

# **Psychosocial Methods in the Danish Dementia Care**

**-A survey of the gray literature in Denmark**

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## Introduction

### Dementia in a Danish perspective

It is estimated that approx. 87,000 Danes currently suffer from dementia (2013), and as a result of the growth in the proportion of elderly in the population, the number is expected to increase to approx. 130,000 in 2030, ie. an increase of just over 50% in less than 20 years. Furthermore, according to figures from the Danish Dementia Research Centre it is estimated that approx. 15,000 Danes annually develop dementia. This number is expected to increase accordingly (1).

In 2010 a set of national guidelines for the dementia effort in Denmark were developed (2). The guidelines were based on recommendations for the future work carried out by an expert group. These guidelines form the basis of the dementia care in Denmark regarding both treatment and social care and virtually all of the recommendations have been launched in practice. One of the recommendations were specifically aimed at the use of psychosocial methods:

"The expert group recommends that a greater effort is made to seek for and systematically gather information about the use of different psycho-social methods, and that there is an increased systematic coordination of the experience with psycho-social interventions" (2).

### National clinical guideline on dementia

In 2013 - following the recommendations in the national guideline - a national clinical guideline for diagnosis and treatment of dementia has been prepared and it is currently in a state of hearing, hence, it has not yet been approved (1).

The guideline is expected to contribute to an evidence-based approach of consistently high quality across the country, to ensure continuity of care and to ensure knowledge sharing across sectors and professions. The guideline covers the various phases of patient care, including assessment and diagnosis, non-pharmacological interventions, pharmacological treatment as well as efforts aimed at the relatives.

The recommendations regarding non-pharmacological interventions are:

- *It is recommended that people with dementia living at home as well as in nursing homes are offered maintenance training of daily activities*
- *It is recommended that people with dementia are offered physical activity and physical training*
- *It is recommended that people with dementia in mild to moderate degree are offered cognitive stimulation*
- *It is recommended that professional caregivers working with people with dementia is organized in multidisciplinary teams*
- *It is recommended that relatives and caregivers are trained and supported in providing behavioural changing efforts to the demented person*

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- *It is recommended that people with dementia is offered regularly access to day care and thus relieve the relatives*

## Dementia care in Denmark

The recommendations mentions specific areas that should be in focus in the future and virtually all the recommendations have been launched. The responsibility for treatment and care of people with dementia is divided between the five regions (hospital level) and the 98 municipalities. However, there is no firm agreement on how dementia care should be organized. The dementia care is based on the Legislation on social services that in this case works as a “framework law” that only dictates what the municipalities and regions are obligated to ensure - but not how it should be implemented. More often the regions have the responsibility for assessment, diagnosis and specialized treatment, while municipalities carry out the daily treatment and care (3).

Care for people with dementia is a task that involves the municipal sector, the hospital sector and the private physicians. In terms of both of the dementia diagnosis and the organization of care - assessments and contributions from several different professional groups are needed. It specifically involves caregivers from the municipal home care, assisted living facilities and hospital dementia units, physicians in general practice, municipal dementia consultants and dementia coordinators, social workers, occupational therapists and physiotherapists, home tutors and psychologists (mostly neuro- or geronto psychiatrists) (3).

Cooperation in the interdisciplinary teams is organized in several ways. One example is the interdisciplinary geriatric clinics and geronto psychiatric teams established in hospitals - or dementia teams that may be established in both hospitals and municipalities (4).

Cooperation in interdisciplinary teams serves several purposes (4):

- coherence and continuity of care
- involve multiple perspectives and professional skills in working with dementia
- support people with dementia and rehabilitation activities
- accommodate the needs of people with dementia from a holistic perspective

## Housing

A study has shown that in Denmark approx. 85% of people with dementia live at home either alone or with one or more of their close relatives (5). These persons are often in an early stage of dementia and can be cared for by their relatives. People with dementia living at home are entitled to receive help from the municipal care services according to their functional level and the Danish study showed that approx. 55% receive home care (5). However, a Danish project from 2010 showed that more than half of the relatives had to give up one or more of their activities of daily living (6). Another study showed that being a caregiving relative for a person with dementia took

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its toll both physically and mentally in the form of increased risk of developing depression and stress, and that they had a higher mortality rate than others (7).

