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Call AAL-2012-5

The Ambient Assisted Living Joint Programme

understAID: a platform that helps informal caregivers to understand and aid their demented relatives



Call: Ambient Assisted Living Joint Programme Call 5

Psychosocial interventions in dementia care in Spain: A review of the grey literature

Version: 0.1

Date: 31/01/2014

Coordinator 1: VIA University College (VIA, Denmark)

Partner 2: Sekoia Assisted Living ApS (Sekoia, Denmark)

Partner 3: The Centre of Supercomputing of Galicia – CESGA (CESGA, Spain)

Partner 4: Balidea Consulting and Programming (Balidea, Spain)

Partner 5: Poznan University of Medical Sciences (PUMS, Poland)

Partner 6: Danish Alzheimer Association (DAA, Denmark)

Partner 7: The Gerontological Complex La Milagrosa – UDP A Coruña (UDP, Spain)

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Partner 9: Skanderborg municipality (SKAN, Denmark)

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Asociación Provincial
(U.D.P.)
Pensionistas y Jubilados
La Coruña

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INTRODUCTION

Dementia is one of the most important public health issues. Given that age is the main risk factor in the development of dementia, it is obvious that the coming years will experience an important increase in the amount of cases, -the number may multiply by two or three fold by 2050. The lack of effective pharmacological treatment and the high degree of dependence experienced by the patients, cause severe implications on medical, personal, familial, social and economic aspects¹.

Epidemiology of dementia in Spain

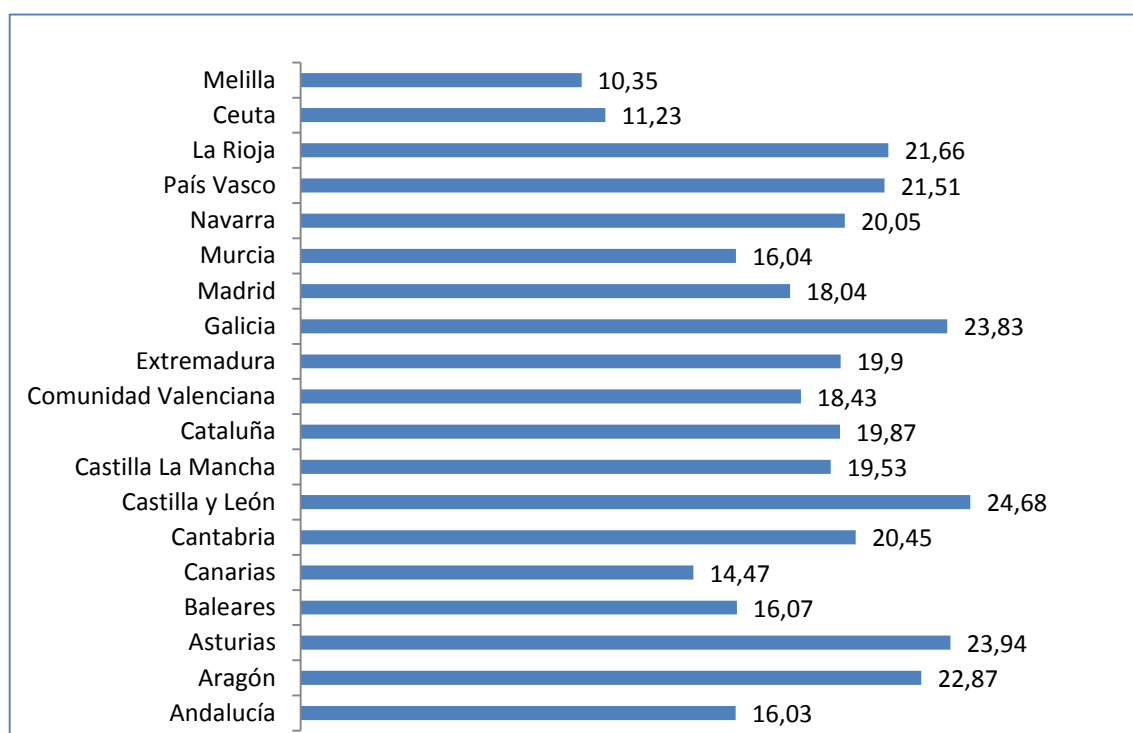
Several systematic reviews of epidemiological studies in Europe have concluded that the prevalence of dementia ranges from 5-10% in the population over 65 years. Current estimates indicate that 35.6 million of people over the world live with dementia, and this number will double by 2030². There is agreement that Alzheimer's disease (AD) is the most common type of dementia (60-70% of cases), followed by vascular dementia (12.5-25%)³.

