

Vascular Dementia

June 30-July 02, 2016 Valencia, Spain

Art therapy: Creative processing grief within dementia

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Grief is often paired with the response of losing a loved one; in this presentation grief is identified as experience of a general loss. Grief responses vary across all individuals and for someone with Dementia, grief can be a challenging process to work through due to memory loss, impaired judgment, language and various cognitive functioning (Alzheimer's Foundation of America, 2015). Comorbid diagnoses with Dementia are additional factors that can attribute to difficulty when working through grief. For example, someone with Parkinson's disease tend to present with increased depressive symptoms where someone may have increased feelings of hopelessness. Art therapy has been effective assessing cognitive status; an avenue to express non-verbal communication, a vehicle for reminiscing and provide something tangible that can be explored and self-reflected (Kahn-Denis, 1997). It is apparent then that art therapy along with narrative techniques can be a complementary treatment to grief (Beaumont, 2013) as a way that offers introspection and self-exploration that result in personal transformation. This presentation will share three case studies and how three different art therapy directives benefited someone with Dementia working through their own grief process to find healing. These three studies share different forms of grief including loss of identity as this person experiences memory loss and impaired physical ability, another on a series of art pieces reflecting her life journey of numerous losses and another on how one person with memory loss was able to reach healing after un-expectantly losing a close friend. These case studies demonstrate how art therapy can help someone with Dementia experiencing grief reach a state of balance, peace and healing.

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Namaste Care as a hospital service: A pilot study

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Background: Despite a quarter of acute hospital beds being occupied by people with dementia, many hospitals lack appropriate services to meet the holistic needs of people with dementia. Namaste Care is a sensory program that has been developed to meet the spiritual needs of people in the more advanced stages of dementia. It has been implemented successfully in care homes but it is not known whether it is an appropriate service for the acute hospital setting.

Aim: To explore whether Namaste Care is an acceptable and effective service for people with advanced dementia being cared for on an acute ward in a busy inner-city teaching hospital.

Methods: This was an exploratory qualitative interview study. Individual, semi-structured, face-to-face interviews were conducted with hospital healthcare staff working in the area of the hospital where Namaste Care had been implemented. Data were analyzed using the framework approach.

Results: Eight interviews were completed with members of the multidisciplinary ward team. Two main themes emerged with associated subthemes: Difficulties establishing relationships with people with dementia in hospital (sub-themes: Lack of time and resources, lack of confidence leading to fear and anxiety); The benefits of a Namaste Care service in an acute hospital setting (sub-themes: A reduction in agitated behavior; connecting and communicating with patients with dementia using the senses; a way of showing people with dementia they are cared for and valued).

Conclusion: This small scale study indicates that Namaste Care has the potential to improve the quality of life of people with advanced dementia being cared for in an acute hospital setting. However, further research is required to explore more specifically its benefits in terms of improved symptom management and wellbeing of people with dementia on acute hospital wards.

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