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ASSIGNMENT CW2: *Using Psychological Theory to Support
Older Adults with Dementia in a Care Home Setting*

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1. INTRODUCTION

Aging persons in dementia care facilities tend to have complicated mental and behavioural problems associated with loss of memory, confusion, emotional turbulence and identity alteration. Health and social care workers need a clear theoretical knowledge regarding such challenges to be able to provide high-quality and person-centred care. Adult development and health behaviour can be examined through psychological theories that may help in interpreting the experiences of people aged 65 and above. This report applies the theory of psychosocial development developed by Erikson and the Cognitive Behavioural Theory (CBT) to explain how the health and social care personnel can assist older adults with dementia.

This report targets individuals between 65 and above years old and stay in dementia care home. These environments assist in helping adults who undergo cognitive impairment which impacts on memory, reasoning, language, emotional regulation, and daily functioning. Psychological symptoms caused by dementia are anxiety, fear, depression, apathy and social withdrawal (Reynolds et al., 2022). The issue of psychological needs of this population, thus, requires comprehension to enhance well-being and quality of life.

2. AN OVERVIEW OF SELECTED TWO THEORIES

2.1 Erikson's Psychosocial Development Theory

Erikson posits that the human life-span development does not end. His third, last stage, is the Integrity and Despair stage, which occurs between 65 years of age and onwards and entails looking back on life, relationships and level of meaning (Erikson, 1963). Successful resolution leads to the feelings of inclusion, wisdom and contentment with life, whereas an unfavourable resolution can result in remorse, hopelessness and despair (Perry et al., 2014).

The current research has established that this psychosocial conflict is ongoing in older adults, even in the presence of dementia. According to Mazaheri et al. (2022), even residents with more severe dementia preserved some elements of identity and emotional insight, which contributes to the idea that sustaining the life reflection and continuity of identity can help to decrease psychological distress.

Erikson's Psychosocial Stages			
Stage	Basic Conflict	Virtue	Description
Infancy 0–1 year	Trust vs. mistrust	Hope	Trust (or mistrust) that basic needs, such as nourishment and affection, will be met
Early childhood 1–3 years	Autonomy vs. shame/doubt	Will	Develop a sense of independence in many tasks
Play age 3–6 years	Initiative vs. guilt	Purpose	Take initiative on some activities—may develop guilt when unsuccessful or boundaries overstepped
School age 7–11 years	Industry vs. inferiority	Competence	Develop self-confidence in abilities when competent or sense of inferiority when not
Adolescence 12–18 years	Identity vs. confusion	Fidelity	Experiment with and develop identity and roles
Early adulthood 19–29 years	Intimacy vs. isolation	Love	Establish intimacy and relationships with others
Middle age 30–64 years	Generativity vs. stagnation	Care	Contribute to society and be part of a family
Old age 65 onward	Integrity vs. despair	Wisdom	Assess and make sense of life and meaning of contributions

Figure 1 Erikson's Psychosocial Development Theory – Integrity vs Despair (65+ years) Source: Erikson, E.H. (1963) Childhood and Society. New York: W.W. Norton.

2.2 Cognitive Behavioural Theory (CBT)

CBT explains the relationship between thoughts, emotions and behaviours. Low mood or anxiety and behavioural problems are also caused by the negative thinking patterns (Laidlaw et al., 2013). Loneliness, changes in thinking and loss of independence in the elderly tend to aggravate psychological distress.

Though CBT was historically designed in adults without cognitive impairment, studies indicate that even the modified version of the treatment can be used with elderly people and even individuals with early or moderate dementia (Reynolds et al., 2022). The changes are a reduction of the session duration, use of simple language, visual cues and more emphasis on behavioural activation instead of restructuring the cognition (Laidlaw et al., 2013).

