

Applying Psychology

Investigate the use of Reminiscence Therapy for both elderly clients, and those suffering brain injury, and link to the theory of the development of memory. Evaluate how this theoretical knowledge increases the effectiveness of therapy and interventions in care.

Reminiscence Therapy is a technique that is used to encourage clients to use their memory; they are supported to remember things about their life and to share them with the group or therapist if they feel comfortable. It is worth noting that Reminiscence Therapy is not always done in groups, it can be individual work carried out one on one basis with the client.

There are a few reasons as to why a therapist might reminisce with a client on a one to one basis and these may be that the client is so depressed they may not want to socialise with other people or they have a low self-esteem so can not deal with a room full of strangers. They may need extra attention because they are finding things difficult or it could just be a particularly sensitive subject.

The normal way in which Reminiscence Therapy is carried out is that the therapist would meet with the clients at a set time and date each week, so that they feel they have continuity and there is time to build up trust and confidence in the group or therapist. The therapist would bring in things that could be used as retrieval cues such as memorabilia, wartime things, recipes, clothes, etc. If the therapist cannot bring the actual item then photos often are a good replacement, this helps the client to remember more about that time. The session is usually based around a particular theme and the clients asked open-ended questions which they have the freedom to respond how they like. Common topics covered could include school, wartime, relationships, family, fashion, and sports, dancing, work, and anything with could relate to the clients. These would be relevant to the group because they would have grown up with most of these things and are usually related to good times, although bad times may be discussed too if the client wishes but the therapist must look out for signs of it getting too much. When part taking in reminisce therapy there are certain things that the therapist must remember in order for it to be successful and to ensure nothing interferes. All distraction must be removed to give the clients better concentration levels, like the television cannot be switched on unless involved with the activity. Other staff must know not to interrupt so they clients feel that they have your full attention and can feel comfortable enough to share with you. There may need to be a code of practise put in place so that all the clients will know what acceptable and unacceptable behaviour is. Something else that might interfere with the session is a communication barrier – another reason as to why one-to-one therapy works more effectively with some clients. In order to get the best response out of the clients you would need to make the subject lively and interesting by use of retrieval cues and making sure that it is something appropriate to them, for example men would not want to talk about ladies shoes or remember much about them so it is often best to choose a sporting topic. The therapy would be most successful if not carried out just before dinner or naptime as the clients' attention would be elsewhere and they would be reluctant to join in. The ability of the client will influence how you prepare and carry out an activity because if a client has sight difficulties then bringing in a video or a set of photographs would make them feel excluded, reversing any good work that's been happening. So in order to have a successful group you will need to ensure all the clients are comfortable before you begin and make use of basic skills, this is backed up by Florence Soltys.

Florence Soltys helped form the International Reminiscence and Life Review Society, and her advice is to consider the patient's historical perspective, education, ethnic background, and health status. She also mentions that for a therapist to provide effective care they need to practise basic skills, listening, talking, and touching, three things that are often overlooked. This is to make the client feel valued and know you are interested enough to hear more. If you appear disinterested then clients' could be reluctant to share with you and they would feel

more open if they knew you cared. Before the therapist starts to regularly meet with the group they should take the time to find out as much as they can about the clients, this will enable them to plan the session around the clients instead of going in with something irrelevant or upsetting a client right away. Talking about how England beat the Germans in the war might not be entirely appropriate if you have an ex-German soldier in your group. Finding out about their backgrounds will also help in finding retrieval cues to use, so if a client was a 1930's model you could try to find clothes from that time and bring them in to show to the client. People often wonder what makes us remember or forget things, different theorists say different things about the way we store information so therefore have different ideas about why we forget. The general view is that of the two types of memory – long and short-term, what is different is the way information is transferred from one to another.

According to the theory of Atkinson and Shiffrin; there are two types of memory – short and long term. They both have different roles in helping us to store and retrieve information. Short term memory plays the larger role in conscious thought and is used to try and solve a problem, if the information is important or rehearsed often enough then it gets transferred into the long term memory where information can be kept for years. The long-term memory often helps with information we need for short-term use, like hearing and recognising a fire bell would probably be stored long term but only used by the short-term memory when needed quickly. Long-term memory holds all our information, without it life would be like a blank slate, existing of immediate impressions. We would be unable to hold conversations or play games, as the skills for these are stored here.

