

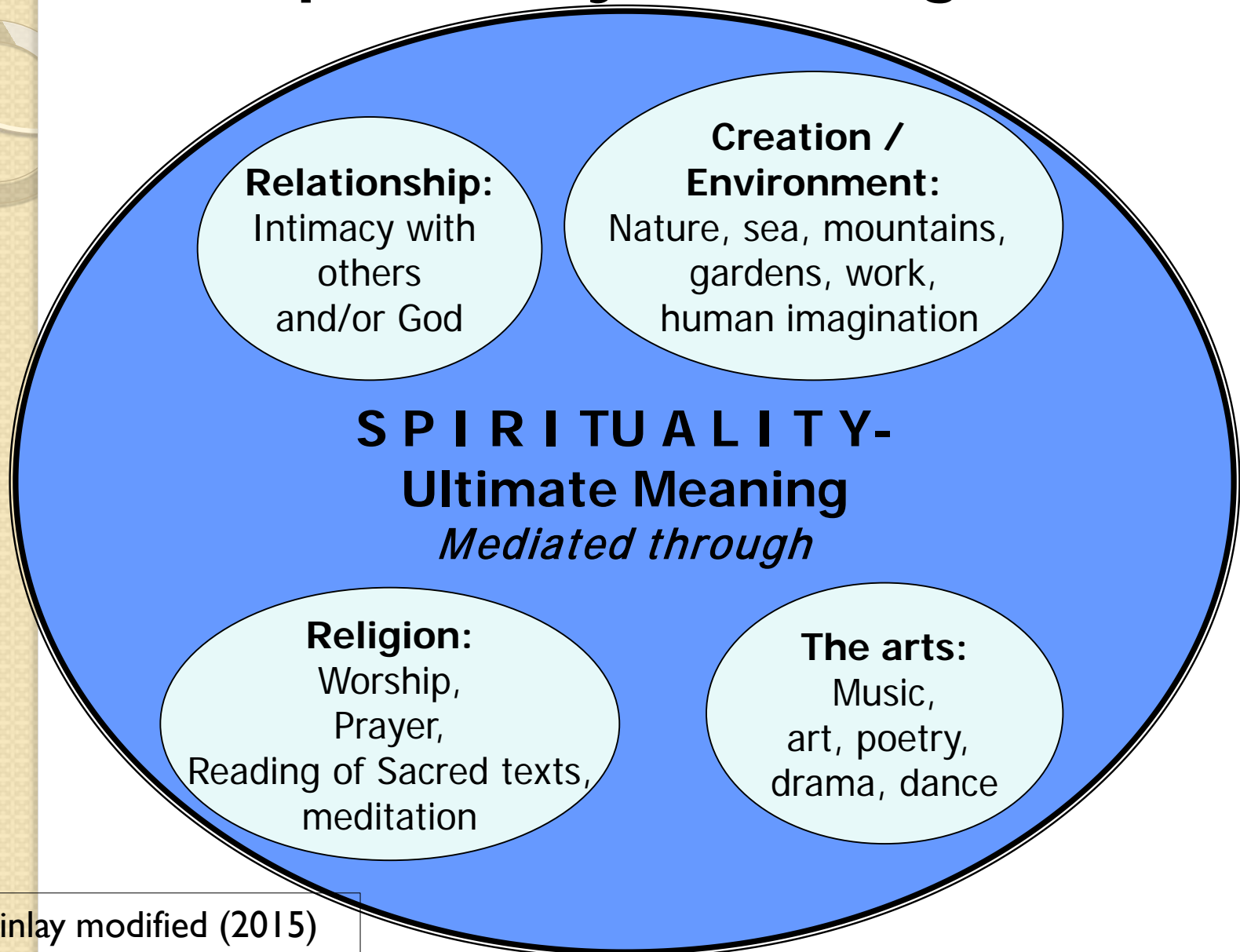
Pastoral care small group work with people who have dementia: contributing to well being

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Depression & dementia

- Butler et al 2004 reported that the only psychiatric or social factor associated with poor survival in dementia was depression.
- Snowden and Fleming (2008) found 40% of residents in high-care and 25% of residents in low-care were rated as depressed on the Cornell Scale for Depression in Dementia (CSDD).
- Bennett & Thomas (2014) review of literature depression & dementia were among the most common conditions of elderly people and had major impact on quality of life.

Spirituality and Religion



Small group pastoral care program from a larger mixed study: residents with dementia.

- To improve the quality of life for elders in residential care by
 - minimising the levels of depression among people with dementia in residential aged care facilities
- A study | 8 weeks of weekly facilitated sessions to reduce levels of depression
- Sessions addressed themes of gratitude and blessings, images of God, peace and forgiveness, hope and expectation, joy and happiness, and strength and faith.