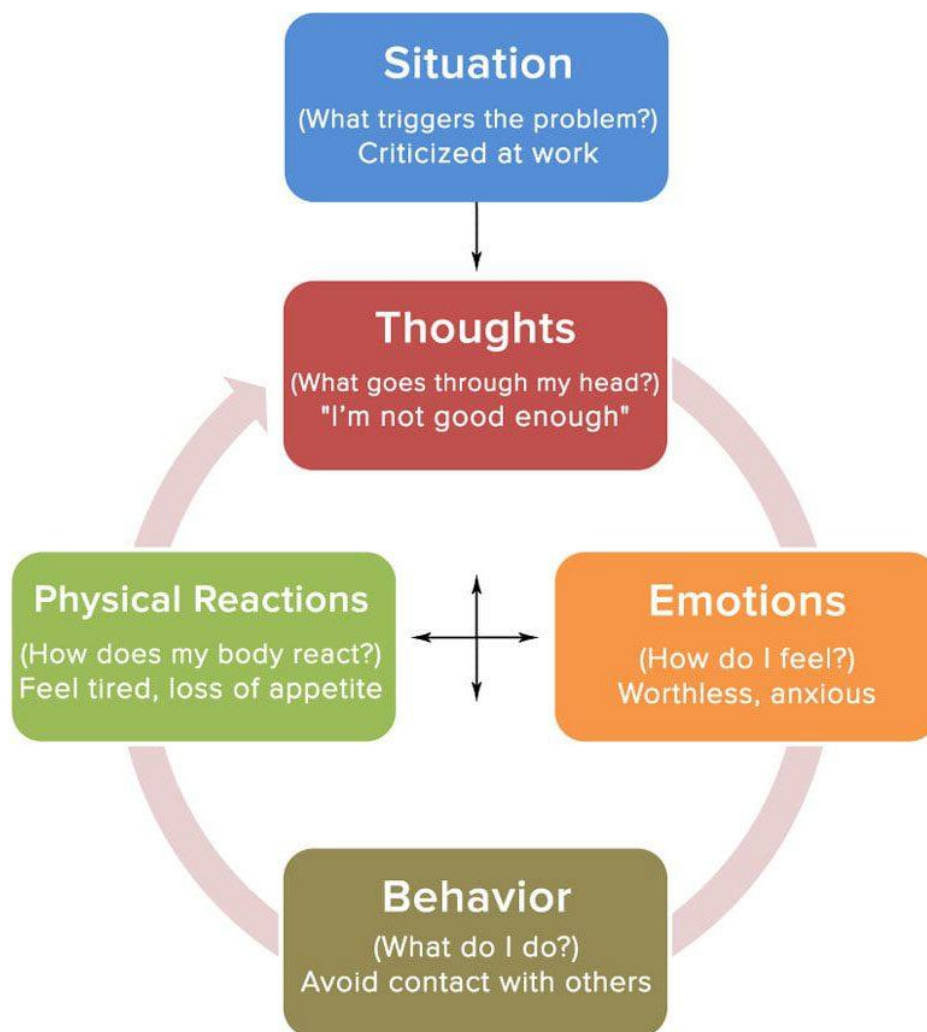


Figure 2 Cognitive Behavioural Therapy Model Showing the Interaction Between Thoughts, Emotions and Behaviours Source: Beck, J.S. (2011) Cognitive Behavior Therapy: Basics and Beyond. 2nd edn. New York: Guilford Press.

3. APPLICATION IN THE HEALTH AND SOCIAL CARE CONTEXT

3.1 Critical evaluation of Erikson's theory in a dementia setting to support older adults

The Erikson theory assists practitioners to realize that even in old age, adults still seek meaning, dignity and acceptance despite the diminishing cognitive ability. Dementia is a condition that usually endangers identity since one remembers the past and their present is broken. It is therefore important to support identity. Mazaheri et al. (2022) prove that the implementation of the principles that Erikson suggests helps the staff to interact with the residents better and understand their emotional needs and their personal backgrounds.

