

Early psychosocial interventions in dementia: A compendium 2013

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Introduction

Following a diagnosis of early stage dementia, people may have a variety of needs, which may be met by a psychosocial intervention.

What is a Psychosocial Intervention?

A “psychosocial intervention” is a broad term used to describe different ways to support people to overcome challenges and maintain good mental health.

Psychosocial interventions are available to people who have received a diagnosis of dementia and their families. They are intended to help people maintain a good **quality of life** following diagnosis.

Psychosocial interventions can help with:

- **Adjustment to a dementia diagnosis**
- **Communication**
- **Stress, anxiety and depression**
- **Memory and cognitive functioning**
- **Living independently**
- **Quality of life**
- **Support for partners and families**

Deciding on the right psychosocial interventions for you is dependent on your needs and preferences.

Below we have outlined a list of different needs people may experience, and the psychosocial interventions that may be helpful to them.

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What is my Need?

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Advance care planning

What is it?

Advance care planning is the process of recording your future wishes and preferences for care and treatment, which come into effect in the event that you lose mental capacity to make important decisions.

Who is it for?

Anyone, particularly people with long-term illnesses, or those who wish to plan for the future.

What does it do? How does it do it?

Advance care planning involves discussing and recording your preferences and wishes for nurses, doctors, and other family members. It includes anything that is important to you, no matter how trivial it seems. It also includes:

- Wishes to refuse a specific treatment (an advance decision to refuse treatment)
- The name of someone you wish to speak for you, if you lose mental capacity to make decisions
- Details of anyone who holds lasting power of attorney.
- This care plan should be shared with the relevant people, such as family, doctors, and care home staff.

How long does it take?

This is ongoing and can be updated regularly.

What benefits might I see?

- Some control over the future
- Peace of mind

What are the possible downsides?

- You need to keep updating your care plan
- You will need to address difficult issues

Who can do this?

You can have this discussion with your family and friends, or your care manager, doctor, or anyone who will be involved in your plan.

Where can I find it?

Where can I find more information?

Nhs choices

What is the evidence?

Who approves/recommends it?

MSNAP standard,

Assistive Technology: Advice and Support

What is it?

“Assistive Technology” refers to devices which help you to do things that you would otherwise be unable to do, helping to maintain independence despite changing circumstances.

Who is it for?

Anyone with a diagnosis of Dementia, as well as carers and family members.

What does it do? How does it do it?

An example of assistive technology is the ‘lifeline’ system which helps you to call for help when you fall and are unable to call for help otherwise.

Another example of assistive technology is a ‘medication alarm’ which will remind you to take your medication if you have difficulty remembering to take it on time.

There is equipment and devices which can help you in the following areas:

- Speaking
- Hearing
- Seeing
- Walking & Moving
- Going out
- Memory
- Understanding
- Socialising
- Preparing food and drink
- Keeping you and your family safe

There are many devices available to you and it may be difficult thinking about which device will be the right one for you. Any combination of devices can be used depending on your own specific need, and personalised professional advice can help you decide what will help you the most.

How long does it take?

A professional can provide you with information on these devices directly during a consultation. Leaflets may also be provided so that you can go through options at your own pace.

What benefits might I see?

Assistive technology is designed to provide safety, peace of mind and increased independence, while causing as little disruption to your daily life as possible.

What are the possible downsides?

Assistive technology may involve a significant financial cost.

Who can do this?

An Occupational Therapist or other health & social care professionals can talk to you about assistive technology and how you and your family can use it effectively. They can also advise you on financial assistance as many devices come at a cost.

Where can I find it?

Some not-for-profit organisations, such as Lifeline or other telecare providers, provide assistive technologies for people with a wide range of difficulties.

Where can I find more information?

Mental health professionals such as community psychiatric nurses and occupational therapists can provide and discuss information and leaflets on where assistive technologies can be found. Alzheimer's Society website:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=109

What is the evidence?

Godwin, Mills, Anderson and Kunik (2013) carried out a systematic review of technology driven interventions.¹⁶

Who approves/recommends it?

MSNAP standard ³⁷ (Memory Services National Accreditation Programme) , 6.4.2
NICE (National Institute for Clinical Excellence) Guidelines 1.1.10.2, 1.2.1.1, 1.5.1.1
Alzheimer's Society

Cognitive Behaviour Therapy for Anxiety or Depression

What is it?

Cognitive Behaviour Therapy is a term used to describe a number of 'talking therapies' which are used to overcome emotional and psychological problems. Cognitive Behavioural Therapy is commonly used to treat anxiety and depression.

It is also known as CBT.

It is similar to Cognitive Therapy.

Other similar therapies include Behavioural Activation, Acceptance & Commitment Therapy, Cognitive Analytical Therapy, Mindfulness based CBT.

Who is it for?

This is for people who are experiencing anxiety or depression

What does it do? How does it do it?

This type of therapy aims to give you new skills to overcome current life challenges. It aims to help you replace unhelpful ways of thinking and coping with more helpful ways of thinking or coping when you are faced with a demanding situation or difficult emotion. It involves meeting regularly with a trained therapist who will help you to learn new skills and techniques which may make you feel better and improve your life.

How long does it take?

The number of Therapy sessions you are offered will depend on your need, e.g. the severity of your anxiety or depression.

What benefits might I see?

- Learn new skills to cope with anxiety and depression
- Reduction of symptoms in anxiety and depression
- increased levels of confidence and activity

What are the possible downsides?

- Mostly short-term approaches
- It may rely on new learning and memory

Who can do this?

A therapist trained in cognitive behavioural therapy.

Where can I find it?

A referral for Cognitive Behavioural Therapy will be made by your GP or through your memory clinic when you speak to them about your anxiety or depression.

Where can I find more information?

NHS choices:

www.nhs.uk/Search/Pages/Results.aspx?__JSSniffer=true&q=Cognitive+behavioural+therapy

What is the evidence?

Sadek, S., Charlesworth, G., Orrell, M. and Spector A (2011) The development of a Cognitive Behavioural Therapy (CBT) manual: A pilot randomised control trial of CBT for anxiety in people with dementia anxiety. *International Psychogeriatrics*, 23, S383 - S384.³⁸

Selwood, A., Johnston, K., Katona, C., Lyketsos, C. and Livingston, G. (2007). Systematic review of the effect of psychological interventions on family caregivers of people with dementia. *Journal of Affective Disorders*, 101, 75-89.⁴⁰

Spector A, Orrell M, Lattimer M, Hoe J, King M, Harwood K, Qazi A, Charlesworth G (2012). Cognitive behavioural therapy (CBT) for anxiety in people with dementia: study protocol for a randomised controlled trial. *Trials*, 13,⁴⁵

Who approves/recommends it?

MSNAP standard 6.3.1

National service framework for older people (NSF, 2001)

National audit office (2007)

Royal college of Psychiatrists (2006)

Cognitive Rehabilitation (CR)

What is it?

