

Libraries of Life: Using life history books with depressed care home residents

Author: Nicola Ann Plastow

Highest Academic Qualification: BSc (Occupational Therapy)

MSc (Professional Health Studies)

Institutional Affiliation: Brunel University (West London, United Kingdom)

Address: Brunel University

Osterley Campus

Borough Road

Isleworth

Middlesex

TW7 5DU

United Kingdom

Telephone: ++44 1895 268 798

Email: Nicola.Plastow@brunel.ac.uk

Libraries of Life: Using life history books with depressed care home residents

Depression is a common, and often undetected, psychiatric disorder in geriatric care home residents ^{1,2}. Reminiscence, an independent nursing therapy used by a variety of health and social care professionals, can prevent or reduce depression ¹⁴. This practice development project explored the use of reminiscence life history books as an interpersonal therapeutic tool with three depressed care home residents living in residential care and skilled nursing facilities.

The process of choosing to produce a book, assessment of capabilities, and methods of construction are described using three illustrative case studies. Three themes emerged: reviewing the past, accepting the present, and dreaming of an alternative future. This project demonstrated that life history books, tailored to individual needs and abilities, can facilitate reminiscence and reduce depression by increasing social interaction. The benefits to residents, their families and care staff are discussed and the relevance to nursing practice highlighted.

Libraries of Life: Using life history books with depressed care home residents

Introduction

The most common psychiatric disorder amongst institutionalized older adults is depression ^{1,2}, with clinical depression evident in up to 1/3 of residents ^{3,4,5}.

Reminiscence has been identified as one non-pharmacological intervention that can help reduce depression in older people. This paper describes a practice development project exploring the use of reminiscence life history books as an interpersonal therapeutic intervention with three depressed residents, two of whom resided in skilled nursing facilities and one who resided in a residential care facility. Case studies are used to illustrate the assessment, intervention procedures and benefits observed during this project.

Depression in Care Homes

Depression in care homes, specifically residential care and skilled nursing facilities, is often under-detected, under-treated ⁶ and persistent ⁵, resulting in lower functional ability and increased mortality ^{7,5}. Detecting depression in geriatric care home residents can be difficult, particularly due to presentation with symptoms not usually associated with depression. Pre-admission screening of new residents in the United Kingdom, as well as the American Minimum Data Set's (MDS's) mood indicators, have shown limited utility in screening for depression, indicating the need for care home staff training in the use of other assessment tools ⁸.

On-site nurse practitioners in care homes have a vital role in detecting, assessing and managing depression in collaboration with care home staff and psychiatric services ¹, using a variety of nursing interventions. For minor depression, non-pharmacological interventions delivered by trained professional or nursing home staff

should be used as a first-line treatment with geriatric care home residents ⁹, while for major depression these therapies can be combined with pharmacological treatment to maximise clinical effect ¹⁰. One such intervention, providing both meaningful activity and social contact, is reminiscence.

Reminiscence

Reminiscence, an independent nursing therapy used by a variety of health and social care professionals, involves recollection of previous events, thoughts and feelings ¹¹. It aims to facilitate pleasure, quality of life or adaptation to new circumstances either through the process of simple reminiscence, which focuses on socialization, or through life review reminiscence, which focuses on evaluation ¹². In contrast to simple reminiscence, life review reminiscence evokes both positive and negative memories, which are analysed and processed by the resident ¹³. While residents can be engaged in simple reminiscence with both professional and para-professional staff, life review should be carried out by a skilled nurse practitioner or clinical specialist due to its evaluative nature.

The benefits of reminiscence are wide ranging and include reduced isolation, increased socialization and improved social adjustment, increased self esteem and life satisfaction ¹⁴ and finally, reduced depression. A meta-analysis of 20 controlled outcome studies found large statistically and clinically significant effects of both reminiscence and life review on depressive symptoms in older people ¹⁵, while another recent systematic review identified reminiscence as a viable, valuable and useful intervention for depression in older adults ¹⁶. Many different methods of reminiscence including both group and individual sessions are reported in the literature, however there is little evidence to support the use or creation of a life history book to facilitate the reminiscence process.

