Maintaining personal relationships in couples affected by dementia

PhD trajectory



The goal of my project is to develop an intervention to support couples in which one partner is diagnosed with dementia, to maintain their personal relationship.

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Supervisors: Dr. Sara Laureen Bartels, Maastricht University, Netherlands Prof. Dr. Marjolein de Vugt, Maastricht University, Netherlands, Prof. Dr. Niels Hendriks, LUCA School of Arts, Belgium, Adam James Cavallari, NOON care, Italy

Step 1: Gaining insight into couples' relationship needs and existing interventions



Part 1: Literature review mapping aspects affecting relationship quality against existing interventions in the field of maintaining personal relationships in couples affected by dementia.



Part 2: testing the hypotheses/ models derived from the literature review

Goals:

- to identify the gaps in the field and to see which of the factors impacting the quality of relationship are not yet addressed/ poorly addressed
- to understand which "ingredients" of interventions contribute to their success

Methods:

- Step 1: Rapid review of factors impacting the relationship quality, combined with Patient & Public Involvement (PPI) events
 - 3 categories with the total of 14 factors identified by Stedje et al. (2023): i) attitudes & strategies; ii) behaviour & activities; iii) emotional connectedness.
- Step 2: Meta-narrative review to map those factors against interventions

Challenge: organizing PPI events (ethics)

Step 2: Developing an intervention



Goals: develop a new intervention/ adapt existing interventions to the context of personal relationships in couples affected by dementia. A potential intervention to adapt to the context – Acceptance and Commitment Therapy (ACT)



Methods: Iterative procedure with the elements of participatory approach and user-centered design. Repeated group discussions with the key stakeholders: people living with the diagnosis of dementia, their partners, professionals with the expertise in relationship counselling and clinical neuroscience.

Challenge: Homogeneous or heterogeneous groups? Or a combination of both? People with dementia and their partners together or separately? Experts and end users together or separately?

Step 3: Testing an intervention



Secondment at Karolinska

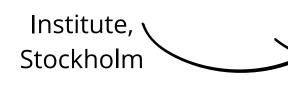
- **Methods**: series of case studies (n = 3-12 dyads), with mixed-methods approach. ESM and semi-structured interviews to track both quantitative (effectiveness) and qualitative (end users experiences) aspects of intervention.
- Primary outcome the relationship quality will be measured with the Dyadic Adjustment Scale (DAS; Spanier & Filsinger, 1983).

Goals: will be specified after part 1 is completed (e.g., testing the potential mechanism of action of an intervention, or prioritizing a target for an intervention)

Methods: Experience sampling method (ESM; a structured diary approach in daily life) for data collection; network/ mediation analysis for data analysis.

Challenges:

- Developing ESM items for dementia research in couples
- Dyadic ESM data analysis



- Secondary outcomes related to the wellbeing of each of the partners within the dyad (e.g., caregiver burden, stress, anxiety and depression symptoms, quality of life, sense of competence in caregivers and sense of autonomy in people living with the diagnosis of dementia) will also be measured.

Challenge: How to increase the diversity in a sample? Which charecteristics to keep homogenous and in which - allow for diversity?



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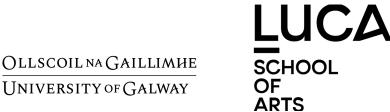














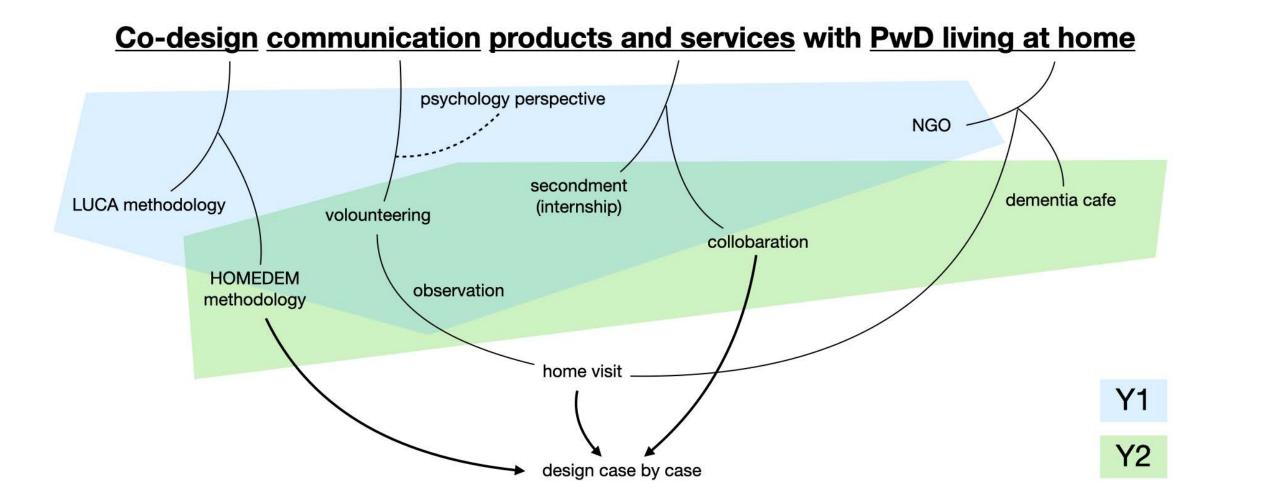
Co-design communication products and services with PwD living at home