Cognitive rehabilitation is an approach in which you learn skills and strategies to help manage memory problems. It aims to reduce, manage or bypass deficits due to memory problems. In other words, Cognitive rehabilitation is used to make the most of your memory in terms of your current problems. It is not about curing or reducing your cognitive impairment, rather it helps you to use what you have. Part of this process is helping you to deal with the emotional aspects of memory loss which may impact on how you cope with everyday problems.

Who is it for?

Cognitive Rehabilitation is for people who have early-stage dementia. It is also useful for partners, families and caregivers of people with dementia so that they have an understanding of what can be helpful to you.

What does it do? How does it do it?

A specialist will work with you to learn specific techniques which will help you to remember things better and eventually, more independently. They will also address difficulties with visual orientation.

For example, Cognitive rehabilitation can help you learn ways to remember names. You may find it useful to learn to link a person's name by elaborating on its meaning – if someone is called 'Brian King' you may find it helpful to think about the royal family, or 'King Brian' as a way of remembering this name.

How long does it take?

The number of sessions of cognitive rehabilitation will depend on your needs. It will involve practicing techniques and skills in between sessions as well.

What benefits might I see?

Cognitive rehabilitation cannot cure memory problems, but it can help you to live with them. It may improve aspects of your daily life.

What are the possible downsides?

- It may need a large amount of effort, for relatively little gain.
- Gains from cognitive rehabilitation do not necessarily improve functioning in daily life

Who can do this?

Cognitive Rehabilitation can be undertaken by a specialist, an Occupational Therapist, a Clinical Psychologist or a Neuropsychologist.

Where can I find it?

Specialist services, memory clinics, neuropsychological, stroke and ABI (Acquired Brain Injury) services

Where can I find more information?

Information can be found through your memory clinic.

What is the evidence?

Cochrane Review Cognitive rehabilitation and cognitive training

Kurz, A.F., Leucht, S., and Lautenschlager, N.T. (2011). The clinical significance of cognition-focused interventions for cognitively impaired older adults: a systematic review of randomized controlled trials. *International Psychogeriatrics*: 1-12²⁵

Clare, L., (2010) Goal-oriented cognitive rehabilitation for people with early stage Alzheimer disease: a single blind randomized controlled trial of clinical efficacy. *American Journal of Geriatric Psychiatry*, 18, 928-939.¹²

Who approves/recommends it?

MSNAP standard, 6.2.3

Cognitive Stimulation Therapy (CST) / Maintenance Cognitive Stimulation Therapy (MCST)

What is it?

A group therapy that is used to help strengthen a person's thinking and memory.

Who is it for?

Anyone with a diagnosis of dementia, in mild to moderate stages.

What does it do? How does it do it?

It is used to make the most of your skills and mental functions through exercises and activities. It is a fun social activity, with a different theme and activity each week. There are also elements that help you to focus on the present, for example discussing items in the newspapers, and having a group name and song.

A typical Cognitive Stimulation therapy session is 1 hour and may involve:

- **Games**
- **Singing**
- **Reminiscence & sharing our stories**
- **Chatting & discussions**
- **Current events**
- **Arts & crafts**

MCST, Like Cognitive Stimulation Therapy, this intervention aims to help slow down cognitive decline. This treatment is given to people after they have completed a course of Cognitive Stimulation Therapy.

This treatment is used to maintain the benefits of Cognitive Stimulation Therapy. It is identical to Cognitive Stimulation Therapy but often runs for much longer.

How long does it take?

Cognitive Stimulation Therapy usually runs for 14 sessions and you attend 2 sessions per week. Often in practice it is 1 session per week, and run over a longer period of time.

What benefits might I see?

Improve your confidence, concentration and mood.

Improve your language skills; naming, word-finding and understanding

Enable you to practice staying physically and mentally active.

Improved social interactions from being in a group

Can increase your quality of life

Is as effective as some medication

What are the possible downsides?

-It is in a group, which may not suit everyone

-It is a standardised programme

-Maintenance CST is not yet widely available

Who can do this?

Practitioners trained in CST, often Occupational Therapists, Mental Health Nurses, care workers and Support Workers

Where can I find it?

Your local memory clinic will advise when and where CST is available

Where can I find more information?

www.cstdementia.com

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

What is the evidence?

This is the first study evaluating the effectiveness of CST in 23 centres (residential homes and day centres). (Spector, Thorgrimsen, Woods, Royan, Davies, Butterworth & Orrell, 2003).⁴⁷

This study showed that CST made a significant impact on language skills including naming, word-finding and comprehension.

Spector A, Orrell M & Woods B (2010).⁴⁶

This research interviewed people with dementia, carers and staff about CST. Positive themes were improvements in mood, confidence, concentration and being in a supportive group.

Spector, A, Gardner C & Orrell M (2011).⁴⁴

This study found longer-term, or 'Maintenance CST' led to continuous benefits in quality of life over a six month period. Orrell M., Aguirre E., Spector A., Hoare Z., Streater A., Woods B., Streater A., Donovan H., Hoe J., Russell I. (Submitted).³⁴

Who approves/recommends it?

NICE 1.6.1.1

MSNAP standard 4.2.7

Cognitive Training (CT)

What is it?

Cognitive training involves training specific aspects of your memory. This is usually through a memory exercise or a game on a computer, but normal exercises such as crosswords and Sudoku would also count as cognitive training.

Who is it for?

Cognitive training is for people with dementia who want to exercise their brain to keep it as fit as possible.

What does it do? How does it do it?

This type of intervention assumes that the brain is like a muscle and can benefit from regular exercise to stay healthy.

Each exercise or game is designed to train specific functions of your brain, such as:

- Memory of words
- Logic & Reasoning
- Memory of pictures or images
- Problem solving
- Mathematics

Each exercise is tailored to specific difficulties and type of dementia.

How long does it take?

Brain training is meant to be a regular activity done continuously, usually at least once a day for a sustained period of time.

What benefits might I see?

You may see an improvement in the areas that you train.

What are the possible downsides?

- There may be a small financial cost to some forms of cognitive training.
- Cognitive training activities need to be continued to maintain the benefits.
- Cognitive training needs to be highly personalised in order to have any noticeable effects

Who can do this?

The exercises and games are usually self-administered.

Where can I find it?

Exercises such as crosswords and Sudoku can be found in a variety of newspapers, magazines or booklets, and on electronic media.

Where can I find more information?

Your health care professional may be able to provide information on some specific cognitive training exercises.

What is the evidence?

Yu et al. (2009), in a literature review, concluded that interventions that were more structured and focused on known cognitive deficits were more effective overall⁵⁸

Bahar-Fuchs, Clare and Woods (2013), a Cochrane review, found overall little evidence to show wider improvement, but people get better at the games that they practice.⁴

Who approves/recommends it?

Moniz-Cook and Manthorpe (2009): Early Psychosocial Interventions in Dementia: Evidence Based Practice³²

Counselling & Psychotherapy

What is it?

Counselling and psychotherapy are usually carried out on an individual basis in a confidential setting.

Who is it for?

People who are struggling on a personal level with problems and feelings arising from a diagnosis and the effect of dementia on their lives and personal relationships.

