

20th Alzheimer Europe Conference in Luxembourg

“Facing Dementia Together”

30 September-2 October 2010



Doll Therapy

(empathy doll)

Doll therapy, non-pharmacological treatments for the management of BPSF (behavioural and psychological symptoms of dementia) in subjects sufferent from Alzheimer dementia

“When a doll is not a toy”

Ivo Cilesi

Doll Therapy

“When a doll is not a toy”

When we speak of “empathy dolls” the reference is to particular dolls, their characteristics are: weight of the body, distribution of the weight, position of the body, than predisposes to an embrace, very mobile neck, somatic lineaments.



Doll Therapy

“When a doll is not a toy”

- For an elderly afflicted from Alzheimer, the illusion to have among the arms a child to attend and to caress stimulates positive memories, a participant action and stimulates the residual cognitive abilities.

Doll Therapy

“When a doll is not a toy”

- The Therapy of the Doll is a Therapy which favours the decrease of BPSD
- By maturation of therapeutic doll the person activates tactile and affective relations

Doll Therapy

“When a doll is not a toy”

Therapeutic way

- The person recognizes the doll only how inanimate object and therefore at the beginning she/he manipulates it. Then she/he forgets it and doesn't consider more how relational element .
- The person gives care to the doll, recognising it as a child and take care of it, with more or less intensity in the various moments in the day.
- The person can alternate moments of strong care of the doll to moments of indifference or refusal



Doll Therapy

“When a doll is not a toy”

- **For a person with a serious cognitive deficit it is impossible to recognize the real things to the non real one therefore he is incapable to recognize true from false but he is able to remember and to get excited for moments and things that are in his remote memory**

Doll Therapy

“When a doll is not a toy”

- **It is necessary to consider the times of the relation person/doll/ child/ verifying the times of wait and times of research of the doll, all with concrete objectives**

Doll Therapy

“When a doll is not a toy”

Doll Therapy is a Therapy that starts by a doll with particularly characteristics

- Weight
- Position of its arms and legs
- Dimentions
- Somatic parts
- Material

Doll Therapy

Insertion Phases

- Evaluation with observation form for 15 days
- Insertion of the doll with protocol of delivery in specific schedules
- The doll can be delivered as required after equipe valuation

THE THERAPEUTIC FUNCTION OF THE DOLL

- | | YES | NO |
|---------------------------------------|-----|----|
| • ACCEPT | | |
| • SHE/HE SEARCH HER | | |
| • SPEAK TO HER | | |
| • SHE/HE HUG HER | | |
| • SHE/HE ROCKS HER how? | | |
| • SHE/HE ATTENDS HER | | |
| • SMILES REVOLT TOWARD THE DOLL | | |
| • SMILES REVOLT TOWARD OTHERS | | |
| • SHE/HE SINGS what? | | |
| • SHE/HE PLAYS US how? | | |
| • SHE/HE ABANDONS HER | | |
| • SHE/HE SEEKS THE CONSENT | | |
| • THE CONTACT IS CONTINUOUS | | |
| • THE CONTACT IS FLEEING | | |
| • SHE/HE CARESS HER HAIR | | |
| • SHE/HE HOLDS HER WITHOUT MOVING HER | | |
| • CONSIDERATIONS | | |

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Doll Therapy

- It is important not to give the doll to the person for several hours in a day because it can happen that during the time the person loses interest for the doll, because it doesn't give emotion and surprise at the contact

Doll Therapy

BPSD

- **Agitation**
- **Depression**
- **Anxiety**
- **Apathy**
- **Irritability**
- **Wandering**
- **Sleep disturbances**

Doll Therapy Communication

- Visual contact
- Tactile manipulation
- Dialogue
- Body contact

Doll Therapy Objectives

- Decreasing of BPSD
- Stimulation of attention
- Stimulation of dialogue and relations
- Help the relations
- Stimulation of memory
- Procedural memory







Doll Therapy Sperimentation

- **Preliminary and observational study that analyses the administering of a non pharmacological therapy called “Doll Therapy” to patients suffering from Dementia of different etiology, which exhibit behavior disturbances treated with different symptomatic drugs of the illustrated syndrome.**
- **The 6-months study analyzed 20 patients with observational forms studied by the authors to make the evaluation objective by all the staff.**
- **20 patients affected by medium-severe dementia and BPSD (Behavioral and Psychological Symptoms of Dementia) present in Alzheimer Centres in Bergamo Italy, and under pharmacological treatment with drugs suitable for the illustrated disturbances**
- **Comprehensive Geriatric Assessment** of patients and BPSD illustrated by the whole healthcare-assistive team during the meetings to draft the PAI (Individual Assistive Project), when the patient enters the study.

