

MODULE TITLE: PSYCHOLOGY IN HEALTH AND SOCIAL
CARE

MODULE NUMBER: LCHS4010

ASSIGNMENT NO: 2 *Using Psychological Theories to Support
Older Adults with Psychological Health Conditions in Dementia
Care Homes*

STUDENT NAME: DANIELA RIOS RENDON

STUDENT ID: 2429798

ACKNOWLEDGEMENT OF AI USE: I CONFIRM THAT I HAVE NOT USED AI TO
COMPLETE MY WORK.

TABLE OF CONTENTS

1. INTRODUCTION	3
2. CONTEXT: DEMENTIA CARE HOMES	4
3. THEORY ONE: ERIKSON'S PSYCHOSOCIAL THEORY OF DEVELOPMENT	5
3.1 Overview of the Theory	5
3.2 Relevance to Older Adults with Dementia	5
4. APPLICATION OF ERIKSON'S THEORY IN DEMENTIA CARE HOMES.....	6
4.1 Practical Applications	6
4.2 Critical Evaluation	6
4.3 Challenges and Strategies	6
5. THEORY TWO: COGNITIVE BEHAVIOURAL THEORY (CBT).....	7
5.1 Overview of the Theory	7
5.2 Relevance to Older Adults with Dementia	7
6. APPLICATION OF CBT IN DEMENTIA CARE HOMES	9
6.1 Practical Applications	9
6.2 Critical Evaluation	9
6.3 Challenges and Strategies	9
7. COMPARISON AND INTEGRATION OF THEORIES	10
8. CONCLUSION.....	11
REFERENCES.....	12

LIST OF FIGURES

Figure 1 Common psychological and emotional challenges experienced by older adults living with dementia in care homes Source: Alzheimer's Society (2023)	3
Figure 2 Erikson's psychosocial stage of ego integrity versus despair in later adulthood Source: Erikson (1982).....	5
Figure 3 Cognitive Behavioural Therapy model showing the relationship between thoughts, emotions and behaviours Source: Beck (2011).....	7

1. INTRODUCTION

Adults aged 65 years and above are vulnerable to psychological health conditions especially those who are housed in dementia care facilities. Dementia in older adults can also be associated with anxiety, depression, confusion, agitation and behavioural change that have a great impact on the quality of life and wellbeing of old people. Health and social care workers are needed to help such people, not merely in providing medical assistance, but also in psychological insights and person-oriented practice (NICE, 2022).

Psychological theories present professionals with a framework of how older adults think, feel and behave particularly when their cognition or emotions are in distress. Given the application of these theories in practice, the communication process can be enhanced, distress can be minimized, dignity and emotional wellbeing can be promoted in the dementia care setting.

This report is about a dementia care home facility and explores two psychological theories applicable to the age of older adulthood and psychological health: Erikson Psychosocial Theory of Development and Cognitive Behavioural Therapy (CBT). Each of the theories is explained in the report, and the critical ways to apply them to dementia care are described with practical examples and discussed with the challenges and approaches to professionals.



Figure 1 Common psychological and emotional challenges experienced by older adults living with dementia in care homes Source: Alzheimer's Society (2023)

2. CONTEXT: DEMENTIA CARE HOMES

The residential care homes offer personal care to the seniors with dementia of different degrees. Memory loss, confusion, personality changes and emotional problems are common among the residents. Dementia is often accompanied by psychological health issues (depression and anxiety) and may deteriorate behavioural symptoms (Alzheimer's Society, 2023).

The working professionals in these settings will have to deal with difficult behaviours without compromising person-centred care. The knowledge of psychological theories can assist the staff to react more efficiently to emotional distress, aid identity and mitigate behavioural problems without the use of medication only (Brooker and Latham, 2021).

3. THEORY ONE: ERIKSON'S PSYCHOSOCIAL THEORY OF DEVELOPMENT

3.1 Overview of the Theory

According to the Psychosocial Theory of Development, Erikson claims that people go through eight stages of development in their life each of which is marked by a psychosocial conflict. In older adults at the age of 65 and above, the last stage is Ego Integrity vs. Despair (Erikson, 1982).