Considering that the Spanish population is among the oldest in the world - the total proportion of people over 65 years in Spain is about 19.10%, reaching 23.83% in Galicia⁴ (see Figure 1). Besides, a substantial increase in the prevalence of cognitive impairment is expected in the coming years⁵.

In Spain, epidemiological studies regarding dementia have shown prevalence rates ranging from 4.3% to 5.8% in populations over 65 years and from 7.5% to 9.4% in the group of more than 70 years⁶.

The *Spanish Confederation of Associations of Relatives of people with Alzheimer Disease and other Dementias* (*Confederación Española de Asociaciones de Familiares de personas con Alzheimer y otras demencias* - CEAFA) points out that nearly 800,000 patients in Spain (1.9% of the population over 65 years) suffer from dementia⁷, being the incidence slightly higher in women than in men. AD is the most common type (59% of the diagnosed dementias), followed by vascular dementia, mixed dementia, Lewy body dementia, and frontotemporal dementia⁸.

Figure 1. Percentage of population over 65 years in different regions of Spain⁴



Dementia care in Spain

Although there is some coordination between the different levels of care, it is not established on the basis of a national plan or strategy that includes juridical, ethical and legal measures to protect the people affected by the disease and provide care in response to the expectations of patients, caregivers and their families. In Spain, the approach to the dementia care will depend on the region of residence of the patient, the staff of his/her local hospital and other aspects such as the existence of specialized dementia units. Social resources will also depend on the regions and municipalities, with a large heterogeneity in the different resources. The different regions have developed coordination bodies of social and health services to centralize the information and coordinate the activities of the Departments of Health and Human Services through sociosanitary care plans⁷.

In 2004, the *Ministry of Labour and Social Affairs* (*Ministerio de Trabajo y Asuntos Sociales*) and the *Institute of Elder People and Social Services* (*Instituto de Mayores y Servicios Sociales - IMSERSO*) prepared the *White Paper on care for dependent people* (*Libro Blanco de atención a la dependencia*)⁹ which established the basis for the posterior *Law on the Promotion of Personal Autonomy and Care for people in dependence status* (*Ley de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia*)¹⁰ commonly known as *Law for Dependence*. This document

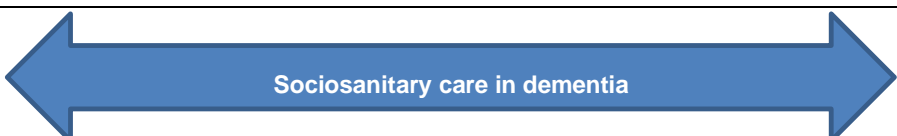
establishes the importance of coordinating sociosanitary services, which is a basic issue in the caring of people with dementia and their families.

The main goal of this Law is to cover the needs of people in a situation of special vulnerability that requires support to perform the essential activities of daily life, to achieve greater personal autonomy and to fully exercise their rights. It seeks recognition of these rights through the creation of a *System for autonomy and care for dependency (Sistema para la Autonomía y Atención a la Dependencia - SAAD)* with the cooperation and participation of all levels of government¹¹.

Despite the fact that nowadays this frame is only partially settled, it determines through the SAAD, a general strategy for attending people with dependence based on different services and benefits provided by public offer. Yanguas¹², in a technical report sponsored by the IMSERSO, has developed a specific model of sociosanitary coordination for people with dementia based on the general framework established by the SAAD (see Figure 2).

