

Doll Therapy In Dementia Care



Knowledge Pack For Care Staff And Families

Indication for use of this therapy:

Doll therapy is often used as a non pharmacological intervention which can help in reducing behavioural and psychological symptoms of dementia this has now become common practice in many care services. The use of dolls can improve alertness and, in some instances, encourages social contact. Doll therapy can have a significant improvement on the quality of life and behaviour of residents with dementia when the dolls are introduced as a choice.

These include:

- **Social withdrawal**
- **Restlessness**
- **Walking with purpose & intrusion**
- **Apathy**
- **Unusual Behaviour**
- **Vocalising**

Security and trust can be undermined by dementia, in our childhood having a doll or a teddy can provide us with a sense of security and can help in situations that are uncertain. The approach towards doll therapy is based upon the “attachment theory” When using doll therapy, we aim to achieve therapeutic goals such as:

To provide a sense of validation, role, and purpose by taking care of the baby doll

To provide an opportunity for people with dementia to express their emotions and feelings this is a key area when using this therapy

To provide an opportunity for past experiences with children and reminiscence

To provide meaningful communication opportunities through interaction with and talking about the baby doll including tactile and sensory experiences

The success of the therapy is largely due to how the therapy is introduced and the approach indeed will differ for everyone. **(See guidelines for introducing doll therapy).**

Evidence:

It is important that we evaluate and document the impact of this therapy for the individual; this should be ongoing enabling other carers to replicate. (see page 8).

This evaluation should include:

- **The best times to apply the therapy in terms of the person and their known triggers**
- **The best strategies known for the individual in introducing and engaging with the doll along with making sure we have safe removal of the doll**
- **An evaluation of the impact of this therapy with each individual**

Special note:

It is important to remember that not every individual will respond to doll therapy, this dependent upon the individual's background, beliefs, and interactions with children. If a person has never liked children throughout their life it is possible that they will not interact with the doll. However, case studies show that this has indeed been beneficial for a person that has not had children. It is very important that we know as much as possible about the individuals background so you can assess as to the possible benefit of this therapy.

Individuals who are most likely to benefit from this form of doll therapy:

- **Individuals who have moderate to severe dementia or a mixed dementia are more likely to perceive the doll as being a baby**
- **Individuals who have perhaps previously enjoyed being involved with children and babies**
- **This therapy can be used for both male and females depending upon their level of interest**

Research shows that it is possible for individuals with earlier stages of dementia to express an interest or indeed enjoy holding the doll but are less likely to perceive them as real.

Outcomes of using doll therapy:

Over the past 6 years doll therapy has been used in all three of our care homes our research shows that there are both benefits and challenges of working with doll therapy.

Indeed, the benefits far out way the challenges. One of the main advantages of this therapy is the much improved and increased communication between the person with dementia and the doll and in many cases with the care staff.

Residents in many cases interacted better together there appeared to be more touching and appetite for some improved. For some residents there was a reduction in social withdrawal and anxiety.

It is not all plain sailing for these benefits to occur there has to be:

- **support and acceptance from staff**
- **The process has to be person-centred, respecting the values and beliefs of the person**
- **Must never impose the doll on a person**
- **Be aware the lunchtime scenarios**



There were challenges of using doll therapy:

Whilst for many residents doll therapy has been a positive experience for some this experience did not last as long as others. Some residents lost interest in the dolls and of course with this the benefits we first saw started to tail off. We also found that on certain occasions the person would not readily give up the doll and this caused them to be anxious when challenged. (see guidelines).

One of the main hurdles to overcome can sometimes be with the residents families who will often challenge staff and tell them that they do not want there parent playing with dolls as to them it appears childlike and degrading. It is important for staff to have an understanding why they are engaging in doll therapy so they can advise relatives.

Conclusion to our research:

Chris Elsley believes that there are numerous theories as to the reasons that doll therapy can be effective and after five years of watching residents and learning how to use different techniques with them she describes the use of doll therapy as a way of the person with dementia feeling a sense of “being useful and needed” giving the person not only a purpose but a feeling of attachment once again.