What does it do? How does it do it?

Counsellors and psychotherapists empathise with and discuss problems and feelings. The purpose of these sessions is not usually to give advice, but to provide a safe space to talk and to help you to find insight and understanding into any problems you may be experiencing.

How long does it take?

Depending on individual need, one or many sessions may be carried out. How long each client is seen for tends to be a joint decision between client and therapist.

What benefits might I see?

Counselling and psychotherapy can provide relief from psychological and emotional pain, and can help you to understand your problems more fully.

What are the possible downsides?

Can involve confronting difficult experiences and memories

Who can do this?

Therapy sessions can be carried out by specifically trained counsellors and psychotherapists.

Where can I find it?

Counselling and psychotherapy can be provided by both the NHS and private organisations.

Where can I find more information?

Your local memory clinic or a health care professional may be able to provide more information on counselling and psychotherapy.

More information on 'talking therapies' can be found on the Alzheimer's Society website at:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=92

British Association for Counselling and Psychotherapy (BACP)

British Psychoanalytic Council (BPC)

United Kingdom Council for Psychotherapy (UKCP)

What is the evidence?

Junaid and Hegde (2007) explore the use of psychotherapy to help people adjust to changes and difficulties brought about by dementia, improving quality of life.²²

A case study by Sutton (1994) in which the distress of a person with dementia appears to lessen. Danuta Lupinska (2009) Person-Centred Counselling for People with Dementia: Making Sense of Self²⁶

Who approves/recommends it?

BPS (British Psychological Society)

FPOP (Faculty of the Psychology of Older People)

Alzheimer's Society

Creative Arts Therapies

What is it?

Creative arts therapies use media such as painting, literature, sculpture and music (among others) as a form of therapy.

Who is it for?

Anyone with a diagnosis of dementia who feels that artistic expression can help with emotional difficulties and maintaining quality of life.

What does it do? How does it do it?

Art therapy can take place individually or in groups, and usually involves the creation and / or discussion of art in a confidential, therapeutic environment. It allows expression of thoughts and emotions that are difficult to express using words alone.

How long does it take?

Sessions usually last between one and two hours. The number of sessions can be dependent on individual need and desire.

What benefits might I see?

- The opportunity to express emotions which are difficult to convey in words alone
- Intellectual stimulation
- Increased well-being and quality of life

What are the possible downsides?

Creative arts therapies require specifically trained therapists and may not be available in your area. They may not be available to outpatients. They may also involve discussion of difficult emotions or life events.

Who can do this?

Creative arts therapies require therapists specifically trained in a particular form of art therapy.

Where can I find it?

Creative arts therapists can be found working within multi-disciplinary teams in hospitals, day centres, hospices, care homes, therapy centres and in private practice across the UK.

Where can I find more information?

Your health care professional or memory clinic may be able to provide more information.

Arts 4 Dementia website:

<http://www.arts4dementia.org.uk/arts-therapies>

Alzheimer's Society website:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=708&pageNumber=3

What is the evidence?

Urbas, S. (2009). Art therapy: Getting in touch with inner self and outside world. In Moniz-Cook, E. and Manthorpe, J. (eds) *Early psychosocial interventions in dementia: evidence-based practice*. Jessica Kingsley: London.⁵⁰

Who approves/recommends it?

Alzheimer's Society

MSNAP standards: 6.7.1

Dementia Advisors (specialist case management)

What is it?

A dementia advisor is there to provide you with support throughout your journey – a single named person you can go to at any stage.

Who is it for?

Dementia Advisors are for anyone who is affected by dementia. It is primarily for people with dementia, but is also available for relatives and caregivers of people with dementia.

What does it do? How does it do it?

They provide you with the information you need, when you need it and will work with you to help you access what you want. They aim to help you live independently, access other services, maintain your wellbeing and keep control of your life. They can:

- Meet with you in person to answer specific questions
- Help you find the information that you need
- Develop an individual plan for receiving information
- Help you to navigate and access other services you may require

The advisor aims to meet with you regularly, in line with your information plan.

How long does it take?

Dementia advisors will be available to you from when you have a diagnosis of dementia.

What benefits might I see?

Dementia Advisors offer information for free. Researcher into the benefits of having a single point of contact for information is ongoing. However, the expected outcomes of dementia advisors is the opportunity for support in getting through the information you need. You are likely to receive the right information that you need which is current and up to date. The benefits of receiving information on your condition include increase confidence, reduced stress, and reduced uncertainty about the future.

What are the possible downsides?

You may not have a dementia advisor in your area. To access a dementia advisor you will need a referral from your GP or another professional, or from your Memory Clinic.

Who can do this?

Dementia Advisors are well trained volunteers who are supported by the Alzheimer's society.

Where can I find it?

Dementia Advisors are community based and will visit you in your own home.

Where can I find more information?

To access a dementia advisor you will need a referral from your GP or another professional, or from your Memory Clinic.

What is the evidence?

Who approves/recommends it?

Alzheimer's Society

Age UK

NDS – National Dementia Strategy (ongoing support for people with dementia)

Dementia/ memory Cafés

What is it?

Dementia Cafés are an informal meeting group which is open for anyone affected by dementia to drop in when they like. They are a place where people with dementia, families, volunteers and professionals can all meet together share information and experiences and speak openly about dementia.

Who is it for?

This is a group for people with a diagnosis of dementia and their families, friends or caregivers. It is also open to volunteers and professionals.

What does it do? How does it do it?

Dementia Cafés provide are organised in the community so that you can meet other people affected by dementia and talk informally over a cup of tea or coffee. They are an opportunity to find more information about dementia and meet others who are in a similar situation. Dementia Cafés will be organised in a community setting on a regular basis. Sometimes the group will organise a speaker to talk about a subject of interest at these meetings.

How long does it take?

These groups operate on an informal drop-in basis, and you do not need to 'join-up' to have membership. You can find out the dates of when each Dementia Café meeting will take place and choose which ones you would like to attend. You may continue to attend these groups for as long as you want.

What benefits might I see?

The benefits of attending a dementia café are increased opportunities to meet other people as well as opportunities to gain more information and support. A dementia café aims to prevent you from becoming isolated from other people.

What are the possible downsides?

Dementia Cafés may not have the expertise to provide information on specific questions you may have.

Who can do this?

Groups are run by Age UK and Alzheimer's Society. They are run by a staff member from these organisations.

Where can I find it? (How do I join these groups?)

Groups meet in your local community. Your local group meeting may be held in a town / village hall, church, or community centre. Details of meetings may be available in your local paper, GP surgery or the internet (websites below). You may also be able to find details through memory clinics and the Alzheimer's Society.

Where can I find more information?

Telephone numbers:

Age UK Advice service: 0800 169 6565

Alzheimer's Society: (helpline) 0300 222 11 22

Internet Websites:

Alzheimer's Society website: www.alzheimers.org.uk

Age UK website: www.ageuk.org.uk

Dementia Web: www.dementiaweb.org.uk

What is the evidence?