Figure 2. Spanish model for sociosanitary care in dementia (modified from Yanguas¹²)

Health Resources	Dementia care	Social Resources
Home Hospitalization	Psychogeriatric residential care	Residential attention
Long stay hospitalization	Temporal stays	Temporal stays
Medium stay hospitalization	Night/day care	Night/day care
Day hospital	Dementia Units	Care at home
Acute hospital	Specialized attention	Tele-care
Primary care	Family support	Family support
	Technical aids	Technical aids
		Prevention



Sociosanitary care in dementia

Currently, public policies in Spain advocate the extension of the permanence at home of older people for as long as possible. Spain is among England, Israel, Germany and Norway, the country with the lower proportion of people over 75 years getting public care services¹³.

In spite of the partial implementation of the *Law for Dependence*, the access to the formal services in Spain is far from being universal. Most of the requested services are related to care at home, being much more common that older people receive only informal care (71.7%) or in combination with other types of support. Institutionalization in Spain is a difficult issue, given the shortage of vacancies in public nursing homes and the excessive prices of the private ones. More than half of the people over 50 years (52%) live with their children, whereas only 13% of Danish people are in this situation¹⁴.

Importance of psychosocial interventions in dementia care

Pharmacological treatments used to alleviate the cognitive and behavioural symptoms of dementia have shown limited effectiveness, and lead to a lot of non-desirable side effects¹⁵.

Non-pharmacological therapies, also known as ***psychosocial interventions***, have been defined as “any non-chemical intervention theoretically underpinned, targeted and replicable, performed on the patient or caregiver and potentially able to obtain a significant benefit”¹⁵. Such interventions seek to relieve symptoms and improve the quality of life of those affected and their families.

Taking into account the data about dementia prevalence, the lack of a well-established sociosanitary care plan in Spain, and the large amount of services and resources demanded by this population, it would be necessary to develop new and more affordable intervention strategies to fulfil the needs of dementia patients and their caregivers. Therefore, psychosocial interventions are becoming more necessary, and a great deal of research has been developed in this field (for a recent review see Woods et al¹⁶).

The main objective of this report is to review the most employed psychosocial interventions addressed to people with dementia and their caregivers in Spain, primarily based on Spanish projects, reports and guides from national centres, organizations, associations and foundations.

METHODOLOGY

The bibliographic search was conducted in June and July 2013, and brought up to date in January 2014. Information for this review was obtained through an online search in Spanish official and non-Call

official websites regarding dementia and aging topics. Some of the most relevant websites visited were the IMSERSO, CEAFA, *State Reference Centre of care for people with Alzheimer's disease and other dementias* (*Centro de referencia estatal de atención a personas con enfermedad de Alzheimer y otras demencias* - CREA), *Matia Gerontological Institute* (*Matia Instituto Gerontológico*), *Spanish Alzheimer Foundation* (*Fundación española de Alzheimer*), *SerCuidador*, *AFALcontigo*, *Reina Sofía Foundation* (*Fundación Reina Sofía*), and *Catalonian Alzheimer Foundation* (*Fundación Alzheimer Cataluña*) .

In addition, information was also taken from a search in Spanish reports, articles, thesis and books, using Scholar Google Spain, Dialnet and PubMed. Main search terms included “psychosocial interventions or methods”, “non-pharmacological interventions or methods”, “dementia”, “Alzheimer’s disease”, “informal care”, “caregivers”, and “Spain”.

RESULTS AND DISCUSSION

Psychosocial interventions for dementia patients

Currently, a wide range of non-pharmacological interventions are being used in Spain aimed at reducing the impact of cognitive impairment and behavioural problems in patients with dementia. The techniques and intervention programs most commonly used in our country can be divided into three major types: cognitive interventions, non-cognitive interventions, and comprehensive interventions including both cognitive and non-cognitive methods.

