



DementiAbility Guidelines

For Using Dolls & Stuffed Animals in Dementia Care



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DementiAbility Guidelines for Alternative Connection Therapy Using Dolls & Stuffed Animals

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Doll therapy has become an increasingly popular intervention for persons in the later stages of dementia. Numerous benefits have been documented both in the literature and from personal accounts provided by staff, family members and other providers of care. In spite of these positive outcomes, the intervention continues to be met with some degree of skepticism and controversy. The question that begs to be answered is: “Even if this doesn’t benefit everyone, why wouldn’t you use anything and everything that adds joy and meaning to a person’s day – even if it is only one person who benefits?” People of all ages collect things, including dolls, stuffed animals, stamps, toy trucks and trains. Why then are there so many negative reactions to a doll, or stuffed animal, when it is in the hands of someone who has been diagnosed with dementia? Is it the term, “Doll Therapy”? If it is the term, call it “Love and Comfort Therapy”, “Alternative Human Connection” or anything else that makes people feel better about embracing an alternative means of meeting a person’s needs. Boredom and loneliness are two of the main reasons for responsive behaviours in dementia (due to unmet needs that contribute to behaviours such as aggression, hitting, pushing, swearing, wandering and seeking attention). Dolls and stuffed animals can help to address these unmet needs, if the individual is interested and able. The bottom line is: Every person is unique. Every intervention should be tailored accordingly.

Knowing that persons with dementia live in the moment, we need to make every moment count. The **DementiAbility Methods WOW Model** provides an excellent **framework** for putting Doll Therapy (and Stuffed Animal Therapy) into practice. The WOW model can be used to discover whether a person might be interested in Doll Therapy, Pet Therapy or both. We have created guidelines for these therapies based on the DementiAbility Methods. The goal is to address needs while adding meaning and purpose to each day.

Connecting the WOW to Doll & Stuffed Animal Therapy

Who

Who is this person? What do we know about the person (past and present), including needs, interests, strengths, habits, routines and abilities?

Observations

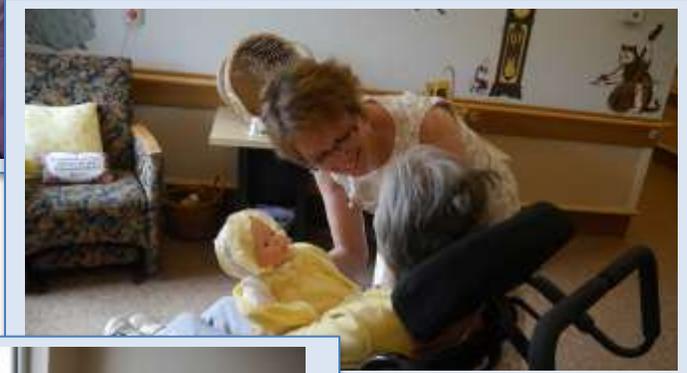
What do you see? Taking what you discovered about the "Who", what is happening, when, when is it not happening and why? Most importantly, consider needs (lonely, bored, no purpose, can't find things or do things independently). Does this person have "connection" needs?

What will you do.

Based on what you found out and what you are observing, what will you do? Consider needs, interest, strengths, roles, routines and abilities.

In the context of Doll or Pet Therapy you want to consider past interests in babies, dolls and animals. If you know of any trauma related to animals or babies/children you must take this into account before introducing a doll or stuffed animal.

If you are uncertain about what the person might enjoy, introduce both (one at a time) and ask the person if he/she likes the item. This respects the right to have a choice and to make decisions.



DementiAbility Guidelines for Using Dolls in Dementia Care

1. **Education** is critically important and must be provided for staff and families prior to implementing a Doll Therapy program, as everyone needs to understand the goals and benefits of Doll Therapy before it is put in place. The emphasis is on helping all to recognize the importance of meeting an individual's needs for connection, meaning, purpose, attachment, nurturing and love. Staff also needs to learn how to use Doll Therapy, according to the guidelines below.

2. The next step begins with the DementiAbility Methods **WOW Model**, as follows:

- **Who is/was this person?**

- Who was this person in the past (including needs, interests, abilities, roles, routines and skills)?

- Was this person loving, nurturing, caring, giving, "always wanted to help"? (Is she/he like that now?)
- Are there any tragic events from the past related to children or babies that you need to be aware of?

- Who is this person in the present?