Jones, G. (2010). The Alzheimer Café: why it works. The Wide Spectrum Publications: Berks, UK
21

Who approves/recommends it?

Alzheimer's Society

NHS Choices (In 'where can I find more information?')

MSNAP standards require information to be provided on local support networks

Family (& Systemic) Therapy

What is it?

Family therapy is a form of psychotherapy which involves helping people who are in a close relationship with each other to understand each other and communicate their feelings and emotions to each other.

Who is it for?

Family therapy is for people with dementia and their families. It is useful for people who are experiencing difficulties in their relationships with other family members. It is useful when you and people close to you are finding it hard to resolve current issues on your own, and need a safe space to talk openly.

What does it do? How does it do it?

You would attend a family therapy session with your family or anyone who was in a close relationship with you. Family therapy aims to improve understanding between people in close relationships and help people to communicate their feelings with each other. The sessions are designed to provide you with a safe place to express yourself with your family and for them communicate their feelings with you. The therapy will involve you and the people close to you talking openly about the current issues and feelings and listening to each other. The therapist can help you and your family to learn better ways of relating to each other and how you may be able to help each other during times of difficulty.

How long does it take?

Family therapy is conducted over several sessions, depending on your needs. Often you will attend therapy sessions on a regular basis, for example 1-4 times per month. If difficulties are more complex, you may need to attend therapy for a longer period of time.

What benefits might I see?

Family therapy may improve your close relationships through helping you and those close to you understand and come to terms with issues affecting you all. It may help to reduce conflict arising from negative ways of relating by helping you and those close to you learn new ways of dealing with difficult issues together. Family therapy aims to improve your wellbeing and the wellbeing of those close to you.

What are the possible downsides?

It may be difficult for you and your loved ones to meet together regularly in a therapeutic setting. Although you may want to attend therapy, those close to you may not feel they are ready to do this or need family therapy. Family therapy may lead to you and those close to you having to make difficult choices, which may resolve conflict but may not ultimately lead to a positive outcome for everyone.

Who can do this?

A family therapist or mental health professional with training in family therapy or systemic therapy.

Where can I find it?

Family therapy is a specialist service which will need a referral from your memory clinic.

Where can I find more information?

www.familytherapy.org.uk

www.aft.org.uk

www.ift.org.uk

What is the evidence?

Richardson,C. (2005). Family therapy outcomes in a specialist psychological therapy service. *Context, the magazine for family therapy and systemic practice, special edition, grey matters: ageing in the family*, 77: 46-48.³⁶

Who approves/recommends it?

MSNAP Standard, 6.6.1

Life Review Therapy

What is it?

A therapy that is done one-to-one with you and a trained therapist, where you look back over your life.

Who is it for?

People finding it hard to come to terms with their situation in life, and those struggling with depression and feelings of anger or bitterness.

What does it do? How does it do it?

Exploring your life story with a trained therapist who assists in examining your own experiences and life events, and helps to find ways of feeling better about your own story. It can help to integrate your life, and bring a sense of continuity and connectedness.

How long does it take?

Usually involves between sixteen and twenty sessions.

What benefits might I see?

Feeling better about the self and your own story, and helping to come to terms with difficult times in life. It can help provide comfort and meaning to the person and their family, and can decrease depression and anxiety. It can allow you to focus on positive memories, and improve your overall emotional wellbeing, sense and purpose in life.

What are the possible downsides?

It can be emotional, and sometimes upsetting to think about some past life events.

Who can do this?

A trained, specialised therapist, usually a clinical psychologist

Where can I find it?

Usually provided by a specialist service, or a private organisation.

Where can I find more information?

If you are looking for a therapist, British Psychological Society- www.bps.org.uk

What is the evidence?

This study found that the life review participants had reduced depression and anxiety symptoms than usual care participants at the end of treatment and follow-ups.

Korte, J., Bohlmeijer, E. T., Cappeliez, P., Smit, F., Westerhof, G. J. (2012). Life review therapy for older adults with moderate depressive symptomatology: A pragmatic randomized controlled trial. *Psychological Medicine*, 42.6, 1163-1173.²⁴

Early psychosocial interventions in dementia: A compendium 2013

This book looks at how life review therapy and other forms of reminiscence can improve the quality of life for people with dementia.

Webster, Jeffrey & Haight, Barbara. *Critical Advances in Reminiscence Work*. Springer Publishing. (2002) ⁵³

Who approves/recommends it?

Alzheimer's society

FPOP- Faculty for the Psychology of Older people

Life Story Work

Who is it for?

Anyone with a diagnosis of dementia

What does it do? How does it do it?

Life story work is the process of remembering and recording past events and memories so that a biography of the person is created. It is used to help you remember past events and also to communicate and share these memories with other people.

A life story book often contains photographs or pictures which can help to illustrate your memories.

How long does it take?

What benefits might I see?

-Creating a life history record can be an enjoyable experience and may involve other members of the family.

-The aim of this kind of work is to maintain good mental health and wellbeing.

-A life story may be used to help people think about your care in the future when it may be more difficult for you to communicate.

-Your family will also benefit from having a record of your life history so these stories and facts are never lost or forgotten.

Who can do this?

Where can I find it?

Where can I find more information?

www.lifestorynetwork.org.uk

What is the evidence?

Alzheimer's Society (2011b) Remembering Together: Making a Life History Book.

<http://tinyurl.com/3psa5h5> (Last accessed: 15.11.13)

Bruce et al. (1999) – Life story work reduces anxiety and increases well being through engagement in meaningful activity³

Hansebo & Kihlgren (2000), Murphy (2000) – Life Story Work leads to a better understanding of the person, consequently leading to better person-centred care.²⁰

Clarke et al (2003) – Improved relationships between staff and family carers in inpatient settings.¹³

Kellett et al (2010) – Promotion of participatory care²³

Early psychosocial interventions in dementia: A compendium 2013

McKeown J, Clarke A, Repper J (2006) a literature review of life story work. ³⁰

McKeown et al (2010) – Gives nurses a better understanding of the link between PwD's past and present, giving greater awareness for person's preference of care. ²⁸

Bruce and Schweitzer (2008) – Increases understanding of what PwD says and their behaviour. It reinforces identity and aids communication. ⁹

Clark et al (2003) – Life Story Work connects carers and family members to PwD through shared memories ¹³

Surr (2006) – Life Story Work maintains sense of self ¹⁸

Sebern and Whitlatch (2007), Kellett et al (2010) – Reduced anxiety and depression, improved sense of belonging ³⁹

Thompson, R. (2011). USING LIFE STORY WORK TO ENHANCE CARE. *Nursing Older People*, 23(8), 16-21. ⁴⁹

Who approves/recommends it?

NICE and SCIE

Alzheimer's Society

Young, Howard & Keetch, 2013

Music Therapy

What is it?

Music Therapy describes interventions which aim to enhance your wellbeing and quality of life through the use of music and music based activity.

Who is it for?

Music therapy can be for anyone who feels that interaction with music can improve their wellbeing and quality of life. It is often used when someone finds it difficult to engage with a purely verbal therapy.