Cognitive Interventions

Cognitive stimulation is intended to develop skills that are the basis of cognitive processes, by combining classical techniques of rehabilitation and training. These programs have been applied mainly in psychogeriatric day centres, residential centres and more recently offered in hospital environments ¹². The main programs are listed below.

Reality orientation therapy (ROT)¹⁷

ROT is a method based on several rehabilitation techniques that provides structured and repeated basic information about time, space and personal orientation favouring the orientation of people with dementia, reinforcing the perception of familiar things and their environment¹². This method works on cognitive processes such as monitoring, focused attention, and episodic memory ¹⁸.

It is a technique widely used in Spain in residential centres and memory workshops and even by the families at home^{19,20}. Gil et al¹⁹, developed a multi-centre study in Spain (119 geriatric centres) to investigate the diagnostic process and treatment of Spanish demented patients, in order to compare the results and evaluate elements to improve the patients care. As regards ROT, this study showed that this technique was used in 55% of Spanish centres analysed.

Reminiscence therapy²¹

This technique is defined as the vocalized or silent memory evocation of life events either individually or in a group. Materials including personal photos, videos, music, food or objects that are part of their childhood or youth can be used to facilitate the evocation of memories¹². The patients achieve consistency and adjustment with their environment by reviewing their own past with the help of meaningful stimuli. This therapy aims to improve memory, promote creativity and increase socialization, as well as increases self-esteem, personal satisfaction, well-being and life satisfaction³.

The multi-centre study of Gil et al¹⁹ found that this technique was used in 44% of the Spanish centres included in their investigation.

Cognitive training

Cognitive training consists in the supervised repetition of a set of activities designed to train specific cognitive functions such as memory, attention or planning and can be done in different settings and formats (individual, in group, or computerized). Cognitive training is based on the hypothesis that the repetition of an activity can improve or maintain the functional capacity in the area it trains even beyond the training session.

Several structured cognitive training programs, both classical and computerized, are used in residential centres in Spain, and some can be directly downloaded from the Internet by caregivers. Some of the most popular paper-and-pencil programs used in Spain are *Beginning again (Volver a empezar)*²², *Lets activate your mind (Activemos la mente)*²³, and *Cognitive stimulation for adults (Estimulación cognitiva para adultos)*²⁴. They propose different exercises adapted to the cognitive status of the participants to train different cognitive functions.

In recent years Spain has seen a large growth of computerized cognitive training programs. Franco et al²⁵ have developed the *Gradior®* program, a multimedia evaluation and rehabilitation

neuropsychological system that allows the performance of cognitive training exercises and the recovery of functions in people with cognitive impairment.

Another computerized cognitive training program developed and used in Spain is *Smart Brain*²⁶. It is an interactive computer program with activities that promote the patient autonomy in the context of treatment. The objectives of the program are to slow the development of the cognitive impairment and to restore some functions in patients in mild to moderate stages of AD, thereby increasing their quality of life¹².

Finally, another computerized cognitive training program developed in Galicia is *Telecognitio*[®]. This program is a computerized tool for assessment and training of cognitive function developed by an interdisciplinary gerontological team^{27,28}. It includes different cognitive activities to train attention, orientation, perception, memory, language and executive functions. The activities are adapted to the cognitive level of the participants, from normal aging to dementia in mild stages^{27,28}. Maseda et al²⁹ found significant improvements after the training with *Telecognitio*[®] in different areas of the 7-*minute Screen* (memory, visuo-spatial and verbal fluency abilities).

Non-cognitive interventions

Validation therapy³⁰

The Validation therapy is widely used in Spain. Gil et al¹⁹ found that 26% of the centres used validation therapy.

This therapy is based on the belief that feelings and memories of people with cognitive impairment should be respected and validated even if they are inconsistent with reality. In short, it tries to find the underlying emotion that triggers the behaviour. Active listening and paraphrasing are some of the techniques used in this type of therapy aimed to facilitate communication with the patient¹².