At this point, people contemplate their experiences in life. When they perceive that their lives were good enough and worthy, they form ego integrity that is connected to acceptance, wisdom and emotional peace. But, when people regret, when they fail or the conflict cannot be solved, they might become desperate, which results in depression, anxiety and fear of death.

3.2 Relevance to Older Adults with Dementia

Despite the decline of memory and thinking capacity caused by dementia, most elderly individuals still have emotional reactions that are associated with feelings of identity and purpose in life. The studies indicate that emotional memory may still be intact in the case of impaired factual memory (Basting, 2018). Thus, the theory by Erikson can still be applied to the treatment of dementia patients because the patients can still feel pride or regret or loss. Dementia in older adults can make them incompatible with their life story, potentially causing a lot of confusion and emotional pain. Ego integrity is one of the factors that may be supported to alleviate despair and enhance psychological wellbeing even at the later phases of the dementia (Brooker and Latham, 2021).

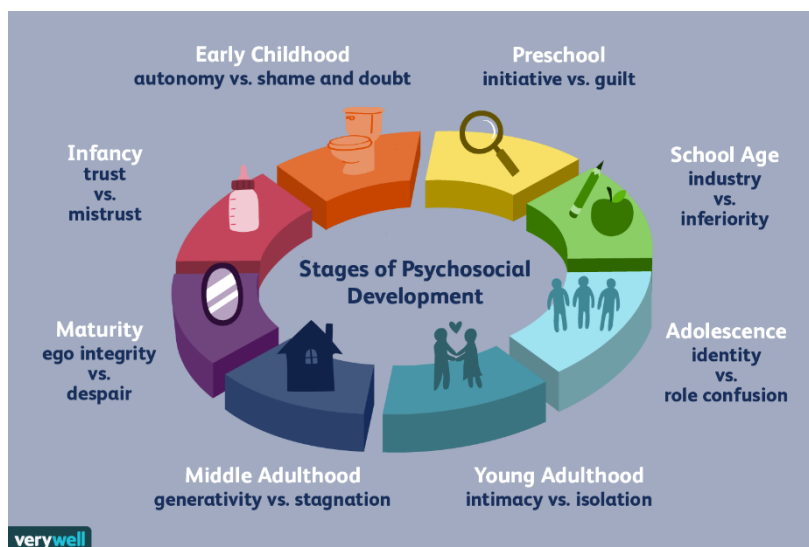


Figure 2 Erikson's psychosocial stage of ego integrity versus despair in later adulthood Source: Erikson (1982)

4. APPLICATION OF ERIKSON'S THEORY IN DEMENTIA CARE HOMES

4.1 Practical Applications

Erikson theory can be utilized in health and social care work by life review therapy and reminisces. Such methods make residents think about good memories, successes and significant relationships.

As an example, a care worker can utilize photographs, music or commonplace objects to engage in discussion in the past of the resident. This will make the person feel appreciated and as a person and not as a disease. These practices facilitate ego integrity by strengthening the identity and meaning of life (Woods et al., 2018).

Personal history, cultural background and preferences can also be represented in the process of crafting person-centred care plans. This enables employees to customize care in a manner that honours the life story of the resident to eliminate distress and encouraging emotional ease.

4.2 Critical Evaluation

One of the strengths of Erikson theory is that it is an emotional wellbeing and identity in the later life. It is also consistent with the person-centred dementia care and favours non-pharmacological interventions, recommended by NICE (2022).

But one drawback is that this theory by Erikson assumes that a person can be reflective to some extent, which can be diminished in late dementia. The inability to communicate may pose a problem to some residents as they will not be able to participate in verbal life review. This restricts the direct use of the theory in later phases of the condition.

4.3 Challenges and Strategies

The issues of time pressure and staffing is a challenge of professionals, and it could reduce possibilities of meaningful one-to-one interactions. The other difficulty is the confidence of the staff on how to make emotional conversation with the residents.

As a way of coping with these difficulties, care homes may offer training to their staff on the reminiscence techniques and make life story work a part of the daily routine and not an extra activity. Sensory activities and family engagement can also be used to help residents with verbal communication problems with the help of visual aids (Basting, 2018).

