Doll therapy application for institutionalized dementia people

Italy
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Project Stage: Scaling
Website: http://www.centroterapiacognitiva.it

Aging
Health care
Mental health
Wellness

Project Summary

Elevator Pitch

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

Non-pharmacological therapy to promote wellbeing, to prevent and reduce behavioral disorders in people with dementia in nursing homes

About Project

Problem: What problem is this project trying to address?

Dementia syndrome is characterized by some multiple cognitive deficits (memory, language, attention, reasoning, planning). They based the experience of space and time disorientation, the non-recognition of familiar faces and places, the progressive inability of expression and verbal comprehension and many other deficits that lead to dependence and isolation. It is a progressive and often irreversible condition with a social and occupational impact. In Italy there are about 1 million person with dementia and it is estimated that every year there are 150,000 new cases (Di Carlo et al., The Ilsa Study, 2002). In addiction to cognitive deficits, there are often disorders like personality disorder, anxiety, depression, hallucination, irritability, insomnia or apathy. About 90% of subjects have non-cognitive symptoms, although the frequency and severity of them is variable in relation to dementia severity and etiology. (A. Bianchetti, 1998). Usually mental and physical excitement and aggressive acts express a request of protection and safety (Miesen, 2010). It is very stressful for family members and nursing home care staff to respond to these requests and to be a secure base for the patient. It can even lead to physical and mental breakdown. Behavioral disorders are in fact the most common cause of institutionalization, worse prognosis, prescription drug, physical restraint and reduced quality of life in patient and their caregiver. Prevention question and behavioral disorders managing are the most common problem in nursing home because the increasing (between 40 and 50%) of dementia population, the high presence of non-cognitive symptoms and a large use of drugs. Alzheimer Units, as specialized care units, are the perfect areas for experimental projects aimed to controlling behavioral disorders and dementia non-pharmacological validation therapies. For this reason Alzheimer Units promote healthcare training, living spaces design, careful and rational drugs administration and physical restraint and non-drug therapies.

Solution: What is the proposed solution? Please be specific!

According to treatment guidelines for behavioral disorders in dementia patients (American Academy of Neurology, 2001) Doll Therapy is a useful tool in institutional contexts as an alternative to drugs therapy and physical restraints. Doll Therapy benefits cover several individual aspects like mood, cognition, affectivity and sociability. Doll Therapy lives a situation where dementia patients ranging from take care for themselves to give protection to a doll, seen as a real baby. This situation promotes serenity and tranquility with a significant reduction in disruptive behaviors. Our solution is inspired by the first experiences promoted in Italy by Dott. Ivo Cilesi in collaboration with the Alzheimer Center of Gothenburg in Sweden. Dolls we used, are produced by a Swedish brand and have features designed to recreate the sensation of touch and look like having a real child in own arms. The position of arms and legs, the real distribution of weight, the materials chosen and the contrasts between skin and clothes, facilitate the perceptual recognition by the patient, as we can detect both by the behavior observed and by spontaneous verbalizations. Our solution is proposed as innovative because it has defined, starting from the first clinical experiences, as a complex model that includes the training of caregivers, selection and careful evaluation of the cases, the registration of observed behaviors over time and the evaluation of effectiveness. Doll Therapy is a therapy that does not necessarily require the presence of a skilled therapist like in other non-pharmacological therapies such as pet therapy, music therapy, art therapy, etc. Different professionals (nurses, care assistants, educators) can use it if properly trained and supervised over time. Cost and time for formation and supervisions are much lower than other non-
Impact: How does it Work

Example: Walk us through a specific example(s) of how this solution makes a difference; include its primary activities.

Doll therapy is an approach to behavior disorders in dementia patients improving the quality of life in everyday life and the relationships with the care staff. It is also simple to implement, once formally formed the team, and can be used in different times of a day or supporting assistance in specific moments (eg during cleaning, dressing, feeding or putting to bed time). Dolls are easy to find and last in time. However the most important aspect is care staff training, involving in selection and evaluation of suitable cases and doll administration over time. For this reason, we have developed a protocol allows staff care to acquire knowledge, management skills and observation skills. Here the steps: - Multidisciplinary Training team operates in Alzheimer special care unit (2 meetings with psychologist) - Patient selection and start of the dolls testing phase with observation in time - Evaluation of the effectiveness of the intervention with monthly team meetings and supervisions

- Sustainability

Marketplace: Who else is addressing the problem outlined here? How does the proposed project differ from these approaches?