When it is no longer possible or desirable for the person with dementia to live at home he or she will be offered to move in to a public nursing home in the local municipality. In Denmark the municipality is obligated to find an opening at a nursing home no more than two months after the need is identified. Furthermore, the municipality is required to make an accommodation available where the couple can live together if it is desired (8).

The vast majority of the Danish municipalities have specialized units aimed at persons with dementia which is called shielded units (9). A shielded unit is a smaller specified unit of convenient limits, with a small number of fellow residents and permanent and well educated caregivers. The purpose of shielded units for people with dementia is to create a safe environment that uses psychosocial methods in the care and management.

## Materials and Methods

Materials for this report have been located through Google.dk and similar search tools as well as through Danish official websites. The search has been conducted in May to July 2013. The websites include among others "Danish Alzheimer's Association", "Danish Dementia Research Centre", "The Ministry of Social Affairs", "National Board of Social Services", "Danish Health and Medicines Authority" and "The Danish National Center for Social Research". Furthermore, the various municipalities' websites have been included. In addition, materials have been located through chain search in reports and articles. Main search terms included the Danish version of "psychosocial methods", "non-pharmacological methods", "dementia", "relatives", and "caregivers". The report is primarily based on Danish projects and reports mainly from national centres and organizations.

## Psycho-social methods in Danish dementia care

Since the early 1990's dementia care has been based on a psycho-social approach where the behaviour of the person with dementia is seen in a broad perspective, which is why different perspectives and academic approaches are combined (10). In this perspective the demented person's previous personality and life story are involved, as well as the brain damage caused by the dementia disease. The brain damage depends on the particular type of dementia and stage of the disease. Furthermore, other diseases, possible side effects of medical treatment and the person's interaction with other people and the surroundings are taken into account. The aim is to improve the demented person's well-being, and enable the person to remain in the early stages of dementia as long as possible (10).

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## Reminiscence

Reminiscence is a widely used method in Denmark and it refers to recollections of memories from the past (3,4,10). The purpose of reminiscence is to strengthen the identity, integrity and sense of continuity. If objects (triggers) that stimulate the senses are introduced, it is more likely that the person can evoke memories. The aim is to move from abstract conversation about a topic to tactile and visual stimulation all of which can evoke memories that the person with dementia is assumed to have in relation to the object.

The technique can be used both individually and in groups with the aim of eliciting and sharing pleasant memories and experiences in an informal and conflict-free manner. Reminiscence is believed to be beneficial in all phases of dementia (11).

## Life review

The methods of life review and reminiscence are related and the two methods are often described interchangeably (10). But where reminiscence is often spontaneous memories, the life review is a more structured form of recall, organizing and evaluating a personal life history. Hence, life review is a therapeutic process in which the individual seeks to achieve a realization of his own life and accept the importance and impact it had on the formation of his identity. The purpose of the life review is to reach an understanding and acceptance of life. For this purpose written or taped self-biographies, reunion with former places and people either in person or through correspondence, family trees, scrapbooks and photographs can be used (10).

In Denmark the term "life history" is more often used which is a non-therapeutic method to create a systematic overview of a person's life. The purpose of this overview is to support the person with dementia to recall and retain their memories as long as possible. Furthermore, the purpose is to gather information on the person with dementia and thereby form a basis for working with reminiscence, gentle teaching and reality orientation. The life history can address events and experiences that relate to a specific time, people and places. The life history can involve both facts and subjective memories of the person. Facts can be names and places or a description of a working life. Or it may be the person's tale of the people and family members, opinions and moods that have been most significant - a story about a person's achievements, feelings and opinions (12).

## Validation

The starting point of the validation-method is that all behaviour carries a meaning and that although constructive thinking deteriorate with dementia, feelings and content remain. Therefore, the professional caregiver must recognize the value and the validity of the demented person's experience in order to achieve better contact and a more profitable relation. Validation is a reflection of the person's feelings in order to help the person with dementia to express unmet needs

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and to rebuild established social roles. The objective is to induce well-being, reduce uncertainty and conflict, and to stimulate interaction with others (10).

