PSYCHOSOCIAL INTERVENTIONS AND TREATMENT APPROACHES

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https://www.youtube.com/watch?v=1aGaVws-ntY

PSYCHOSOCIAL INTERVENTIONS

Psycho – psychological aspect of our experience. Refers to our feelings, thoughts, desires, belief, values and how we perceive ourselves and others.

Social – refers to the our wider social experience i.e. our relationships, traditions and culture.

Both aspects are closely intertwined and influence each other.

WHAT IS A PSYCHOSOCIAL INTERVENTION?

Support people to overcome challenges and maintain good mental health. Psychosocial interventions do not involve the use of medication.

Psychosocial interventions can help with:

- coming to terms with a diagnosis of dementia
- maintaining your social life and relationships after diagnosis
- reducing stress and improving your mood, for example, if feeling worried, anxious, or depressed
- thinking and memory (cognitive function)
- living independently
- quality of life – maintaining health and happiness, and control over your life
- support for your partner and family

COGNITIVE BEHAVIOUR THERAPY FOR ANXIETY OR DEPRESSION

Cognitive behaviour therapy is a term used to describe a number of talking therapies which are used to overcome emotional and psychological problems.

Commonly used to treat stress, anxiety and depression.

CBT Aims…

to give you new skills to overcome current life challenges

to change ways of thinking that might be unhelpful

to make it easier to deal with demanding situations or difficult emotions.

Orgeta, V., Qazi, A., Spector, A.E. & Orrell, M. (2014). Psychological treatments for depression and anxiety in dementia and mild cognitive impairment. Cochrane Database Systematic Reviews, 22(1), CD009125.

A life situation, relationship or practical problems
(e.g. a problem/difficult situation/event occurs)

Altered thinking
unrealistic, extreme and unhelpful thoughts

Altered emotional feelings

Altered physical feelings/symptoms

Altered behaviour
(reduced activity, avoiding things or doing something unhelpful)

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ADAPTING CBT FOR OLDER PATIENTS

Laidlaw, Thompson, Gallagher-Thompson (2004)

- Significant events and related cognitions
- It emphasizes the need to explore beliefs about aging viewed through each patient's socio- cultural lens and examine cognitions in the context of the time period in which the individual has lived.

Losses and transitions

- Thompson [1996] - trigger thoughts of missed opportunities or unresolved relationships and reflection on unachieved goals.
- focus on the meaning the patient gives to these losses and transitions. For example, depressed patients could view their retirement as a loss of self-worth as they become less productive.
- CBT can help patients identify ways of thinking about the situation that will enable them to adapt to these losses and transitions.

CHANGES IN COGNITION

Patients may experience a decline in cognitive speed, working memory, selective attention, and fluid intelligence. This would require that information be presented slowly, with frequent repetitions and summaries.

accommodate for a decline in fluid intelligence, presenting new information in the context of previous experiences will help promote learning.

Recordings of important information and conclusions from cognitive

Phone prompts or alarms can remind patients to carry out certain therapeutic measures

Caretakers can attend sessions to become familiar with strategies performed during CBT and act as a co-therapist at home

EMPIRICAL SUPPORT FOR CBT IN OLDER ADULTS

Cochrane review - for older depressed adults both cognitive therapy and behaviour therapy, the two components of CBT, have a significantly better effect than placebo on clinical outcome measures of depression.

Drop-out rates are also better for CBT when compared with control groups.

CBT is effective for relapse prevention of mood disorders and may also play a preventive role in the development of major mood disorders in older adults who initially present with sub threshold symptoms.

CBT and behaviour therapy are recommended interventions for the treatment of unipolar major depressive disorder. The evidence, although limited, suggests that in older adults, the combination of CBT with antidepressants results in a greater response rate than treatment with medication alone. CBT has also demonstrated efficacy in the treatment of GAD in older adults.

EMPIRICAL SUPPORT FOR CBT IN OLDER ADULTS

Steuer et al. - compared group cognitive with group psychodynamic therapy

- there was improvement with both treatments with evidence of superiority of cognitive therapy. Other studies have included control groups.

Beutler et al. - compared group cognitive therapy with placebo and an anti-depressant over a period of 20 weeks

- showed superiority of cognitive therapy over no active treatment.

Thompson et al. - compared group cognitive, behavioural and psychodynamic therapies over 20 weeks with a 6-week delayed treatment group

- demonstrated effectiveness of all treatments.

Scogin et al. - compared the use of written cognitive therapy material with written behavioural therapy material with a delayed treatment group

- found equal improvement in both treatment groups when compared with control.

COUNSELLING AND PSYCHOTHERAPY

Counselling and psychotherapy are two forms of 'talking therapy' which you would have if you wanted support with personal issues, such as if you were stressed, worried, anxious or depressed.