Craik and Lockhart extend this by agreeing that rehearsing something transfers it to long term memory and they state that it is kept in short term too. Not only will but this they recognise that repeating something does not mean it be kept in the long term memory because understanding it is important.

Miller believes we can extend the short-term memory by using a system of 'Chunking and Chaining'. This means to group information into smaller, more meaningful chunks. If we had a long word of insignificant letters we would find it harder to remember than if we broke it down into separate words. Our spelling knowledge is stored in our long-term memory, so therefore Miller believes we use the long-term memory to change new information into the larger meaningful chunks to store in the short-term memory.

Taking the Psychoanalytic view, Freud believes the reason we forget is that the memories are too unpleasant to remember and forgetting is used as a defence mechanism but the behaviourist and physiological view suggest two different theories. The physiological view is the 'trace, decay and displacement' theory, which is that we forget things due to natural decay although this is not very solid because it gives no explanation as to why we remember long-term memories better than short term. Behaviourists tend to look more towards interference and believe that as we try to store more and more information into our minds, we confuse things and the information interferes with each other, making us remember things unclearly. This is the only theory that does not account for head injuries.

When doing Reminiscence Therapy work it is important to remember that the elderly are not the only client group to be worked with, it can be an important tool for those who have suffered from a head injury.

A brain injury means that part of the brain has been damaged because it has been knocked about and bruised, there also could have been blood loss (which creates pressure in the skull, causing important brain tissue to stop working), tearing (this cuts the 'wires' that make the brain work) and swelling which damages structures in the brain). None of these mean good news and as a result some clients may experience memory loss, the severity of it will vary from patient to patient.

When considering Reminiscence Therapy for those who have suffered Brain Injury it will need to be adapted and be slightly different from how you would carry it out with an elderly group of clients. You would need to look at the client group closely and again consider the patient's historical perspective, education, and ethnic background but also their age. You'll often find most clients too young to remember the World Wars so trying to get them to remember it won't work. You would probably be able to find out more about the person from

the family because usually they are still around. This will give the therapist some materials to work with and a direction to go in, the therapy would be very much based around the clients' life instead of history and life in general. Because of this the therapy is carried out on a one-to-one basis, as it is hard to talk about each individual person's life in a group setting. Knowing about the different theories helps us provide better care for the clients, if we didn't know for example that some people stop remembering things due to trying to remember too much, we could wrongly diagnose a young person with Alzheimer's Disease and provide them with the wrong treatment. Without knowing about the theory that we have better long-term memories then we would treat somebody with Dementia very differently. Care staff may keep repeating the day and time to them, wrongly believing this would help when giving a bit of your attention is all that's needed. Staff would be spending so much time repeating things instead of holding a conversation and finding out more about the client. Talking to and spending time with an elderly person is very important, the reason being that they might be feeling depressed or lonely and somebody taking the time to talk to them can make them feel valued. This increases their self-esteem and makes them feel like living in the present time instead of the past, therefore making it easier for staff to care for them. By talking about the past it will make the clients feel good about themselves instead of feeling stupid for not remembering something as simple as the day. So knowing about the theories makes the day easier for the staff, the clients feel happier and have a greater self-worth. So to sum it up, although there is not any concrete research to back up the theories, most of what is known points towards Reminiscence Therapy being a good thing. In my opinion there are many benefits for taking part in or leading a Reminiscence therapy group and it appears to have little or no negative effects. It is important to remember that just taking half an hour out of your day to focus completely on the clients, if done correctly, can benefit everyone.

Bibliography

NHS Direct (<http://www.besttreatments.co.uk/btuk/conditions/10137.html>)
Florence Soltys (<http://research.unc.edu/oic/gazette/fyi1200.htm>)
Class Handout on Memory
Evaluating the Impact of Reminiscence Therapy on the Quality of Life in Elderly People (http://www.regard.ac.uk/research_findings/L480254031/summary.pdf)
<http://www.tbiguide.com/howbrainhurt.html>