## Reality Orientation

Reality Orientation, RO help the person with dementia to orientate themselves in everyday life. The target population is people with mild to moderately severe dementia and the technique can be used both in groups and individually. RO or “correction” may be relevant in connection with disorientation and disturbed circadian rhythm (4).

The idea is that people with dementia repeatedly receive information on time, place and people with the aim that they will have a better understanding of the surroundings and it may also increase their sense of control and self-esteem. The method includes RO-board, clocks, calendars (manual and electronic for Ipads etc.), cards, posters, materials to stimulate the five senses, repetition of orientation, cooking, drawing exercises, associations with words, naming objects, gymnastics etc. (13).

## Marte Meo

Marte Meo is a method where the interaction between the caregiver and the person with dementia is recorded on video. Video recordings form the basis of an analysis of the interaction, and can be used to visualize functional levels of a person with dementia. The caregiver uses the method to adapt the communication and the daily care in relation to the resident. The intention of the method is to identify the type of communication that is best to support the person's own resources, making the interaction as positive and conflict-free as possible (3). Furthermore, Caregivers become aware of their own resources and will be able to use and develop these resources in interaction with other people. Although the approach is beneficial for caregivers, it is not however without hindrance. Not everybody likes to be recorded on video, and it requires confidence within the group of caregivers in order to test the method and develop experiences in a safe setting (14).

## Gentle teaching

Gentle Teaching, GT can be described as a heart-oriented relational psychosocial method where the caregiver uses himself or herself as a tool. It is primarily used in care for people with developmental impairments but it is also used in dementia care. The fundamental aspects of GT are safety, acceptance, connection, togetherness and interaction – and it is based on the emotion behind the patterns of reaction that we encounter, instead of focusing on the concrete reaction or behaviour. GT consists of four basic principles in the everyday practice: that the resident should feel 1) safe, 2) loved, 3) capable of loving others, and 4) committed. GT also include gently pushing the resident to the edge of his or her abilities, to challenge the resident on his or her terms and avoid having the resident to go to the edge with the feeling of being alone (15).

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## Retrogenesis

Retrogenesis is defined as the process by which the degenerative processes in the brain deplete what has previously been learned. Various studies on the brain have demonstrated that several elements of the degeneration in the process of dementia correspond to the inverse process of the development that occurs through childhood. This knowledge can be used both in the understanding of the emotional change in the person with dementia and in the organization of the general care and activities around people with dementia (10).

## Multi-Sensory Stimulation (Snoezelen)

Snoezelen is an individual activity where several senses are stimulated by sound, light, smell and other sensory objects. The method is based on an emotional and non-intellectual interaction, thereby providing experience and comfort in a relaxing and comfortable atmosphere and is especially used in the care for severely demented people. The tools may consist of music systems, light projectors, fibre optic lights, smells and objects that moves when they are touched, objects that feels different (e.g. pillow that vibrates when it is hugged, pillow or duvet filled with small balls) (10).

## Music and dance stimulation

Music and singing are part of the social educational work with people with dementia. Music and singing have for many people a unique ability to evoke emotions and memories. Advanced dementia often impairs the language skills, but some of those who lose the language as a result of dementia are still able to sing. Others are in spite of the pronounced memory impairment able to remember the lyrics, keep a rhythm or play an instrument. Singing in some cases constitute the final language of expression in severe dementia (3,4,10). In addition to music stimulation music therapy is widely used in Danish dementia care with the purpose of reducing neuropsychiatric symptoms that would otherwise often lead to medication. The key to cover psychosocial needs is to provide recognition and regulate arousal through music (16).

## Person-centred care

Person-centred care aims to make the care and nurturing environment personal and individual and to understand behaviour and psychiatric symptoms from the perspective of the person with dementia. Person-centred care is based on information about life history, habits, values, needs and preferences. Person-centred care also means that one is aware and respectful of the special needs of people with different cultural or linguistic background (4,17).