They involve meeting with and sharing your problems with your therapist on an individual basis in a confidential setting.

Counsellors and psychotherapists are there to listen to you and discuss problems and feelings with empathy.

The purpose of these sessions is not usually to give advice, but to provide a safe space to talk and to help you to find insight and understanding into any problems you may be experiencing

Junaid, O. & Hegde, S. (2007). Supportive psychotherapy in dementia. Advances in Psychiatric Treatment, 13, 17–23. doi: 10.1192/apt.bp.105.002030.

COGNITIVE REHABILITATION

Cognitive rehabilitation can involve learning strategies for managing memory problems, or better ways of tackling everyday tasks.

Sometimes people choose to learn something new, such as how to use a mobile phone or iPad, to help in everyday situations, or to resume activities they used to enjoy.

Bahar-Fuchs A, Clare L, Woods B. (2013). Cognitive training and cognitive rehabilitation for mild to moderate Alzheimer's disease and vascular dementia. Cochrane Database of Systematic Reviews, 2013, Issue 6. Art. No. CD003260.

Cognitive rehabilitation is an approach to managing the impact that dementia-related difficulties, such as problems with thinking and memory, can have on everyday life.

COGNITIVE REHABILITATION

Goal-setting process - identify the areas of daily life in which they wish to improve.

During the goal-setting process, the cognitive rehabilitation practitioner works with each individual to identify the areas of daily life in which they wish to improve.

The practitioner assesses:

The person.

The context.

The activity.

- Develop habits and routines
- Reactivate previous knowledge
- Compensate for known difficulties and challenges
- Build individual strategies to support functioning in specific situations
- Address specific dementia-related difficulties

COGNITIVE TRAINING

('BRAIN TRAINING')

Involves training specific aspects of your memory and other thinking skills.

Moniz-Cook, E. & Manthorpe, J. (2009). Early psychosocial interventions in dementia: Evidence-based practice. London: Jessica Kingsley Publishers.

This is usually through an exercise or a game on a computer, but regular pastimes such as crosswords and Sudoku would also count as cognitive training.

Each exercise or game is designed to train specific functions of your brain, such as: memory for words, logic and reasoning, memory of pictures or images, problem solving, mathematics

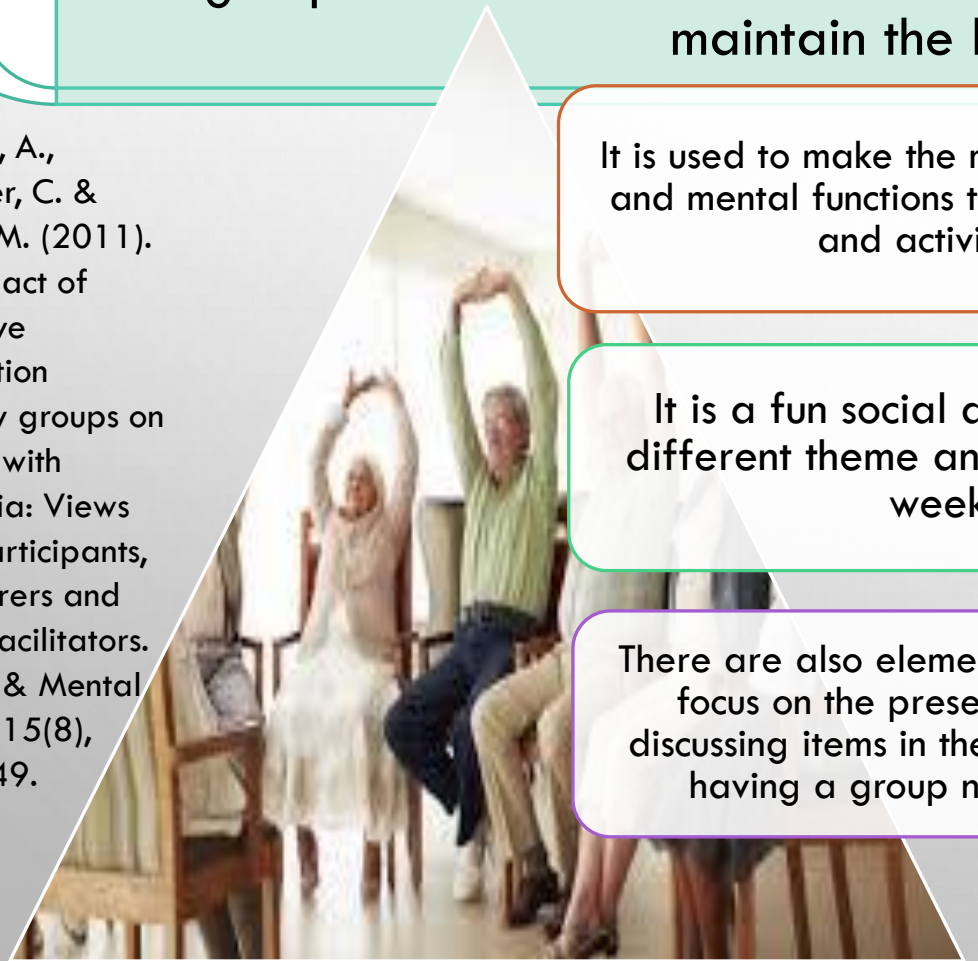
Cognitive training is not as personally-tailored and has not proved to be as effective as cognitive rehabilitation. It is widely available on the internet and gaming consoles as 'brain training'.