design for shared decision-making and autonomy



My research focuses on the evolving relationship in 'home' throughout the dementia journey. Considering person-centred care principles, my research will engage in co-design processes with PwD and their care constellation to develop products and services which foster shared decision-making communication.

Szu-Ying (Rising) Lai, rising.lai@luca-arts.be, LUCA School of Arts



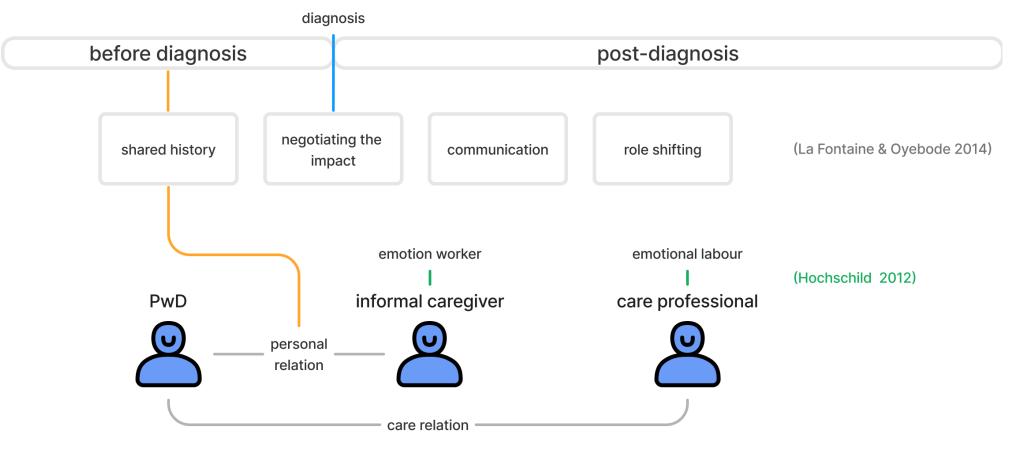


Fig. 2 Interplay between dementia and relationships.

Decision-Making

- 1. Decision-making should be evaluated by the degree to which participation in the process transpires.
- 2. Collaborative processes and inclusive practices are needed.
- 3. Fostering an environment for timely decision-making.

Relationship

The shared history matters. The nature and quality of the previous relationship are important factors influencing the experience of dementia.

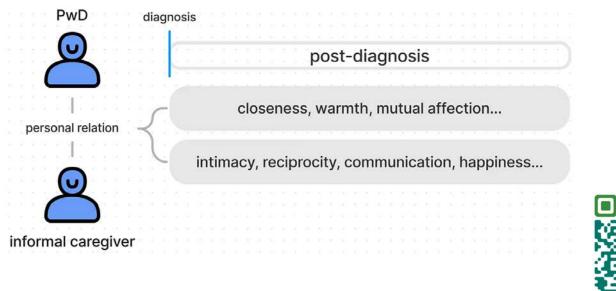
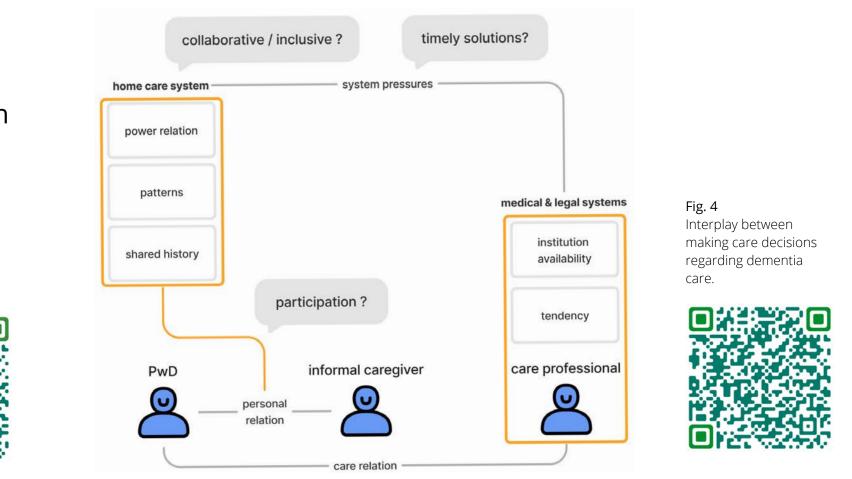


