



## Key messages

- Psychological therapies take many different forms, and can be used in different contexts to meet different needs.
- Psychological interventions should be carried out by trained professionals.
- There is an evidence base for the effectiveness of psychological therapies in dementia care.

# Evidence briefing: Psychological therapies for people with dementia

*The aim of this document is to provide an overview of the evidence base for psychological therapies with people with a diagnosis of dementia and their families. This briefing paper aims to summarise research and clinical evidence in this area and to aid commissioners and other stakeholders to shape the service landscape. It is not intended to be read as a set of recommendations for practitioners.*

## Key messages

- **Psychological therapies take many different forms, and can be used in different contexts to meet different needs.** In dementia care, psychological therapies can be used in a formal or informal way. The formal, or structured, use of psychological therapies focuses on talking about feelings, emotions and ways of thinking; occurs regularly within a specific context; draws on psychological formulations (a set of hypotheses about a person's difficulties which link theory and practice); promotes change within the individual or the system around the person (including changes within relationships and families); and aims to enhance wellbeing either by helping individuals to understand themselves and their illness or by changing their patterns of thinking or behaviour. Increasingly, however, psychological therapies are being used informally, either as elements of multi-component interventions<sup>(1)</sup> or with people with more severe levels of cognitive impairment<sup>(2)</sup>.
- **Psychological interventions should be carried out by trained professionals.** (e.g. therapists or counsellors) who receive regular supervision and are registered with the Health Care Professions Council or other appropriate regulatory body.
- **There is an evidence base for the effectiveness of psychological therapies in dementia care.** Recent reviews of individual and group psychotherapy<sup>(3)</sup>, of family therapy<sup>(4)</sup> and of support groups<sup>(5,6)</sup> have all concluded that while research has increased in recent years, the methodological quality of these studies is variable. Nevertheless, sufficient evidence exists to draw preliminary conclusions.
  - **Pre-assessment counselling.** Most people who are assessed for a possible dementia have mixed feelings about this process, but nevertheless want to know their diagnosis. However, some people will either not want to be assessed, or would prefer not to be told the outcome. Sometimes, too, there will be disagreements within families about whether an assessment will be useful. In these cases, being able to think through the implications of being assessed with a skilled therapist or counsellor may help to resolve the issues and enable a decision about assessment to be reached<sup>(7)</sup>.
  - **Counselling and support after a diagnosis.** Psychological interventions that are offered relatively soon after a diagnosis has been made are often provided through groups. These

interventions are not specifically aimed at people who are in emotional distress and are instead aimed at helping people with dementia (and often their families) to adjust to the diagnosis. A study in the USA<sup>(8)</sup> found significant improvements in quality of life and depression at the end of a nine-week intervention, but did not report follow-up data. A UK pilot study<sup>(9)</sup> in which nurses and other non-psychologists were trained to deliver a ten-week intervention, found improvements in quality of life and self-esteem (although these were non-significant after adjusting for baseline levels). However, process analysis of transcripts from initial and final sessions suggested that at least some participants had assimilated their dementia diagnosis into their identity<sup>(10)</sup>.

- **Group therapies aimed at enabling people in the early stages of dementia.** These therapies which help people to adjust to and manage the consequences of the condition often incorporate principles of self-management<sup>(11)</sup>. There is preliminary evidence to suggest that self-management groups can improve self-efficacy<sup>(12,13,14)</sup>.
- **Psychological therapy for people with mild or moderate levels of impairment.** A recent Cochrane review of psychological treatments for depression and anxiety in people with dementia<sup>(15)</sup> found promising evidence that psychological therapies can be effective. However, there was not enough evidence to recommend one specific type of therapy over another. A US pilot study of a 12-week problem-solving behavioural therapy with a mixed cohort of people who either had mild cognitive impairment (MCI) or dementia and who were also depressed found significant reductions in both depression and disability<sup>(16)</sup>.

Two pilot studies of cognitive-behavioural therapy have both shown the potential for therapy to significantly reduce anxiety levels<sup>(17,18)</sup>. In addition, a large, methodologically sophisticated study that included elements of person-centred counselling in Denmark found improvements in quality of life and depression with large effect sizes<sup>(19)</sup>.

- **For people with more severe levels of impairment.** Psychologists have been influential in developing behavioural therapies (e.g. functional analysis) that can improve quality of life and reduce distress for people with more severe cognitive impairments. While these behavioural interventions are not typically construed as psychotherapy, there is some evidence that when integrated into a larger intervention, psychotherapeutic approaches can help to lessen behavioural distress for people living with dementia and reduce burden for carers<sup>(1)</sup>. For instance, person-centred counselling skills can be used to reflect their emotions back to the person with dementia in order to help them to integrate feelings that they would otherwise be unaware of<sup>(2)</sup>.
- **Psychological therapy with family carers of people with dementia.** Dementia has a profound impact not just on the person with dementia, but also on the person's family, and in particular on those people who are most immediately providing care and support. Many of the studies that we have identified in this briefing paper also engage (to a greater or lesser extent) with the needs of carers. In addition, psychological interventions that specifically address the emotional and psychological needs of family carers can reduce levels of depression<sup>(20)</sup>. For further information see *Briefing paper: The psychological needs of families and carers of people with dementia*.

# Calls to action

- **Give access to psychological therapies for people with dementia** – delivered by trained psychologists, who specialise in working with this client group and who receive on going supervision and training. These therapies should be routinely available throughout the dementia journey, at the point where assessment is being considered, immediately after a diagnosis has been established and as appropriate when people are anxious or distressed.

## Example of good practice

**Post-diagnostic support – the Living Well with Dementia Course.** The Living Well with Dementia course is a ten-week long intervention that is delivered by nurses and other clinicians who may not have had substantial experience of delivering a psychological intervention. Course facilitators receive two days of training and are supervised by clinical psychologists. The course is manualised and is aimed at helping people to talk more openly about their illness and thus to adjust to their diagnosis. Course materials include a series of videos of people with dementia talking about their experiences. The course is being used in six NHS trusts as well as in Ireland.

- **Where necessary, focus psychotherapy and counselling on the needs of carers and families.** Psychological therapies play a vital role in helping people to live as well as they can with their dementia. Supporting families and couples to find ways to talk about dementia within a safe and containing environment is essential to help the wider family system to adjust to dementia and thus to plan ahead.
- **Integrate psychotherapy skills into routine care interactions.** Psychological therapy skills enhance communication between carers and people with severe levels of dementia. Due to their cognitive impairment, many people with severe levels of dementia are not able to make sense of or to understand their emotional world. Where people

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with dementia are residents in care homes, for instance, then psychotherapy skills that are integrated into routine care interactions have an important role to play.

## Example of good practice

**The Older People’s Intervention Service,** delivered by Birmingham and Solihull Mental Health Foundation Trust, provides a range of psychological interventions for people with cognitive impairments or who have been diagnosed with dementia. As people often benefit from some time to come to terms with the diagnosis before deciding what further support they may want, the service makes contact to arrange an initial screening appointment eight to nine weeks after the diagnosis has been made. They then agree on an appropriate level and type of support with clients and their families. Interventions offered by the service include group and individual cognitive stimulation therapy, memory management groups, a self-management programme where people with dementia and their families develop collaborative coping strategies and a group for people with Mild Cognitive Impairment (MCI). The Admiral Nursing team deliver carer support groups at a range of community venues across the city, including evening and weekend sessions.

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