5. THEORY TWO: COGNITIVE BEHAVIOURAL THEORY (CBT)

5.1 Overview of the Theory

The main point behind Cognitive Behavioural Theory is that behaviours, emotions and thoughts are interrelated. CBT postulates that negative thought patterns may cause emotional distress and unhelpful behaviours, and that a change in thought patterns can result in better psychological wellbeing (Beck, 2011).

CBT has extensively been applied to anxiety and depression treatment and modified to be applied to older adults such as patients with mild to moderate dementia (Spector et al., 2015).

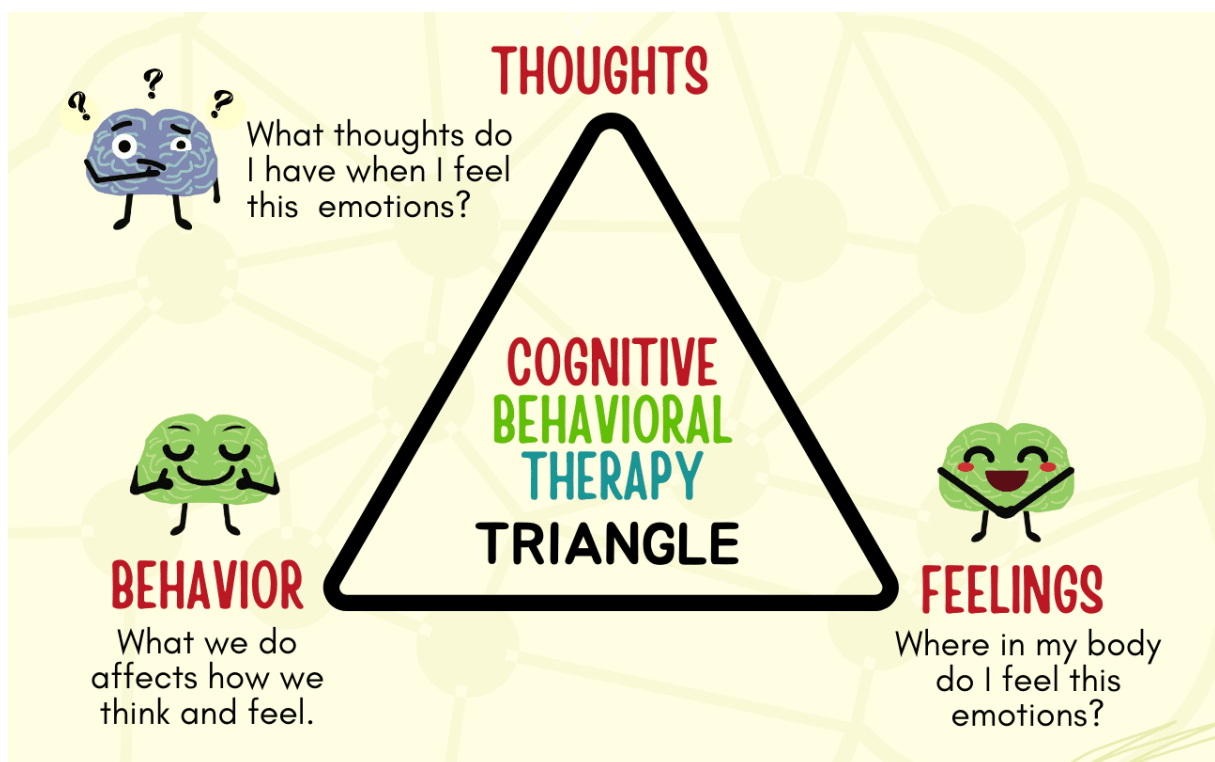


Figure 3 Cognitive Behavioural Therapy model showing the relationship between thoughts, emotions and behaviours Source: Beck (2011)

5.2 Relevance to Older Adults with Dementia

Fear, frustration and low mood are the negative emotions that are experienced by older adults with dementia. These emotions can be associated with distorted thinking like feeling that he is a burden or feeling unsafe because of confusion.

Unlike the traditional CBT that uses cognitive skills, the adapted CBT uses more of emotional validation, behavioural strategies and simplified thinking patterns. This renders it appropriate when modified properly to people with cognitive impairment (Orgeta et al., 2022).

6. APPLICATION OF CBT IN DEMENTIA CARE HOMES

6.1 Practical Applications

CBT principles in dementia care homes can be implemented in the form of behavioural activation, reassurance and routine-based interventions. Indicatively, promoting residents to do fun and common activities may enhance the mood and minimize withdrawal.

