

Module Title: Psychology in Health and Social Care

Module Number: LCHS 4010 (LON)

Assignment No: Assignment 2

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Application of Psychological Theories in Supporting Older Adults with Dementia in UK Care Homes

Introduction

The ageing population in the United Kingdom has contributed to the growing need in the country to have effective psychological and social care interventions for senior citizens, especially those aged 65 years and above who live with dementia. Dementia is a gradual mental disorder, causing memory, cognitive, and behavioural issues and affecting the capability to carry out daily tasks (Alzheimer's Society, 2023). Psychological interventions should enable health and social care practitioners in dementia care homes to improve the wellbeing and quality of life of residents. As indicated in the assignment brief, this report aims at applying psychological theories in helping older adults in the care of a dementia care home. Particularly, the report analyses the Psychosocial Development Theory by Erikson and the Biopsychosocial Model, showing how they apply to ageing adults and how they are critically applied in practice in care environments. their relevance to older adults and critically evaluating their practical application in care settings.

Overview of Erikson's Psychosocial Development Theory

The psychosocial development theory is a lifespan theory in psychosocial development that describes eight stages of human development that are characterised by a psychosocial crisis (Erikson, 1950). The last one, and applicable to people over 65, is the stage of ego integrity versus despair. It is at this point that people go through their life experiences and determine whether they have lived a meaningful life. A successful resolution causes an experience of integrity, wisdom, and acceptance, whereas failure causes an experience of regret and despair and fear of death (McLeod, 2018).

With dementia, the older adults might find it hard to attain ego integrity because of loss of memory, mix-ups and loss of independence. The impact of cognitive impairment can also limit their capacity to consider positive aspects of their lives, thereby contributing to the rise of feelings of anxiety, depression, and hopelessness (Cummings et al., 2020). Thus, grasping the theory of Erikson is important to the healthcare professional because the theory sheds more light on the emotional and psychological needs of the older person, especially those with cognitive deficits.

Overview of the Biopsychosocial Model

The biopsychosocial model is a theory that was developed by Engel (1977) which explains that health and illnesses result in a mixture of biological, psychological, and social factors. This model is holistic in nature, unlike traditional biomedical models, which are only based on the

physical symptoms. Biological factors, such as neurodegeneration and genetic predisposition, are found in older adults with dementia; cognitive, mood, and coping factors influence the human body; relationships, environment, and support systems are social factors (Bolton and Gillett, 2019).

This model is especially applicable to the UK dementia care facilities since this model is consistent with the person-centred care models advocated by the National Health Service (NHS) and the Care Quality Commission (CQC). It also underlines that good care should not only focus on the physical symptoms of dementia but also on emotional health and social interaction (NICE, 2018).

Application of Erikson's Theory in Dementia Care Homes

The theory of Erikson can be used in a dementia care home to assist the residents to attain ego integrity even when there is cognitive deterioration. The reminiscence therapy whereby people are instructed to remember and remember past experiences using photographs, music, or personal things is one of the practical approaches. This intervention aids in strengthening identity, fostering mood and giving a sense of achievement (Woods et al., 2018). To illustrate, an example of a care worker meeting this will be to talk with a resident about their accomplishments in their career or the stories that they have about their family to make them feel appreciated and respected.

Also, life story work might be employed, where staff members will develop individualised profiles of residents, containing their history, likes and dislikes and their major events in life. The method does not only promote emotional wellbeing but also contributes to the staff providing care that is more personalised (Brooker, 2019). With an emphasis put on the positive aspects in life, residents will tend to feel more integrity, as opposed to despair.

Nonetheless, Erikson's theory of dementia poses difficulties when implementing it in care. The cognitive impairment can cause residents not to remember things accurately, which can cause frustration or confusion. Moreover, care home staffing in the UK can be constrained in time and/or staff, which minimises the possibility of meaningful interactions (Skills for Care, 2022). To overcome these difficulties, it is possible to train staff on methods of communication, like validation therapy, so that they can react with empathy to the emotions of residents despite disjointed memories.

