

## Therapeutic Benefits of Doll Therapy



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Four Seasons Health Care

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## What do you see?



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## What do you see now?



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## Distress

- Distress can be common for people living with dementia.
- Distress is defined as a form of psychological hardship.
- Historically treated through pharmacological interventions, such as Risperidone and Olanzapine.

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## Non-Pharmacological Approaches

- Reality Orientation
- Reminiscence Therapy
- Music Therapy
- Pet Therapy
- Aromatherapy
- Horticultural Therapy

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## What is doll therapy?

*“Engagement with a doll comes in a variety of forms that might include holding, talking to, cuddling or hugging, feeding or dressing”*



(Mitchell, 2014)

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## The Evidence Base

### ➤ Anecdotal Accounts

(Moore, 2001; Verity, 2006; Heathcote and Clare 2014)

### ➤ Empirical Evidence

(Tamura et al, 2001; Mackenzie et al, 2006; James et al, 2006; Ellingford et al, 2007; Frazer and James 2008; Minshull, 2009; Cohen-Mansfield et al, 2010; Green et al, 2011; Stephens et al, 2013; Bisiani and Angus, 2013; Alander et al, 2013; Pezzati et al, 2014)

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## Therapeutic Benefits



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## Overcoming Challenges



- Therapy or Intervention?
- Sustaining interest in doll therapy.
- Potential to cause distress (losing the doll, being separated from the doll and problems with ownership)

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## Overcoming Challenges

### *The Role of the Health Professional and Care Partner*

- Pre-Existing Attitude *“babyish...demeaning...patronising...inappropriate...sniggering”*.
- Addressed through provision of education.

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## The Doll

- Which style of doll is used most in clinical practice?
- Which style of doll has been most empirically researched?
- Which style of doll do you feel is most appropriate and why?

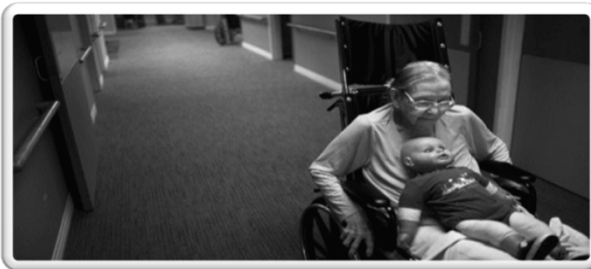


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## Bioethical Considerations



- I. Beneficence
- II. Non-Maleficence
- III. Autonomy
- IV. Veracity
- V. Dignity
- VI. Consent
- VII. Justice

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**Malignant Social Psychology**

(Kitwood, 1997)

Malignancies	Definition
<b>Treachery</b>	The use of deception in order to distract or manipulate behaviour.
<b>Disempowerment</b>	Not allowing or enabling a person to use the abilities they still have.
<b>Infantilisation</b>	Treating the person like a child.
<b>Intimidation</b>	Causing the person to feel fearful as a result of threat or physical power.
<b>Labelling</b>	Referring to people inappropriately, for example 'elderly mentally infirm'.
<b>Stigmatisation</b>	Treating the person as if they were an outcast.
<b>Outpacing</b>	Providing information or choices too quickly thus potentially making information difficult to understand.
<b>Invalidation</b>	Not acknowledging the reality of the person.
<b>Banishment</b>	Excluding the person either physically or emotionally.
<b>Objectification</b>	Treating the person as an object, for example during washing/dressing.
<b>Ignoring</b>	Conversing with others in the presence of the person as if they are not present.
<b>Imposition</b>	Forcing the person to do something.
<b>Withholding</b>	Failure to provide attention or meet an obvious need.
<b>Accusation</b>	Blaming a person for their misunderstanding or inability.
<b>Disruption</b>	Suddenly disturbing a person and interrupting their activity/thoughts.
<b>Mockery</b>	Making fun or joking at the expense of the person.
<b>Disparagement</b>	Telling the person that they are worthless.

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**Positive Person Work**

(Kitwood, 1997)

PPW	Definition
<b>Recognition</b>	A person who is recognised by name and acknowledged as a person with unique thoughts, feelings and preferences. For example greeting a person by their preferred name.
<b>Negotiation</b>	Facilitated through consultation with the person about their preferences in care and their daily lives. Where possible they are supported to be involved in the decision-making process. For example serving residents food that they enjoy.
<b>Collaboration</b>	Partnership between healthcare professional and person in order to carry out an activity or task. For example having a bath or getting dressed in ways that are comfortable for the person.
<b>Play</b>	The provision of appropriate activity and enablement of self-expression. For example rolling a ball, sharing a joke or playing a game.
<b>Giving</b>	Accepting whatever kindness the person with dementia gives. For example the person with dementia may want to give a nurse a flower from the garden.
<b>Timulation</b>	A form of interaction, like aromatherapy, which is sensual.
<b>Celebration</b>	Not just during celebratory occasions, like birthdays or anniversaries, but the person should see their achievements be celebrated. For example joining the person who is happy and celebrating, irrespective of reason by clapping, whistling, singing or smiling.
<b>Relaxation</b>	Low-level of intensity and recognition that some people may like to relax in solitude. For example listening to music or spending time in the garden.
<b>Validation</b>	Connected to the work of Feil, this is about accepting the reality of another even if it is as the result of hallucinations or misperceptions.
<b>Holding</b>	To provide a safe psychological space or environment so as to enable people to truly express themselves. For example, if a person with dementia is experiencing distress do not isolate them, stay beside them and validate their experiences without trying to stop or ignore them.
<b>Creation</b>	Encouraging the person to be creative as this can be therapeutic. For example spontaneous singing or dancing, or horticultural therapy.
<b>Facilitation</b>	Enabling the person to do what otherwise they would be unable to do. This is similar to collaboration. For example, accompanying a person to go for a walk outside of the unit.

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## Operationalising Doll Therapy (1)

### Education

- Provision of reading materials.
- Work-shop sessions.
- Focus-group discussion.
- Pre-engagement with care partners

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## Operationalising Doll Therapy (2)

### Implementation

- Selection of doll with input from the person living with dementia, their care partner and/or the health professional team.
- Introduction of doll.
- On-the-job experience in relation to what works for who.

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## Operationalising Doll Therapy (3)

### Evaluation

- Feedback from person, healthcare team and care partners.
- Dementia Care Mapping.
- Monthly Care Evaluation.

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## Summary

The therapeutic use of doll therapy for people with dementia is a contentious issue owing to:

- Limited rigorous empirical evidence.
- The perception that providing a doll to a person with dementia is demeaning.
- The absence of any published guidelines endorsed by department of health.

### **HOWEVER**

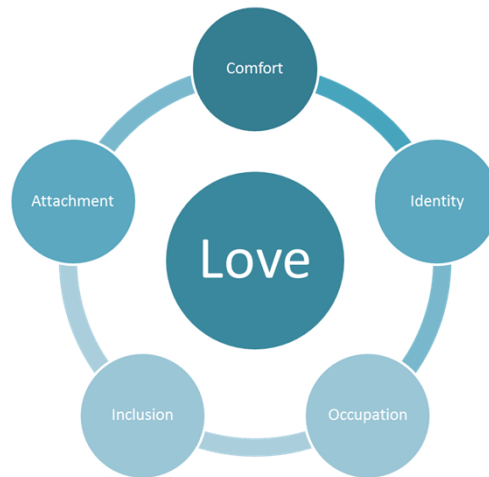
Despite the limited knowledge based and variety of contentious issues, there appears to be a place for 'doll therapy' for some people with dementia owing to the evidence on offer.

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# Conclusion



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