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## Social pedagogical methods

Social pedagogical methods are the main academic approach in work with people with dementia, and it follows directly from Danish legislation that social pedagogical methods always must precede the use of force. The purpose of social pedagogical methods is to support that a person with dementia remains an authoritative, self-determining human being. Social pedagogical methods aim to help the person with dementia to live a life that makes sense for that person and contains meaningful activity. One of the caregivers' social pedagogical tools for making contact is to offer so-called 'contact pads', by which is meant a structured activity offered in the same manner and with the same sequence every time. It can be certain rituals, routines or activities, readings or songs. After some time the person with dementia will often learn the pattern and the contact can help to reduce inappropriate behaviour (3).

## Other non-pharmacological methods

### Animal Assisted Activities

Several Danish nursing homes have good experience in keeping pets such cats or dogs. Pets can create a good mood, alleviate anxiety and provide persons in all stages of dementia with an opportunity to show compassion. Pets provide variety in everyday life, they give rise to conversation and the elderly have a living creature to care for. They are a source of spontaneity and something to follow both physically and mentally. The most common animals are birds, cats and dogs, but also rabbits, chickens and fish can be used (4).

Furthermore, a large research study has recently been completed regarding the impact of visit dogs in Danish nursing homes (18). A visit dog in this context is a privately owned dog that regularly comes to visit with his owner. In April 2013 there were approx. 200 certified visit dogs in Denmark. It is the first time that a comprehensive research of the effect of different types of visits to elderly people and people with dementia has been conducted - in this case visit dogs, robot seals and dementia dolls. 100 residents from four specially selected nursing homes in a Danish municipality participated in the three-year research project. The preliminary results showed that it is easier for older people and people with dementia to establish contacts to visit dogs than to robot seals and dementia dolls (18). However, the final results have not yet been published.

### Technology

In recent years, technological developments have produced cuddly robot pet as Paro the seal, and preliminary experiences in relation to dementia is positive. Paro is a Japanese developed model of a real baby seal. It is designed so that it looks like, reacts and moves in the same way as a real seal. Denmark is the first country in the world to target working to professionalize the use of welfare robots like Paro by training and certifying caregivers.

In June 2012, there were about 240 Paros in Denmark and the idea is to complement, enrich and

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support the caregiver's professionalism with an additional tool or approach. The seal robot may very well be an addition to live animals and dolls for people with dementia (19).

In many nursing homes so-called dementia dolls are used. In some persons with dementia, a doll arouses compassion and eases the communication. A lot of elderly people with dementia still have a great need to provide care and this need is awakened when the person meets the dementia doll. The dolls have the same size as an actual baby and the soft fleece body gives the feeling of body heat. The weight is vivid and it is able to sit well on the lap. In recent years it has been shown through research both in Denmark and abroad that the dementia dolls may in some cases help the person with dementia to calm down and feel happy and secure. The dolls are primarily useful in severe stages of dementia and it needs to be used with consideration as not all people with dementia and their relatives will find it appropriate for adults to care for a doll (17).

### **Maintaining activities of daily living**

Practical, everyday chores such as shopping, cooking, cleaning, laundry and garden work can be difficult or confusing for the person with dementia even in the early stages of the process. This is especially regarding the cognitive difficulties, including weakening of initiative and determination that characterizes most dementias. Sometimes relatives react by taking the initiative and taking over most activities causing a risk that the person with dementia slip into a state that 'learned helplessness'. In this state another has taken over everyday activities that the person with dementia could be able to maintain with just a little support. The problem can to some extent be prevented by making the relative and the person with dementia pay attention to it. Alternatively, a municipal employee who regularly come into the dementia home, help systematize the practical everyday chores and support the person with dementia in continuing activities and hobbies as long as possible (4). There is evidence that participation in social and leisure time activities may have some preventive effect against the development of cognitive impairment (20,21).

### **Physical training and exercise**

The aim of physical exercise for people with dementia is not only to improve functional capacity, flexibility, circulation and fitness, but also to support the sense of identity. Bodily changes may threaten the identity. A focus on the body decrease the risk of loss of identity in the same way as described for loss of meaningful activity. The two problems can reinforce each other. Actual fitness training involving machines and tools like treadmills and dumbbells will usually only be beneficial in the early stages of the dementia process. However, already learned physical activities may be preserved well into the process - for example sports. Later in the process, the physical training may take the form of physical exercise or play, where the focus is also directed at stimulating the senses, balance, responsiveness and alertness (4).