Life History Books

Guse, Inglis and Chicoine ^{17 p35} define life history books as 'a collection of selected memorabilia, photographs and archival and other material that describes an individual's life in a photograph book format'. Photographs can be used therapeutically to enhance communication between health professionals, patients or residents and their carers ¹⁸ or to highlight that residents' unique life history ¹⁹.

In 2003 a nurse-led psycho-geriatric team, providing specialist services to 48 care homes, including assisted living units, residential care, and skilled nursing facilities, undertook a practice development project using reminiscence to complement pharmacological treatment for depressed residents. Residents were referred to the team by care home staff. On initial assessment by the team, residents were screened for depression using the BASDEC screening tool (Brief Assessment Schedule Depression Cards) ²⁰. Diagnosis was confirmed through a consultation visit from the team doctor. Resident's with no or mild cognitive impairment on examination using the MMSE (Mini Mental State Examination) ²¹, who reported boredom, low self esteem, physical disabilities that limited participation in other activities, and who reported loss of life roles on occupational therapy interview, were targeted for reminiscence. Ten residents over a six month period met these criteria and participated in the project.

Life history books were an ideal reminiscing tool as they made use of existing resources (e.g. photographs), were a meaningful activity that could be engaged in between reminiscence sessions, and could be used by the resident to interact with care staff and relatives after the sessions had ceased ¹⁷. Residents' ability to engage in a life history book was assessed over one to two sessions. Their ability to

reminisce was assessed through reminiscence around neutral objects appropriate to the local history, for example photographs of the town centre, household objects such as mothballs, and tools used in the local wool spinning industry. Residents' physical ability to create their book was also assessed through occupational therapy observation and interview of their current hobbies in the home, their manipulation of reminiscence objects and by asking what kinds of activities they now found difficult. Following assessment, life history books were introduced and consent was gained.

A wide range of resources were used in the creation of the books, including good quality paper and materials in order to enhance the sense of achievement at the end of the process. The individual pages of the book were laminated and ring bound to ensure its longevity. Sources of information included the residents, their families, care home staff, the library and the Internet ¹⁹. A statement of privacy and confidentiality was placed on the first page of the book indicating that permission should be gained from the resident before viewing their book. This statement enabled residents to share freely within the reminiscence session but also indicate which aspects they did not want included in their book, giving them a sense of control in an often powerless situation.

The project used predominantly simple reminiscence, rather than life review, as it was hoped that staff in the care homes would continue reminiscing with the resident after the intervention was completed. Although the focus of the project was on producing a life history book, this outcome was not always what residents wanted out of the experience. To highlight the differences in experience, three case studies are now described where different types of life history books formed different themes.

Reviewing the Past: My Story

Lily* was a 84 year old resident with complex physical needs following a stroke. Initially Lily planned to return home but after 2½ years at the skilled nursing facility, had lost any hope for the future. Lily became severely depressed and was referred to the specialist team following a suicide attempt.

Assessment indicated that Lily was a very social lady. She had developed some good relationships with care staff but found little in common with other residents. She enjoyed reminiscing about the past and had developed a good level of insight into her current situation. The stroke had chiefly affected her mobility and she retained some use of her affected arm.

Lilly chose the title 'My Story' for her book, working with the specialist practitioner to develop a story of her life before she moved into care. Photographs in her room were photocopied with explanations written on each page detailing the photograph and explaining its importance. She also wrote a poem for inclusion in the book. As Lily identified herself as artistic, decorating the book was an important part of the reminiscence process. Photographs and pictures of local places of interest pasted on brightly coloured paper were interspersed with pictures that Lily coloured between sessions.

The reminiscence process provided an opportunity to talk about Lily's suicide attempt and depression, with her story providing a vehicle for review of her life. She was enabled to disclose sensitive information within a protected environment and later share information with her family that she had previously kept secret. She was able to come to terms with her health condition and accept that she would be living in the nursing home in the longer term. On final assessment using the BASDEC tool, Lily no longer reported symptoms of depression.