Doll Therapy Sperimentation

- **Presentation/Introduction of the observational forms to all the involved personnel.**
- **Insertion of patients in the Doll Therapy;** with observation of the behavior two-week long.
- **Definitive Insertion with filling of the form every 15 days**
- Observation:
 - 1 hour (morning)
 - 1 hour (afternoon)
- The observation form must be filled at the end of the morning shift and at the end of the evening shift
- **Re-evaluation of the methodology at every PAI meeting;** Every three months and when needed (more frequently, if needed).
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Result

- From the graph it emerges in a very clear way that the patient appears as prevalently relaxed (55%), cheerful (21%), and in a minor measure agitated (12 %), angry (7%) and sad (4 %). Therefore, the mood tone was conditioned more in a positive than in a negative way.
- Consequently the disturbances that mainly were reduced by this therapy resulted to be: agitation, depression, anxiety e apathy. Sleep and wandering were not modified.
- Furthermore possible variations in the pharmacological therapy obtained during the study lifetime were evaluated. More precisely a reduction in the global pharmacological load was verified (NRL- antipsicotyc and BDZ – benzodiazepines) in most cases i.e. n. 13 patients, no incidence in 4 cases, and only in 3 patients it was verified a further increase of therapy for the exhibited behavior disturbances (agitation and aggressiveness).

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Conclusion

- As it could be noted, in the study just a small group did not get benefits directly from the doll therapy, both because it did not exhibit positive or negative variations, and because it did not get benefits from a considerable reduction of the pharmacological load (7 patients out of 20), despite the clinical history of these patients during this phase of the disease is more frequently characterized by a constant dosage increment or by the introduction of other active principles to reduce the BPSD, and this occurred just in 3 patients.

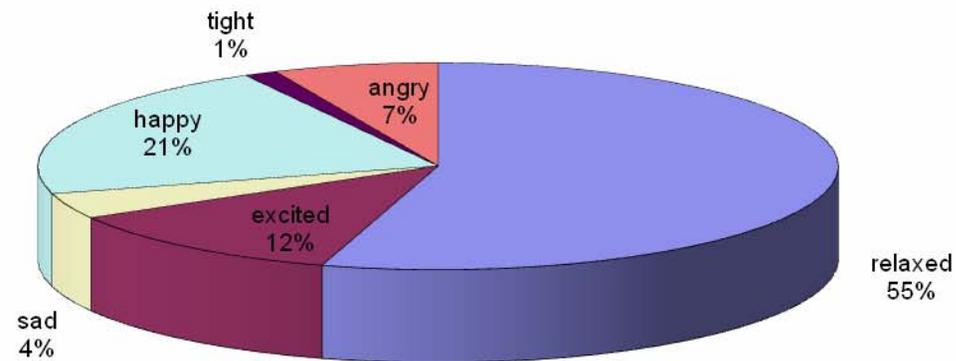
Conclusion

- In any case, the author verified a **clear improvement in the quality of life** of these elderly suffering from dementia, with a greater participation to relational life and to educational/rehabilitative activities of the ward, organized by the specific healthcare operators (professional educators, physiotherapists, occupational therapists and music-therapists).
- Certainly this study, due to the number of patients and the observation period, needs a further widening and verification. To obtain meaningful developments, it is wishable and necessary to continue the study, by involving a higher number of patients for a longer period, and comparing studies from different European healthcare and assistive situations.