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## Danish Alzheimer's Association – Folk high school

The Danish Alzheimer's Association has launched a new four-year folk high school project to help people with dementia remain active and maintain a social network. The Danish folk high schools offer non-formal adult education in a social environment with residential facilities.

These specific courses are aimed primarily at younger and early diagnosed persons as the person should be self-reliant and able to care for themselves - e.g. get washed and dressed in the morning. The courses typically involve physical activities as dancing, running, ball games, choral singing, lectures and gatherings. Dementia specialists arrange and participate in the courses and the days are organized so that they take into account the participants' strengths and weaknesses (22).

## Psychosocial methods aimed at both the person with dementia and their relatives

Dementia is characterized by not only affecting the person with dementia, but the whole family and especially spouses and (usually) adult children. In addition, many healthy relatives deliver a great effort in relation to the maintenance of the home and care for the person with dementia and therefore need to gain knowledge about the disease. Furthermore, it is very important that the caregiving relative is supported and encouraged to maintain the everyday life (23).

Psychosocial methods aimed at relatives are also included in the national clinical guideline on dementia that is currently in a state of hearing (1). The recommendations are:

- *It is recommended that caregiving relatives are offered psycho-education in groups*
- *It could be considered to offer customized training of more than six sessions duration for caregiving relatives in the management of Behavioural and Psychological Symptoms of Dementia (BPSD)*
- *It could be considered to offer training of care-giving relatives in coping strategies*
- *It could be considered to offer cognitive behavioural therapy for caregiving relatives*
- *It could be considered to offer personal advice and support for caregiving relatives who have personal difficulties that complicate the relationship with the person with dementia*

Intervention in the form of counselling, physical relief and support to the relatives are widely used in the Danish municipalities, as 95 % of the Danish municipalities offers special interventions for relatives (24). Virtually all municipalities have dementia coordinators or consultants whose function consists in being knowledge persons on dementia and ensure targeted dissemination of the options and activities the municipality offers to people with dementia and their relatives. In addition, several dementia assessment units, hospitals and volunteer organizations, such as the Danish Alzheimer's Association, provide counselling, social activities and education to people with dementia and their relatives. In this case relatives may be spouses as well as adult children (3).

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## Relief to the caregiving relative

In addition to the psychological support most municipalities offer some sort of practical support and relief to relatives who are co-living with a person with dementia. A Danish report on the needs of relatives to a person with dementia showed that 1/3 of the persons with dementia living at home are unable to take care of themselves if they are left home alone. This means that a significant part of the caregiving relatives have to give up meaningful activities and stay home with their husband or wife (23).

For this reason, 72 % of the Danish municipalities offer relief to the caregiving relative in their own homes in greater or lesser extent (24). "Relief at home" can relieve the relative and the duration may be from a few hours a week to around the clock. This system allows the relatives to participate in activities on their own and relieve them from the responsibility for a while. Furthermore, the relative can be relieved through professional personal care for the person with dementia as well as practical help around the house.

Most municipalities cooperate with voluntary organizations, which can provide "relief at home" and respite for caregiving relatives of people with dementia. Relief provided by volunteers may include participation in daycare centres/activity centres and "visit friends". A visit friend is a volunteer who visits the person with dementia on a regular basis offering a time to talk or perform simple activities together (23).

If the person with dementia is below 67 years of age he or she can be granted with a "companion" – a professional follower - who can transport and accompany the person with dementia to activities of interest in order to maintain an active life (23).

## Day care and temporary residential facilities

In addition to "relief at home" all municipalities offer day care in various forms but not all municipalities have special offers for citizens with dementia (3). The day care centres serve two purposes as they relieve the relative as well as bringing social and physical activities to the person with dementia. The overarching aims of most public day care centres for people with dementia are to enable the person:

- To continue physical and interest-based activities
- To maintain intellectual and practical abilities and skills
- To experience a safe environment in a social community with others in a similar situation

Approx. half of the municipalities have temporary residential facilities with educated staff where persons with dementia and other physical or mental dysfunctions can stay for one or more nights

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offering the relative a break from the responsibility (24). These houses can also be used in case the relative is ill or hospitalized.