Accepting the Present: Maggie's Poetry Book

Maggie* was a 62 year old lady with a degenerative neurological condition. Maggie was admitted to the skilled nursing facility for a period of respite. During the respite Maggie's husband died unexpectedly. She never returned to her own home. Over the year, Maggie continued to grieve. The anniversary of her husband's death was approaching and staff were concerned. Her physical ability was severely limited by her condition, she was bed bound, required full nursing care and her speech was rapidly deteriorating.

Although eager to engage in therapy, discussing the past was initially too painful and Maggie's physical abilities limited her ability to engage in a life history book. As an alternative approach, Maggie was given an anthology of poetry to read, with instructions to choose a poem that she liked. Each session focussed on reading the chosen poem together and then discussing its personal meaning and relevance. In this way reminiscence was introduced, with a strong link to her present situation. Each of the poems was copied with the intention of developing a book that Maggie could keep.

Maggie was eager to decorate her own book. Taking into account her physical abilities, it was decided that rather than using coloured paper to back the photographs, Maggie could paint pieces of white card with a brush, emphasizing the process of decorating itself. For the remainder of the book, Maggie randomly placed stickers and stamps.

Completing the poetry book provided Maggie with an opportunity to gain social support and maintain her communication skills. Although completing the book did not directly address her grief and did not fully resolve her depression on reassessment,

many of the discussions focussed on her past life and provided her with a valuable opportunity to recognise and challenge her thoughts and emotions. It also provided her with a meaningful activity to engage in while bed-bound.

Future Fantasies: The Lake District and Trains

The final case study involves Jack, a 96 year old gentleman recently admitted to a residential care facility providing lodging, personal support services and 24 hour care staff. Adjustment to this new environment frequently leads to depression in older people but Jack did not want to engage in talking therapy. In his retirement Jack had been a 'train-spotter', travelling to view different models of trains. This interest and passion provided a starting point.

Jack was very happy to engage in conversation about trains so it was suggested that an album be made containing pictures and descriptions of his favourite trains. He was keen on this idea, recognising an opportunity to pass on his knowledge.

Jack's life history book was formed using pictures of trains chosen and photocopied from the local library. Descriptors were written beneath the pictures, relying on Jack's years of gained knowledge about the different engines. This information was interspersed with postcards and a map of the Lake District, an area of outstanding natural beauty in the England, indicating the places Jack had visited.

The theme that emerged from this life history book was being a traveller. Through creation of the book Jack explored his life as a journey. Although he felt he was coming to the end of his life, his book provided him with an opportunity to fantasize about what he would be doing if he had more time. He also realised he had something interesting to share with others, improving his relationship with staff and

other residents. Jack initially only experienced a mild level of depression while adjusting to the residential care facility. The improved social interaction Jack achieved through the project resolved this and also potentially prevented his depression becoming more severe.

Relevance to Nursing Practice

Producing life history books demonstrated a number of benefits. For the residents involved it provided a regular, goal-directed and meaningful opportunity to cope with the losses they had experienced. The reminiscences formed a link across time, enabling examination of the past, awareness of the present and hope for the future. The increased socialization necessary for reminiscence also enabled residents to interact more with other residents, the staff in the home and with their families. By targeting the reduced social interaction associated with depression for these residents, nurses and care staff had an opportunity to address the underlying causes of the depressive illness, thereby minimising pharmacological intervention in the long term.

For staff, the project was a valuable professional development opportunity to improve skills in reminiscence and to use innovative approaches to care in this specialized area of practice. Although specialist psycho-geriatric staff from a range of disciplines were involved in assessment and intervention in this project, with training reminiscence through life history books is suitable for all nursing staff working with a variety of residents.

Conclusion

This paper described the process of using a variety of life history books as a non-pharmacological intervention to address decreased social interaction in depressed

care home residents, using three illustrative case studies. Building libraries of residents' lives can build relationships, forges trust and provides a unique opportunity to understand the lives of residents through an activity with both meaning and purpose.

