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Dementia Behaviour Management Advisory Service (DBMAS) Vic

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Supporting workers • Advice • Information • Referral

Helping Australians with dementia, and their carers



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The role of Complementary Therapies in Dementia Care

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Who are we and what do we do?

DBMAS Victoria:

- A 24-hr phone based service for people with dementia, and their carers and / or care workers where behavioural and psychological symptoms of dementia are impacting on the care relationship
- Advice, referral, assessment, intervention, education and specialised services to
- Enhance, support and collaborate with existing services

Freecall™ 1800 699 799

DBMAS Vic can also be contacted via dbmas@svhm.org.au



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***The aim of this presentation –
to explore the debate regarding Complementary Therapies
as they apply to dementia care by***

- Reviewing why and how CTs lend themselves to the person centred approach to dementia care
- Exploring some examples of CTs that are used effectively in caring for people with dementia
- Highlighting some of the political, professional, quality, research, education, ethical and practical issues surrounding CTs
- Providing resources for further information



Definitions of Complementary Therapies:

- “Diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral-based medicines, spiritual therapies, manual techniques and exercise applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness” WHO 2002
- “The use of therapies or interventions as adjuncts to (western) orthodox or mainstream treatments and care, so that a more holistic approach is achieved (NBV Guidelines 1999)



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Knowing I was in the right place....

- *GEORGE*
- *WAL and CARL*

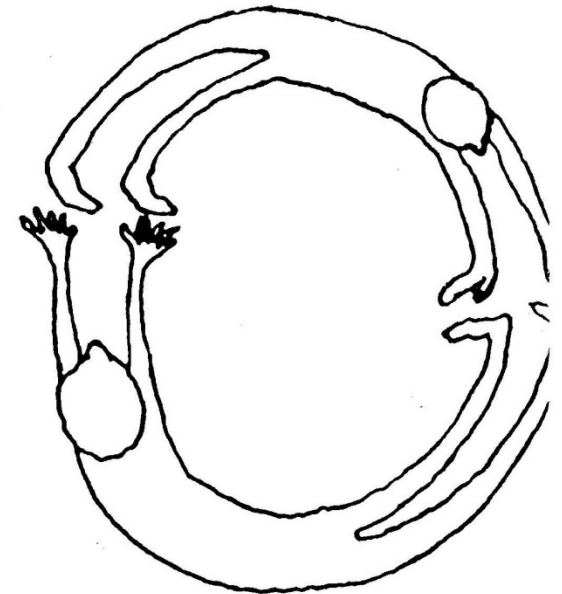
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POT-SHOTS NO. 871