### **Counselling and support groups for relatives**

The vast majority of the Danish municipalities (90 % in 2008) provide “relatives groups” as well as individual counselling and guidance (3). The purpose of these groups are usually to give advice and support and build up a network, where the caregiving relative can talk with other relatives who experience similar situations. This also gives an opportunity to exchange knowledge and experiences. There is commonly a professional caregiver present who may help answering questions and provide advice and support. The relatives groups typically contain therapeutic elements such as sparring, mirror methods and conversations between participants and dementia coordinator. The groups often have a fixed time and day of the session. The overarching aim of groups for relatives is to provide the relative with tools to help master difficult situations in everyday life. Another advantage in support groups is that the relative can experience that he or she is not alone with these problems and that they can share their joys and sorrows with people in similar situations (3). As a fairly new initiative support groups for young relatives are starting to emerge targeted at children and young adults with a parent suffering from dementia. Children and young adults often find themselves in other situations and problems than spouses which means that they do not fit in to the conventional support groups (25).

### **Education**

Newly diagnosed persons with dementia and their relatives are often offered to participate in some sort of education about the disease, the typical course of disease, treatment options, options for help and support, and how to protect their personal and financial interests in the future (4). Approx. 2/3 of the Danish municipalities provide proper education for people with dementia and their caregiving relatives. This education is planned very differently in the various municipalities and rates from a single afternoon to long-term courses (9).

#### **Practical education for relatives – an example**

Dementia Centre Aarhus successfully completed the first module of education for relatives of people with dementia in the spring of 2013. They continue with module 1 and 3 in the fall of 2013. The education program is unique in Denmark because it targets the practical everyday life living with a person with dementia. The program focuses on enabling the relative to take conscious decisions about how to care for the person with dementia.

Each module is followed by individual guidance and a question hour once a month to help the relative master the difficult process it may be to translate new knowledge into practice and change

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behaviour in everyday life. The program is aimed at family and close friends of a person with dementia. The education program consists of three modules related to the phases of dementia. The modules are offered sequentially and independently.

- Module 1: Dementia in mild degree: The cognitive impairment causes only slight deterioration of performance in everyday life.
- Module 2: Dementia in moderate degree: The cognitive impairment results in a substantial deterioration of performance with greater challenges in everyday life as a result.
- Module 3 Dementia in severe degree: The cognitive impairment means that the person is totally dependent on help from others and is usually moved to a nursing home.

Each module has duration of three hours per week in four weeks (26).

### **Dementia café**

Café Meetings is a Dutch idea that has also been widely established in Danish municipalities. The meetings are held in informal settings, where persons with dementia and their relatives meet and talk openly about their situation. Café meetings may be preceded by an academic paper as the basis for a joint discussion (4).

A dementia café is typically an open offer which means that everybody can participate regardless of their current situation. The cafés aim to create space and social activities for people with dementia and / or their families, as well as volunteers and other interested persons.

The café allows for a good talk, but most important is being together with others in similar situations. Professionals usually participate in dementia cafés and can help answering questions about the dementia disease and everyday life (27).

### **Written and electronic information**

Education targeted at people with dementia and their relatives can be supplemented by provision of written information. As with education, it is essential that the material available is tailored to the needs and capacities of people with dementia. One advantage of the written material is that the person with dementia can read and study it as needed in peace and quiet. For a person with impaired memory written information is often a good addition to the oral information (4). The primary organisations that provide written and electronic information include the National Board of Social Services, Danish Dementia Research Centre, Danish Alzheimer's Association and the individ-

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ual municipalities. The topics consist mainly of knowledge about the dementia disease (prevention, symptoms, treatment etc.), legislations and legal aspects, social services, psychosocial methods and everyday life with dementia.

## DAISY

The Ministry of Social Affairs, the National Board of Social Services and Danish Dementia Research Centre have carried out Denmark's only major scientific study of people with dementia in the recently diagnosed stage (28). The study is called DAISY (Danish Alzheimer Intervention Study).