Sensory stimulation

Sensory stimulation aims to provide sensory stimuli, either in a particular sensory modality (music therapy, aromatherapy, massage ...) or in a multisensory manner (Snøezelen[®]).

Music therapy is largely used in our context³¹ and the IMSERSO has developed an implantation guide to use music therapy in AD³². This method encourages and improves communication skills to express basic emotions and enhance social behaviours (smiling, eye contact, physical contact), improve self-

esteem and reduce behavioural disorders (mood disorders, irritability, psychomotor agitation, aggression, wandering, apathy)³².

Snøezelen® or multisensory rooms are adapted and equipped to provide a multisensory environment. The use of these rooms is widespread when working with people with cerebral palsy, intellectual disability or autism, and it is experiencing a major positive development in the field of dementia¹⁸. Multisensory environments seem to provide evidence of immediate positive effects on the behaviour and mood of people with dementia³³. This type of intervention is becoming more and more popular in Spain, with some projects already in progress, like the program of the CREA³⁴.

Behavioural therapy

Behavioural therapy aims, through behaviour modification techniques, to strengthen, maintain or decrease the frequency of specific behaviours, modifying existing relations in such conduct, its backgrounds and consequences.

There are different techniques to alleviate behavioural and psychiatric symptoms associated with dementia, for example through reinforcement techniques of relaxing behaviours, and stimulus control³. Furthermore, these techniques can be used to maintain the activities of daily living, as for example in bathing habits or in incontinence problems¹².

Psychomotricity programs

This kind of programs is oriented to work proprioception, postural control, balance, laterality, coordination, temporospatial organization, relaxation, and praxias. All these aspects can be trained through physiotherapy, using physical activities. These therapies are usually done in groups, thus promoting social relationships and communication³⁵.

Professionals in Spain can count with an implementation guide created by the IMSERSO about psychomotricity re-education³⁵.

Techniques and activities to promote social relationship

The majority of the centres for people with dementia in Spain offer recreational activities. From the sociocultural animation, the institutions aim to provide a range of recreational, cultural, educational, sporting, artistic, and social cooperation activities, making leisure something productive and beneficial for the users and the people they have around³⁶.

This kind of activities tends to decrease the occurrence of agitation behaviours and promote socialization, hence increasing the general well-being of patients³.

Other emerging interventions

From the CREA, other emergent initiatives are being developed in the treatment of AD and other dementias, such as dogs assisted therapy, robot therapy, and Wii therapy³⁷.

Comprehensive psychostimulation programs

Comprehensive psychostimulation is the most used intervention in Spanish centres and hospital settings^{19,20}.

This treatment can be generically defined as the set of activities aimed at improving cognitive functioning and personality after injury or disease. It is based on the principles of the cognitive involution model (retrogenesis), which identifies the pattern of progressive deterioration from normal aging to severe dementia along the Reisberg's Global Deterioration Scale (GDS)³⁸, with the reverse route of acquired development from the infancy²².

An example of a psychostimulation program addressed to patients with dementia is the *Comprehensive Psychostimulation Program (Programa de Psicoestimulación Integral - PPI)* designed by Tárraga and Boada. This program is pioneer in this type of intervention, starting from a globalizing and ecological view of the person with dementia. It is based on the concept of neuroplasticity and in the principles of neuropsychological techniques and behaviour modification.

In this program, participants attend different workshops five days a week, eight hours a day. These workshops are structured in sessions using different methods:

- Cognitive stimulation and training on various functions (gnosias, attention/concentration, orientation, memory, arithmetic operations, language, and praxias)
- Kinesitherapy intervention
- Music therapy
- Occupational workshops
- Activities of daily living workshops.

In a study conducted with 121 patients, the scores on cognitive function improved two months after the beginning of the intervention, keeping these scores until the sixth month. The study does not provide data on behavioural parameters³⁹.