Fig. 3 Factors of relationship (quality) changes.





Materiality

What role can design artefacts/products play in mediating decision-making conversations and recognising PwD's autonomy at home?



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OLLSCOIL NA GAILLIMHE UNIVERSITY OF GALWAY



ARTS



Understanding (Un)Met Social Needs: Case Studies of Immigrant Older Adults with Dementia and Their Caregivers in Portugal

With a Focus on Migrants Originating from United Kingdom and China



This project aims to understand how innovative tools and methods can be integrated in the interview process, to support older immigrants with dementia with varied communication capabilities and preferences, as well as their caregivers, in expressing their (un)met social needs.

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Supervisors:. Liliana Sousa, Oscar Ribeiro, Rita Maldonado Branco, University of Aveiro, Portugal



The Problem

Ageing, dementia and immigrant status each presents distinct challenges to <u>building and maintaining relationships.</u> Key component of 'functional abilities' crucial for enabling wellbeing in older age (WHO 'Healthy Ageing')

- Ageing and retirement : reduced opportunities for social interactions [1]
- Dementia: decline in cognitive and communication abilities further impact relationships and leisure participation [2]
- Immigrant status: additional barriers to social integration due to linguistic and cultural differences [3]
- More than 50% of community dwelling older adults with dementia report unmet social needs, such as the need for meaningful activities and companionship [4].

The understanding of what constitutes social needs, the specific social needs reported by immigrant older adults with dementia and their caregivers, and the existing solutions addressing these needs remain unclear.



Stage 1: Scoping Review: Unmet Social Needs of Community-living Older Adults with Dementia



Stage 2: Understanding the Social Un/Met Needs of Immigrant Older Adults with Dementia and Their Caregivers: Case studies in Portugal

Goal

- To map and summarize the evidence, and identify knowledge gaps in domain of met/ unmet social needs.
- To identify any variations in social needs across the disease progression.

Methods

Scoping review-

<u>Participants</u>: Older adults (≥65 years old) diagnosed with dementia <u>Concept</u>: Met and/or unmet social needs, i.e., social and leisure activities, meaningful occupation

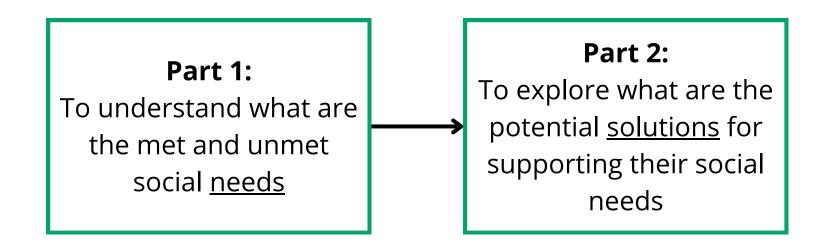
<u>Context</u>: Community- living

Challenges

• Studies may not report type/stage of dementia, which may limit analysis of contribution by such factors.

Goals

To understand the met and unmet social needs among immigrant older adults with dementia and their caregivers in Portugal



Methods

Case studies (n=6-10), open interviews with possible integration of innovative tools and methods, to support the varied preferences and communication abilities of each individual (e.g. walking interviews, photo-elicitation, design probes).

- 5
- In studies using instruments that categorizes social needs into broad categories e.g., daytime activities, company: may limit insights on the exact type and nature of activities desired.

Challenges

 Recruitment and encouraging participation of immigrants
 Maintaining a dynamic and adaptable approach during interviews, to minimize perceptions of power imbalances.