Like other non-pharmacological therapies, doll therapy focus the patient as center of treatment in enhancing the therapeutical relationship with the clinicians. Compared to other solutions tested in nursing home (such as pet therapy, music therapy, art therapy and dance therapy) it does not require the presence of a skilled therapist but all the figures of the team (nurses, practitioners, therapists) can act in therapy daily. It ensures continuity in the use of the doll and facilitates the learning process in dementia person who is repeatedly exposed to the same therapeutic situation in his life context. It is not necessary to create a specific setting for doll therapy but it can be applied in real life. The costs for training and the purchase of the dolls are restrained. Time dedicated to apply doll therapy is quantitatively and qualitatively the same than time dedicated to relationship with patients.

About You

- About You

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Implementer(s) and cooperation partners

Name
Centro di Terapia Cognitiva di Como

Type
Private company

Country where main implementer is located
, LC

How long has the main implementer been operating?
More than 5 years

Please provide a short description of the main implementer.

Center for Cognitive Therapy in Como, is a structure founded in 1992 by psychologists and psychotherapists with the mission to training psychologists in future psychotherapists. In 1994 the Ministry of Education recognized the Training School in Cognitive Psychotherapy in Como, and in 2008 the Cognitive Therapy Center obtained the certification EN ISO 9001:2008 for planning and execution of training courses recognized by MIUR

The information you provide here will be used to fill in any parts of your profile that have been left blank, such as interests, organization information, and website. No contact information will be made public. Please uncheck here if you do not want this to happen.

Cooperation partner

Name
Galdus soc coop

Type
Social enterprise (partly economically self-sustained through market products and services, primary mission is to solve a social problem)
How does this cooperation partner support the initiative? What competencies and resources does this partner bring to the initiative?

Galdus is an accredited center for professional training that contributes to intercept public or private funding, thanks to which it can fund the training for the operators who daily have to do with the institutionalized elderly people.

Cooperation partner
Name
Istituti Riuniti Airoldi e Muzzi ONLUS
Type
Non-profit/NGO
Website
www.airoldiemuzzi.it

How does this cooperation partner support the initiative? Which competencies and resources does this partner bring to the initiative?

Cooperation partner gives main setting for experimentation and has promoted Doll therapy in dementia subjects since care staff training to clinical supervisions. Care staff made available their time and their technical skills in management of behavioral disorders.

Cooperation partner
Name
Please select
Type
Please select
Website
How does this cooperation partner support the initiative? Which competencies and resources does this partner bring to the initiative?

Problem and solution
Which of these fields of Active and Healthy Ageing are addressed by your initiative?

Health literacy and patient empowerment, Personalized health management, Integrated care for chronic conditions.

If none of the above, answer here:
Please describe if and how your stakeholders (cooperation partners, funders, users, etc.) have been participating in defining the problem and developing the solution.

Galdus Soc Cooperative is responsible to finance training activities at nursing home staff. Our solution meet a positive and sensitive context developing skills in non-drug therapies. Before the introduction of doll therapy with Alzheimer patients, in fact, all nursing staff must be trained to recognize and managing specific behavioral disorders in dementia subjects. This process of selection and evaluation of suitable cases is defined in agreement with all nursing staff, making them protagonist from the beginning. It is also required a monitoring over time of the responses through observation grids and periodical meetings.

Has your solution been tested in trials, experimentations, or pilot projects? If yes, please describe the process and outcome.