CBT-informed communication can also be utilized by care staff through a gentle challenged of negative statements. Whenever a resident repeats the statement that he is useless, the staff can respond with reassurance and divert to activities that are meaningful so that the ability to value oneself is reinforced.

Anxiety can also be alleviated by having environmental consistency and predictable routines that will deal with unhelpful beliefs regarding safety and control (Spector et al., 2015).

6.2 Critical Evaluation

CBT is backed by evidence and has been proved to decrease depression and anxiety symptoms in the elderly. It is practical in nature, and it can be used in care settings requiring immediate behavioural support.

CBT is however limited when applied to dementia care. Cognitive restructuring techniques can be diminished by cognitive decline. During dementia, CBT will need to increase the proportion of behavioural and emotional components, which can decrease its theoretical purity (Orgeta et al., 2022).

6.3 Challenges and Strategies

One of the problems is that the staff operating in care facilities does not receive training in psychological interventions all the time. CBT may also be oversimplified and thus inconsistently applied.

To deal with this, mental health professionals including psychologists or even dementia experts can work in conjunction with care homes. Employee training must be on the simple principles of CBT and not the provision of therapy. The regular application of CBT-informed approaches can be supported by documentation and reflective practice, as well.

7. COMPARISON AND INTEGRATION OF THEORIES

Both Psychosocial Theory and CBT have useful, yet distinct views provided by Erikson and CBT respectively. The theory of Erikson is based on identity, meaning and emotional acceptance whereas CBT is based on thoughts, emotions and behaviours.

Combining the two theories enables professionals to discover a solution to both long-term emotional needs and the present psychological distress. As an example, behavioural activation (CBT) can be used together with reminiscence work (Erikson) to promote mood and minimise agitation.

8. CONCLUSION

The presence of psychological health conditions in the dementia care home offers necessary guidance in assisting older adults based on the psychological theories. Erikson Psychosocial Theory assists professionals in understanding the emotional needs in terms of identity and life reflection, whereas Cognitive Behavioural Theory presents the possibility to manage the anxiety, depression and behavioural issues with the help of practical tools.

Even though the two theories are limited in their use with dementia, modifications and person-centred views can help improve the effectiveness of the two theories. Through proper training, reflective practice and organisational support, the health and social care professionals may apply such theories to enhance the emotional wellbeing, dignity and life quality of adults aged 65 and above.

REFERENCES

- Alzheimer's Society (2023) 'Depression and dementia'. Available at: <https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/depression-dementia> (Accessed: 8 December 2025).
- Beck, J.S. (2011) *Cognitive behavior therapy: Basics and beyond*. 2nd edn. New York: Guilford Press.
- Brooker, D. and Latham, I. (2016) *Person-centred dementia care: Making services better with the VIPS framework*. 2nd edn. London: Jessica Kingsley Publishers.
- Bryant, C. et al. (2020) 'Volunteer-led behavioural activation to reduce depression in residential aged care: A feasibility study', *Pilot and Feasibility Studies*, 6, Article 88.
- Erikson, E.H. (1982) *The life cycle completed*. New York: W.W. Norton.
- Livingston, G. et al. (2014) 'Non-pharmacological interventions for agitation in dementia: Systematic review of randomised controlled trials', *The British Journal of Psychiatry*, 205(6), pp. 436–442.
- National Institute for Health and Care Excellence (NICE) (2018) *Dementia: assessment, management and support for people living with dementia and their carers (NG97)*. London: NICE. Available at: <https://www.nice.org.uk/guidance/ng97> (Accessed: 9 December 2025).
- Orgeta, V. et al. (2022) 'Psychological treatments for depression and anxiety in dementia and mild cognitive impairment', *Cochrane Database of Systematic Reviews*, 2022(4), CD009125.
- Spector, A. et al. (2015) 'Cognitive-behavioural therapy for anxiety in dementia: Pilot randomised controlled trial', *The British Journal of Psychiatry*, 206(6), pp. 509–516.
- Woods, B. et al. (2018) 'Reminiscence therapy for dementia', *Cochrane Database of Systematic Reviews*, 2018(3), CD001120.