Another mixed program used in Spain is the *Comprehensive cognitive action program on dementia* (*Programa de actuación cognitiva integral en demencias* - PACID), developed by the CREA⁴⁰. This program pursues the maintenance of the cognitive functions, the prevention of behavioural problems, and the design of psychoeducational programs. It is based on principles of cognitive stimulation and applied neuropsychology.

The program lasts for a period of 6 months and consists of three 30-minute group sessions a week. The cognitive and psychological intervention areas of the PACID are motivation and positive emotion; respiration and aerobic therapy; perception and attention; sensory stimulation; learning and memory; thought and language; autobiographical memory and relaxation. It uses different types of methods and techniques as, for example, reminiscence and life review, cognitive training activities, sensory stimulation techniques, aerobic therapy, and behavioural methods.

Psychosocial interventions for caregivers

In Spain, traditionally, the family is the primary caregiver of the person with dementia. According to data from the IMSERSO⁴¹, obtained from a representative population survey, 6% of the Spanish population over 18 years is an informal caregiver. There are a total of 633,685 Spanish households where at least one person provides informal care to older people⁴¹.

Assuming the role of a caregiver constitutes a major source of stress, increasing the risk of suffering several physical problems as well as significant emotional disturbances. Indeed, taking care of a dependent person, especially people with dementia, is traditionally considered as a paradigm of chronic stressor⁴². Most Spanish official documents highlight the primary role of informal caregivers in the process of caring dependent people, and establish the need to meet their needs and support them.

In Spain, interventions to reduce psychological and physical distress in caregivers of patients with dementia are scarce. Nevertheless, depending on regions and municipalities different services and resources are offered to the caregivers, according to the existence of comprehensive protocols for dementia care.

The most frequent support they receive is provided by associations of relatives of people with dementia. In Spain, there are about three hundred associations of relatives with around 200,000 members⁷. The services this type of associations provides to caregivers are:

- Information and dissemination activities about the disease

- Courses and seminars for caregivers (formal or informal) and the patient's relatives
- Advice on legal, medical, and sociosanitary resources
- Support activities for patients and caregivers: psychostimulation, psychological and occupational therapies, other therapies and stimulations, lending of technical aids.

Support groups

Mutual help groups are a relatively recent social phenomenon that enables caregivers to access new ways for emotional expression, exchange affections, learn by sharing experiences and establish quality social relations⁴³.

This kind of service is often provided by associations and centres.

Counselling and information

The Spanish *Law for Dependence* states the obligation of the government for allocating resources aimed at educating and informing formal and informal caregivers.

Most of the associations of relatives offer courses and workshops with the support of municipalities and private organizations. The objective of these courses/workshops is to improve the caregivers' knowledge about different aspects related to the caregiving. Informative sessions usually include the following aspects: information about basic aspects of the disease, cognitive, behavioural and physical symptoms, management and attitudes to adopt towards difficult situations, impact on the autonomy, resources and information about legal aspects⁴⁴.

Respite programs

This type of interventions is a prototypical example of indirect interventions on the distress suffered by the caregivers. Respite programs provide temporary accommodation for people with dementia so their caregivers can be released of their caring duties during the time of the stay. It is one of the most popular and widespread services for caregivers in Spain and practically all the regions offer this service, both through municipalities' public offer and through private initiatives. This type of resource allows caregivers to enjoy some free time and furthermore, it can offer longer stays for the caregivers to take a holiday period⁴³.

Other types of interventions aimed to give respite to the caregivers are the day-care centres, night care centres and support at home. They are also the most available resources for caregivers, along with the residences¹².

New technologies

Within the program *A caregiver, two lives* from Obra Social La Caixa and Red Cross Spain, a telephone helpline is offered to caregivers, providing information and answering questions they face in their daily life, while providing emotional support and strategies for coping with the difficulties associated with care⁴³.