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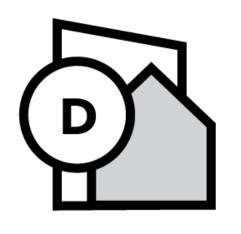






Investigating self-directed play in the context of dementia

Exploring the experience of self-directed play for community-dwelling older adults with dementia



HOMEDEM Codesigning a home with dementia By gaining a deeper understanding of the role of self-directed play in the lives of people with dementia, we can develop more effective strategies and interventions to promote overall well-being and thriving for individuals with dementia in their own homes. Additionally, we can explore the potential for play in older adulthood and reimagine its significance in this stage of life.

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Introduction:

Dementia can have a debilitating impact on individuals living at home [1]. As the condition progresses, they may experience a decline in initiative and motivation, affecting their quality of life and daily activities [2].

Problem:

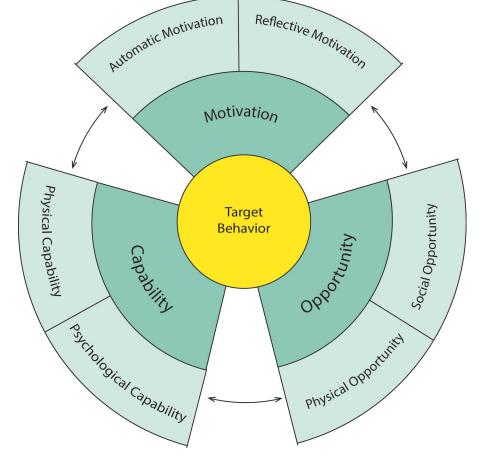
Dementia can impact the ability to maintain autonomy and live comfortably at home. More attention must be directed towards exploring the importance of self-directed engagement for PwD at home and how play can support personhood. We begin this inquiry by first investigating the nature of self-directed playful engagement and the motivations of people with dementia.

Research Questions:

- 1. How do opportunities from the environment inspire people with dementia to play?
- 2. What psychological and physical capabilities influence play in people with dementia?
- 3. What motivates people with dementia to play?

One potential approach to address this issue is self-directed play for individuals with dementia. Self-directed play refers to engaging in play activities initiated and directed by oneself without external guidance [3]. It involves freely exploring and pursuing personally interesting and enjoyable activities, allowing individuals to express their creativity and curiosity [4]. Selfdirected play encourages independent thinking, problem-solving, and decision-making, promoting autonomy and agency in play experiences [5]. By providing opportunities for play, we can tap into curiosity and creativity, helping them find purpose and enjoyment in their daily lives.

However, implementing this approach effectively requires a better understanding of self-directed play for people with dementia. There is limited research on self-directed engagement for people with dementia [6]. Additionally, there is little exploration of the benefits of play in older adults [7]. This research project aims to comprehend the relationship between play, independence, and personhood to support individuals with dementia in living longer at home.



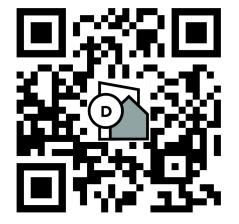
Methods and Collection:

The focus will be on gathering qualitative data to inform design probes. The experience of selfdirected play for PwD, explored through interactive play workshops and interviews, will be considered based on three aspects [8]: capability, opportunity, and motivation. These three aspects are derived from the COM-B Model of Behavior theoretical framework [8]. Participants - 20 PwD.

Daycare Sessions: During a workshop, PwD will be introduced to a set of tinkering objects

Home Sessions: home activity sessions, and semi-structured interviews with PwD and their relatives or informal caregivers. This includes time with the prototype again in the context of home (60 minutes), a reflection conversation on the activity (PwD and caregivers, 30 minutes), and a follow-up interview (with just caregivers 30 minutes).

Fig. 1 COM-B Model of Behavior [8]



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that can be assembled as a circuit with multiple different outcomes. Structure - a general introduction (10-15 minutes), play activity (45-60 minutes), and conclusion (10-15 minutes). In total, the interactive sessions will take place for about 1.5 hours.

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Design process to explore the sense of home while creating.

Current progress : Research process map / Literature reviews / Pre-research



The primary objective of this study is to identify and facilitate home-making processes and dynamics, allowing individuals with dementia (PwD) and their care networks to establish a profound "sense of belonging" and a "sense of home" within the context of dementia villages. This research aim to contribute significantly to dementia care and home-making practices for individuals with dementia.

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01. Research Process Map

Investigating "sense of home" and "sense of belonging"

home and the sense of belonging, this study is anchored in the research process outlined in Figure 01. The methodology is structured around the research steps depicted in Figure 01. Specifically, the literature review will enable the identification of elements and environments contributing to the sense of home. Furthermore, to devise a novel approach to understanding the 'sense of home' and its evolution from the onset of dementia, a patient journey map will be crafted based on case studies. Pilot tests will be executed, ethical guidelines and considerations for data collection will be and comprehensive guidelines will be delineated, formulated.