Psycho-metric testing (for all 4 interventions n=99)

- ACE-R= .902 (excellent)
- GDS = .789 (good)
- PGC Morale Scale
 - Agitation = .747 (acceptable)
 - Attitude toward own ageing = .629 (low, usually .7 is seen as the cut-off for “acceptable”)
 - Lonely dissatisfaction = .737 (acceptable)

Program pastoral care with people with dementia (part of larger study)

32 in program (male = 5 female = 27)

- 5 withdrew, 3 deceased
- 24 (75%) completed the 18 week program.
- Program conducted in 3 different aged care organisations (2 urban & 1 rural)
- 5 small groups
- 4 facilitators

Figure I ACE-R Results for Pastoral Care Groups across Sessions

	ACE-R 1	ACE-R 2	ACE-R 3	ACE-R 4
mean	42.8929	42.5417	43.8947	43.5000
N	28	24	19	16*
Std Dev	19.19556	19.07874	20.09946	23.28376

ACE-R cut off point 75/100

*1 group not tested at wave 4

Figure 2 GDS (for the 5 groups)

Pastoral Care	Score session 1	Score session 2	Score session 3	Score Post intervention 3 months
Mean*	5.3750	4.9600	4.2727	4.2500
N	25	24	22	16
Std. Deviation	3.88887	3.97615	3.14993	3.43511

*GDS Group means from 2.6 – 9.0 session 1
3.4 – 5.2 session 3

Depression in the pastoral care small groups

A within-group analysis on the pastoral care groups compared testing session 1 with testing session 3 on the GDS showed that this comparison was significant ($p < .05$), *The groups decreased significantly in their GDS scores between these time points.*

The comparison was not done for testing session 4 as group A was not tested at that point.

Qualitative analysis


- Communication style of facilitator
- Relationships – forgiveness, humour, grief
- Meaning
- Response to meaning
- Transcendence
- Hope /fear.

Participant engagement in groups: analysis of transcripts – facilitator style

- Where participants were engaged in the group process as equals- more deep communication than in groups where ready-made stories and readings were made for the participants.
- Engagement seemed to be a key factor in facilitating communication and a sense of control for the participants.
- Where process was more facilitator led, participants contributed less to the discussion and conversation.

Differences in facilitator style related to group participation.

- Expectations of the facilitators were important in the group sessions
- Some facilitators thought that people with dementia could only respond to concrete examples and factual stories and so did not allow for imagination or abstract input from participants
- Interactions in these sessions were lower than in sessions where facilitators encouraged participation and allowed freedom



Facilitator style: doing person-centred care
Differences in facilitator style were related to
group participation.

Group with lower cognitive levels showed greater decrease in depression than others.

- Invitation to respond versus Q&A
- Speaking slowly and distinctly, but not using ‘elder speak’
- Spending time: space between sentences and questions, a long time (about 6 secs)
- A focus on emotional and spiritual elicited more responses

Coming to accept change

Carrie: ...you know, after being married with a family and everything, it just...it feels as if everything's passed you by but then with a place like we've got here, it's just absolutely wonderful I think, I wouldn't change it for anything. (laughs)

So my life's settled there, I'm all right there. (laughs)

Facilitator 4: Okay.

Carrie: As long as I can. Yes, for a while I did, after my husband passed away. And when I came here, it was a new change of life altogether, everything was changed. You had company, you had someone to talk to. You was never lonely. That's something that I ... I always used to be lonely, but now...not nowadays. You can just turn around and talk to somebody, you know...

Forgiveness – understandings from a person with dementia

Reflecting on the Prodigal Son.

Alice: And the thing that the father did before the son even got to the house before any of the servants saw him in such an utterable misery as he was. The father brought the best robe and put a ring on his finger and shoes on his feet and made him look presentable before he even got to the house, so that the general run of people wouldn't know what a wretched situation he'd come to.

Facilitator I: Yeah – that's beautiful. I hadn't thought of it like that, Alice.

Alice: Yes – the father thought about all that before he got him to the house.

Facilitator I: Now that's beautiful – what a lovely insight.”

Humour & grief shared

Laura: Well this is the best fun I've had here since I've been here. Every morning – because my room is just over there – and I look out there and I talk to myself.

Facilitator I: Do you? Laura: I get good answers back.

Pauline: Strange don't we all.

Laura: And then I go crook about my husband not being there because he passed away.

Rebecca: Oh gosh.

Laura: He lived over there, or we lived over there, and I see a photo of him and I say, "Malcolm, if you were here today I could clobber you." Malcolm's been gone nearly a year and a half now.

Facilitator I: You would miss him Laura. Laura: Goes quick doesn't it?"

Conclusion

- The project showed decrease in depression levels,
- but changes across the five groups varied.
- Some with lower cognitive levels and greater depression improved more.

Found facilitator style important in these variations.

Raises questions of the way person-centred-care is practised.

Have now completed new study linking pastoral care strategies with music.