Reminiscence Therapy Literature Summary

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**Introduction:**

For older adults in the early stages of dementia, how effective is receiving Reminiscence Therapy on their short-term cognition, depression, behavioral improvement, communication and quality of life versus not receiving Reminiscence Therapy (i.e. care as usual)? Recent studies have suggested that persons with dementia who receive Reminiscence Therapy are more likely to have a decreased feeling of depression, increased quality of life, increased communication, increased short-term cognition and improvement in behavioral and psychological symptoms of dementia (BPSD). Each study used a variety of tools to measure their outcomes. The following assessment tools were used in the studies mentioned: Mini-Mental State Examination (MMSE), Cornell Scale for Depression in Dementia (CSDD), Geriatric Depression Scale (GDS), Quality of Life in Alzheimer’s Dementia (QOL-AD), Clinical Dementia Rating (CDR), Behavioral Rating Scale (BRS), Cohen-Mansfield Agitation Inventory (CMAI), Clifton Assessment Procedures for the Elderly (CAPE), Neuropsychiatric Inventory (NPI), Autobiographical Memory Interview (AMI), World Health Organization Quality of Life – Old (WHOQOL-OLD) and the Attitude to Ageing Questionnaire (AAQ).

**Discussion:**

*Effects on Cognition:*

Many studies have suggested that Reminiscence Therapy promotes a short-term improvement in cognitive functioning of people with dementia. **Lök et al. (2019),** conducted a randomized controlled trial which consisted of an intervention group that received Reminiscence Therapy and a control group that did not. Each group met for 60-minutes once a week for eight weeks and were assessed using the MMSE which was administered before and after the study was completed. The scores of the pre-test did not show any significant difference between the groups, however the post-test score was higher in the group that participated in Reminiscence Therapy than in the group that did not. The results showed that participating in Reminiscence Therapy increased their short-term cognitive functioning. There is also research suggesting that there is a significant effect on autobiographical memory, **(Melendez et al., 2017).** To meet the criteria for this study, the participants had to have scored lower than a 19 on the MMSE and scored between levels 2-4 on the GDS. This study measured the autobiographical memory in people with dementia, which is a memory system that includes both episodic memory and semantic memory. Episodic memory is the ability to recall personal experience, specific objects, and details of people, place and events. Semantic memory is the ability to recall general knowledge and facts about the world. In people with dementia, autobiographical memory tends to decrease as the disease progresses, however by using Reminiscence Therapy the study found that participants in the early stages of Alzheimer’s had improved episodic memory while semantic memory stayed the same, overall increasing their autobiographical memory. This was assessed by using the Autobiographical Memory Interview (AMI) at the beginning and end of the study. Interestingly, autobiographical memory decreased in the control groups of the study, leading researchers to believe that while Reminiscence Therapy may not *improve* semantic memory, it can help maintain it. **Park et al. (2019),** also mentioned that although it was not measured, attention span can increase in individuals who attend group sessions because of the conversations they follow while actively participating in Reminiscence Therapy. Overall, Reminiscence Therapy has been shown to improve short-term cognition in many studies, however, most did not follow-up longer than a year after the original study was performed **(Molinari, 2019).**

*Effects on Depression:*

A decrease in depression symptoms is another outcome of providing Reminiscence Therapy. It is common to treat people with dementia with anti-psychotics in order to alleviate depressive symptoms, however the effects of the medication can be harmful for some. In recent research, it has been shown that providing Reminiscence Therapy to people with dementia can be an alternative to prescribing anti-psychotics or can be used in combination with medication **(Park et al., 2019).** Reminiscence Therapy is becoming a more popular non-pharmacological approach to treating depression in people with dementia and can be conducted in a group or individual setting. The group sessions can be beneficial because it allows for participants to converse with others in the group about happy memories or commonalities in their lives and can give participants a sense of belonging and meaning in their lives **(Park et al., 2019).**  Individual Reminiscence Therapy is a person-centered approach. This can be beneficial for individuals who require more personalized care or attention throughout their treatment. **Van Bogaert et al. (2016),** suggested that individualized Reminiscence Therapy led to a significantly lower CSDD score when compared to the pre-score that was taken at the beginning of the study. For individuals who may have limited mobility or cannot attend a group session, there are recent studies that show a new technological approach to Reminiscence Therapy. **Moon & Park (2020),** have conducted a group study where Reminiscence Therapy services were delivered digitally. The experiment consisted of two sessions every week for four weeks. The participants, their family and caregivers were interviewed to determine what personal data would be collected and uploaded into the database which was stored on a large tablet for easier viewing. After collecting personal data, the researchers found commonality in interests and life experiences between participants and then created weekly themes based on the data. Participants were assessed three times during the study, once before the intervention, again after the conclusion of the intervention and lastly four weeks after the conclusion of the study. Afterwards, researchers then reported seeing a positive effect on their depressive symptoms and engagement. Researchers stated that digital Reminiscence Therapy gave participants more opportunities to be involved in social interactions with other participants. Another study that showed a significant improvement in depressive symptoms was **Hanaoka et al. (2018).** The study focused on using olfactory stimulation in Reminiscence Therapy programs. The study consisted of 90-minute sessions every two weeks for a total of eight weeks. Each week there was a new olfactory stimulation object introduced. This study was different from other Reminiscence Therapy studies because, unlike most study groups which focus on experiences and life events in early adulthood, this study focused on childhood experiences and life events. The reason for this is that we are exposed to a variety of different smells at a younger age and that is when we create our first memory associated with a particular smell. Using this form of Reminiscence Therapy can help participants access memories more easily because smells are suggested to carry more emotional weight than regular conversations. Each participant was assessed using the GDS before and after the study was completed. The results showed a significant reduction of depressive symptoms. Researchers suggested that sharing happy memories of childhood can evoke a better mood, leading to decreased depression in some participants.