- What is the current stage and type of dementia? Those with limited insight and few social controls (e.g. – they don't consider what others are thinking about whether they are holding a doll) are often well suited to doll therapy, and may refer to the doll as a baby.

- Would this person welcome a doll?

- As a collector's item (perhaps earlier stage of dementia)
- As a baby to nurture, care for and love (meeting needs for love and connection) (this person may be in later stages of dementia)
- Does this person need something to do (e.g. – fold doll clothes and blankets)?

- **Observations:** Considerations include questions about whether needs are being met (is the person bored, lonely, looking for things and locations, etc.). How do the observations connect to what you know about who this person is and was (e.g. - roles, routines, need to nurture, need to have purposeful things to do)? If the person is bored and lonely a doll is something that might be welcomed.

- When you ask the person if they would like to see what you have in your arms (when you hold a doll), what happens?
- Is a conversation about collecting dolls best?

Abilities to Consider When Deciding

"What to do": What can the person "Do"

- Can love and be loved
- Can see: Cute doll important — with skin colour that matches the person's skin – clothes stimulate the senses (colours & textures)
- Can touch: Use doll with soft clothing – soft body for comfort when holding
- Has ability to move arms, hands & fingers independently: Can he/she dress the doll? If not, is the person able to hold a doll?
- Can walk: Take doll for walk in carriage.
- Can sing: Play music when rocking doll or singing to doll.



4. **Discover whether the person is interested in a doll** with a statement such as, **“Look at what I have”**, or a question such as “Would you like to hold my baby doll?” (Note: we adopted the term baby doll because it is more vague. We then listen to the words the person uses when responding. This guides you as you decide what word to use when talking about the doll.) Some people in later stage dementia will reach out to hold the doll. Those who are not interested will say no or ignore you.

5. **Some people will refer to the doll as a doll, and others will refer to it as a baby. Respect the relationship the individual has with the doll.** Remember to use the WOW model. Observations are critical. If a person with dementia refers to the doll as a baby, care providers must respect the relationship and treat the doll like a baby. For example, when you need to put the doll aside (e.g. – when you need to assist with personal care), it should go into a crib or carriage and you need to tenderly communicate that it will be okay until you have finished doing what needs to be done.

6. **Dolls of all shapes and sizes** have been successfully used in dementia care. **Let your observations guide you.** Dolls that are about 18 inches with a soft weighted body (with soft vinyl face, hands and feet), secure parts (to avoid choking) are recommended, but not always necessary. For many the features of the doll will not seem to matter. Variations include:
 - a. Eyes that open and shut may be important to some
 - b. For others, dolls with either open eyes or closed eyes will be just as successful.
 - c. Dolls with closed eyes have worked well with some people who are noisy but others will become distressed because they are concerned when the baby will not wake up.
 - d. Some will become concerned when eyes don’t shut, as they will not go to sleep if the ‘baby’ is not asleep.
 - e. All people living with dementia are unique and there is no one size that fits all when it comes to type of doll to use. The best thing to do is try a particular doll and see if it works, if not try different type of doll.

7. For the purpose of **infection control, in situations where dolls are shared, the face, hands and feet should be washable** (using a soap and water sponge wash) with clothes that can be removed and washed. This is most important if residents in LTC who share dolls.

8. **Dolls should be assigned to individuals** when possible, versus sharing dolls. If an individual regards the doll as his/her own baby it is especially important for that person to have his/her own doll/baby.

9. **Accessories** such as a number of different outfits, including socks, hat, sweater, and baby blanket, along with a crib and/or carriage are recommended. Those in the later stage of dementia may not use any of these, but don't assume. Always focus on abilities, and ask yourself what this person is "able" to do.

10. Where should you use dolls? The answer to this question depends on the individual. Use the WOW model to guide you. Some will care for dolls only in a private space (e.g. – in their rooms). Others openly care and nurture their "baby". Provide opportunities for this to take place. Create a nursery area on a dementia unit that has a carriage, crib, comfortable rocking chair, clothing to be folded (with a sign in large words that says, "Would you like to help us? Please fold the laundry") and nursery rhymes on the wall. This provides a relaxing environment with familiar items that can be enjoyed according to interests and abilities. Chairs should face each other, facilitating the opportunity for residents to enjoy the company of others when in the area.

11. Open up the lines of communication by encouraging all providers of care, including family, to talk about the doll or stuffed animal.