02. Literature Reviews

Framework for "Sense of Home" by literature reviews

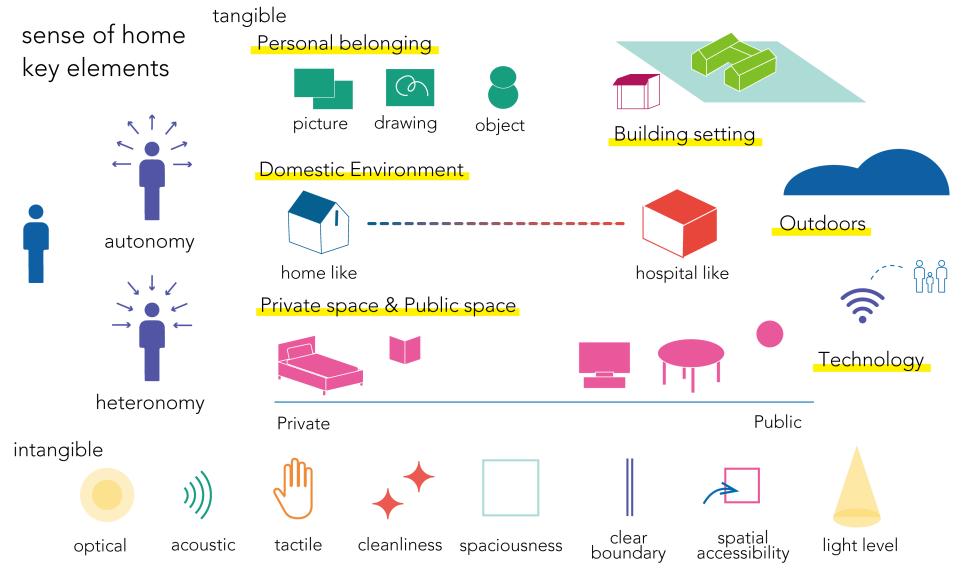
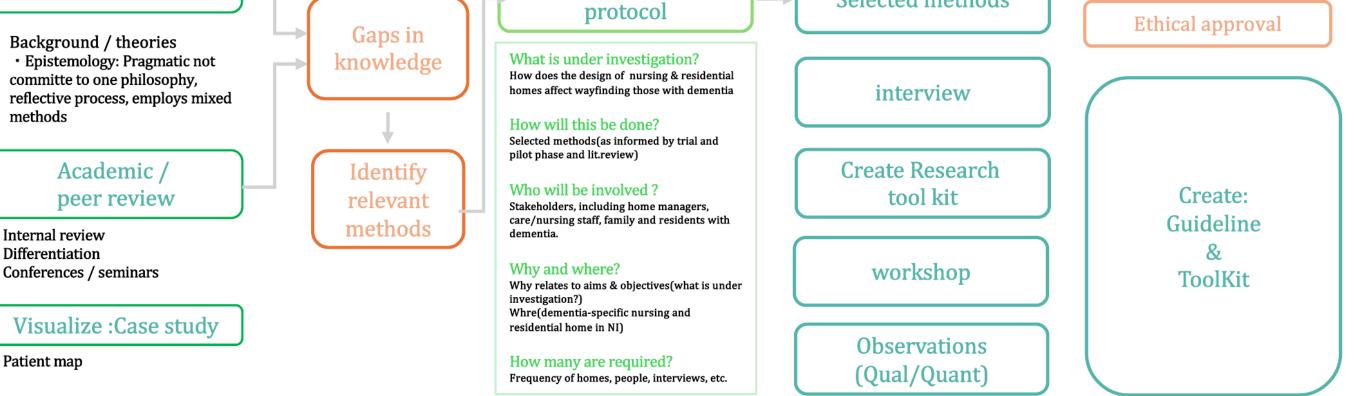


fig.2 Key elements by literature reviews (ongoing)[1]

In considering care homes and environments for people with dementia, it is important to identify how a sense of home[4] and belonging is fostered and what environmental factors are involved. The literature review will clarify how a sense of home and belonging is nurtured and built upon environmental factors[1], narrowing the focus area of this study. After a comprehensive review of previous research, the factors and relationships identified in the literature review are visualized. Based on the literature reviews, the findings, factors mentioned, and overall methodology are currently visualized and organized.