Ashleigh
Brilliant

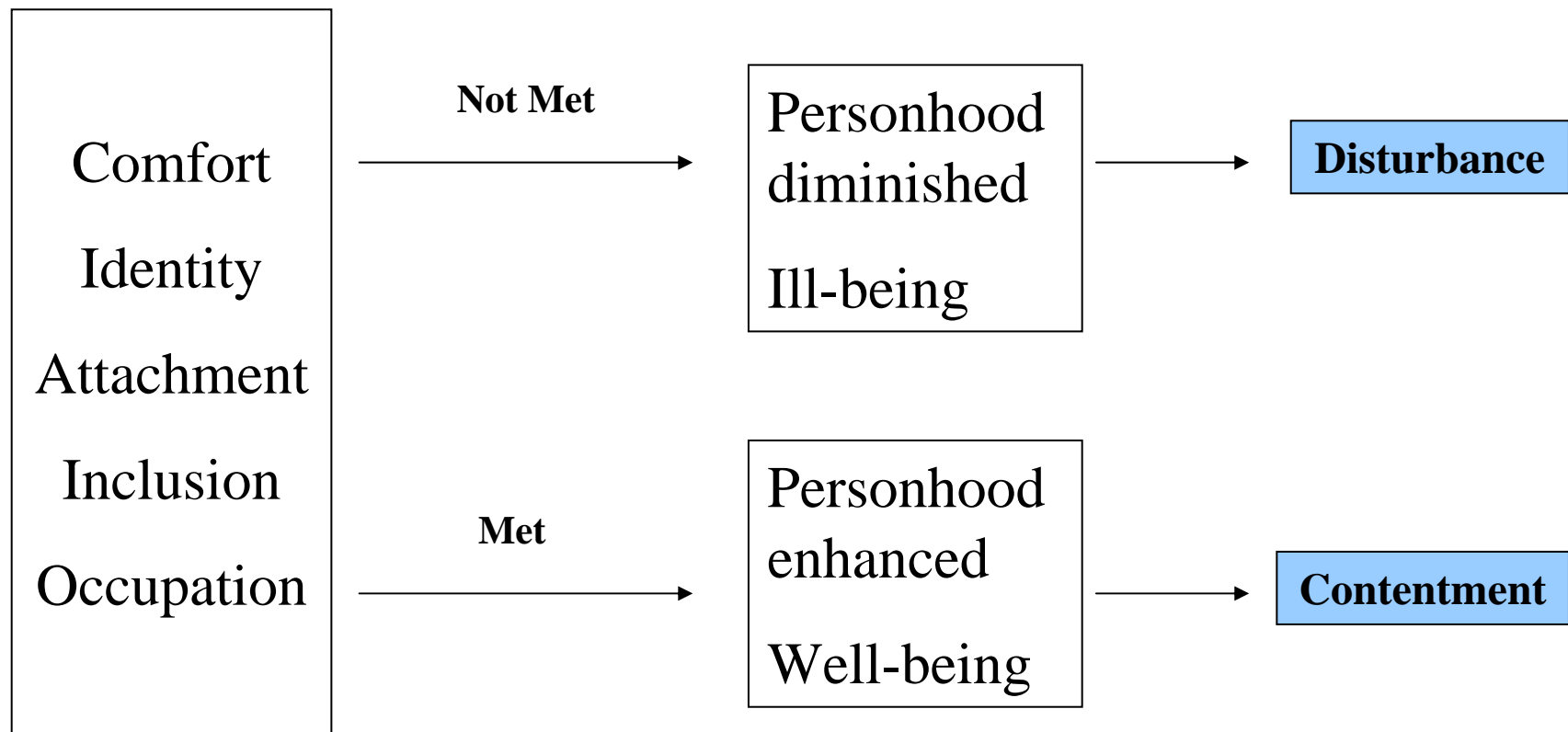
HOW MUCH OF
YOUR INFLUENCE ON ME

IS A
RESULT OF
MY INFLUENCE
ON YOU?





Personhood...



(Kitwood's, Model of Person Centred Care)



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Person Centred Care Approach

- Attention to the whole person
- Life story as a key to care
- Enhancing, utilising and validating remaining capabilities and senses
- Acknowledging and appropriately responding to the feelings underlying any confused speech and behaviour

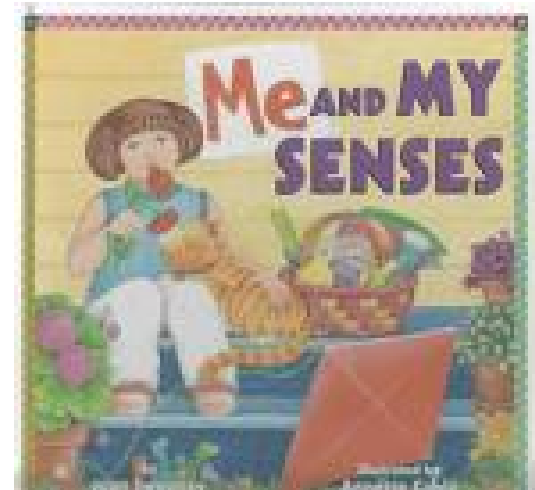


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Dementia complicates the sensory experience

- Compounds normal sensory changes that come with ageing
- Reality is nothing but perception!
- Medications are not going to assist
- Role of the environment
- Informed, educated and skilled carers required
- Person centred approach using careful assessments including Life Story are helpful





All humans experience & connect with the world around them via the senses

- CTs can offer connectedness via the senses
- A useful and dynamic means by which communication & perception can be enhanced
- Can act as a “key” to unlock feelings, emotions & abilities that may not be apparent
- Nurture & express physical, psycho-social-spiritual, emotional and cultural care needs





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Current socio-political context of Aged Care:

- Advocacy versus custodial
- Individual versus collective
- Person centred versus task-orientated
- Consumer (or their representative) driven
- Increased awareness of their rights, more informed, demanding choices
- Service providers needing to be accountable, bound by legislation, standards, regulations, etc.