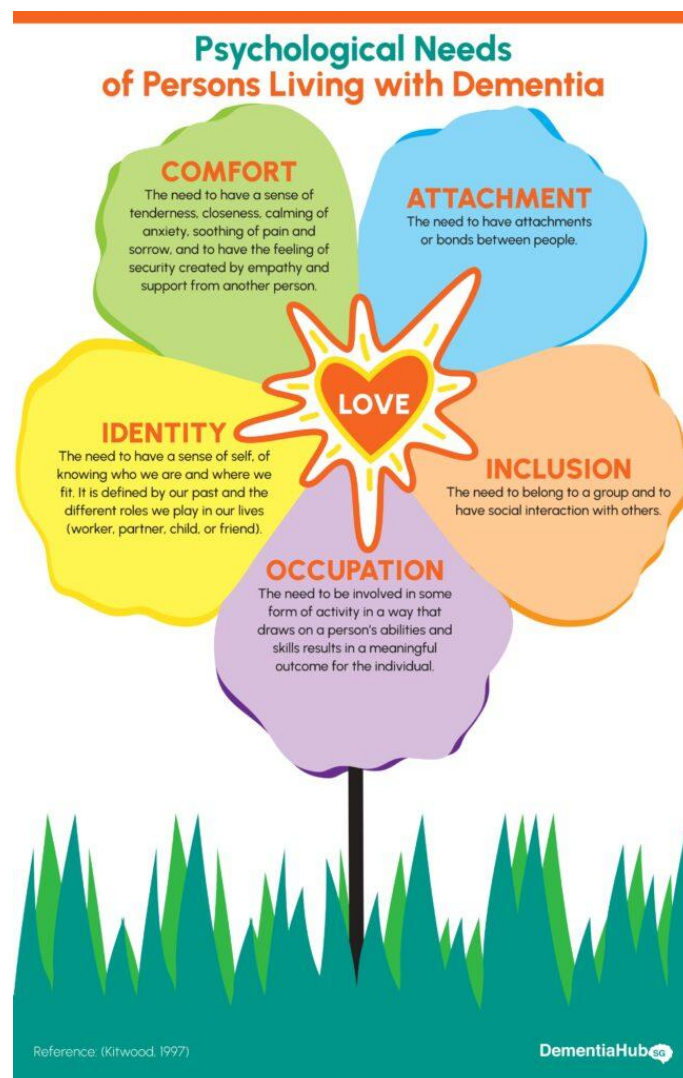


Figure 3 Person-Centred Care Approach in Dementia Support Source: Kitwood, T. (1997) *Dementia Reconsidered: The Person Comes First*. Buckingham: Open University Press.

3.1.1 Practical application examples

Life story work

The staff will be able to assist the residents in making life story books with photos, objects and brief stories. This creates the feeling of reminiscence which can result in integrity and reduce the feelings that go hand in hand with despair. Life-review interventions turned out useful to the elderly with dementia (Chen, 2021).

Reminiscence groups

Group meetings sustained through music, photos or common objects contribute to the residents remembering significant events. This helps to strengthen emotional attachment and socialization, improving mood and decreasing loneliness (Nyman and Szymczynska, 2016).

Identity-based personalised care plans

Residents of previous occupations, hobbies and likes can be integrated in day-to-day activities by the professionals. Individualised care enhances emotional stability and minimises behavioural distress by strengthening identity and freedom (Mazaheri et al., 2022).

3.1.2 Critical insights

One of the strengths of the theory by Erikson is that it will direct the staff to address the underlying emotional needs of residents instead of solely concentrating on cognitive impairment. Nonetheless, there are no intervention strategies that are offered by the theory, and it might be challenging to use when residents cannot remember the events that happened in the past. Severe memory impairments can also make traditional reminiscence less efficient. The second weakness is that life review may be traumatizing in case it evokes painful memories.

3.1.3 Strategies to manage limitations

- Use images or other sensory stimulation like music to help in retrieving memories.
- Collaborate with families to obtain information on the life-history of residents who are not able to recall.
- Do not speak about issues that are upsetting and engage in positive strength-based stories.

3.1.4 Examples on how Erikson's theory can assist professionals in addressing psychological and behavioural challenges associated with dementia

Reducing agitation and anxiety

In cases where the residents experience a sense of disorientation, identity-related cues, like well-known songs or personal photographs, may create an emotional foundation. This reduces anxiety and other behaviours including pacing or distress calls (Mazaheri et al., 2022).

Improving communication

Knowing that the residents are still trying to find meaning would prompt the staff to adopt respectful communication in a calm manner. Staff can acknowledge emotions even when verbal expression is limited.

Supporting end-of-life acceptance

Erikson's theory helps professionals recognise the importance of dignity, spiritual comfort and life acceptance in late adulthood, which supports compassionate end-of-life care (van der Kaap-Deeder et al., 2021).

3.2 Application of CBT in Dementia Care

3.2.1 Examples of how CBT can assist professionals

Activation of behaviour to decrease depression

Dementia is also characterized by depression. Simple and fun activities (music, craft time, light exercise) can be encouraged to boost mood by raising the number of positive experiences (Reynolds et al., 2022).

Dealing with difficult behaviour

Most negative behaviours are a result of distress thought like fear or misunderstanding. The employees who have received training in adapted CBT can recognize triggers and reassure with the help of brief, framed discussions (Laidlaw et al., 2013).

Assisting adaptation to life in care-homes

Loss of independence among the residents may occur. Emotional adjustment may be assisted by the use of CBT tools like positive affirmations or goal-setting.

3.2.2 Critical evaluation

CBT is also evidence-based and pragmatic however its implementation with dementia patients poses problems. The impairment of cognition restricts insight, concentration and memory.

Nevertheless, it is established that even when simplified, behavioural-based CBT is used, it can be effective when modified (Reynolds et al., 2022).

The other significant use of CBT in dementia management concerns how to control emotional dysregulation, that is, anxiety, irritability and fear-related reaction. Numerous dementia victims also exhibit exaggerated response to stress as they find it difficult to interpret the environmental signals or spoken messages. Studies indicate that modified CBT methods, including graded exposure, visual aids and coping simplified statements can be applied to lower anxiety and agitation when applied regularly by trained personnel (Yamaguchi et al., 2021). As an illustration, care workers may educate the residents on short grounding techniques, including concentrating on breathing or naming objects that they recognize in the room. These straightforward interventions decrease the arousal in physiology and reduce the distress behaviours, including shouting, wandering or resistance to care (McDermott et al., 2019). Moreover, CBT-based communication models are engineered to make staff members reinterpret distress behaviour as an illustration of unmet emotional need instead of challenging behaviour, enhancing empathy and reinforcing supportive working connections in care environments (Livingston et al., 2020).