Guidelines for the use of Doll Therapy

Some families and colleagues perceive this therapy as being patronising toward the person with dementia, so it is recommended that all family members and carers are involved with the person are informed of the purpose of the therapy.

It is important for the carer to understand the therapeutic value of the therapy and to have a clear idea of how to interact with not just the person with dementia but others that may interact with the doll.

Doll therapy is not for everyone and in some cases, you may have a male who perhaps would prefer an animal or bear of some kind.

Introducing the Doll:

It is important how the doll is introduced this key to the success of the therapy, and it is essential to remember that the approach will differ for each individual.

It is preferable that you use as much as possible a lifelike doll sometimes the connection with the doll may not be made straightway but once the connection has been made the rest is self administering.

Some suggested approaches when starting with this therapy include:

- **Leave the doll sitting in a chair or next to the table where it can be found**
- **The care setting may have a Moses basket or pram to place the doll in this is a good environment for residents to opportunistically respond to.**
- **You can enter an area or persons room whilst cradling the doll and then sit down with them. (Observe how the person responds to the doll in your arms).**
- **Observe how the person interacts with the doll are they identifying it as a real baby or a doll at this stage.**
- **Make some general comments about the doll being careful not to identify it as either a doll or a baby at this stage.**
- **Avoid dolls that cry as the crying may cause the resident distress when they cannot work out how to stop it from crying.**

Interaction Techniques:

- Place the doll in a basket or pram or somewhere appropriate near the person when they are not using it this allows for the person to pick it up when the opportunity arises
- Reassure the person that they can place it in a /basket/bed etc if they get tired
- Try to mirror the person's response in responding to how they interact if they believe it is a real baby then you can
- Always ask if they would like to look after the baby whilst you have to do other duties and always reassure that you will return to pick the baby up
- Always try to monitor the success of the intervention does it provide the person with pleasure and meaningful activity
- Try to determine the best times to use this form of therapy in terms of patterns of the persons Behavioral and Psychological Symptoms of Dementia (BPSD)
- There will be times when it is necessary to remove the doll from the person i.e. for mealtimes/bathing etc. This needs some consideration on how best so as not to upset the person. Some individuals may feel threatened that the doll is being taken away. Use the technique of offering to put the baby down for a nap or to change its nappy and always make sure that you explain to the person that you will bring the child/doll back
- It is important to monitor the persons engagement with the doll and that all carers document how the intervention is working and the best strategy used for that person



Notes & Precautions:

Doll therapy should never be forced on any individual with dementia.

Dolls are not a cure for BPSD but have been shown in many research papers that this therapy can help to diminish the severity and frequency of BPSD in some individuals with dementia when used in an appropriate way (James et al, 2006).

It is important not to handle the doll inappropriately i.e. throwing it in a corner with other items, handling it carelessly handle the doll as you would a child.

Cleaning:

Wash hands before and after using the doll to help with infection control concerns, the doll can be wiped over with bacterial wipes.

Wash the clothes on a regular basis.

Further reading/References:

James, I.A. Mackenzie, L and Mukaetova-Ladinska, E. (2006) "Doll use in care homes for people with dementia" *International Journal of Geriatric Psychiatry*, 2006;21:p1093-1098

(Understanding Dementia, the Man with the Worried Eyes, Cheston and Bender, 200

Doll Therapy in dementia – NHS Evidence Search

<https://www.evidence.nhs.uk/search?q=doll%20therapy%20in%20dementia>

Care homes use doll therapy for residents with dementia.

<http://www.theguardian.com/social-care-network/2013/apr/29/care-homes-doll-therapy-dementia>

Doll Therapy Evidence Form

Resident:.....

Date:.....

Carer:.....

Purpose of using doll therapy with the above resident:

How the doll was introduced to the resident:



Outcome/benefit of doll therapy for the resident: