

# Dementia AHPproaches



SCOTTISH AHPS IN DEMENTIA CARE AND TREATMENT NEWSLETTER

Volume 2 Issue 1

June 2012

## Creativity Issue

The theme of Dementia Awareness Week (18th—24th of June 2012) is Creative minds. In honour of this we are focusing this issue of the Dementia AHPproaches newsletter on sharing how AHPs around Scotland are using creativity to work with people living with dementia and their carers.

The creative arts provide opportunities for maximising people's potential, boosting confidence and self esteem, facilitating self expression and most importantly enjoyment and often contact with other people.

Whether it is the work of a music therapist in an inpatient setting to the role of the art



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psychotherapist, to occupational therapists using creative activities as part of their assessment or interventions we hope there is something of interest for you in this issue.

Let us know what has inspired you and you could be included in a future newsletter!

## Consultant Catch up

The three AHP Dementia Consultants are delighted to be welcoming a fourth colleague in September. Elaine Hunter starts on the 1st of September and will work for and be based in Alzheimer Scotland. We will invite Elaine to do a short report for the next newsletter on the role and remit and how her post will complement our current roles.

Sandra, Christine and Jenny have been keeping busy and recently reviewed their engagement across Scotland. As of the 21<sup>st</sup> of May 2012 the AHP Dementia consultants have engaged with 1300 staff across 13 health boards. The consultants have also engaged with 13 national organisations representing professional bodies, people living with dementia, research and training programmes.

There are several exciting developments coming from the consultants' work such as:

- producing an evidence based activity resource for care settings,
- developing a risk enablement tool for piloting in acute services
- Facilitating a supported self management and dementia road show in every health board
- Developing a "dementia friendly" screening/assessment tool for acute AHPs.
- Producing an early interventions toolkit
- National pilot of the Tailored Activity Programme across 6 NHS boards.

For more information check the community of practice on <http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/>

[practice/national-ahps-best-practice-in-dementia-network.aspx](http://practice/national-ahps-best-practice-in-dementia-network.aspx)

*A national event for Allied Health Professionals working with people with dementia & their carers in acute/general hospital settings*

**Encouraging Risk Enablement for People with Dementia**

**19th June 2012**

*Topics covered include an intro to risk enablement, use of Tele-care, a carer's perspective and input from Alzheimer Scotland.*

Campanille Hotel, Glasgow, G3 8HL

To book a place contact [Christine.steel@ggc.scot.nhs.uk](mailto:Christine.steel@ggc.scot.nhs.uk)

## Endless possibilities: Working with patients in an NHS continuing

I recently had the opportunity to step into the gap where an activities co-ordinator was being recruited in an NHS continuing care ward for men. Whilst there, I was encouraged and surprised about the scope for engaging patients in meaningful activity in what can be a very challenging environment.

Creating a group environment can be difficult with people who frequently walk and who often have limited verbal communication skills. However, taking a programme of short activities to them wherever they were in the ward, I was gradually able to build a rapport and it was a privilege to connect with each person. I aimed to try and stimulate senses of hearing, sight, touch and taste.

I took in an ipod and speaker and we flicked through a wide range of music styles, playing along with percussion instruments to enjoy the sound and rhythm. This helped to uncover people's tastes rather than assuming that all would like Elvis! It also helped individuals who were restless to connect with something tactile.

A life story booklet about each person has been compiled by one of the staff nurses with help from people's relatives which helped immensely to make a connection with each individual.

Simply taking time to look through imagery with people can do this too. One gentleman, on looking through some magazines with me appeared delighted by a picture of a motorbike. It led to a discussion about a bike he had owned and we made a collage together of bikes and places that he used to ride, which was laminated and put up in his room.

Paint was used: bold contrasting colours: red and black onto white or yellow, encouraging patients to just play with the brush on the paper. One blind gentleman used his brush as a writing tool and it opened up some dialogue of how he loved to write to his wife.

Simple shapes cut out from black and white paper were used to create a collage. Some began by ripping paper off as much as sticking it on, but the tactile process of this became as important as producing a finished picture, and short attention spans lengthened over time.

Handling boxes of items safe to hold and touch were used, on themes such as toys and household items. We used them to inspire conversation about their use and memories associated with them. Another approach was to have a bag of random objects all of one colour as a theme. The appeal of being invited to reach in the bag and select something encouraged choice and decision making.



Activities involving taste were also very appealing: a 'baking' session of making chocolate crispies and another, constructing sandwiches for a snack with a choice of fillings were hugely popular. While people engaged on varied levels, all enjoyed the tasting!

My time at the unit was as inspiring as it was challenging. Positive facial expressions and calmer behaviour showed me that however short, these positive interactions are so valuable, and the possibilities are endless.

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## The value of Creativity and dementia - ART PSYCHOTHERAPY

**"Man does not consist of memory alone. He has feeling, will, sensibilities, moral being....Neuropsychologically, there is little or nothing you can do; but in the realm of the individual, there may be much you can do" (A.R. Luria, in Sacks 1985)**

Art therapy is a form of psychotherapy, which aims to improve quality of life, through a safe and facilitating environment. Offering

a spontaneous experience for those whose lives are becoming more rigid, static and passive in a world which may seem to be rapidly changing and becoming unfamiliar and who are potentially dealing with many difficulties including anxiety, loss, rage and frustration, isolation, life changes, loss of identity and depression.

Art therapy can offer the opportunity for expression and communication, through the use of art

materials, which can be particularly helpful to people who find it hard to express their thoughts and feelings verbally. Consistency, stimulation and sustaining relationships can be provided by art therapy which have been suggested to be beneficial to individuals with dementia (Waller 2002). It encourages maintenance of identity and self-empowerment' (Waller 2006), physical competence, sociability and calmness. Individuals participating in

art therapy have developed trusting relationships with other group members and had a sense of empowerment and of being in control, even through, for example, a simple choice of what colour to use and where to put it have meaning for individuals whose everyday choices may be becoming more and more limited. At times it isn't the biological condition, but a lack of confidence, self-esteem or depression which may mean individuals have been more withdrawn, or has limited their abilities or motivation. Art therapy can and has facilitated a crucial sense of purpose and at times group members have moved from requiring one-to-one support to

supporting others in a group. Some steps are subtle but have been very meaningful for the person involved.

Within a group, participants can find a new confidence to speak about their illness amongst others, which can decrease their sense of isolation, and can improve their mood as a direct consequence. A consistent experience can provide renewed motivation and interest and individuals have demonstrated learning new skills. Staff can be enabled to look at the person beyond their condition with providing an insight into an individual's capabilities, which has been found to be effective as an assessment tool, focusing on participants' strengths rather than their deficits.

Working with people, for whom hope may seem lost, moving and important steps can be made, at times, by some

individuals, for example; by developing the confidence to try something new, support fellow group members and contribute confidently within the group setting and to be understood and connect with others which can lead to an increased sense of identity, comfort, inclusion, well-being and strength.

**To find out more about Art therapy go to [www.baat.org](http://www.baat.org).**

**Claire Coleman Smith**

**Art Psychotherapist**

### Life Story Work – An Individual's Experience

Life story work is being increasingly used within dementia services to foster person-centred activities, reminiscence and active engagement.

Mr Ross has embraced his diagnosis of Alzheimer's and very early on following his diagnosis started a diary and his life story. Mr Ross developed his book alongside his family, friends and professionals involved in his care. Initially for himself and his family and more recently has shared his story and book with other people with dementia, professionals and students.

The book provides a detailed description of how the Life Story Book was developed. It also details the positive impact completing the book has had on Mr Ross and his family in terms of the reminiscence it has encour-

aged and how it has prompted them to consider the type of meaningful activities he wants to engage in and the services that he expects to access. Finally it includes reflections from the professionals involved

No wonder Mr Ross is proud of his book, and even more proud people in Ayrshire, Lanarkshire, Canada and New Zealand are reading his words and asking to share and pass on to others, his priceless experience!!

His positive "ripple effect" and very real, personal outcomes are amazing to read, empowering for Mr Ross and capturing the journey so far!

Mr Ross and his wife were guests on the ACUMEN Music N Mind show which was broadcasted on Pulse 98.4.

Mr Ross has also been selected to participate in a "meet the expert" session at the World

Congress of Active Ageing in Glasgow in August. The session will give Mrs Ross an opportunity to discuss the experience of life story work.

Mr and Mrs Ross would welcome any further opportunities to discuss and further share their very real, warts and all story.

**"To all the staff at Eastwood Centre, who gave life to my life, and without whom I would not have found out that I am still me".**



Emma Walker & Andrew Kelly  
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Older Adult Community Mental Health Team  
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# Dementia AHPproacheS

## Music therapy: a late-stage intervention emphasising positive capacities.

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As a music therapist working in a Dementia Assessment ward and Early Onset Unit at the Royal Edinburgh Hospital, I look for positive capacities in the patients I see. This might be a



person picking up my viola and playing it most ably (to the delight of ward staff), to rhythmic waving of a conductor's baton from the bedside, as I sing and play with someone who is further on in their dementia journey. Or perhaps a previously withdrawn person will comment favourably on a fellow patient's musical contribution, and receive similar feedback.

I work closely with the OT (Old Age Psychiatry) Department, who purchase my services on a freelance, sessional basis. Before the weekly sessions we do a handover and share thoughts about patients who might be prioritised for intervention. Music therapy is so adaptable with this client group - from a song session involving relatives, to individual therapy using rhythmic work to assess sequencing abilities.

I carry with me a selection of high quality, attractive instruments, and the music therapy group together elects music that feels appropriate. Rather than just being used to

'cheer folk up', music can calm and soothe, as well as allow for expressions of sadness and loss. Of course there is a place for music to enliven and stimulate - and this might all happen within one session! For people feeling agitated or restless, I can pace alongside and sing something suggestive of a slower tempo - if this doesn't result in the person resting, they still have the experience of being in joint activity and feeling 'met'.

Often, singing is the intervention which draws the unlikely candidates into the group. Many people are still able to initiate song suggestions, and I always take these up if I can. At the end of our group session one morning, a gentleman said to me, "Will ye no' come back again?" Not only was this lucid, appropriate speech and accurate lyric recall, but he was sending me off with an apt and humorous play on words!

Let the music play on...

## What do popping round for tea and pop up tents have in common?

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Margaret McDonald (Occupational Therapy Support Worker) is based in an acute assessment unit for people who are over 65 with mental health issues. She works in the new Forth Valley Royal Hospital with a view of the Ochils Hills. She is described as charming and definitely has moments of being truly inspiring! Her patient's recognise her bright red lipstick that highlights her wonderful smile. Her most unusual project, that is just over the last few months, was

with the patients who have dementia and their construction of a pop up tent display.

The pop up tent was the brain child of Artlink and is called "Art transfusion". The tents comprised of a port-



able greenhouse filled with items that had meaning to the people who had dementia. Margaret and her patients were seen covered in papier-mâché, paint and smiles as they chose their topic and saw it come to fruition. Their display contained birds in flight. If you wished to analyse this you could say it was because of feeling trapped in their condition or feeling trapped in the ward environment. Without that depth of analysis, which after all could be wrong, you were left with the knowledge of work well done. Images of patients un-sticking each other from glue, washing off paint splattered hands, talking about things they did around their kitchen table and things that they did with their parents or siblings. There was a feeling of

“rightness” where people with dementia had a right to say what they wanted, a right to do what they wanted and a right to be praised for their efforts

When we talk of outcomes it is easy to use analogue scales or questionnaires. This project captured person centred outcomes: where patients, who have dementia, demonstrated their own outcome with words, smiles and the occasional round of applause. Who amongst us can say that?

The focus of this year's dementia awareness week is creativity but without people like Margaret, and the sounds of birds around as people paint, there is no creativity. For paints, silks,



woodwork tools and knitting wool are items in the cupboard: that without enthusiasm and confidence will never make it to the therapy room.

So what is the link between a cup of tea and a pop up tent?

The patients chose them both!





## Elderflowers project

The Elderflowers are a team of carefully selected experienced professional performers who are specially trained to work with people experiencing dementia. The Elderflowers have particular skills, sensitivity and empathy. They need to be able to improvise, sing, play, have the knowledge to gauge the mood, level of engagement of each person and adapt their visits to meet their needs while maintaining dignity at all times. They wear a red nose as it is an international symbol of fun and provides an immediate, visual mark that the Elderflowers are non-threatening and are non-medical staff, (Hearts & Minds, 2010).



Within the two Dementia continuing care wards at Ravenscraig Hospital, Greenock our ladies and gentlemen may experience feelings of isolation. They can also have difficulty with socialising with others, self expression, sensory decline and may have limited contact with the community outside the hospital.

The Elderflowers present themselves as an extended family of brothers, sisters and cousins. They wear clothes that hark back to a previous generation; colourful tea-dresses, tweed blazers, bow-ties. And they carry props such as ukuleles, hats, maps, photographs that encourage discussion and interaction. The Elderflowers characters are gentle, optimistic and naïve. They are able to pick up on the interest, the mood of each person and provide playful banter or very gentle non-verbal interaction.

This is the second year the Elderflowers have visited our ward. During each visit two elderflowers provide creative and humorous interventions to help normalise the healthcare environment the ladies and gentlemen live in.

When the Elderflowers arrive at our ward, as the occupational therapist I provide specific individual referrals, feedback about the person's mental/ physical health, information about their age, inter-



ests and medical condition. After receiving the referrals the Elderflower practitioners plan for the visit, change into their costumes and remain in character until the visits are finished. Afterwards, they record the patient's participation and progress. To evaluate the person's communication and interactions I utilise the standardised Assessment of Communication and Interaction Skills (ACIS).

Over the past year the Elderflowers practitioners have made a real connection with the ladies and gentlemen by providing a safe environment for them to share their own creativity and sense of humour. They have promoted social inclusion, provided mental stimulation, empowerment, access to the performing arts, well-being and laughter through the continuity of their visits.

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## When the sun shines

The sun is shining which is an added bonus as we round up people eager to fill their lungs with some fresh air and escape the ward environment. Fortunately the new Forth Valley Royal Hospital in Larbert is set within large grounds and the Forestry Commission has developed walkways through wooded areas and around the lake. There are many opportunities for the patients to admire the wild flowers, reminisce about their

childhood camping trips and pat the occasional dog that's looking for some affection. We stop at various vantage points and ponder over the mechanical genius of the Falkirk wheel before turning to the beautiful old church whose bells occasionally peel filling the air with music.

All around us is a constant reminder of creativity in its natural form. Flowers of yellow, purple, blue blending together beautifully amongst the long

grass. Young fluffy cygnets swimming along behind their mother. Stand still and hear the melodic bird tunes.

Exercise can be fun and the benefits of getting out with Shirley (Physiotherapy Support Worker) and Margaret (Occupational Therapy Support Worker) are more than just keeping joints mobile and muscles strong. So sun – keep on shining!

**Denise Crawford, Clinical Specialist Physiotherapist FVRH**

### Singing memories in Renfrewshire

***"I feel like the old Maria" (woman with dementia)***

***"It brings my Mum back to us for an hour each week" (daughter)***

The group was inspired by a 2009 BBC documentary 'Wonderland: the Alzheimer's choir' which showed a large circle of people singing and having fun together. It was difficult to tell who had dementia. Occupational therapist, Tamasine Spaeth, approached the local services of Alzheimer Scotland and, together with a small steering group of interested people, set up a pilot of ten singing sessions. Nearly two years later, the group is bursting at the seams and there are plans

to move into a local community hall. Carers now participate in decision-making and are keen to establish a formal committee so that the group can apply for external funding.

We have used a range of evaluation methods to increase reliability and allow everyone to contribute. Significant improvements have been observed in the health and wellbeing of people with dementia, including mood, social interaction, humour and a sense of belonging.

Due to ongoing interest in our group, we organised a 'Learn about Singing with dementia' event last October as part of the Scottish Mental Health Arts and Film Festival. Renfrewshire CHP Bright Ideas provided funding. This interactive event was attended by 140 people from a

wide variety of settings, including several care homes. Jane and Tamasine produced an accompanying handbook with practical advice on how to set up a group. This is available free from the resources section of our website [www.sftb.net](http://www.sftb.net). One exciting and unexpected outcome is a BBC Radio Scotland programme on singing and dementia, in which our group will feature later this year.

Jane recently delivered a training course for singing leaders. As a result, OT technical instructor, Joe Kane, now leads a singing group with patients and their relatives on two older adult wards at Dykebar Hospital, Paisley.

More details from our website or contact Tamasine at [t.spaeth@nhs.net](mailto:t.spaeth@nhs.net).



### Evening doll therapy in a continuing care setting

Late afternoon and early evening in the men's continuing care ward can be a time of increased confusion and restlessness, often referred to as "sundowning". The traditional working hours of the occupational therapy service (Monday to Friday, 8:30-16:30) meant that there was no opportunity for occupational therapy interventions to promote wellbeing and minimise distress later in the day. It was decided to trial a change of hours in order to provide a service one day a week in the evening, up to 8 p.m.

Doll therapy had traditionally been used during the day on a female ward and I had to consider my own prejudice as to why it hadn't been implemented on the male ward. With some trepidation it was discussed with the MDT and agreement reached to trial it.

The doll was dressed in old style clothing of a white dress

and knitted pink cardigan and bonnet.

Reactions from the men on the ward have been immediate, remarkable and overwhelmingly positive.

I share the following example: Two male patients with profound dysphasia, little recognition of personal space and often volatile reactions are pacing in the sitting room. OT entered with the Doll and one man immediately spotted it and came over, cooing and touching its face. Within a few moments he had sat down and was holding the doll, bouncing it on his knee and talking to it. His usual "sparring partner" spotted this and sat down in the chair next to him. The first showed the second the doll and the pair spent a very happy 10 minutes or so, with one holding and the other tickling the doll under the chin.

Possible reasons as to success:

- Doll is a tangible media
- As humans most of us are psychologically programmed to have a positive emotional reaction towards a smiling infant that looks at you
- A lot of the patients are fathers, grandfathers, uncles etc and may have innate emotional memories of infants
- An infant is a non threatening human being – it won't ask questions
- Evening is the time of day when a lot of men may have traditionally been involved in the child care, so perhaps this fulfils the 'sundowning' need?
- The sensitive and careful approach with which it is implemented

Reactions from other members of the Multidisciplinary team and from relatives have also been overwhelmingly positive and this is an intervention that we hope to maintain.

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## Art Works in Tayside

The occupational therapy service in Royal Dundee Liff Hospital uses a range of art activities when working with people with dementia. This article shares some examples from the inpatient service.

In 2008/2009 the men in one of



the continuing care wards, enjoyed a successful 16 week art programme provided by Tayside Healthcare Arts Trust (THAT).

The programme was a great success and the gentlemen created some fantastic pieces of art work and a large collaborative piece which is on display.

Following on from our original OT programmes and the THAT project we expanded our sessions across other areas of the hospital.

One of the ideas which was developed was the use of “edible art”. The materials used in this activity have been varied and include sweets, fruit and vegetables. The only rule is that they have to be



edible!

The aims of the edible art group are to encourage relaxation, promote participation and wellbeing. The activities have been flexible to allow people with different levels of ability to engage and people have found the sessions stimulating, satisfying, fun and tasty!

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**Lead Occupational Therapist**

## Cognitive Stimulation Therapy – Stimulating Service Development and Growth

Occupational Therapy staff at Gartnavel Royal Hospital, Glasgow have implemented the use of a Cognitive Stimulation Therapy (CST) group programme in three of the older people's mental health wards since 2010. Cognitive Stimulation Therapy is an intervention choice recommended by NICE for people with mild to moderate dementia. The College of Occupational Therapists (COT) Briefing 141 September 2011 states; *“Many of the principles of CST such as valuing the individual, the focus on wellbeing despite impairment, the importance of motivation and use of a group setting for intervention, will be familiar”*, and supports the use of CST as a treatment choice. Research supports both the client-centred focus of CST and its positive impact on cognition and quality of life. Cognitive Stimulation Therapy as published in Spector et al (2008) is provided in a 14 session format, with sessions taking place twice weekly in a closed group environment. The implementation of CST also meets recommendations 6, 7 and 12 in Realising Potential – An Action Plan for Allied Health.

The implementation of the CST programme within our department has had

a significant impact across our service in the form of a woodwork, reminiscence focused art project and increased links with the local community highlighting the benefit of lifestory work. The woodwork and art project's end goal was the production of a memory trunk; this not only holds reminiscence materials but is utilised as a reminiscence aid in itself. The woodwork project was carried out over a 7 month period and incorporated informal reminiscence discussions which lead to the finished product you can see in the photograph, the woodwork group also made detachable wheels to transport this large object. The project on completion was displayed at the North West Glasgow's exhibition for the Scottish Mental Health Arts and Film Festival in October 2011. Two further smaller memory trunks are currently in the process of being completed to be used within the two continuing care wards at Gartnavel Royal.

The project was financed through Comic Relief funding gained by the Gartnavel Royal Auxillary committee. This funding was enough to allow us to carry out community trips such as going to the Steamie stage show, visiting Glasgow Cathedral and the purchase of further reminiscence

materials.

Life Story work has further developed recently to commence a joint project with our Speech and Language colleagues with a view to developing life story work which combines a communication aid. Cognitive Stimulation Therapy and reminiscence remain an important and integrated element of our service, having a positive impact on our patients.

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## A Partnership pilot for art therapy

In February, co-founder of the recently established charity Edinburgh Art Therapy Centre (EATC) based at the Eric Liddell Centre in the capital, art therapist Claudine Albert began a pilot project with the Eric Liddell Day Care Service. This service provides specialised quality day care for people with a diagnosis of dementia or cognitive impairment who have moderate to high dependency needs, and offers a wide and varied programme of creative activities. These include poetry, knitting, craft, music and reminiscence. Art therapy was welcomed by the manager and

care staff as providing an opportunity for clients to express feelings creatively in a safe, quiet social environment in which they actively make choices about what they do. This group, held once weekly, has had consistent positive feedback from the participants and their carers. Raised self-esteem and confidence has been evident, as has the enjoyment and satisfaction gained from the experience of working creatively alongside others. Now, in the spirit of partnership working that EATC and the Eric Liddell Centre embrace in order to support the commu-

nity, it is actively seeking funding in order for this work to continue.

Claudine Albert, Art Therapist

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## Using the Allen Diagnostic Module (ADM) in Practice

The occupational therapy service for the dementia assessment wards within the Older People's Mental Health Service at the Royal Edinburgh Hospital have been using The Allen Diagnostic Module (ADM) activities in clinical practice. This is a tool derived from the Cognitive Disability Model. The occupational therapist used the activities as part of the overall assessment, contributing to the team discussion around discharge planning and the level of support required to maximise wellbeing and minimise risk. Following administration of the Large Allen Cognitive Level Screen (LACLS-5) and through consultation of the Cognitive Disability Model theory the client was assessed as being at cognitive level 3. The ADM activities were used by the OT to further validate the client functioning at cognitive level 3. The OT selected the following ADM activities:

- Canvas Placemat (Modes: 3.0 – 4.6)
  - Frog Note Holder (Modes: 3.0 - 4.6)
- (The photos show the sample placemat and frog note holder and the one's completed by the client)

By carrying out the ADM activities the OT was able to observe patterns of behaviour and link these behaviours to have further evidence that the client was performing and functioning at cognitive level 3. This allowed for more detailed treatment planning around what the client:

- 'Will do' (what is meaningful/purposeful to the person)
- 'Can do' (related to what the person is able to undertake)
- 'May do' (how the environment blocks/influences what the person may do/want to do)

The client was motivated to engage in both activities and stated that they had enjoyed carrying these out. The activities were carried out across two sessions. The results of



both the activities were in keeping with what we would observe a client to be able to do at cognitive level 3, which are:

- Attend to activities for 30 minutes with structure and cueing
- Engage more actively in tasks if shown one step at a time
- Notice people and objects in their central field of vision
- Respond to tactile stimulation
- Focus on familiar objects and associated actions
- Requires assistance to be goal directed



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## Gaining Confidence Through Creativity

### Authors:

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(with assistance from Karen Smart, Paramedical Secretary.)

**"People with mental health problems may experience problems with self expression and social isolation, and may also experience decreased confidence and self-esteem" (Mind, 2011).**

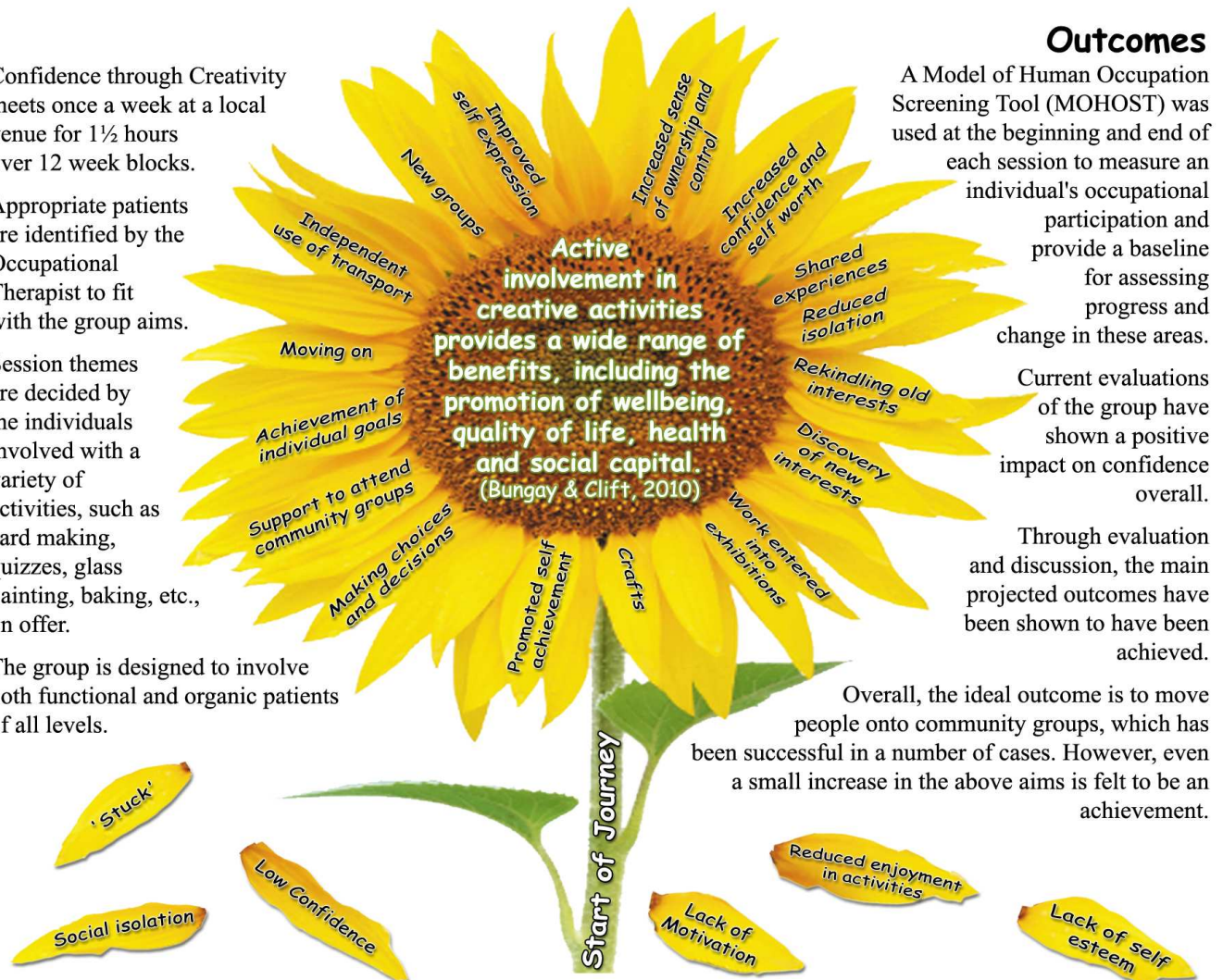
The Confidence Group meets a number of key areas of the Allied Health Professions (AHP) document 'Realising Potential,' particularly the aims of supported self management and promotion physical and mental wellbeing.

Confidence through Creativity meets once a week at a local venue for 1½ hours over 12 week blocks.

Appropriate patients are identified by the Occupational Therapist to fit with the group aims.

Session themes are decided by the individuals involved with a variety of activities, such as card making, quizzes, glass painting, baking, etc., on offer.

The group is designed to involve both functional and organic patients of all levels.



After evaluation of the current group it will be decided whether some group members will return to the next session. Staff will evaluate the activities used and look at modifying or improving the programme for the next group of patients based on individual needs.

### References

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Mind (2011) Promoting Wellbeing, Improving Mental Health. England: MIND.



# Dementia AHPproacheS

## Technogym Easyline Equipment: A Pilot Evaluation of its Use as a Therapeutic Intervention to Increase Physical Activity in an Elderly Population With Mental Ill Health including Dementia



### Introduction:

The increasing proportion of older people resident within the Scottish community has raised concern as to the appropriateness of services currently available. In response to this the 'Reshaping Care For Older People Change Fund' was established in order to provide bridging finance to enable the redesign of services or supports that can transform how older people live in the community. The Aberdeen City Partnership secured funding from this initiative allowing the purchase of Technogym Easyline equipment. This equipment has been specifically designed for the older people and those who may be unfamiliar with exercise. It employs a hydraulic design, ensuring that the resistance applied is relative to the ability of the person using it.

The benefits of physical activity in for older people are widely acknowledged. Maintaining physical activity levels in people who are living with dementia and mental ill health can however represents a particular challenge.

The aim of this evaluation was to examine the use of Technogym Easyline equipment as a therapeutic intervention to increase physical activity in older people with cognitive impairment and functional illness including anxiety and depression.

### Methods:

A six-week pilot service evaluation

was undertaken to assess the use of this equipment with patients in five wards and two day hospitals that provide care and treatment for older adults with mental ill health. The patients assessed included those from two behavioural management units who primarily work with people who have behaviours that challenge and are living with dementia.

Functional capacity, acute and chronic psychological response and the subjective response of staff involved in the use of this equipment was recorded.

### Results:

Measures which underwent a significant change post intervention are presented in Table 1. Results showed improvements to physical abilities and acute and chronic improvements in mood. Staff comments on the use of the equipment included:

*"I am pleasantly surprised at the positive impact on this group, many of whom have advanced dementias, varying concentration levels and can be intolerant of others in close prox-*

	n	Pre	Post	Sig
Tinetti Gait	19	9.6 ± 2.6	10.2 ± 2.6	0.047
180° Turn (steps)	19	4.3 ± 1.7	3.8 ± 1.8	0.054
Mood	51	6.8 ± 2.2	7.9 ± 1.8	0.000
Cornell Scale for Depression in Dementia	13	8.6 ± 5.3	4.8 ± 4	0.013

*imity" (ward manager); "some patients were pleasantly surprised at the amount of work they were able to manage" (physiotherapist); "it has allowed for social interaction between and with patients" and "it has been a pleasure for families to see their relatives participate in activities" (clinical lead physiotherapist)*

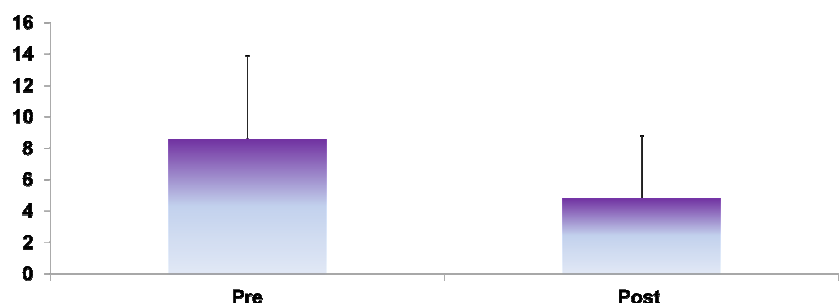
### Discussion:

Results from this preliminary service evaluation indicate that the technogym easyline equipment may represent a suitable therapeutic intervention for use in this population. The positive results recorded in patients presenting with behaviours that challenge and distress were particularly encouraging.

Further research is required so to more fully evaluate the use of this equipment in this population.

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1Robert Gordon University, Aberdeen;  
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## Establishment of an Occupational Therapy Assessment Clinic (OTAC)

The Fife Mental Health Occupational Therapy Older Adult Service has established the OTAC in accordance with national and local dementia strategies, Realising Potential and HEAT targets relating to early diagnosis and intervention.

The OTAC was designed to encompass cognitive and functional assessment (Allen Cognitive Level Screen-5 and Standardised Kitchen Task Assessment), Lifestyle Checklist and Client/Carer Satisfaction Questionnaires, and aims to:

- Reduce waiting times
- Provide quick and easy access to OT assessment and intervention in a time effective manner
- Provide a cost effective service

The OTAC was trialled at Whyte-man's Brae Hospital (Kirkcaldy),

with an additional clinic established and a third being planned. Referrals are screened for suitability with alternative plans offered for those not appropriate for the clinic format. Following assessment follow up has included home assessments, group work, education and accessing community resources or specialist services.

Feedback from client/carers satisfaction questionnaires included:

- Transportation made attendance easier
- Fears relieved by knowing help
- Different perspective helpful
- Earlier involvement would have been beneficial
- Staff attitude made it a good experience
- Not adequately prepared for what to expect

From this feedback, a leaflet was developed which clients reported to be beneficial in knowing what to expect from the clinic.



Further developments involve:

- Using the OTAC format for people with different conditions; i.e., anxiety or depression.
  - Showcasing an OTAC poster at the 2012 COT Conference.
  - Continued dialogue with the multidisciplinary team, service users and carers for service improvement.
  - Sustained critique and reflection.
- For further information, please contact Janet Gawander ([janetgawander@nhs.net](mailto:janetgawander@nhs.net)) or Alison Long ([alison.long@nhs.net](mailto:alison.long@nhs.net)).

### Acknowledgements

Thanks to Alison Long and Katharine Hodgkinson, Mary Newman and Karen Smart for their valuable contributions.

## Exploring the reasons people living with dementia are referred to Social Work services in Edinburgh - a useful reflection to understand the needs of this group of people

Following an inspiring visit to the Dementia Services Development Centre at Stirling University, a group of Occupational Therapists, Social Workers and Community Care Assistants from Sector Services in South East Edinburgh, Health and Social Care set up a special interest group to improve our understanding of dementia. This included researching the causes and prevalence of dementia, but at a more local level, looking at why people with dementia and memory problems were being referred to social work in Edinburgh.

As a starting point, we looked at all the referrals received by the team during May 2010 which specifically mentioned dementia or memory problems. Of 503 referrals to the team, 16% specifically mentioned dementia, Alzheimer's, forgetfulness, memory problems or confusion. Slightly more referrals were for women (61%) than men (49%),

and ages ranged from 56 to 98 years old (mean age 83 years).

The majority of referrals came from carers and family (30%) or GPs and other health professionals (28%). Other referrals came from social work staff (17%), Police JLO officers (9%) or friends (2%); only 3% of referrals came from the client themselves.

Many referrals mentioned more than one presenting problem, and these could be summarised as difficulties managing personal care (38%), carer stress (21%), safety and behaviour in the community (16%), mobility and transfers (9%) or problems associated with social or housing support (6%).

Over half of the clients (56%) were already receiving a social work service such as a care at home. Most requests were for services such as a new or in-

creased care at home (35%), respite or support for carers (13%), or nursing home placements (10%). Other requests were for OT equipment, adaptations or Telecare to help people manage at home (12%), or requests for community care assessments (13%). A small number (4%) related to Adult Protection Concerns or requests for a Mental Health Officer Assessment.

Looking at the reasons why people with dementia are referred to social work has helped improve understanding of the needs and challenges of people with dementia, their families and carers in Edinburgh. This will help develop dementia-friendly services within health and social care to enable people with a diagnosis of dementia live well within the community.

Cathy Findlay, Occupational Therapist, City of Edinburgh Council

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### Lothian AHP Dementia Champions share their experiences



With the incidence of people living with Dementia on the increase the focus on the early identification and treatment of this long term condition is now seen as a National priority with the development of action plans one of which includes the Supporting Change Framework. This framework is based on key policy drivers such as Promoting Excellence 2011, and the Standards of care for Dementia in Scotland, 2011. The University of the West of Scotland and Alzheimer's Scotland have been instrumental in developing the Supporting Change tool to help in training the national Dementia Champions in Scotland, 2011-2012. The three hundred champions will support change within their work based area.

In NHS Lothian four AHP's (Jade Napier- Physio, Jean McIntyre-SALT, Alex Littlejohn-OT and Shubha Moses-Dietitian) from acute services joined nursing staff to be amongst the first cohort of 100 frontline NHS employees to be recruited on to the National Dementia Champion training programme.. This cohort graduated in March 2012 in an event attended by Health Minister Nicola Sturgeon (see photos of the Lothian group and the national group).

The course comprised of five study days over 5 months, a blended learning programme of face to face sessions, e-learning resources, workshops and work-based tasks. As dementia champions within Lothian our role involves building on existing good practice and delivering meaningful positive changes, where

needed, to people with dementia and their families to promote person-centred care, tailored to the individual, supporting dignity, comfort, nutrition and enhanced quality of life

This training programme has helped us to improve our knowledge and skills to fulfil this role, train and support colleagues, signposting them in the right direction and to apply in practice.. Examples of this have included:

- practical ways to assist ward staff to offer better person centred care to the person living with Dementia especially having the right attitude and a Dementia friendly environment in an acute hospital setting.
- We are involved, in delivering Dementia awareness sessions for all grades of ward staff and colleagues.
- All wards at Liberton Hospital now have a Dementia Resource Folder with Dementia toolkits and staff are encouraged to complete the e learning on 'Introduction to Dementia' via learn pro and Dementia Care in Acute general hospital settings (available on the intranet) and Dementia Promoting Excellence website via the Knowl-

edge network.

- Offering people with Dementia in Liberton Hospital extra help with their eating and drinking by the use of red jugs on all wards to improve hydration (Hollis S, 2011) and introduced the new Resource from Caroline Walker Trust, 2011, 'Supporting older people and older people with dementia to eat and drink, practical guide to all ward staff.
- Presenting at a national Speech and Language Therapy Study day.

Ongoing support to enable us in this role to lead and sustain change is being provided locally by the Lothian Dementia Champion forum, chaired by the Alzheimer's Scotland nurse consultant, Colin Macdonald, and AHP Dementia Consultant, Jenny Reid, and as well as the Acute care Dementia champions regional networks set up by NES.

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## **Encouraging Risk Enablement for People with Dementia: a national event**

On the 19th of June, NHS Greater Glasgow and Clyde will be hosting a national event aimed at raising awareness of risk enablement for AHPs working within acute/general health care settings. Overly cautious approaches to risk have been cited as one of

the biggest barriers to people living well with dementia. This one day conference will bring together AHP practitioners from inpatient and community settings in order to begin to embed risk enablement into practice.

To secure a place contact Christine.steel@ggc.scot.nhs.uk

If you are unable to attend the event but would like to be involved in a national working group to develop a risk enablement toolkit please also contact Christine

**The next issue of the newsletter will be out at the end of September 2012. If you would like to contribute an article please email jenny.reid2@nhslothian.scot.nhs.uk**

### **Dates for your diary**

- 12-14 June 2012—College of Occupational Therapists 36th Annual Conference and Exhibition in Glasgow.
- 15th June—Activity website focus group—contact Joanne.payne@aapct.scot.nhs.uk for more information
- 18th June 2012—Dementia Awareness Week—the theme this year is creativity— what will you be doing to showcase the role of AHPs?
- 19th June 2012—“Encouraging Risk Enablement for People with Dementia” A national event for Allied Health Professionals working with people with dementia & their carers in acute/general hospital settings Campanille Hotel, Glasgow, G3 8HL. Contact Christine.steel@ggc.scot.nhs.uk for a place.

Don't forget to regularly check the community of practice to keep up to date with the work of AHPs with people living with dementia in Scotland:

**<http://www.knowledge.scot.nhs.uk/dementia/communities-of-practice/national-ahps-best-practice-in-dementia-network.aspx>**