What does it do? How does it do it?

A music therapist will use a variety of approaches to help you to explore your emotions. Music therapy can also be a part of reminiscence, helping to bring old memories to the surface. Sessions can be in groups or for individuals.

You can take part in music therapy groups which are fun, social activities and involve listening and sharing music with others.

With your music therapist, you may use a variety of instruments, although one of the most common instruments used is your own voice.

How long does it take?

Sessions usually last for one or two hours and is often ongoing.

What benefits might I see?

Benefits such as improved cognitive functioning, motor skills and quality of life, as well as an opportunity to express difficult emotions.

Music therapy can help people of all ages with a range of needs, often related to disability, illness or injury.

What are the possible downsides?

Music therapy requires a specifically trained music therapist, and so may not be provided in your area. It may not be provided to outpatients.

Who can do this?

Music therapy can be carried out by trained music therapists and trained specialists.

Where can I find it?

Music therapists can be found working within multi-disciplinary teams in hospitals, day centres, hospices, care homes, therapy centres and in private practice across the UK.

Where can I find more information?

Your health care professional or memory clinic may be able to provide more information.

Alzheimer's Society website:

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=134

Age UK website:

<http://www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia-and-music/>

What is the evidence?

Vink, Bruinsma and Scholten (2004), a cochrane review, found 10 small studies with positive outcomes, but poor quality of these studies means no significant conclusions could be drawn.⁵²

Prickett and Moore (1991) found that recall for new information presented in the context of song seemed to be better than spoken information (dependent variable: number of words recalled) (AD participants only)³⁵

Smith (1986) found that MMSE scores seemed to improve immediately following a music therapy intervention (MMSE: measure of cognitive functioning) (AD participants only)⁴¹

Carruth (1997) Music therapy seemed to improve naming (face-name recognition) in 4/7 cases as opposed to non-MT control group. 5/7 experimental subjects could correctly recall name one day after MT session – inferences on long term memory¹⁰

Guetin, S, Charras K, Berard A (2013)

An overview of the use of music therapy in the context of Alzheimer's disease: a report of a French Expert group . *Dementia* 12(5) 619-634. doi:10.1177/1471301212438290¹⁹

Aldridge, D. (ed.) *Music Therapy in Dementia Care*, London: Jessica Kingsley. 2000.²

Who approves/recommends it?

Age UK

<http://www.ageuk.org.uk/health-wellbeing/conditions-illnesses/dementia-and-music/>

Alzheimer's Society

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=134

NICE (National Institute for Clinical Excellence) Guidelines 1.7.1.2

British Association for Music Therapy

Peer Support Groups

What is it?

Peer support groups are organised so that small groups of people who have been similarly affected by dementia can meet and support each other through sharing their experiences and thoughts with each other.

Who is it for?

Peer support groups can be for people who have recently been diagnosed with Dementia or are in the early stages of Dementia. There are also groups for family members and caregivers which offer peer support. Some groups are designed for you to attend with your family.

What does it do? How does it do it?

Group members can share what they find difficult and challenging and how they have overcome these challenges. Group members can share information they have received or talk about the support that they have had.

How long does it take?

Groups meet for a set period of time, for example, once a week for 6 weeks. Depending on your group, you may meet for 1 or 2 hours during each session.

What benefits might I see?

- increased confidence
- -reduced depression
- increased quality of life

What are the downsides?

- It is a group intervention, so may not be suitable for everyone
- Individuals with young onset dementia may not share the same problems with the majority of people attending these groups.

Who can do this?

Groups are often led by a professional group facilitator. Professionals from a memory clinic are often involved in these groups.

Where can I find it?

Groups are often referral only, which means you will have to be referred through your memory clinic in order to attend one of these groups.

Where can I find more information?

Ask a professional at your Memory Clinic about peer support groups:

UK Dementia Web: www.dementiaweb.org.uk

What is the evidence?

Cochrane Review: Carer Support

Logsdon et al., (2010). Early-Stage Memory Loss Support Groups: Outcomes from a Randomized Controlled Clinical Trial, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 65B(6): 691–697.²⁷

Who approves/recommends it?

MSNAP Standard 3.8

National Dementia Strategy (2007)

Personally-Tailored Occupational Therapy

What is it?

An example of this type of therapy is Community occupational therapy for Persons with Dementia and family carers (CoTID). This involves individualised goal setting with the person with Dementia and their Carer.

Who is it for?

Anyone with a diagnosis of Dementia, and their carers.

What does it do? How does it do it?

Occupational Therapists help people overcome their disability and maintain an independent lifestyle. They will want to know what is important to you and will work with you to find out ways to achieve your goals, independently and together with your family.

Occupational therapists can help you with the following:

- Learn to do things in a different way
- Install and use adaptations to live independently in your home
- Help you to think about using your strengths

How long does it take?

It depends on your need

What benefits might I see?

- Increased independence at home
- Able to engage in more meaningful activities
- It may help your family or carers to manage better
- Maintain a healthy and meaningful lifestyle

What are the possible downsides?

It involves some level of commitment to a program of intervention in order for it to be effective.

Who can do this?

An occupational therapist

Where can I find it?

Your memory clinic

Where can I find more information?

College of Occupational Therapists: www.cot.co.uk

What is the evidence?

Graff et al. (2006). Community based occupational therapy for patients with dementia and their caregivers: Randomised control trial. *British Medical Journal*, 333(7580), pp1196-1201¹⁸

Early psychosocial interventions in dementia: A compendium 2013

Moniz-Cook, E., & Cheston, R. (2013). Early Psychosocial Interventions in Dementia³¹

Who approves/recommends it?

MSNAP standard, 6.4.1

NICE 1.5.1.1

Pet therapy

What is it?

Owning a pet or being in contact with animals can bring good feelings to people and provide a source of enjoyment.

Who is it for?

Anyone with a diagnosis of dementia, and also their family or carers.

What does it do? How does it do it?

Having a pet as company has been well researched, particularly in terms of increasing morale and subjective well-being.

How long does it take?

The responsibility and time frame of having a pet should be considered. It may be more feasible to have short-term interactions with animals, for example offering to look after pets for friends and family.

What benefits might I see?

- Reducing loneliness
- Help alleviate depression and anxiety
- Reduce verbal aggression
- Providing a daily routine and a source of reality orientation
- Provide a role and give a sense of purpose
- Improve social interaction
- Offering companionship
- Encouraging physical activity, play, and relaxation
- Providing a feeling of security
- Offering familiarity and reassurance

What are the possible downsides?

Owning a pet is a big responsibility, can be costly, and can require a lot of attention and time.

Who can do this?

Anyone can own a pet; however it is important to consider factors such as cost, and whether someone will be available daily who can responsibly look after a pet.

Where can I find it?

If you are looking to get a pet you can contact rescue centres, or organisations such as Dogs Trust. You can also contact breeders directly.

Where can I find more information?

Alzheimer's Society
www.scas.org.uk

What is the evidence?

