectfully, doll therapy can support emotional expression and reduce behavioural distress.

Animal-Assisted Therapy

Animal-Assisted Therapy, commonly known as pet therapy, is fundamentally rooted in the Biophilia hypothesis, which posits that humans possess an innate biological tendency to seek connections with nature and other living beings.

By integrating trained animals, typically dogs and cats, but also rabbits, birds, and equine species, into the home or clinical environment, this method leverages the affective memory of individuals, which frequently remains functional long after cognitive abilities have declined.

The methodology functions through planned interactions that range from structured grooming and petting to simple activities such as giving commands or walking a dog. These physical and emotional exchanges stimulate multisensory responses, triggering the release of beneficial hormones like oxytocin and dopamine while simultaneously reducing cortisol levels associated with chronic stress.

The primary benefits include significant reductions in agitation, aggression, and loneliness, alongside improved social engagement and physical mobility. The animal serves as a non-judgmental companion, offering a safe outlet for nurturing and emotional expression that combats social withdrawal.

AAT acts as a powerful social catalyst, facilitating more positive and fluid communication of the caregiver with their loved one by providing a shared focal point. This interspecies mediation can alleviate the psychological intensity of the caregiving role, providing the carer with a sense of companionable support that reinforces the emotional bond and effectively lowers the subjective burden of care.

Therapeutic Robots

The therapeutic robots method, exemplified by zoomorphic systems like the robot seal Paro and humanoid platforms such as Pepper, is based on the concept of socially assistive robotics. This approach prioritises emotional and social interaction over physical care tasks, aiming to bridge the gap in companionship and sensory stimulation common in cognitive decline.

These robots function through integrated sensor technology that detects visual, auditory, and tactile inputs, allowing them to react to the environment and generate empathetic, expected behaviours during engagement. By providing a tailored stream of feedback, the robots facilitate a non-threatening form of social mental activity that adapts to the user's immediate state.

For people living with dementia, therapeutic robots offer a safe outlet for connection, significantly alleviating feelings of loneliness and social isolation. The presence of a responsive companion has demonstrated calming effects, potentially reducing neuropsychiatric symptoms such as agitation while motivating users to participate in shared activities.

For carers, these robotic systems serve as supportive devices that provide a layer of surveillance and repetitive engagement, which would otherwise fall solely on the family. By handling routine reminders and providing constant, gentle stimulation, robots can partially relieve the intensive psychological stress and burden on the carer. This technological alliance improves the carer's quality of life and grants them vital windows of respite, knowing their loved one is safely engaged in meaningful interaction.

Namaste Care

Namaste Care is a care programme developed in the early 2000s by American social worker and gerontologist Joyce Simard. The name "Namaste" refers to a greeting meaning "to honour the spirit within", reflecting the philosophy of recognising the dignity and personhood of individuals living with advanced dementia.

The programme was designed for people in the later stages of dementia who often have limited verbal communication and reduced ability to participate in conventional activities. Its foundations lie in person-centred care and sensory-based approaches that prioritise comfort, emotional connection, and human presence.

Namaste Care is typically delivered in a calm and structured environment within care homes or specialised dementia units. Sessions usually take place daily in small groups and include gentle sensory stimulation such as soft music, aromatherapy, massage, hand care, hydration, and personalised attention from caregivers. The environment is designed to be quiet, warm, and comforting, reducing external stress and promoting relaxation.

For people with dementia, Namaste Care has been associated with reduced agitation, increased comfort, and improved emotional well-being. Even individuals with severe cognitive impairment may respond positively to touch, familiar music, and attentive interaction. Families often report that the programme creates meaningful moments of

connection with their relatives. It also supports staff by providing a structured approach to engaging compassionately with people in advanced stages of dementia.

Environmental and caregiver support models

These methods optimise the physical and social environment while empowering caregivers. They include adaptations to spaces, routines, and policies, as well as structured training and support for family and staff. The goal is to reduce stress, promote autonomy, and maintain quality of life, ensuring safe, comfortable, and person-centred care.

Humanization of spaces

The humanisation of spaces is grounded in environmental psychology and cognitive accessibility, treating the physical surroundings as a vital non-pharmacological intervention. It builds on evidence-based principles designed to compensate for the sensory and cognitive impairments that often make everyday environments disorienting or dangerous.

This approach functions by creating a "human scale" environment that is easy to navigate through unobtrusive risk reduction and enhanced wayfinding. Practical implementations include using high-contrast colours to help distinguish objects, installing matt flooring to avoid the perception of wet surfaces, and maximising natural light to support well-being. It specifically aims to reduce unhelpful stimuli, such as background noise and confusing reflections, while ensuring that key areas remain visible to encourage independent movement.

These spatial adjustments foster independence and engagement by reducing the psychological distress of confusion. A supportive environment promotes safety and security, which effectively alleviates symptoms of agitation and anxiety.

For families, the humanisation of spaces offers significant relief from the constant vigilance required for safety. By creating a more navigable and secure home, carers experience increased confidence and a reduction in overall burden, which can provide essential peace of mind and facilitate brief periods of respite.