The DAISY-project examined the effect of an intensive program of support for people with dementia at an early stage and their relatives. This resulted in the development of a counselling model that was developed as a professional tool in the counselling work. DAISY's model of counselling and education are targeted persons with dementia in the early stages of the disease and their relatives. The model focuses on strengthening the positive elements of the lives of the person with dementia and the relatives according to their own wishes and values. The model provides a practical guide to implementing consultancy and training for people with dementia and their caregivers, e.g. in hospital units and municipalities.

The model is based on the following principles:

- Focus on the person with dementia
- Involving the network of relatives and close friends
- Counselling
- Dialogue-based conversation
- Education

The intervention program includes individual counselling, group counselling, network consulting and telephone counselling. Moreover, the model contains participation in a series of courses as well as written information aimed at people with dementia and their relatives. The model has also been useful in several municipalities outside the project where it has been implemented as part of the general dementia effort (28)

## Herning – an example of a Danish Municipality

As previously described not all municipalities provide all of the above mentioned efforts aimed at relatives to people with dementia. In the following section the efforts of a typical Danish Municipality is described.

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## The Dementia team

The dementia team in the Municipality of Herning consists of two dementia consultants and two dementia supervisors. The Dementia consultants are responsible for support and guidance on nursing homes and for people with dementia living in their own home as well as for caregiving relatives.

The dementia team offers:

- Coordination of efforts for families affected by dementia, in order to create coherence in the intervention
- Individual counselling of both the person with dementia and the relatives
- Relatives Groups
- Education
- Cooperation with physicians
- Cooperation with dementia units
- Guidance on the municipality's offers and efforts
- Working with volunteers
- Special activities offered to people with dementia
- Dementia School for relatives and people with dementia
- Study groups for younger people with dementia and their relatives
- Providing guidance to other health professionals about dementia

## Visit friends and relief to relatives

The Municipality of Herning offers visits to people with dementia and relief for relatives in close cooperation with the volunteer visit friend services and relieve services. It is possible to get a visit friend from the five organisations. Visit friends from these organisations have been trained in dementia by the dementia consultants. They also participate in activities for people with dementia and their relatives.

## The Dementia Club

The dementia club is an offer to younger people with dementia and it is open every Friday from 9:30 to 13:30 on the "Active Centre". There are also club nights where spouses can participate in activities.

## Relatives Groups

A support group provides an opportunity to meet with others in a similar situation and exchange experiences. Conversation topics will include:

- Knowledge about dementia and the process of the disease
- Opportunities for support in the municipality

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- Life Story

At the same time, it is possible to:

- Share joys and sorrows
- Help each other
- Strengthen the acceptance of the new life situation
- Find opportunities in the new situation

Safety and trust is important in a support group, and it should be a sanctuary where the relatives can unload and say just what they need. There is confidentiality within the group.

The aim is that the participants in the group increase their mental, physical and social well-being. Each group will be composed by the dementia consultants following an individual interview.

### **Activity Centres and Activity Houses**

When a person is more than 60 years of age or early retired he or she may join a number of Activity Centres or Activity Houses in the municipality. The Activity Centres offer activities, training, personnel assisted activities and professional day care. In Activity Houses activities are primarily created and run by volunteers.

A sense of community is the most important issue in both centres and houses and the activities are organised and carried out by the users themselves. The purpose is to offer opportunities of activity for all users and help to create networks and strengthen the volunteer work. Users and caregivers collaborate in each individual centre or house.

### **Odense – an example of a Danish nursing home**

Enrum is a nursing home only for residents with dementia. It is one of Odense's smallest nursing homes with 22 permanent residents and two temporary residents. The caregivers are well trained and they are present around the clock.

The main focus lies on working with the five senses as well as with activities of daily living.

The specially trained activity staff strolls with the residents, work with memory boxes as a part of reminiscence and attend coffee clubs. The volunteers also stroll, bake and read with the residents. Furthermore, Kikki the Clown entertains every 14's day and there is a musical feature approx. once a month. There is a confined sensory garden with fruit trees, fragrant plants and colorful flowers which is used extensively in the summer. In the garden there is a sensory swing and opportunity for a nap under the fruit trees. All in all, there is peace, routines and regularity (29).

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