References

1. Bell M, and Goss AJ. Recognition, assessment and treatment of depression in geriatric nursing home residents. *Clinical Excellence for Nurse Practitioners* 2001;5(1):26-36.
2. Groh CJ, Hoes ML. Practice methods among nurse practitioners treating depressed women. *J American Academy of Nurse Practitioners* 2003;15(3):130-6.
3. Chow ES, Kong BM, Wong MT et al. The prevalence of depressive symptoms among elderly Chinese private nursing home residents in Hong Kong. *Int J of Geriatric Psychiatry* 2004;19(8):734-40.
4. Jongenelis K, Pot AM, Eisses AM et al Prevalence and risk indicators of depression in elderly nursing home patients: the AGED study. *Journal of Affective Disorders* 2004;83(2-3):135-42.
5. Webber AP, Martin JL, Harker JO, et al. Depression in older patients admitted for postacute nursing home rehabilitation. *JAGS* 2005;53:1017-22.
6. Audit Commission (2002) The forget-me-not report. Available at www.audit-commission.gov.uk/reports. Cited 1 December 2005.
7. Ip SP, Leung YF, Mak WP. Depression in institutionalised older people with impaired vision. *International Journal of Geriatric Psychiatry* 2000;15(12):1120-24.

8. Snowden M, Sato K, Roy-Byrne P. Assessment and treatment of nursing home residents with depression or behavioural symptoms associated with dementia: A review of the literature. *JAGS* 2003;51:1305-17.
9. American Geriatrics Society and American Association for Geriatric Psychiatry. Consensus statement on improving the quality of mental health care in U.S. nursing homes: Management of depression and behavioural symptoms associated with dementia. *JAGS* 2003;51:1287-98.
10. Kurlowicz LH. Depression in older adults. In Mezey M, Fulmer T, Abraham I, et al. *Geriatric nursing protocols for best practice*. New York: Springer; 2003, p. 185-206.
11. McCloskey JC, Bulechek GM. *Nursing interventions classification 3rd Ed*. St Louis: Mosby; 2000.
12. Lin Y, Dai Y, Hwang S. The effect of reminiscence on the elderly population: a systematic review. *Public Health Nursing*;20:297-306.
13. Puentes WJ. Using social reminiscence to teach therapeutic communication skills. *Geriatric Nursing* 2004;21(6):315-8.
14. Harrand AG, Bollstetter J. Developing a community-based reminiscence group for the elderly. *Clinical Nurse Specialist* 2000;14(1):17-22.
15. Bohlmeijer E, Smit F, Cuijpers P. Effects of reminiscence and life review on late life depression: a meta analysis. *International Journal of Geriatric Psychiatry* 2003;18:1088-94.

16. Hseih H, Wang J. Effect of reminiscence therapy on depression in older adults: a systematic review. *International Journal of Nursing Studies* 2003;40:335-45.
17. Guse L, Inglis J, Chicoine J. Life albumns in long term care: Resident, family and staff perceptions. *Geriatric Nursing* 2000;21(1):34-37.
18. Riley RG, Manias E. The uses of photography in clinical nursing practice and research: A literature review. *Journal of Advanced Nursing* 2004;48:397-405.
19. Hewitt H. A lifestory approach for people with profound learning disabilities. *British Journal of Nursing* 2000;9:90-5.
20. Yohannes AM, Baldwin RC, Connolly MJ. Depression and anxiety in elderly outpatients with chronic obstructive pulmonary disease: Prevalence and validation of the BASDEC screening questionnaire. *International Journal of Geriatric Psychiatry* 2000;15(12):1090-6.
21. Folstein MF, Robins LN, Helzer JE. The mini-mental state examination. *Archives of General Psychaitry* 1983;40(7):812.

Author: Nicola Plastow is currently a lecturer in occupational therapy at Brunel University, West London, England. She is also a senior occupational therapist with extensive experience in psycho-geriatric care.

Acknowledgements: To Lynda Holroyd for her leadership in this practice development project and her tireless efforts to improve residents' well-being.