Examples of CTs commonly used in dementia care:

- Aromatherapy
- Massage
- Music
- Expressive arts
- Pet therapy
- Doll/Child representational therapy
- Sensory therapies
- Environmental manipulation
- Eden Alternative





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Pet Therapy

- Reduced stress, depression
- Improved socialisation, mood
- Reduced aggression, isolation
- Distraction
- Reminiscence
- Promote balance, mobility, activity and play
- Sensory stimulation
- Case reports, case series & several pilot studies suggest benefits of PT but no RCT's



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Sensory Therapy...

Snoezelen or Relaxation

Rooms

- Stimuli to primary senses
- Use of lighting , tactile surfaces, meditative music and odour of relaxing essential oils
- ↑initiative, ↑alertness
↑spontaneous speech,
↑relations with others,
↑happiness, ↑activity,
↑attentiveness, disturbances ↓
- Small studies only





Offering CTs as an alternative to psychotropic medications:

- Music
- Aromatic bath or vapouriser
- Hand or foot massage
- Multisensory equipment/tools
- Child representational (doll) therapy
- Simulated pet therapy

May lead to reduction in:

- Falls risk
- Urinary incontinence
- Constipation
- Blood pressure irregularities
- Heart attack & stroke risk
- Not to mention an increase in more alert residents and happier families!



Important considerations for introducing CTs:

- Cultural sensitivity; always engage family/ NOK;
- Accommodate changes in personality, cognitive function, memory, likes/dislikes, skin , metabolism
- Person centred, holistic approach; individual assessment important; – be aware of own or therapist’s prejudices/leanings ☺
- Be aware of negative memory associations, interactions or precautions of CT medicines with prescribed medications
- Dabbling can be dangerous! Plan, prepare, be informed....



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Contemporary professional challenges:

1. Administration issues – including documentation, legislation, regulation & standards, policies & procedures
2. Practice issues – costs, training, equipment storage & maintenance, accountability & ethical considerations
3. Quality issues – research, minimising risk & maximising therapeutic benefit
4. Occupational Health & Safety issues



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Current scene in Australia specifically r/t this topic:

- Govt. acknowledgement incl. state & national training board recognition of CTs courses, Aged Care Standards, insurance avail
- Creative Ways To Care project
- The Society for the Arts in Dementia Care (Australia) Inc
- Alzheimer's Australia Tasmania resources and conferences (AAV x 2)
- Research undertaken in Australia by Professors O'Connor and Moyle
- Funding for development of adaptable policies and procedures
- Resources sheet provided



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Working with people who have dementia inspires me to:

*“Work as if you don’t need the money,
Dance as if no one is watching,
Sing as though no one is listening
and live as if life is heaven on earth”*

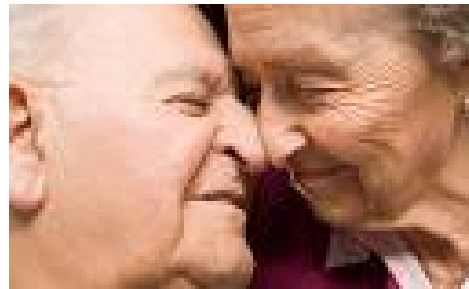
De Souza



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Being unwanted, unloved, uncared for, forgotten by everybody, I think that this is a much greater hunger, a much greater poverty than the person who has nothing to eat...we must find each other” *Mother Theresa of Calcutta*





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Thanks for listening! 😊 kirsten.james@svhm.org.au



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