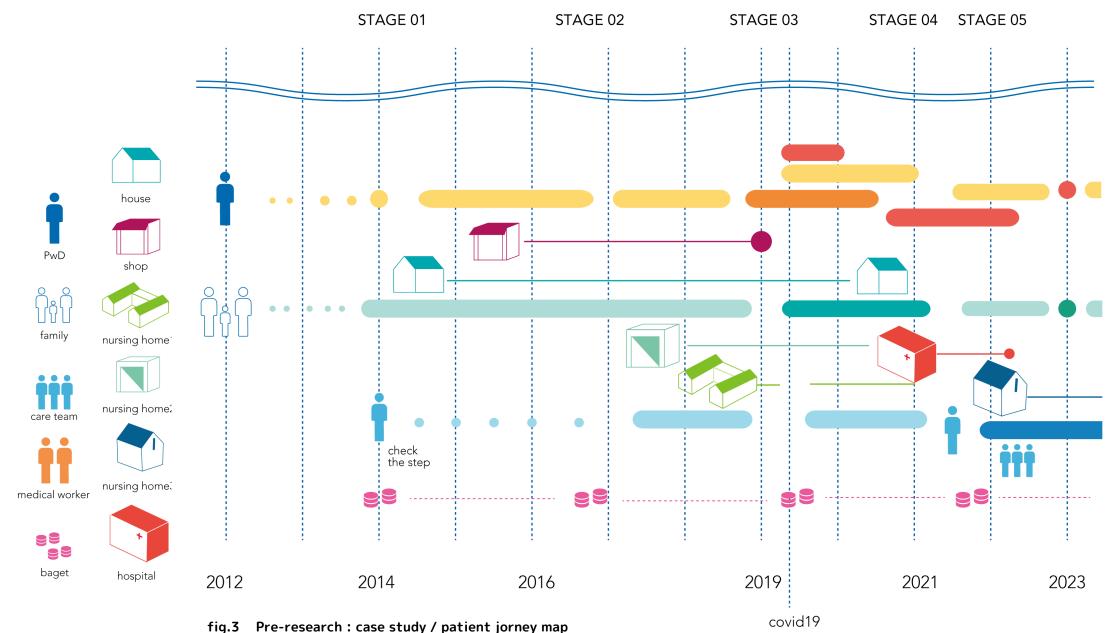
03. Pre-research : case study

Patient Journey Map

fig.1 Research Process Map

To organize the various stages of dementia and determine when to focus research attention on the overall condition, a patient map was created to offer a preliminary overview of changes over time since the onset of dementia in Japan. This map encompasses changes in individuals concerning their environment and provides a comprehensive perspective.

The map primarily includes the patient with dementia, his family, care teams, and doctors. It organizes changes over time and behavioral shifts as he transitions between six different locations, from their homes to his current care facility. In creating this map, I visualized a decade with my grandfather who had dementia. This is positioned as a comparison with the literature review and serves to organize the process of dementia and support systems in Japan. However, it should only be considered as a preliminary organization.





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OF

ARTS



Nightly agitation in people with dementia

Current research update and PhD trajectory



The goal of this project is to develop a tool for nightly agitation in people with dementia to be used by their informal caregivers. The project started with a scoping review to identify behavioural characteristics of nightly agitation and come up with the definition of nightly agitation. Second step involves an ESM study targeting informal caregivers and diving into their experience of nightly agitation in people with dementia. The input from the ESM study will be used to develop a tool in collaboration with Panton.

Ajda Flisar, ajda.flisar@kuleuven.be, KU Leuven (Centre for Care Research and Consultancy)

2023 2024 September October November December January February March April May June

	 Type of study: Scoping review Title: Behavioural characteristics of nightly agitation in people with dementia living at home and in residential care homes AIM: To identify and compare disturbing behaviours of nightly and compare disturbing behaviours of nightly agitation in both populations and Are there differences in identified common disturbing behaviours of nightly agitation between people with dementia living at home and those living in residential care homes? Could identified behaviours of nightly agitation help us coming up with a definition of nightly agitation?
	come up with a definition of nightly agitationSearches: PubMed, Web of Science, CINAHL, Proquest, OSF for preprints Population: Any type of dementia diagnosis Designs: Quantitative and qualitative empirical research, case studies, intervention studies Type of publications: Journal articles, research reports, preprints Context: Community dwelling and residential homes setting Extracted data: demographics, methodology and identified disturbing behaviours
	2024
F	February March April May June July August September October November December
	Type of study: ESM Topic: Identifying disturbing nightly agitation behaviours in people with dementia from the perspective of a caregiver AIM: Exploring the experience of nightly agitation of people with dementia in caregivers Mixed method design: Qualitative: Which items will be used is still to be determined (ESM item repository) Qualitative: Open-ended question as part of the ESM prompt about their needs in specific situations