Society for Companion Animal Studies (SCAS) –This website does a lot of research into the effect of animals on people of all ages and different disabilities, including some studies on people with Dementia.

<http://www.scas.org.uk/>

This study is part of a three-year research project into whether interaction with animals can benefit people with dementia.

Animals (as pets) may help people with Dementia. (2010). *Dementia: the Latest Evidence Newsletter*, 1, 5. ¹

This book gives an overview of the research between pets and animals, how animals are used in therapy, and the positive benefits that animals can bring to people. Fogle B, ed. (1981). *Interrelations between people and pets*. Springfield, IL: CC Thomas. ¹⁵

Who approves/recommends it?

NICE- 1.7.1.2, 1.8.1.3

Society for Companion Animal Studies (SCAS)

Post- Diagnostic Counselling

What is it?

Individual sessions at your memory clinic, usually offered after a diagnosis to help discuss the diagnosis, answer questions and give information about further advice and support.

Who is it for?

All people who have received a recent diagnosis of dementia.

What does it do? How does it do it?

When you receive a diagnosis of dementia, health professionals will give you information, advice and support relevant to you. They can also give information, advice and support to your family during this time.

This type of support can include:

- Information about your diagnosis of dementia
- Time to talk about your diagnosis
- Time to discuss further support
- Counselling to help with the emotional side of receiving a diagnosis

How long does it take?

Post-diagnostic counselling often involves one to three sessions post-diagnosis, but the number of sessions can vary dependent on your need. You will then be signposted towards further options.

What benefits might I see?

- A greater understanding of how your diagnosis may affect you and your family.
- The opportunity to obtain the information you need to know at that time.
- An opportunity to discuss any worries or fears, and to discuss plans for coping and support in future.

What are the possible downsides?

The amount of support available for post-diagnostic counselling sessions may vary depending on your local area. When being signposted towards further post-diagnostic support, you may have to wait until the next group, or until therapy is being run.

Who can do this?

Often this is available from your psychiatrist and sometimes from a clinical psychologist, occupational therapist, mental health nurse or GP.

Where can I find it?

This should be made available to you if you are undergoing an assessment or treatment for dementia through your GP or memory clinic.

Where can I find more information?

Your GP or Memory Clinic staff can give you more information on available support.

What is the evidence?

A report has stated that post-diagnostic counselling should be timely, delivered at a pace acceptable for the person with Dementia, and offered at different levels to best suit that person. It also recognises more evidence is needed.

Moniz-Cook, E., & Cheston, R. (2013). Post diagnostic support for people living with dementia. *Faculty for the Psychology of Older people and Dementia Action Alliance Interim Report*.³¹

This book gives an overview of the things that should be offered in Post-diagnostic counselling, and explains how individual needs can still be met with limited resources.

Moniz-Cook, E. & Manthorpe, J. (2009). (eds) Early psychosocial interventions in dementia: Evidence-based practice. *Jessica Kingsley Publishers: London*.³²

Who approves/recommends it?

MSNAP standards, 3.8.5

NICE (national Institute for Health and Care Excellence) 1.4.6.1

Post Diagnostic Groups

What is it?

A support group for people who have recently had a diagnosis of Dementia, and sometimes their families too. The support group will run for a set number of sessions with different speakers, or themes to discuss each week.

Who is it for?

These groups are for anyone who has been diagnosed with dementia recently (and their families). If you have just found out that you have been diagnosed with dementia, you and your family may want to find out more information, and find out what you can do next. You may want to meet other people who are in a similar position.

What does it do? How does it do it?

During a course, you will have the opportunity to learn and talk about many subjects to do with memory, including:

- Memory problems and dementia
- Learning and memory techniques and strategies
- Coping with real-life situations
- Talking to family, friends and others about memory problems and dementia
- Adjusting to a diagnosis
- Living well with dementia

How long does it take?

The length of a course or group will vary depending on what is provided in your area. A typical course will be 6 – 12 sessions, with 1 session per week for two hours.

What benefits might I see?

Learn about your memory
Think about ways to manage memory problems
Increase your confidence and wellbeing
Give you a sense of belonging and purpose
Feel more able to cope with a diagnosis
Meet other people in similar situations

What are the possible downsides?

You may need a referral from your memory clinic to attend a post diagnostic group, and you will probably be put on a waiting list. You might have to wait for the next group to start (groups are typically run twice or three times a year).

Who can do this?

Memory groups are usually run by professionals who have an interest and experience in working with people living with dementia.

They can be run by Occupational Therapists, Nurses, Psychologists and Support Workers. They are often run by professionals from your memory clinic.

Where can I find it?

Groups are conducted in hospitals and public venues, such as your local memory clinic, or community centre. After you have been given a diagnosis, you may be offered the opportunity to attend a group if a professional feels it may benefit you and your family.

Where can I find more information?

Your local memory clinic

What is the evidence?

A recent study found that post-diagnostic support groups helped by providing social, emotional, and educational support.

Snow, K. (2010). Moving forward: Post diagnostic groups for people with a mild Dementia, *Faculty for the Psychology of Older people newsletter*, 111, 59-63. ⁴²

Another study found that people who attended a post-diagnostic support group had developed a sense of belonging from attending the group.

Brooker, D.& Duce, L. (2000). Well-being and activity in dementia: A comparison of group reminiscence therapy, structured goal-directed group activity and unstructured time. *Ageing and mental Health*, 4, 354-358. ⁷

This study found that people who attended a post-diagnostic support group were grateful for being offered support, and had a sense of purposefulness, of belonging and surviving.

Snyder, L., Quayhagen, M.P., Shephard, S. & Bower, D. (1995). Supportive Seminar Groups: An intervention for early stage dementia patients. *The Gerontologist*, 35, 691-695. ⁴³

Interviews of people who attended another group showed increased self esteem, well-being, and a sense of belonging. This was compared to a control group who reported more feelings of isolation, and not being able to face their diagnosis.

Yale, R. (1995). *Developing support groups for individuals with early stage Alzheimer's disease*. York: The Maple Press Company. ⁵⁷

Who approves/recommends it?

MSNAP standards, 3.8.6 (support for people and carers)

NICE guidelines:

1.4.6.2 (following a diagnosis of dementia)

1.11.2.2 (care plans for carers)

1.11.2.3 (involving people with dementia)

Reminiscence e.g. REMCARE

What is it?

Reminiscence is an activity which involves remembering and retelling past memories and events from your life, often aided by looking at materials from a particular time.

Who is it for?

Anyone with a diagnosis of Dementia

What does it do? How does it do it?

It is usually done in a group setting with people talking about their memories and listening to each other.

It gives people the chance to revisit familiar times and share common experiences with other people.

Reminiscence focuses on using a person's preserved memories, rather than focusing on disability.

You may talk about the following things during Reminiscence sessions:

- Childhood, School days, Work life
- Family & relationships, Holidays and Journeys
- Historic events

Reminiscence aims to maintain good mental health and provide an enjoyable, social activity.

How long does it take?

Sessions can vary from one or two to ongoing groups.

What benefits might I see?