Foundation Alzheimer Spain has developed an entire virtual universe with different resources: websites, blogs, Facebook, Twitter and an online radio. Moreover, this foundation has also developed a mobile app, *i-Alzheimer*, with the aim of improving the communication between the patient and the caregiver and addressing the difficulties that caregivers may find in their daily life⁷.

The Gerontology Research Group at the University of A Coruña has developed a system of advanced tele-care oriented to people with dementia and their caregivers, *Telegerontology*[®]. It is a gerontological support system that through the Internet, facilitates different functionalities at home or in institutions such as physical and cognitive intervention, support to professionals and caregivers, videoconferences with gerontological professionals, an emergency system integrated into a domotic environment, and information about health topics^{27,28}.

Resources and information on the Internet

In Spain and thanks to the work developed by different centres, associations, foundations and official institutions, caregivers have at their disposal a large set of written resources such as guides and books that offer them information and tips to cope better with the caring situation. In addition, there are also websites of different associations that offer teaching materials⁴⁵.

The primary organizations that provide written and electronic information are the IMSERSO, the CREA, CEAFA through the project *KnowAlzheimer*, Alzheimer Foundation Spain, Obra Social La Caixa, Red Cross Spain ...

Psychoeducational and psychotherapy programs

Psychoeducational and psychotherapeutic programs are validated interventions for caregivers. In these interventions, professionals train informal caregivers in different skills and strategies to cope with the caring situation in a more adaptive way. They are usually structured programs in which the script is pre-established or planned by professionals¹².

There are different experiences with psychoeducational and psychotherapeutic programs in our country^{46,47,48}. In general, these interventions have been able to reduce caregivers' distress, but with modest results.

Crespo & López⁴² have designed a psychotherapeutic program named *How to keep your wellness* (*Cómo mantener su bienestar*) used in Spain and funded by the IMSERSO, that includes a structured intervention with different contents and strategies:

- Increasing leisure time: program to establish rewarding activities
- Decreasing load perception: cognitive restructuring
- Increasing satisfaction with social support: training techniques in assertive communication
- Improving the implementation of coping strategies: training in problem solving
- Improving self-esteem: program for improving self-esteem
- Breath control training
- Information.

The results of this intervention with a sample of 91 caregivers showed that stress management training contributed to decrease the levels of anxiety, depression and maladjustment, improving mental health and, to a lesser extent, the physical health⁴².

Psychosocial interventions for the tandem patient/caregiver

Matia Gerontological Institute has developed a joint program patient-caregiver aimed to establish a greater involvement of the family in the process of stimulating the patient and also, to improve the quality of life of people with severe cognitive impairment. The program was based on the Montessori method, previously validated in Spain by the same group⁴⁹.

The intervention, which can be in group or in individual format, works on very procedural activities through cognitive stimulation adapted to participants' cognitive and functional level. The intervention is not artificial since the tasks are related to activities of basic daily living, the materials used are everyday materials and the informal caregivers are welcome to participate in the activities. Some of the activities carried out are: pouring, pressing, picking by hand, picking using instruments, classifying by shapes, objects and categories, sensory discrimination, fine motor skills, environmental care, personal care, seriation, ...

Specifically, the results of this study showed an improvement in cognitive variables (conceptualization, language and visuospatial ability), and in behavioural variables, pointing out a decrease in the frequency and severity of the behavioural problems. As regards caregivers, most of them were satisfied with their participation in the program and felt that it had provided them with ideas and tools to carry out the activities in daily life⁵⁰.

Another joint program also developed by *Matia Geontological Institute*, with the collaboration of *Obra Social La Caixa* and the IMSERSO, is the *Donostia longitudinal study*⁵¹.

This project followed two main objectives: first, to study the effectiveness of cognitive stimulation in persons with normal aging and AD, and secondly to study the effectiveness of psychoeducational interventions in caregivers.

The intervention program was carried out in San Sebastian with an initial sample of 98 participants with AD and 61 caregivers. Regarding the intervention with dementia patients, it consisted in cognitive stimulation adapted to the different stages of AD based on GDS levels and the anatomopathological deterioration in AD brain. As for the intervention with caregivers, a psychoeducational and psychotherapeutic program was employed including information sessions and cognitive restructuring of dysfunctional thoughts.