Quantitative: to be determined based on the input from the results of the scoping review (Publication 1) Qualitative: What are the needs of caregivers to be able to better handle the nightly agitation in home setting --> will be used for the development of the tool (Secondment at Panton)



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Designing an integrated ecosystem for personalised dementia care

Current research update and PhD trajectory



This project aims to identify service design strategies for shaping formal aged care services in a way to maximise the value cocreation across the multiple social actors and support autonomy, citizenship and personhood for people living with dementia and their care constellation.

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Supervisors: Prof. Dr. Daniela Sangiorgi, Politecnico di Milano; Prof. Dr. Eamon O'Shea, University of Galway

Context

•Navigating formal and informal services throughout the dementia care continuum can be often difficult for both people with dementia (PwD and their informal caregivers due to a variety of reasons (e.g., fragmented information, poor collaboration between services, lack of personalised care) [1,2], resulting in "suboptimal care and inadequate support to caregivers" [3]

PhD trajectory

Study 1

Goal

Methods

Develop a **framework** using a service

Study 2

Create **case studies** comparing diverse public

Study 3

Develop **guidelines and** recommendations for

Autonomy, personhood and

citizenship are recognized as key values that should guide dementia care policy and service delivery [4, 5]. However, these are often hard to operationalise in practice [5,6] and difficult to support throughout the continuum of care [7]. ecosystem perspective, to integrate key values of citizenship, personhood and autonomy within formal and informal care resources.

•Narrative literature

review

policies and care ecosystems in Belgium and Sweden to identify how can we a) better integrate these key values throughout the continuum of care and b) improve the collaboration between formal and informal care resources in the dementia care ecosystem.

•Scoping review + archival review

In-depth interviews (12-15)
with PwD, informal and formal carers, practitioners from formal and informal care
services and policy-makers)
Questionnaire: practitioners
from LTC facilities and
community-based services

*Sweden: PPI approach

public policies and service delivery, to maximise the value co-creation of the actors in the dementia care ecosystem and support the key values in available services.

Participatory action
research in Sweden, ideally
with a pre-post method to
analyze if the proposed
intervention had any effect
on the current servicedelivery (details will be
provided at a later point)
Co-creation workshop with
policy-makers