In 2012 we conducted a pilot study with the experimental method in order to test differences between subjects treated with the dolls and controls group about recognition of the stimulus, about caregiving behavior and exploration. In the study we included 10 patients with dementia (Alzheimer type and vascular type) with a mean age of 85 years and behavioral problems (delirium, agitation, anxiety, sleep disorder). All subjects were observed in the same experimental situation in which member of care staff gives them in random order two different stimulus: a soft doll or a cube (not anthropomorphic stimulus). An observation grid has allowed us to record the observed behaviors. The results of this first experimental study support the hypothesis that repeated exposure to the doll allows the person with advanced dementia to link with it, giving it a meaning and reduced need to explore. This kind of experience is associated with activation of identified and finalized caregiving behaviors. Doll therapy can be an effective tool with a relational value and with an impressive cognitive stimulation.

How long has your solution been in operation?

for 1-5 years

Please select the relationship between your solution and related solutions currently established in our society. Is your solution...

substitutive (your solutions is substituting existing solutions because they do not meet needs or solve the problem appropriately)
Potential obstacle referred to evolution of dementia clinical features of patients treated with the doll and other changes in nursing staff. The condition of dementia patient may vary over time depending on many factors (clinical events, relapses, progression of deterioration) and it may influence the response to doll therapy. In these cases it should be necessary to temporarily suspend the operation. In general, doll therapy attends patient all along the course of illness providing important emotional support against an increasing loss of autonomy.

Alzheimer Care Units staff are subject to a massive turnover. Therefore, there is the risk that clinicians who have not been trained on specific therapy doll, may not use this tool properly. It is necessary to point out to the whole team a specific training annually or every two years and provide them some moments of renovation and comparison over time.
Which target group(s) do you want to reach with your solution?

Institutionalized population has changed in these years, increasing numbers of severe dementia subjects. For this reason our target are not only Alzheimer care unit subject but also nursing home dementia subjects. Enlarge experimental sample is proposed to assess replicability of the intervention and of the results, not only in Airoldi e Muzzi hospital, but also in other nursing home and Alzheimer Units on national territory. Another desirable development refer doll therapy use in domestic context supporting caregivers specially in subject with behavioral disorders.

Please estimate the number of persons within your target group (users, clients, etc.) that you currently reach directly with your solution.

Until now 30 people with dementia. 3 care unit (10 person each) trained

In which local/regional/national area(s) is the solution currently implemented?

Lecco - Lombardy Region

What is the impact on your target group (users, clients) you want to generate?

Prevention and reduction about behavioral disorders and a considerable reduction also in pharmacological use and restraint techniques. Doll therapy improves cognitive skills, emotional competences and improves subjectives experiences. The impact for care unit staff refer to reduction of work stress and increase of caregiver-patient relationship.

What is the wider impact on society you want to generate?

Dementia subjects and their caregivers are poorly supported by care network and they often feel alone in daily assistance. Society is afraid to deal with this kind of situations. We wish to sensibilise society perceiving demetia subject like a person with own history and some preserved reletional and emotional skills.

What are the impacts on your target group you already achieved?

Patients treated with the doll therapy report scores reduced (scale UCLA NPI) with respect to agitation, anxiety, irritability, sleep disorder. In these cases the doll therapy has been listed as non-pharmacological intervention in the individualized care plan like the activity in daily life. The staff of Alzheimer Group reported satisfaction in the use of this type of approach.

How has the impact of your initiative been assessed?

Self-evaluation (you used qualitative and/or quantitative methods to assess impacts), External evaluation of impacts based on qualitative methods (interviews, focus groups, etc.), External evaluation of impacts based on quantitative methods (quantitative measurement of impact indicators).

Public information and strategy

What information on your initiative is publicly available?

Mission and strategy, Organisational structure, Information on team members, Activity report.

Please indicate webpage or contact for obtaining the respective information.

www.centroterapiacognitiva.it tel. +39 338 2786761; http://www.airoldiemuzzi.it/pagine/eve_conv.html

What are your milestones for further developing, implementing, and establishing your initiative in the next three years? Please describe 1-3 milestones.

To contact Institutes (Nursing Home and Daily Care) operating on the territory of Northern Italy to raise awareness and promote the non-pharmacological approach to treating disorders of behavior with the use of Doll Therapy.

To train the Teams of care therapy to the use of the doll and start new therapeutic pathways expand the target group of patients.

To raise awareness in the public opinion to take a look back to the person with dementia through conferences and articles.

To extend the research begun in 2012 with the experimental group and the control group.