Project *Etxean Ondo*-A new perspective in dementia nursing homes

Etxean Ondo Residences (Well at home residences) is an initiative promoted and funded by the Basque Government through a collaboration agreement with *Matia Gerontological Institute*, which aims to establish the impact of the transformation from the traditional model of nursing homes care, to a form of attention associated with the person-centred care model⁵².

In 2012, *Etxean Ondo Residences* was implemented in three centres of Guipuzcoa. The objective is to create cohabiting units in certain areas of nursing homes that meet the physical requirements for adequacy. The intervention was developed in the following dimensions:

- a) Physical environment: changes in the equipment, design and decoration of the selected areas, making the environments look like "home". Changes are developed taking into account the interests, lifestyles and needs of the people living in the units.
- b) Caregivers' competences: development of a support program for caregivers in order to promote the acquisition of skills that facilitate wellness and autonomy from the interests and preferences of each resident. The programs combine classroom learning activities with practice monitoring in the unit and analysis of video recordings.
- c) Organization and development of activities of daily living: progressive implementation of the activities of everyday life in the unit, through a participatory and flexible methodology, adapting the process to the characteristics of the centre, residents and staff.

An initial evaluation of the living units was made after 15 weeks from the start of the intervention. The results showed improvements in functional abilities, cognitive functioning and emotional well-being of residents. Furthermore, all the people involved (residents, professionals and family members) manifested a remarkable degree of satisfaction in relation to the development of the experience⁵².

La Milagrosa: an example of a Spanish gerontological complex

The Gerontological Complex La Milagrosa⁵³ consists of three main resources: a nursing home with 64 vacancies, a day-care centre with 70 vacancies, and a community housing with 12 vacancies.

The nursing home offers respite services by means of temporal stays. Both the nursing home and the day-care center are mainly oriented to people with dependency and counts with a multidisciplinary staff (department of medicine, nursing, psychology, social work, speech therapy, occupational therapy, physiotherapy, and social-culture animation).

As regards the activities, these include assessment and monitoring of patients, personalized intervention across different clinical-care departments (group therapies both for patients and for caregivers, therapeutic garden, Snoezelen® room, Telecognitio®, recreational activities ...)

It must be highlighted the full accessibility of both installations, regarding both structure and equipment. The user may get to any place in the building from the very parking place, even if confined to a wheelchair. Optical fibre has been installed all over the centre, so that every room may get both sound and data at the highest speed. Thus, videoconferencing and internet are available 24 hours a day. Nine strategically placed video cameras allow following users all along the building. This system aims at reducing the likelihood of accidents or mitigates the consequences, should an accident occur.

The centre is equipped with ergonomic furniture adapted to the elderly. This reduces the risk of accidents, whilst increasing the user's freedom of movement. Besides, all rooms devoted to therapy are equipped with the latest and most advanced rehabilitation devices.

The community housing is a resource specially designed for people over 60 who want more independence without worrying about household chores.

CONCLUSIONS

To sum up, the psychosocial interventions in Spain are a widely resource mainly offered by psychogeriatric centres. These interventions can be oriented to patients with dementia, to caregivers or to both.

The most used intervention used in Spain for people with dementia is the comprehensive psychostimulation method that combines cognitive with non-cognitive strategies to increase the well-being of the patients.

As regards caregivers, in Spain there are indirect strategies mainly offered by the associations of relatives, like respite services and courses, and direct methods to alleviate the burden the caring situation have on the caregivers. These methods are mainly psychoeducational and psychotherapeutic programs.

There are some initiatives for the tandem patient/caregiver, but at this moment the research made in this field are not very consistent.

Finally, the care offered to people with dementia and their caregivers from centres in Spain are more and more person-centred, and the attention is more specialized and based in new technologies.

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