*Effects on Quality of Life:*

Increased quality of life is a vital goal for people with dementia, and many studies have found that there is a positive effect on the quality of life for participants by using Reminiscence Therapy. The effects on quality of life are measured on a short-term basis and can be attributed to many factors within a Reminiscence Therapy session. **Lin et al. (2018),** used the QOL-AD assessment to measure participant progress throughout the course of the study which consisted of 50-minute sessions once a week for a ten-week period. The participants were assessed in their first week (pre-test), during the 12th week (post-test) and during the 24th week (follow-up). The results showed an increase in test scores and that the participants had experienced an increased quality of life following the intervention program. Similarly, **Siverová & Bužgová (2018),** conducted a study that used narrative Reminiscence Therapy (i.e. storytelling) to measure the effects on quality of life for people with dementia. Participants also helped prepare refreshments for every group session using recipes from their past. This was part of the Reminiscence Therapy and it encouraged active participation from everyone in the group. This small act enhanced their sense of belonging and improved their self-esteem. Their group sessions consisted of five to ten participants who met for 40-60 minutes once a week for eight weeks. They collected their data at the beginning of the study and again at the end of the study using the WHOQOL-OLD assessment and the AAQ. After the program concluded, their scores improved significantly, showing an increased, positive effect on quality of life as well as attitude towards aging.

*Effects on Socialization:*

In many studies, Reminiscence Therapy has also been shown to increase communication and socialization among participants. When facilitating Reminiscence Therapy, the staff has the opportunity to understand the participants better by building rapport which can help in caring for and improving communication with participants. Reminiscence Therapy can even be beneficial to participant relationships because in each session, they are finding common interests or similar life experiences with one another **Mileski et al. (2018).** As participants become more active in their group sessions it can also create a sense of belonging among the group which can lead to more socialization and empathy among group members **Siverová & Bužgová (2018).** As stated before, even digital Reminiscence Therapy sessions can lead to increased engagement among group members because it creates another opportunity to socialize for those who may not have the option to do so in-person **Moon & Park (2020).**

*Effects on Behavior:*

Behavioral Psychological Symptoms of Dementia (BPSD) is something that is widely experienced by people with dementia. This can include wandering, agitation, sleep disturbances and more. According to **Mileski et al. (2018),** they found that the effects of Reminiscence Therapy have been documented to decrease the effects of BPSD, specifically in behavior such as wandering, exit seeking, verbal agitation and poor eating habits. **Van Bogaert et al. (2016),** conducted a study focused on providing individual Reminiscence Therapy for older adults with mild to moderate dementia. The study consisted of 45-minute sessions twice a week for eight weeks. The study measured BPSD by using the NPI at the beginning and at the end of the experiment. The NPI measured behavioral disturbances specific to dementia patients such as delusions, hallucinations, dysphoria, anxiety, irritability, poor appetite, abnormal eating habits as well as nighttime disturbances. After the study was over, the results showed a decreased score in the NPI, specifically regarding appetite abnormalities and nighttime disturbances. According to **Park et al. (2019),** Reminiscence Therapy can help alleviate BPSD. Criteria to be included in the studies were as follows: Score of 10-24 on the MMSE or a 1-2 on the CRD. The studies they reviewed were from sessions conducted for a minimum of four weeks. Regarding BPSD, the following assessments were used to measure the outcomes of the participants in each group (intervention vs. control): CAPE, CMAI and BRS. At the conclusion of the studies, groups who received Reminiscence Therapy services had documented decreased BPSD when compared to groups who had not received Reminiscence Therapy.

**Conclusion:**

The use of Reminiscence Therapy is becoming a more popular non-pharmacological approach to working with individuals with dementia. The outcomes of incorporating Reminiscence Therapy into a care plan can be beneficial in many different domains. Most commonly, it can help alleviate depressive symptoms, increase communication, have a short-term positive effect on cognitive functioning, increase behavioral improvement and increase quality of life. When comparing outcomes of groups who received Reminiscence Therapy and groups who did not, the group receiving Reminiscence Therapy significantly improved in all domains.

My recommendations to adapt this form of therapy into an adult day health care setting are to run a Reminiscence Therapy program twice a week for a four-week period comprised of eight sessions total. The programs would be implemented within a group setting, which is more supportive of the wants and needs of the participants at the Lewinsville Adult Day Health Care Center. The groups would run for 45 minutes to an hour and would incorporate Reminiscence Therapy using a variety of senses and discussion topics. The discussions would rely heavily on the past and present interests of the participants which have been gathered using assessments and rapport built over time. Due to the changing circumstances of the world as a result of the pandemic, sessions could also be held virtually. By incorporating Reminiscence Therapy into the treatment plan of people with dementia, there is an increased possibility of improving a variety of different domains and increasing the quality of life for a participant.

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