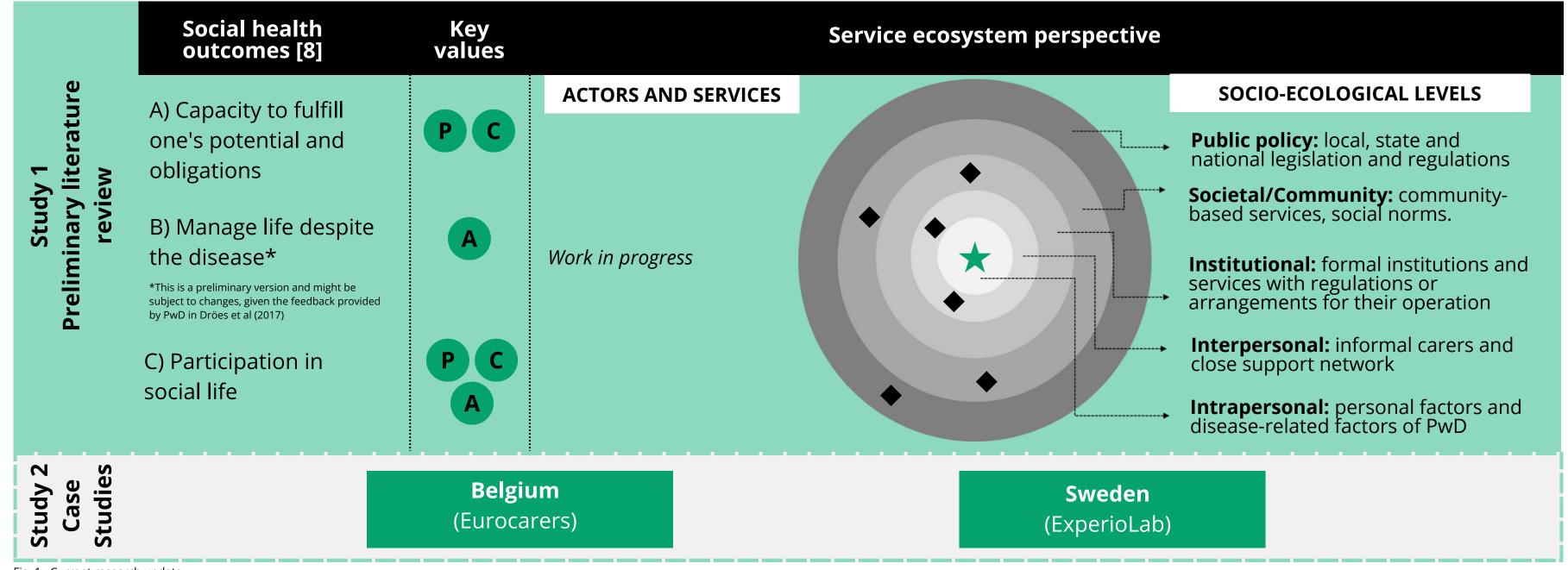


Fig. 1 Current research update



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References:





An Economic Analysis of Autonomy-Enhancing Services and Supports for People with Dementia in Ireland

Current research update and PhD trajectory



The proposed research topic is an economic analysis of autonomyenhancing services, supports, and infrastructure for people with dementia in Ireland. The research aims to investigate the factors influencing the cost of care and admission to long-term care for people with dementia in Ireland, as well as public preferences for home care services for people with dementia.

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Supervisors:

Dr. Sharon Walsh, University of Galway, Dr. Eamon O'Shea, University of Galway

Introduction

Dementia is a leading cause of disability in older populations that significantly impacts quality of life and ability to live independently. Supporting autonomy, choice and selfdetermination is crucial for the wellbeing of people with dementia. Formal care systems need to be more integrated, accessible and focused on enabling autonomy across the full continuum of care. There is limited evidence on public attitudes and willingness-to-pay for autonomy-enhancing care models.

Methods:

The research will utilize a range of data collection methods, including:

Discrete Choice Experiment (DCE) Surveys: These surveys

Objectives:

- 1.To conduct a comparative analysis of existing policy and practice interventions that support autonomy and choice for individuals with dementia living on the boundary of care in Europe.
- 2.To explore the preferences and willingness-to-pay of citizens for a system of care that supports autonomy and choice for individuals with dementia, including the role of design elements.
- 3.To determine heterogeneity in attitudes and preferences among the general public for autonomy-enhancing services and supports for individuals with dementia, with a potential cross-country comparison.
- 4.To develop a common policy dialogue framework for design and dementia.

Literature Review Phase:

A comparative analysis of care systems in Europe is in progress, focusing on existing policies and practices that promote greater autonomy along the continuum of care.

Data Bases:



will be meticulously designed, administered, and analyzed to discern public preferences for autonomy-enhancing care for individuals with dementia.

• Comparative Analysis of Care Systems: A comprehensive comparative analysis of care systems in Europe will entail the meticulous collection and analysis of policy documents, healthcare system data, and practices that foster greater autonomy along the continuum of care in selected countries.



 Policy Dialogue Framework: Qualitative exploration of the role of design in care systems for individuals with dementia across three countries will helps to explore the potential and desirability of design-led psychosocial models of care supporting autonomy and choice at all stages of the care continuum.

 Supplementary Questions in Surveys: Supplementary questions in the survey questionnaire will be leveraged to scrutinize heterogeneity in attitudes and preferences among the general public for autonomy-led care and provision, potentially across different countries with varying health systems, welfare regimes, and socio-cultural norms and attitudes.



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Key findings:

- Person-centered care is crucial for respecting the dignity of individuals with dementia, but it requires continuous adaptation to align with changing healthcare landscapes.
- National dementia strategies prioritize caregiver education and personcentered care training, but their effectiveness depends on factors such as

PubMed, Google Scholar, Web of Science, CINAHL, Grey literature, Policy documents, Evaluation studies, case studies etc

References: text in 15 pt Open Sans

Fous:

Personhood, Design and Technology



https://www.homedem.eu

institutional support and ongoing mechanisms.

- Emerging technologies like artificial intelligence and virtual reality have the potential to revolutionize dementia care, but ethical guidelines are needed to address issues of privacy, consent, and dehumanization.
- Home design plays a pivotal role in supporting personhood and autonomy for individuals with dementia, but existing national dementia strategies lack attention to technology and home design.

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