



An Australian Government Initiative

Dementia Behaviour Management Advisory Service (DBMAS) Vic.

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Child Representational Therapy in Dementia Care

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CLINICAL PRACTICE GUIDELINES FOR THE USE OF CHILD REPRESENTATIONAL THERAPY

Definition:

Child Representational Therapy is a validation/reminiscence and diversional intervention that provides people with dementia an opportunity to interact with a 'life-like' baby doll in a manner that is therapeutic to them. The most therapeutic value appears to be achieved when the individual is at a stage in their dementia where they perceive the doll as a real baby, hence the term *child representational therapy*.

Therapeutic goals:

- To provide an opportunity for people with dementia to express their emotions
- To provide meaningful communication opportunities through interacting with and talking about the baby doll
- To provide a sense of validation, role and purpose by taking care of the baby doll
- To provide opportunities for reminiscence about past child rearing experiences
- To provide tactile/sensory experiences that elicit a sense of comfort and security

Indications for the use of this therapy:

Child representation/doll therapy has often been used as a non pharmacological intervention in reducing *behavioural and psychological symptoms of dementia (BPSD)* such as:

- Social withdrawal
- Apathy
- Vocalising
- Aggressive Behaviour
- Restlessness
- Wandering and Intrusion



Individuals most likely to benefit from this form of therapy:

- Individuals with moderate to severe dementia of Alzheimer's type or mixed Alzheimer's/Vascular pathology are more likely to perceive the doll as being a baby
- Individuals with dementia who have regressed into past life memories of parenthood e.g. Individuals who may be expressing delusions/hallucinations regarding their baby's crying or be frequently looking for their baby
- Individuals who have previously enjoyed being around children/babies
- Both males and females can respond to this therapy, depending in part on the person's previous level of interest and roles/interactions with children

Note: Individuals with earlier stages of dementia may still express interest or enjoy looking at, holding or dressing these dolls but are less likely to perceive them as real.



GUIDELINES FOR USING CHILD REPRESENTATIONAL THERAPY

Introducing the doll:

It is highly recommended that all carers and family involved with the person are informed of the purpose of this therapy, the implementation plan and the processes for interacting with the doll outlined below. This is because some may perceive this therapy as being condescending or patronising toward the person with dementia if they do not completely understand the nature of dementia or the therapeutic values of this intervention. Furthermore, the therapeutic value of this intervention can be undermined if there is inconsistency in how others interact with the doll.

How the doll is introduced is important to the success of the therapy and the approach used will differ for each individual. One suggested approach may include:

- Entering the person's room, greeting them whilst cradling the doll (wrapped in a bunny rug) and then sitting down with them
- Observe how the person responds to the doll in your arms. If they have not noticed the doll, bring it to their attention and invite their feedback. If the person appears interested and engaged, then ask if they'd like to hold it
- Make general comments about the doll, (e.g. Comment on 'his/her' eyes/hair/clothes) taking care not to identify it as either a doll or baby at this stage
- Observe how the person interacts with the doll and whether they appear to be identifying with it as a real baby
- Alternatively, care facilities may benefit from constructing a 'nursery corner' (including cot, linen, accessories) to provide an environment that residents opportunistically respond to. Dolls left lying around are less likely to be responded to

Interaction and use of Child Representational Therapy:

- Mirror the person's response in how you respond to the doll, i.e.: only act as if it is a real baby if the person themselves appears to exhibit that belief
- Ask if they would like to look after the baby whilst you attend to other duties, reassuring them that you will return to pick up the baby



- Leave a bassinette/capsule/basket in reach and reassure the person that they can place it in the bed/basket if they get tired
- Place the doll in a bassinette/capsule/basket near the person when not in use to allow the person to retrieve the doll at will and as the opportunity arises
- Monitor and evaluate the success of the intervention in providing the person with pleasure, meaningful activity and diversion from the BPSD you are trying to target
- Determine the best times to use this form of therapy in terms of patterns in the person's BPSD and incorporate this in to the persons daily routine/care plan
- At times it will be necessary to remove the doll from the person, i.e. for meal times/showering etc. This will need to be done delicately as some individuals may become threatened and extremely protective and defensive in their reactions. Offering to put the baby 'down for a nap', 'feed' the baby or 'change its nappy' may be used as logical reasons for why you are taking the doll away. Always reassure the person that you will bring their 'child' back.

Evaluation and documentation

If the person is in a care facility or receiving intermittent care from multiple caregivers, it is important to provide ongoing evaluation, handover and documentation for other carers to replicate.