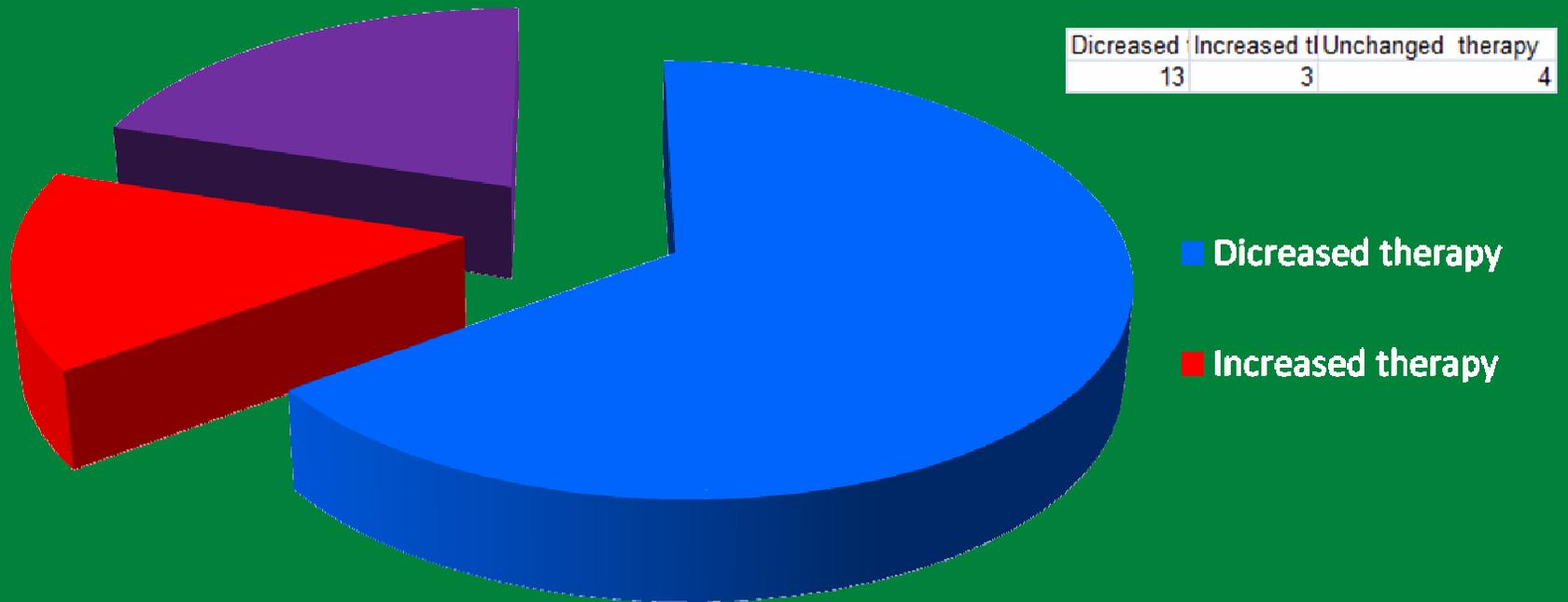
Conclusion

- Last, but not least, the authors verified that the introduction of this therapy in their medical division dramatically reduced the burn out of the healthcare and assistive operators (professional nurses and ASA = healthcare assistive operators). Furthermore, the requests for changing division due to saturation/workload that usually occurred in this division, disappeared with a dramatic reduction of the personnel turnover. Furthermore, the patient relatives modified their approach to the division, to the patients themselves, and need less psychological support, probably for a reduction in their sense of guilt that the institutionalization had determined
- Certainly it would be interesting to study and verify also these interesting side effects on the personnel and patients relatives.
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Conclusion



Conclusion



Conclusion

- Doll therapy is useful for the treatment of BPSD
- It is important to maintain correct modalities of delivery and the retiring of therapeutic dolls
- It is important to value the insertion of person by observation forms given in the first phase
- To observe in the moment of delivery and of the therapy all verbal and non-verbal signals pointed out from the persons
- In the centres where doll therapy has been inserted it has been underlined a decrease of medicins administered to the person
- We had find out decreasing pharmacological therapies as required and pharmacological therapies from protocol

Thanks

for your attention