Application of the Biopsychosocial Model in Dementia Care Homes

The biopsychosocial model can be implemented in a dementia care home through the encouragement of the holistic approach to care, employing simultaneous consideration of the biological, psychological, and social needs. Residents need proper medical care (including taking medicine) to alleviate symptoms like agitation or depression. Health testing and surveillance should be conducted regularly to avert complications (NICE, 2018).

Cognitive stimulation therapy (CST) is a type of intervention designed to preserve cognition and enhance quality of life, which can be used psychologically. CSST are group-based activities that encourage thinking, memory, and socialisation (Fisher et al., 2025). As an illustration, group work, brainstorming, and games can help to be more engaging and minimise isolation.

Socially, the model focuses on the fact that it is important to have relations and social inclusion. Other activities like group activities, family visits and community engagement programmes can greatly enhance the wellbeing of the residents. Emotional comfort and anxiety reduction can also be achieved by creating a homely and supportive environment in care homes (Kitwood, 2019).

Although it has its advantages, the biopsychosocial model is challenging to implement.

Multidisciplinary efforts: The coordination of effort among doctors, nurses, psychologists and social workers may be intricate. Moreover, the UK care sector could have limited financial resources and funds, which minimise access to holistic services (The King's Fund, 2021). The barriers can be overcome by enhancing integrated care systems and collaborative practices in the workplace to provide consistent and comprehensive care.

Critical Evaluation of the Theories

The psychosocial theory by Erikson as well as the biopsychosocial model is useful in understanding and helping older adults with dementia. The Erikson theory forms a good platform to discuss emotional and existential needs, mainly the value of life reflection and identity.

Nevertheless, it might be restricted in case of dementia care because of the dependency on cognitive capacity which is frequently compromised in the investigated population (Cummings et al., 2020).

Conversely, the biopsychosocial model is very practical and can be implemented in contemporary healthcare systems, as it uses a multifaceted approach to healthcare. It is consistent with UK healthcare policies which focus on person-centred care and multidisciplinary cooperation (NICE, 2018). However, its general complexity may create challenges in its enactment, especially in environments that lack resources to do so.

A combination of both theories can be used to offer a more holistic approach. Whereas Erikson's theory has emotional and developmental needs, the biopsychosocial model ensures that physical, psychological and social are addressed as a totality. Such a holistic strategy would result in better performances of the dementia care home residents.

Challenges for Professionals and Strategies to Overcome Them

Psychological theories have a number of issues in their application by healthcare providers in dementia care homes. These include levels of staffing, training, time and complexity of needs of residents. Moreover, communication challenges with individuals in severe dementia may hinder the efficient provision of care (Alzheimer, 2023). To deal with such issues, there is a need to constantly educate the employees. Dementia awareness, communication, and person-centred care techniques are some of the training programmes that they ought to focus on. In addition, they can raise the number of staff in relation to residents to be able to offer more individualised care and meaningful interactions.

Another strategy is the multidisciplinary teamwork. By collaborating, healthcare professionals can ensure that they develop and establish all the elements of the biopsychosocial model. As well, by incorporating families into care planning, it is possible to add to the body of knowledge about preferences and history of residents and use it to apply the theory suggested by Erikson. The care could also be improved with the usage of technology. Electronic care plan and memory aids are electronic resources which can be used to assist personnel to deliver a consistent and personalised care. Moreover, policy level changes (financing and funding of care sector) should be implemented to ensure long-term alterations.

Conclusion

Conclusively, the psychological theories play an important role towards assisting the elderly, who have dementia, in the UK care homes. The Psychosocial Development Theory developed by Erikson argues that the emotional wellbeing and devotion to issues in life are the crucial aspects and the Biopsychosocial Model provides a solid picture regarding the overpowering needs of an individual. Both theories are well researched and do have their applications, but also have difficulties in application into real-life. Combining all these strategies and overcoming the challenges such as the lack of resources and staff education could empower the medical professionals to raise the quality of the offered care and boost the welfare of elderly dementia patients.

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