An exploratory study into the experience of reminiscence therapy amongst people with dementia and their caregivers in different settings in Ireland

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Acknowledgements
Reminiscence

- Reminiscence Therapy is one of a range of non-pharmacological interventions used in dementia care.

- Non-pharmacological interventions are recommended as the first intervention for non-urgent, non-cognitive symptoms.
Of all the non-pharmacological approaches reminiscence therapy is considered amongst the most popular and is known to be enjoyed by both staff and participants (Woods et al 2005)
Reminiscence therapy for dementia can be delivered in different ways and in different settings.

**General or simple reminiscence:**

- planned work, using open ended questions or various prompts to stimulate reminiscence on topics likely to be of interest to participants and unlikely to stimulate painful memories. Usually undertaken in a group. Emphasis on social interaction and enjoyment.

**Specific Reminiscence:**

- more likely to be carried out with individuals or small groups. More specialised. Eg Life Review work (*Gibson 2006*)
General Reminiscence in practice

- The reminiscence aids project of 1978-1979 - One of the first wide scale general reminiscence projects
Specific Reminiscence - Life Story Work

- Can be planned or spontaneous
- Can include the use of prompts such as photographs, music
- Can involve talking or writing
- Can result in an end product such as a Life Story book or collage but this is not essential
- Life Story book can be useful tool if person goes into residential/nursing care
- The person with dementia should decide what is discussed in life story work
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Reminiscence

For the purpose of this thesis, the definition of reminiscence used is taken from the 2005 Cochrane review of Reminiscence Therapy for dementia which describes Reminiscence Therapy as involving "the discussion of past activities, events and experiences with another person or group of people, usually with the aid of tangible prompts such as photographs, household and other familiar items from the past, music and archive sound recordings" (Woods et al 2005)
New and innovative ways of delivering reminiscence therapy

- Personalised reminiscence photo videos (Yasuda et al 2009)
- YouTube (O’Rourke and Tobin 2010)
- Using Poetry Writing and Remembering Boxes (Hagens et al 2003)
Earliest published study identified, looked at the effects of a group life review activity, on 3 groups of nursing home residents - concluded there were beneficial effects on:

• Conversation
• Interest
• Attention span (Kiernat 1979)
Many of the early evaluation studies were criticised for serious methodological flaws – inadequate definition of terms such as reminiscence, lack of adequate controls, limited samples, poor measurement (Coleman 2005)
A Cochrane review was undertaken in 2005 by Woods, Spector, Jones, Orrell and Davies, examining international literature on reminiscence and dementia. It included only 5 studies from an original selection of 31 with only 4 having extractable data.

Baines 1987; Goldwasser 1987; Thorgrimsen 2002; Lai 2004; Morgan 2000

Acknowledged several useful aims: to enhance communication, to increase a sense of personal identity, to have an enjoyable activity in company with others, to improve mood and well-being, to stimulate memories and to increase the individualisation of care.

Some significant results identified – improvements in cognition and mood 4 – 6 weeks after intervention, lower strain reported in caregivers participating with their relative, some indications of improved functional ability, no harmful effects identified on the outcome measures reported. *Call for more quality research in the field*
Reminiscence Therapy – outcomes identified in the literature

RT has been associated with the maintenance of identity and he encouragement of feelings of self worth (Coleman 1986; Gibson 1998).

RT has also been linked to improvements in caregiver strain (Woods et al 2005) and an improvement in staff motivation (Gibson 1994; Perese et al 2008).

Incidence of negative outcomes have been few (Yamagami et al 2007) but caution is advised by many researchers in the field (Gibson 2004; Bender 1997)
Reminiscence Therapy

What original research contribution could I make to this body of literature?
This Thesis - Key Research Questions:

How do individuals with dementia who participate in reminiscence therapy programmes experience the intervention?

What are the attitudes, expectations and experiences of formal and informal caregivers who participate in reminiscence therapy?

Are there differences between the way in which reminiscence is experienced in different care settings?
Reasons for choosing this topic

Existing Knowledge

Voices

Experiences

Research process
Research Methods

Qualitative study
A multiple case study approach
Purposive sampling – maximum variation
Case studies

Data Collection – semi-structured interview schedules, observations
Analysis – all interviews are taped and transcribed and with the rest of the data analysed with emerging themes identified using a Phenomenological approach.
Pilot Study Completed
Pilot Study Findings in acute hospital setting.

<table>
<thead>
<tr>
<th>3 In-depth interviews with PWD</th>
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<tbody>
<tr>
<td>1 with formal caregiver</td>
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<tr>
<td>1 with informal caregiver</td>
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<tr>
<td>Observations of two reminiscence sessions</td>
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- Interview Schedule Adjusted
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<th>Field work in residential respite centre</th>
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<td>A residential respite centre, specifically for people with dementia.</td>
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<td>Rural setting, in a small town in the West of Ireland</td>
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<td>Most of the clients had strong ties to the local area</td>
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<td>Reminiscence was part of a SONAS session, regularly carried out in the centre. The activities leader had undergone specific SONAS training</td>
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<td>13 residents talking part in the activity</td>
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<tr>
<td>3 case studies – 2 observations, interviews with the person with dementia, background contextual knowledge gathered, interview with professional caregiver</td>
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Preliminary findings from Observations at residential respite centre

- Signs of well being
- “Therapeutic moments”
- The importance of the group leader
- Displays of empathy with others in group
- Music – most popular prompt
- Identity
Themes emerging from in-depth interviews with a formal caregiver

- Had definite aims for the sessions
- Good understanding of the variety of prompts available
- Understanding of importance of environment
- Recognition of importance of activities in general
- Reminiscence is often used throughout the day as well as in planned sessions
- New learning for person with dementia can take place
- Reminiscence seems to have an affect on self esteem and confidence of person with dementia
- The value of seeing the person with dementia in a more holistic light
- Importance of training
- Caregivers also gain enjoyment from the session
Preliminary findings from in-depth interviews with persons with dementia

- Expressed general enjoyment of activity
  - “it gets you over the rut you’re in”
- Talked a lot about music and their enjoyment of it in the session
  - “they’re nice girls, so they are”
- Enjoyed interaction with caregivers
  - “yeah, they’re a good lot really”
Preliminary findings from in-depth interviews with persons with dementia

Able to express preferences and exercise choice, not passive participants

- “I love them when they come in, ah it’s lovely, cause they play guitar, everything, oh I mean that’s good (pointing) now I’m not running that down”

- “what do you think B and I say, I never did have one, and I say one and we have that one” (seeming to refer to choosing a song)

Reminiscence did not appear to cause distress.

- When asked if anything in a session made a participant sad “Oh not really, not really, no, no, ah no, I don’t think I’d be doing it if it was” (laughing)
Challenges of doing research in this area

- Important to acknowledge communication difficulties with person with dementia
- Importance of non-verbal communication during interview process with person with dementia
- Ensuring responses to question reflect the reality of situations and are not purely socially desirable answers
Future Developments

Field work
- Residential Respite Care - Completed
- Acute Hospital Setting – Due to complete May 2010
- Residential care – Scheduled June 2010
- Day Care - Scheduled July 2010
- Community - Scheduled August 2010

Ongoing data analysis

Writing up of findings

Presentations to seminars, conferences and DSIDC Training days.
Thank You

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