- Improved cognitive function
- Improved quality of life
- A better understanding of one's identity

What are the possible downsides?

Unpleasant memories may be brought up, causing discomfort. However a good facilitator

Who can do this?

Reminiscence therapy can be carried out by a specialised therapist, usually in a group setting.

Where can I find it?

You may be referred to reminiscence therapy by your memory clinic.

Where can I find more information?

Information can be provided by health care professionals

What is the evidence?

A Cochrane review (Woods et al., 2009) found that evidence in support of reminiscence therapy for people with dementia was inconclusive. However, at a meta-analytical level, it was found that improvements were seen in cognition, mood and functional ability, as well as reductions in depressive symptoms in the person with dementia and stress in the carer.⁵⁶

Baines, Saxby and Elhert (1987) found improvement in cognitive and behavioural measures in people with moderate-severe dementia when group reminiscence activity followed reality orientation compared to a control group which participated in reality orientation only.⁵

Goldwasser, Auerbach and Harkins (1987) found improvement in self-reported depression for subjects in a reminiscence group compared to a supportive therapy and no treatment control group, but found no significant differences in cognitive or behavioural measures.¹⁷

Who approves/recommends it?

MSNAP standards 4.2.7, 6.2.4, 6.3.1

NICE Guidelines 1.8.1.3

Service User Involvement Groups

What is it?

These are groups that meet regularly to discuss how improvements can be made in the community and in professional services in relation to dementia. There is a certain amount of flexibility in how these groups are run.

Who is it for?

People living with dementia who want to be involved in the development of better services and contribute to making their communities more dementia friendly.

What does it do? How does it do it?

People with a diagnosis of dementia meet on a regular basis. Some groups are self organised. Some involve family and some don't. Groups usually involve some social time as well as 'business' time.

How long does it take?

Service user involvement groups are usually ongoing, and members can continue to attend meetings for as long as they wish.

What benefits might I see?

- Groups such as this provide opportunities to meet others in similar situations.
- They also work to improve professional services
- They work to fight stigma and prejudice in local communities.

What are the possible downsides?

You may need to arrange your own transport
There may not yet be a group set up in your area

Who can do this?

Groups can be organised and led by a health care professional, but can also be run by group members themselves.

Where can I find it?

Health care professionals and memory clinics can direct you towards any groups running in your area.

Where can I find more information?

DEEP (Dementia Engagement and Empowerment Project) <http://dementiavoices.org.uk/>

AS (Alzheimer's Society)

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1040

DAA (Dementia Action Alliance)

<http://www.dementiaaction.org.uk/>

Memory clinics

What is the evidence?

McKeown, Clarke, Ingleton and Repper (2010) examine how involving people living with dementia can become involved in qualitative research, identifying major barriers to such research with suggestions on how they can be overcome.²⁹

Joseph Rowntree Foundation argues that service user involvement and empowerment gives people with dementia more influence on a local and national level, as well as awareness of and the power to influence issues in the health service.⁵⁴

Cheston, Bender and Byatt (2000) discuss some of the benefits of 'focus groups' of people with dementia, arguing that the support gained from being with others in similar circumstances enables people to voice opinions and discuss needs that they would otherwise be unable to.¹¹

Who approves/recommends it?

DEEP (Dementia Engagement and Empowerment Project)
FPOP (Faculty for the Psychology of Older People)
Mental Health Foundation

Signposting

What is it?

'Signposting' is when a health professional provides you with information in the form of a leaflet or booklet, or tells you where you can obtain further information.

Who is it for?

Signposting or, being given helpful information, is for people who have just received a diagnosis of dementia and want more information on their condition, or information about available support, treatment or networks. Information is also available for families and caregivers.

What does it do? How does it do it?

Signposting can include information about useful websites, local groups and courses, and other support and services available to you in your area.

Professionals will try to give you the information you want for the questions you have at the moment. Information should be available to you throughout your contact with professionals, and therefore signposting is an ongoing process.

How long does it take?

Most information can be given to you by the professional directly. You may be shown where you can get further information on specific topics. This is an ongoing process and you may find you want different kinds of information at different times.

What benefits might I see?

- You or your family may have many questions about your condition and the support available to you.
- You and your family can read through leaflets, booklets and internet resources at your own pace.
- Having more information may increase your confidence and decrease your stress, by reducing uncertainty and giving you answers to some of your questions.

What are the possible downsides?

There may not be any or enough information available in written form relating to your specific questions. If you do not use a computer, some online information may be inaccessible to you. It is crucial that a health professional directs you to the right information at the times that you need this. Being given too much information all at once may feel overwhelming.

Who can do this?

A professional such as your Care Coordinator, Nurse, Occupational Therapist or Psychologist at the memory clinic can direct you towards useful information.

Where can I find it?

At your Memory Clinic there will be a range of written information available. Staff at your memory clinic will be able to direct you to information available on the internet.

Useful information can also be gained from your local Dementia Café.

An Alzheimer's Society, or AgeUK Dementia outreach worker or Dementia Advisor will be able to give or direct you towards the information that you need.

Where can I find more information?

You can get information for this through:

Talking to a professional at the memory clinic

You can also receive information through the voluntary sector, and organisations such as the Alzheimer's Society.

Phone Numbers:

Alzheimer's Society National Dementia Helpline: 0300 222 1122

Age UK: 0800 169 6565

Internet / Websites:

NHS Choices - www.nhs.uk/Pages/HomePage.aspx

Alzheimer's Society - www.alzheimers.org.uk

DementiaUK - <http://www.dementiauk.org/>

What is the evidence?

There is some research evidence to suggest that services which provide information to people with dementia and or their caregivers in combination with other forms of support such as training or direct help to navigate the health system are helpful in maintaining quality of life and helping to reduce neuropsychiatric symptoms. An example of this type of service is Age UKs Dementia Advisors.

Corbett, A.; Stevens, J.; Aarsland, D.; Day, S.; Moniz-Cook, E.; Woods, R.; Brooker, D.; and Ballard, C. (2012) Systematic Review of services providing information and/or advice to people with dementia and/or their caregivers. *Int J of Geriatric Psychiatry*, 27(6), 628 – 635.¹⁴

Who approves/recommends it?

National Institute of Health and Care Excellence (NICE): CG42

British Psychological Society – Faculty of Psychology of Older People (FPOP)

Royal College of Psychiatrists (RCP): MSNAP 3rd Edition:

Alzheimers Society

Specific Specialist Information (unusual dementia, non-typical problems)

What is it?

This is information given to you by a trained specialist such as a clinical psychologist, neurologist, Occupational therapist or Psychiatrist for older people which is tailored to your specific condition or symptoms.

Who is it for?

People diagnosed with young-onset dementia, FTD (Fronto-Temporal Dementia), PCI (Posterior Cortical Atrophy) and Lewy-body dementia, Parkinson's Disease Dementia. This is primarily for you, however, your family or caregiver may find this information useful as well.

What does it do? How does it do it?