COGNITIVE STIMULATION THERAPY (CST) AND MAINTENANCE COGNITIVE STIMULATION THERAPY (MCST)

CST is a group therapy that is used to help strengthen a person's communications skills, thinking and memory.

CST groups run for a limited number of sessions. (MCST) groups continue indefinitely, and aim to maintain the benefits that CST groups provide.

Spector, A., Gardner, C. & Orrell, M. (2011). The impact of Cognitive Stimulation Therapy groups on people with dementia: Views from participants, their carers and group facilitators. Ageing & Mental Health, 15(8), 945–949.



It is used to make the most of your skills and mental functions through exercises and activities.

It is a fun social activity, with a different theme and activity each week.

There are also elements that help you to focus on the present, for example discussing items in the newspapers, and having a group name and song.

A typical CST session lasts for one hour and may involve games, singing, reminiscence, sharing stories, chatting and discussions, current events, arts and crafts.

MCST, like CST, aims to help slow down cognitive decline. This treatment follows on from a course of CST. This treatment is used to maintain the benefits of CST.

https://www.youtube.com/watch?v=aST8Y6KvmN0

https://www.youtube.com/watch?v=GrnQHpzLtz0

LIFE STORY WORK

LIFE REVIEW THERAPY

REMINISCENCE

Life story work is a continuous process as our stories do not end. Whilst it involves looking back on the past and recording important personal events, it also involves looking forward to future hopes.

Life review therapy is a type of talking therapy that is done one-to-one with a trained therapist, where you look back over your life.

Reminiscence is an activity which involves remembering and retelling past memories and events from your life, often aided by looking at materials from a particular time.

It is usually done on a one-to-one basis with your partner, a family member or someone who can guide you through the process.

It aims to help you to understand your past from different perspectives.

Reminiscence is usually done in a group setting with people talking about their memories and listening to each other.

Kellett, U., Moyle, W., McAllister, M. et al. (2010). Life stories and biography: A means of connecting family and staff to people with dementia. Journal of Clinical Nursing, 19, 11–12, 1707–1715.

Baines, S., Saxby, P., & Ehlert, K. (1987). Reality orientation and reminiscence therapy: A controlled cross-over study of elderly confused people. The British Journal of Psychiatry, 151, 222-231.

ANIMAL-ASSISTED THERAPY AND PETS

- Animal-assisted therapy can help to reduce loneliness, and may help alleviate depression and anxiety, or encourage you to engage in physical activity, leisure, and relaxation.
- Some studies suggest have suggested that time spent with animals can reduce blood pressure.
- Research has also suggested that spending time with animals can encourage people to be sociable.

Therapy involving structured encounters with animals with the purpose of improving well-being and quality of life.

https://www.youtube.com/watch?v=vS3oLaXUhYM

Filan S.L. & Llewellyn-Jones R.H. (2006). Animal-assisted therapy for dementia: A review of the literature. International Psychogeriatrics, 18(4), 597–611.

https://www.youtube.com/watch?v=RW-a3SLnj_w

CREATIVE ARTS THERAPIES (CAT)

Creative arts therapies aim to help you overcome emotional problems.

They may offer you the following: the opportunity to express emotions which are difficult to convey in words alone, intellectual stimulation, improving well-being and quality of life

CAT are a type of psychotherapy which use media such as painting, literature, sculpture and music (among others) as a focus for treatment.

Guetin, S., Charras, K. & Berard, A. (2013). An overview of the use of music therapy in the context of Alzheimer's disease: A report of a French Expert group. Dementia, 12(5), 619–634.

Music therapy describes interventions which aim to enhance your well-being and quality of life through the use of music and music-based therapeutic activity.

Creative arts therapies have a therapeutic focus and are different from general arts activities.

LOOK AT THE EVIDENCE FOR PREVENTATIVE MEASURES OF DEMENTIA

1. https://www.bmj.com/content/bmj/357/bmj.j2709.full.pdf
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546647/pdf/10.1177_2040622317712442.pdf
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3193875/pdf/nihms275526.pdf