Quality of Life Model

The Quality of Life Model developed by Robert Schalock and Miguel Ángel Verdugo is widely used in the fields of disability, social care, and ageing. The model provides a comprehensive framework for understanding well-being beyond medical or functional indicators. It identifies eight key domains of quality of life: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights.

In dementia care, this model is used as a conceptual framework for assessing and improving the overall life experience of individuals living with cognitive impairment. Rather than focusing exclusively on symptoms or clinical outcomes, it encourages professionals to consider how care environments, relationships, and opportunities for participation influence well-being.

The model is applied in service evaluation, care planning, research, and policy development. By examining multiple domains of life, care providers can design interventions that address social participation, autonomy, and dignity.

For people with dementia, the model supports a holistic approach that values their rights, preferences, and social connections. Families benefit because care services guided by this framework are more likely to promote meaningful engagement, respect personal identity, and support inclusion within the community.

Gentle Care

Gentle Care is a dementia care model developed by Canadian nurse and dementia specialist Moyra Jones in the 1990s. The approach is based on the principle that many behavioural symptoms in dementia arise when the environment or daily demands exceed the person's remaining abilities. Rather than attempting to change the person, Gentle Care focuses on adapting the surroundings, routines, and caregiving style to support the individual's functional capacities.

The model is built around three interconnected components often referred to as the "Gentle Care triad": the person, the environment, and the people who provide care. Care environments are designed to be safe, familiar, and easy to navigate, while daily routines are simplified and structured. Caregivers are trained to observe changes in ability and adjust expectations accordingly, promoting independence wherever possible.

Gentle Care is widely applied in residential care homes, dementia-friendly housing, and community services. It is particularly useful in designing supportive living environments and in guiding staff training.

The benefits include reduced stress, fewer behavioural disturbances, and greater independence for people with dementia. By ensuring that environmental demands match individual abilities, the model helps individuals function more successfully in everyday activities. Families also benefit from a clearer understanding of how to adapt the home environment and caregiving strategies to support their relative's well-being.

REACH II

REACH II (Resources for Enhancing Alzheimer's Caregiver Health II) is an evidence-based intervention developed in the United States as part of a large multi-site research programme funded by the National Institutes of Health. It was designed to support family caregivers of people living with dementia, recognising that caregiving can have significant emotional, physical, and social impacts. The model integrates principles from behavioural psychology, stress management, and caregiver education.

The programme provides structured support through a combination of education, skills training, problem-solving strategies, and emotional support. It typically includes several sessions delivered by trained professionals, either face-to-face or remotely. Topics addressed include managing behavioural symptoms of dementia, improving communication, coping with stress, and organising daily care routines.

The main benefit of REACH II is that it strengthens the resilience and competence of family caregivers. Research has shown that participants experience reduced stress, depression, and burden, while also improving their ability to manage challenging behaviours in dementia. For people living with dementia, the intervention contributes to more stable home environments and better quality of care. Ultimately, REACH II helps families sustain caregiving roles for longer while maintaining well-being and emotional balance.

Methods selected for the AICOMM project

Criteria used for selection

By applying these three criteria, we ensure that the selected methods are aligned with the goals of the AICOMM project. They help relatives learn strategies that are practical, adaptable, and easy to manage, supporting communication and meaningful engagement in daily life while remaining effective throughout the progression of dementia.

Practical and feasible at home

The method can be applied in a home environment without specialised equipment, professional supervision, or complex preparation. Relatives often have limited time, resources, and formal training, so interventions must be simple, flexible, and realistic. Techniques that require professional monitoring, institutional settings, or expensive materials are less suitable for home use.

Effective across dementia stages

The method is adaptable to different cognitive levels, from mild to moderate dementia, and, in some cases, even late-stage dementia. Relatives need tools that remain useful as the disease progresses. Techniques that only work in early stages or require high cognitive functioning can become frustrating or unusable as dementia advances.

Ease of implementation

The method can be quickly understood, easily learned, and consistently applied by informal caregivers. Techniques that require extensive training, complicated procedures, or technical knowledge are less likely to be adopted. Relatives benefit most from strategies that are straightforward, practical, and can be integrated into daily routines.

Assessment of suitability for the project

Method	Practical at home	Effectiveness across stages	Ease of implementation
1. Validation Method	●	●	●
2. SPECAL Method	●	●	●
3. Effective Communication	●	●	●
4. Person-Centred Communication and Relationship Model	●	●	●
5. Reality Orientation	●	●	●
6. Unmet Needs	●	●	●
7. DICE Approach	●	●	●
8. Dementia Care Mapping	●	●	●
9. Cognitive Stimulation Therapy	●	●	●
10. Reminiscence Therapy	●	●	●
11. Life Story Work	●	●	●
12. Montessori	●	●	●
13. Snoezelen	●	●	●
14. Meaningful Activities	●	●	●
15. Music Therapy	●	●	●
16. Doll Therapy	●	●	●
17. Animal-Assisted Therapy	●	●	●
18. Therapeutic Robots	●	●	●
19. Namaste Care	●	●	●
20. Humanisation of spaces	●	●	●
21. Quality of Life Model	●	●	●
22. Gentle Care	●	●	●
23. REACH II	●	●	●