3.2.3 Strategies to manage challenges

- Use repetition, short sessions and simple visual aids.
- Focus primarily on behavioural activation rather than complex thought analysis.
- Collaborate with psychologists who can guide care staff in implementing adapted CBT techniques.

3.2.4 Examples of Potential Challenges Healthcare Professionals Face in Applying These Theories

The intellectual deterioration restricts interaction

The effectiveness of life-review or CBT sessions may be decreased by memory loss.

Strategy: Appeal to the senses: music, pictures and objects that are familiar.

Lack of personnel and inadequate training

There are numerous care homes that do not have time or resources to support organised interventions, which include psychology.

Strategy: offer facilitated, brief employee educations and integrate psychological interventions in regular care practices.

Diversity in culture and individuals

Residents have different life stories, beliefs and values.

Strategy: Obtaining in-depth personal histories of the family members to personalise interventions.

Emotional burden on staff

It is emotionally difficult to support the suffering residents.

Strategy: Offer supervising and reflective practice.

CONCLUSION

Having a psychological conceptualisation can help understand the emotional and behavioural needs of the aged people with dementia. The theory presented by Erikson makes the professionals aware of the roles of identity, meaning and acceptance in adulthood. The Cognitive Behavioural Theory provides effective instruments to deal with depression, anxiety and behavioural issues by using modified behavioural activation and supportive communication.

The combination of these theories leads to a person-centred and holistic care. Despite the challenges, they can be overcome by means of training, individual care planning and adjustability to interventions. Application of theory in practice also enhances emotional well being, identity maintenance and general quality of life among older adults in dementia care facilities.

REFERENCES

- Clare, L., Martyr, A., Sabat, S.R., Nelis, S.M. and Quinn, C. (2022) Living with dementia: Maintaining identity and well-being. *Aging & Mental Health*, 26(3), pp. 437–445.
- Clare, L., Wu, Y.T., Jones, I.R., Victor, C.R. and Nelis, S.M. (2023) Cognitive rehabilitation, self-management and well-being in people living with dementia. *International Journal of Geriatric Psychiatry*, 38(3), pp. 1–11.
- Donnellan, W.J., Bennett, K.M. and Soulsby, L.K. (2021) Family close but friends closer: Exploring social support in dementia caregiving. *Aging & Mental Health*, 25(10), pp. 1850–1857.
- Edvardsson, D., Baxter, R. and Corneliusson, L. (2023) Person-centred dementia care and psychosocial well-being in residential settings. *Journal of Advanced Nursing*, 79(2), pp. 682–694.
- Hennelly, N. and Cooney, A. (2022) Promoting personhood in dementia care: A systematic review of staff-delivered interventions. *Dementia*, 21(6), pp. 1832–1850.
- Kales, H.C., Gitlin, L.N. and Lyketsos, C.G. (2022) Management of behavioural and psychological symptoms of dementia. *The BMJ*, 376, e069472.
- Livingston, G., Sommerlad, A., Orgeta, V. and Mukadam, N. (2022) Dementia prevention, intervention, and care: 2022 update. *The Lancet*, 400(10355), pp. 117–130.
- Martyr, A., Nelis, S.M. and Clare, L. (2021) Predictors of quality of life in people with dementia. *Journal of Alzheimer's Disease*, 79(1), pp. 347–356.
- McDermott, O., Charlesworth, G. and Spector, A. (2022) Psychological and psychosocial interventions for people living with dementia. *Current Opinion in Psychiatry*, 35(2), pp. 97–104.
- National Institute for Health and Care Excellence (NICE) (2022) Dementia: assessment, management and support for people living with dementia and their carers (NG97). London: NICE.
- O'Rourke, G., Pentecost, C. and van der Wardt, V. (2021) Person-centred interventions and quality of life in residential dementia care. *Health & Social Care in the Community*, 29(6), pp. 1786–1796.
- Orgeta, V., Leung, P., Yates, L. and Spector, A. (2022) Individual cognitive behavioural therapy for anxiety in dementia: A feasibility study. *International Journal of Geriatric Psychiatry*, 37(4), pp. 1–10.
- Reynolds, K., Pietrzak, R.H. and Charlesworth, G. (2022) Behavioural activation approaches for depression in dementia care. *Aging & Mental Health*, 26(6), pp. 1141–1149.
- Samsi, K., Abley, C., Campbell, S. and Manthorpe, J. (2022) Negotiating emotional care in dementia: Perspectives of care home staff. *Ageing & Society*, 42(9), pp. 2056–2075.

Yamaguchi, H., Maki, Y. and Takahashi, K. (2021) Non-pharmacological interventions for behavioural and psychological symptoms of dementia. *Geriatrics & Gerontology International*, 21(10), pp. 892–899.