This intervention involves an assessment period with a professional as well as discussing your experiences with you and your family. The professional will work with you to discuss ways to overcome specific problems as well as finding ways to build on your strengths. You may be given information to better understand your specific condition and you may talk about practical ways to manage your symptoms. As well as answering specific questions about your condition, further advice on other services available can be discussed.

How long does it take?

You will agree on how often you meet with a professional. The professional may meet with you at different stages of your journey depending on your need for their specialist input.

What benefits might I see?

- Receiving specialist information which is tailored to your needs may be more useful than the generic information which has already been given to you.
- You will have the opportunity to talk about your specific experiences and discuss ways of overcoming these issues with the professional.
- Having this information may help you and your family to plan for the future.

What are the possible downsides?

Talking about your condition and planning for the future with your family may be a difficult subject to face. This may be an emotionally difficult experience for you and you may wish to seek post-diagnostic counselling before or during this process.

Who can do this?

A professional at your memory clinic: A Clinical Psychologist, Psychiatrist, Neurologist, Occupational Therapist or Mental Health Nurse.

Where can I find it?

This intervention should be available to you from your Memory Clinic following your diagnosis of an unusual type of dementia or specific non-typical problems.

Where can I find more information?

More information is available from your memory service

What is the evidence?

Who approves/recommends it?

MSNAP standards, 3.8.9

Stress / Anxiety Management

What is it?

Anxiety Management describes an intervention which aims to help you with worry, stress and anxiety. One type of technique used in anxiety management is relaxation. Relaxation refers to techniques which you can learn to help you with stress, worry and anxiety.

Who is it for?

For people with dementia who are also experiencing anxiety problems / panic, or who want to reduce stress which can cause anxiety.

What does it do? How does it do it?

Anxiety Management includes:

- Identifying factors in your life which contribute to stress and anxiety
- Learning about lifestyle changes which can reduce stress and anxiety (such as cutting down on caffeine or increasing exercise)
- Learning techniques which can help to prevent stress and anxiety (such as relaxation)
- Learning techniques which can help you to better cope with stress and anxiety (such as breathing exercises)

Relaxation techniques are often used in anxiety management. These techniques involve doing something which promotes calmness and wellbeing.

Techniques for relaxation include:

- Guided meditation
- Yoga
- Tai-Chi
- Applied Relaxation
- Breathing exercises
- Exercise
- Activities, e.g. walking, gardening, music

You can join a relaxation group and learn helpful techniques along with other people.

One type of relaxation program is called "Applied Relaxation". The focus of these techniques is to learn to relax your muscles in situations which you find stressful so that you don't feel as anxious.

How long does it take?

Anxiety management groups run for a set number of sessions, and will usually meet on a weekly basis. You will be required to attend all sessions of a group in order to have the benefits.

What benefits might I see?

- Anxiety management should help you to understand the causes of anxiety, recognise the nature of your anxiety
- Reduce stress in your life and reduce anxiety in everyday situations.
- By learning relaxation techniques you can reduce your levels of tension

What are the possible downsides?

Anxiety management is usually a group approach and therefore whilst you may learn how to manage anxiety in everyday situations, you may not learn how to apply this to specific situations in which you find it difficult to cope with anxiety. If this is the case, individual CBT may be more useful to you.

Who can do this?

Anxiety Management groups are run through your Memory Clinic. You can join an anxiety management group to learn about different techniques and ways of coping with anxiety. You can also learn about anxiety management through self-help guides.

A Psychologist, Occupational Therapist or Mental Health Nurse can teach you relaxation techniques, and some can be learned through reading books or listening to a CD that guides you through the steps.

Where can I find it?

By speaking to a professional at the Memory Clinic. You will need a referral from a health professional to join these groups.

Where can I find more information?

What is the evidence?

There is evidence that applied relaxation is as good as at least as good as CBT for anxiety.

Who approves/recommends it?

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Appendix 1: Some terminology used in this compendium

Cognitive

Cognitive can mean any of a number of mental process. Cognitive includes: **knowing, thinking, learning, memory.**

Carer / Caregiver

Name which is sometimes given to anyone who is involved in giving care of support to someone else. Carers or caregivers can be paid or unpaid. They can be a member of your family or a friend.

Dementia

A set of symptoms associated with an ongoing decline in the brain. Symptoms include memory loss, mental confusion and loss of emotional control. It is progressive, meaning symptoms worsen over time.

Intervention

Any action taken, medical or therapeutic, that has the purpose of lessening the effects of a disease or improving health.

Psychosocial

Relating to the interaction between one's mental state and social environment.

Psychology / Psychological

Relating to the human mind, specifically human thoughts, feelings and behaviour.

Quality of Life

General well-being in regards to health and happiness.

Reminisce / Reminiscence

Remembering and / or talking about previous life events and experiences.

Signpost / Signposting

A way of finding out where to find more information on a particular topic.

Therapy /Therapist

Treatment of an illness, or the person administering that treatment.

Wellbeing

General health, happiness and contentment

Appendix 2: Who are the professionals? What do they do?

Occupational Therapist

Works with people to help them overcome the effects of a disability caused by physical or psychological illness, ageing or accident. They help people to live as independently as possible, for example in daily living activities.

Psychiatrist / Consultant Psychiatrist

A doctor that specialises in mental health. They are able to diagnose, treat, and prescribe medication for mental illnesses.

Psychologist / Clinical Psychologist

Someone that studies the mind and behaviour. A Clinical Psychologist works with people with mental or physical health problems, helping to assess, diagnose and treat them (but they cannot prescribe medication.).

Psychotherapist

A mental health professional that has had further specialist training in psychotherapy. A psychotherapist works with people who have a psychological illness, emotional and relationship difficulties, or problems such as stress. Psychotherapy can happen on a individual, marital, family or group basis.

Neurologist

A physician who specialises in disorders, injuries and diseases of the brain and the central nervous system. They can diagnose and, if possible treat these.

Therapist / CBT Practitioner

Someone trained in the use of psychological methods for helping clients overcome psychological problems. A CBT Practitioner is a therapist who has had special training in conducting Cognitive Behavioural Therapy.

Counsellor

Someone who has had training in counselling. They can help with personal, social, or psychological problems, giving the client someone to talk to on a one-to-one basis about their problems.

Support Worker

They provide emotional and practical support to individuals and their families who struggle to live independently because of mental or physical health problems, a learning disability, or emotional and relationship difficulties.

GP / General Practitioner

A doctor who you are registered with at your local practice. They treat general illnesses, and do not normally have a specialty.

Nurse

Someone trained in caring for people with a physical or mental health illness, in hospitals and in the community.

Psychiatric Nurse / Community Psychiatric Nurse

A nurse that specialises in mental health to help care for people with a mental illness.

Radiologist

A physician who specialises in radiology, which uses radiation for the diagnosis and treatment of disease.

Outreach worker

Someone who works in social services, the government or in the community. They provide services to help people and their families get the support they need and improve their quality of life.

Physiotherapist

Someone who is trained to help and treat people with physical problems caused by illness, accident or ageing. They work in hospitals and in the community.