● High ● Moderate ● Low

Methods selected for the training program

Communication-focused methods

- **Validation Method:** allows relatives to acknowledge and respond empathetically to the emotions of the person with dementia. It is practical at home, requiring no special equipment. The method is effective across all stages, as validation addresses feelings rather than cognitive ability. It is easy to implement, with simple conversational strategies that relatives can quickly learn and apply, helping reduce distress and foster connection while maintaining dignity.
- **Effective Communication:** it plays a central role in maintaining understanding and interaction. It is home-practical, relying on clear speech, gestures, and attentive listening. Techniques adapt to different stages, from mild memory loss to advanced dementia. Implementation is straightforward, requiring minimal training while supporting daily engagement and reducing frustration for both relatives and the person with dementia.
- **Person-Centred Communication and Relationship Model:** it focuses on empathy, active listening, and adapting communication to the individual's needs. It is practical at home, requiring no materials or special setup. Effective across all stages of dementia, as it emphasises understanding and emotional connection rather than memory recall. Implementation is easy, as relatives can immediately use simple techniques such as clear language, validation, tone, and non-verbal cues, supporting engagement, reducing frustration, and maintaining meaningful interactions.

Activation and engagement methods

- **Life Story Work:** it enables relatives to connect with the person's identity and history. Practical at home, it involves collecting and discussing memories through photos, objects, or stories. Effective across stages, as reminiscing can provide comfort even in later dementia. Implementation is relatively easy, requiring simple preparation and flexible use, fostering meaningful engagement, enhancing communication, and reducing isolation.
- **Meaningful Activities:** it supports engagement and purpose. Activities can be adapted to home routines, cognitive levels, and interests, making it practical. Effective in all stages, as tasks can be simplified or adjusted. Implementation is straightforward, using everyday objects or tasks, helping relatives encourage participation, maintain skills, and enhance quality of life without complex training.
- **Reminiscence Therapy:** it stimulates memory and conversation. It is practical at home using familiar photos, music, or objects. Best in early and moderate stages, but

emotional aspects can still benefit advanced stages. Implementation is simple, requiring basic prompts and interaction, helping relatives foster connection, evoke positive memories, and improve mood with minimal preparation.

- **Montessori:** focuses on preserved abilities and autonomy. Practical at home, it uses everyday objects for structured activities. Effective across stages, as tasks can be adapted in complexity. Implementation is moderate, requiring some planning to set up activities, but the method enhances engagement, confidence, and meaningful participation while being manageable for relatives.
- **Music Therapy:** music can stimulate emotions, memory, and engagement. It is home-practical, requiring only a device to play familiar songs. Effective across all stages, as even advanced dementia patients respond to music. Implementation is easy, with minimal preparation needed. It promotes communication, reduces agitation, and provides enjoyable shared experiences.

Behaviour understanding and management methods

- **DICE:** practical at home, it guides relatives to Describe, Investigate, Create, and Evaluate strategies for challenging behaviours. Effective in all stages, as behaviours occur throughout dementia. Implementation is manageable, providing a simple framework for relatives to understand triggers and apply solutions without specialist tools.
- **Unmet Needs:** selected for identifying the underlying causes of behaviours. It is practical at home, using observation and empathy rather than equipment. Effective across all stages, as behaviours signal needs at any point. Implementation is straightforward, allowing relatives to adjust care, improve comfort, and reduce distress, supporting meaningful communication and activation.

Conclusion

The implementation of non-pharmacological communication and activation strategies is essential to slow functional decline and preserve the dignity of those affected.

To ensure the AICOMM project effectively bridges the training gap for relatives, a rigorous selection process was employed. All chosen methodologies were evaluated against three core criteria to ensure they are fit for purpose in a domestic setting:

- Practicality and feasibility at home: Techniques must be applicable without specialised equipment or professional supervision.
- Effectiveness across dementia stages: Strategies must remain adaptable as the condition progresses from mild to advanced stages.
- Ease of implementation: Methods must be straightforward for informal caregivers to learn and integrate into daily routines without extensive technical knowledge.

The following methods have been identified as the most effective pillars for the AICOMM training programme:

- Communication-Focused Methods: The Validation Method, Effective Communication principles, and the Person-Centred Communication and Relationship Model were selected for their ability to foster emotional connection and reduce distress through empathy and adaptive interaction.
- Activation and Engagement Methods: Life Story Work, Meaningful Activities, Reminiscence Therapy, the Montessori approach, and Music Therapy were chosen to stimulate memory, support autonomy, and enhance quality of life through tailored, purposeful engagement.
- Behaviour Understanding and Management: The DICE approach and the Unmet Needs Model provide caregivers with a structured, compassionate framework to interpret and manage challenging behavioural symptoms without over-reliance on medication.

These selected methodologies will serve as the foundational curriculum for the AICOMM AI-supported e-learning platform. By synthesising these diverse, evidence-based care contexts, the project will empower caregivers across Europe to maintain the personhood of their loved ones while safeguarding their own mental health and resilience.