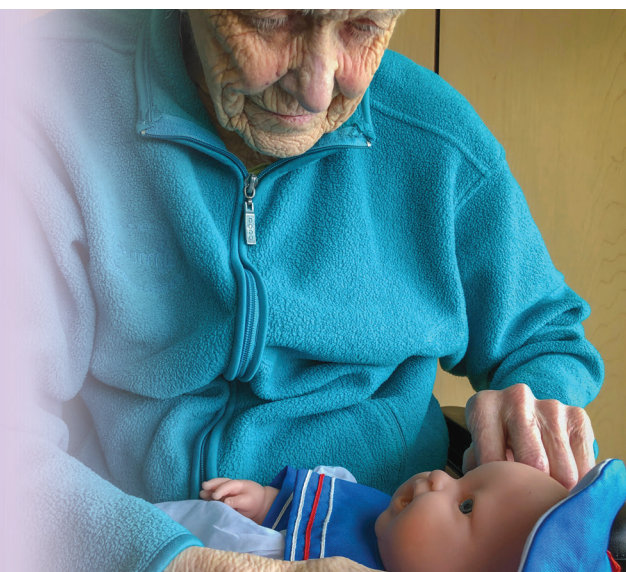


## The use of dolls in dementia care



### Background

Using dolls, or what can sometimes be referred to as 'child representation', can provide people with dementia an opportunity to interact with a 'life-like' baby doll in a manner that may be therapeutic to them.

### Why use dolls?

- Dolls may provide an opportunity for the person with dementia to express their feelings and emotions.
- The person gets to interact with and talk about the doll in a meaningful way.
- People with dementia may feel a sense of validation, role and purpose by taking care of the baby doll.
- It may allow people with dementia to reminisce about when they had young children of their own.
- The tactile and sensory experiences provided by the doll may bring a sense of comfort and security.

Dolls have often been used as an alternative to medication to reduce the impact of behaviours or unmet needs, such as:

- Social withdrawal
- Apathy
- Vocalising
- Aggressive behaviour

- Restlessness
- Wandering and Intrusion.

### Who is most likely to benefit?

Both men and women can respond to this engagement, depending upon their level of interest. Using dolls is most likely to benefit:

- People who have moderate to severe dementia or a mixed dementia, who are more likely to perceive the doll as being a baby.
- People with earlier stages of dementia. They may like to look at the doll or enjoy holding or dressing it but they are less likely to perceive it as real.
- People with dementia who have reverted to past life memories of parenthood, for example people who may be having delusions or hallucinations about their baby crying or frequently looking for their baby.
- People who have previously enjoyed being around children or babies.

## Introducing the doll

It's important that carers and family members are informed of the purpose and value of using dolls. Some people may see the use of the doll as childish and condescending toward the person with dementia and therefore interact with the doll in an inconsistent/unhelpful manner.

How the doll is introduced is important to the success of the interaction between the person and the doll. The approach used may vary depending on the individual.

Some suggested approaches could include:

- Entering the person's room, greeting them while cradling the doll and then sitting down with them.
- Observing how the person responds to the doll in your arms. If they have not noticed the doll, bring it to their attention and invite their feedback. If the person appears interested and engaged, then ask if they'd like to hold it.
- Making general comments about the doll, commenting on their eyes/hair/clothes while taking care not to identify it as either a doll or baby at this stage.
- Observing how the person interacts with the doll and whether they appear to be seeing it as a real baby.

## Interacting with the person and the doll

- Always monitor the outcomes of the activity.
- It's important to mirror the person's response to the doll. For instance, only act as if it's a real baby if the person themselves believes that it is the case.
- Ask if they would like to look after the doll while you attend to other duties, and reassure them that you will return to pick it up.
- Place the doll in a bassinet, capsule or basket near the person when you're not using it. This will allow the person to retrieve the doll when they want to.

- Leave the bassinet, capsule or basket in reach and reassure the person that they can place the doll there if they get tired.
- Remove the doll when appropriate, at meal or shower times, for example. Offering to put the baby down for a nap, feed him/her or change its nappy can be a helpful way to do so without confusing or upsetting the person with dementia. Always reassure them that you will bring their baby back.

## Special considerations and precautions

- It's important not to impose this activity on people who haven't showed any interest, as not everyone will respond to it. This may depend on the person's background, previous beliefs and interactions with children. If they didn't like children before, they are less likely to respond in a positive and beneficial way.
- Knowing the person's background history prior to the introduction of the doll is essential. The doll may have a negative impact on a person if they have a history of trauma such as adoption, abortion or abuse.
- Respect the person's perception of the doll. If they are responding positively and perceiving it as a real baby, avoid referring to it as a doll. Make sure you handle it as you would a real child. Avoid picking it up by the leg or head, for example.
- Dolls should be as life-like as possible in terms of appearance, weight, sound emitted, smell and texture.
- The type of doll selected should match the person's cultural background and social history. For example, consider choosing a doll with the same skin colour as the person. If the person is continually looking for their daughter, try to match the sex of the doll or use pink clothing.

# Care Staff Helpsheet

- Monitor the person's engagement with the doll and ensure that you document and pass on the information to other carers if appropriate.
- The response to the activity may vary. If the activity does not work initially, it is possible to reintroduce the activity for trial at a later stage – six months later for instance.

## Infection control and risk management

- Always follow the manufacturer's instructions for use, care and cleaning of the doll.
- Wash hands before and after handling the doll to avoid getting the doll dirty and to help prevent infection.
- Clean plastic surfaces with bacterial wipes after use.
- Hand or machine wash baby clothes, blankets or bunny rugs, and air dry before returning the doll.

## Useful resources

**Mattel Miracle Moves Baby Dolls** have soft textured skin, intermittently vocalise, blink and make burping sounds.

**'So Truly Real' Ashton-Drake Dolls** are extremely life-like and are handmade, with soft textured skin and a body that is weighted heavier in the bottom. There are a variety of dolls, which perform different functions.

This resource material is informed by literature and associate practice evidence. This guidance should be applied within your organisations policies and procedures.