This should include:

- The rationale and behaviours that are being targeted by the therapy
- The best times to apply the therapy in terms of the person with dementia's known triggers and BPSD patterns
- Strategies that have been successfully used for introducing the doll, engaging with the doll and for removing the doll
- An evaluation of the impact of this therapy on the incidence and/or severity of the BPSD



Special notes and precautions:

- Child representational therapy should never be forced on individuals with dementia
- Not everyone will respond to this therapy, depending on their background and previous beliefs/interactions with children. If they didn't like children/babies before then they are less likely to respond to a doll in a positive and therapeutic way. Person centred assessment prior to the introduction of doll therapy may assess for history of trauma, (adoption, abortion, abuse) to ensure that therapy is not a stimuli for a negative affect. An alternative, (if the person previously enjoyed interactions with animals,) may be simulated pet therapy, in which a life-like or interactive dog/cat is substituted for a doll. The same guidelines for use would apply
- Do not interfere with the image that the person with dementia has of the doll if they are observed to be responding positively to child representational therapy. For example, if they perceive it as a real baby, avoid referring to it as a doll. Also avoid handling it inappropriately e.g. picking it up by the leg/head; handle it as you would a real child
- Dolls are not a cure for BPSD but have been shown in research literature to diminish the frequency and severity of BPSD in some individuals with dementia when used in an informed way (James et al, 2006)
- Dolls should be as life-like as possible in terms of appearance, weight, sound emitted, smell and texture
- Interactive dolls are also available that make sound and eye movement. Anecdotally, interactive dolls have been particularly successful in distracting and engaging persons with repetitive vocalising behaviours
- The type of doll selected should match the person's cultural background and social history where possible. For instance, it may be more meaningful for the person to interact with a doll that has skin and/or hair colouring that matches with their cultural background. If the person is continually looking for their son/daughter, it may also be beneficial to match the sex of the doll or use blue/pink outfits, to match the doll to the sex of the child the person is seeking
- It is critical to monitor the person's engagement with the doll and if the person is in a care facility or receiving support from multiple carers, to document and handover how other carers can most successfully apply this strategy



- The success of child representation therapy is often contingent on a 'window of opportunity' where the person's stage of dementia and previous social role merges to create an altered reality. Thus, if this therapy does not work initially due to the progressive nature of dementia, it is possible to reintroduce the doll for trial, (eg: 6-month) at a later stage

Cleaning instructions:

- Wash hands before and after handling the doll to minimise soiling the doll and for infection control concerns
- Clean plastic surfaces with bacteriacidal wipes after use
- Hand or machine wash baby clothes and air dry before returning the doll



STOCKISTS

Mattell ‘Miracle Moves’ Dolls

These dolls intermittently vocalise, blink and make a burping sound. They have soft textured skin. This type of doll is no longer made by Mattell and so can only be accessed over the internet on eBay.

RRP - \$50 to \$150.00

Ideal ‘Tiny Tears’ Dolls

These dolls are interactive in that they alternate between crying, saying ‘mamma’, laughing, babbling or yawning when their dummy is removed. They feed when given a bottle and burp when the bottle is removed. The dolls eyes close when tilted to lying. Tiny Tears dolls have soft textured skin. Tiny tears Dolls can be purchased from K-mart, Big W and Toys R Us.

RRP - \$60-\$80.00

‘So Truly Real’ Ashton Drake Dolls

The So Truly Real dolls are extremely life like and are hand made. They all have soft textured skin and a body that is weighted heavier in its bottom. There are a variety of dolls, which perform different functions. Dolls available from The Bradford Exchange in Sydney www.bradford.com.au , Bee-Anns Dolls and Reborn Nursery in WA www.beeanns.com.au or eBay.

RRP - Upwards of \$100.00

If purchasing from overseas be wary as some of the dolls are filled with sand and if identified by customs will require payment of additional fees for the doll to be treated (irradiated) before it can be delivered.

‘Lots to Cuddle Babies’

These dolls have a soft body but hard plastic hands, feet and head. They have realistic looking eyes and come in a range of different colours and expressions. They are not interactive but work well for people who do not require an interactive therapy doll and are available from Target and K-mart

RRP- \$50.00 or under.



Lee Middleton Original Dolls

These dolls have a soft body, arms and legs. Inside the body is a breathing mechanism that creates gentle life-like movements. The dolls eyes are closed.

Dolls available from Mobile Memories For The Aged

info@mobilememories.com.au

Mobile Memories For The Aged

P.O Box 3215, Doncaster East Victoria 3109

T: (03)9846 5229 F: (03)9846 2045

RRP- \$120.00

Other Dolls:

Two other types of dolls are available through Alzheimer's Australia Tasmania. They provide a choice of weighted or non-weighted dolls. Both dolls are available by contacting:

Anne Kelly, Consultancy & Development Manager

Alzheimer's Australia Tasmania

T: (03)6224 3077

RRP-

Weighted doll: \$150.00

Non weighted doll: \$70.00



REFERENCES / FURTHER READING

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- Perrin, T and May, H. (2000) “Wellbeing in dementia care- An occupational approach for therapists and carers” 2000; Harcourt, London p121-123
- St. Vincent’s Aged Psychiatry Service (SVAPS) 2008 – Leisure Resource Library ‘Child Representational Therapy’ information sheet

DBMAS Vic recommends updating guidelines annually.