

# **15<sup>TH</sup> ANNUAL UPDATES ON DEMENTIA: USING STRESS MANAGEMENT & BEHAVIORAL ACTIVATION**

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May 22, 2013



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# Goals of this workshop

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- Teach Skills to you as providers so that you can use them in your everyday employment situation and/or teach them to family caregivers with whom you work
- Observe the extent to which your tension changes with practice in different kinds of stress reduction skills (if it does!)
- Provide resources for future enhancement of your knowledge and skills

# Skill #1: Mindful Breathing and Visualization

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# Deep/Mindful Breathing

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- How to do it:
  - Deliberately & consciously slow your breathing
- Focus is on taking in regular & deep breaths slowly and exhaling the breath equally slowly
  - People often count to themselves while breathing in and then out, to make it more regular and paced

<http://nccam.nih.gov/health/stress/relaxation.htm?nav=gsa>

# Visualization/ Guided Imagery

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- Relax by replacing negative/stressful feelings with a focus on positive, relaxing images in your “minds eye”
- Many ways to use this:
  - Who does it?: You can control your own imagery or be guided by a practitioner; you can use CDs specially made for this
  - How?: Verbal descriptions or internal “storytelling” help move you toward specific calming images that you engage with, in your imagination

<http://nccam.nih.gov/health/stress/relaxation.htm?nav=gsa>



# Research: Visualization/Guided Imagery

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- Treatment group and control group
- For 10 days, the treatment group listened to a 21-minute guided imagery CD in which they were instructed to participate in a variety of relaxation exercises. Examples:
  - Muscle relaxation
  - Imagining relaxing scenes in nature – engaging their senses by seeing, smelling and hearing the nature scene
  - Creating positive & relaxing images of their surroundings

Apostolo, JL., Kolcaba, K. (2009). The effects of guided imagery on comfort, depression, anxiety, and stress of psychiatric inpatients with depressive disorders. *Archives of Psychiatric Nursing*. 23: 403-411.



# Results: Visualization/Guided Imagery

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- Decreased levels of depression, anxiety and stress
- Increased perception of comfort, ease, satisfaction and harmony
- Felt more relief from depressive symptoms
- **Conclusion:** Guided imagery can influence cognition and therefore influence mental states

Apostolo, JL., Kolcaba, K. (2009). The effects of guided imagery on comfort, depression, anxiety, and stress of psychiatric inpatients with depressive disorders. *Archives of Psychiatric Nursing*. 23: 403-411.



# Why do relaxation techniques work?

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- Relaxed is the opposite of “stressed”
- When a person feels stress, the body goes into a fight- or-flight mode
  - Stress hormone is released into the blood
  - Blood vessels constrict
  - Blood goes to the heart and muscles to prepare it for fight-or-flight
  - Breathing rate and heart rate increase

<http://nccam.nih.gov/health/stress/relaxation.htm?nav=gsa>



# Why do relaxation techniques work – continued

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- When the body is relaxed
  - Heart rate and breathing slows
  - Blood pressure decreases
  - Oxygen consumption decreases
  - Less stress hormone released into the body

<http://nccam.nih.gov/health/stress/relaxation.htm?nav=gsa>

# Mindful Breathing or Visualization: Practice in Pairs

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# Instructions: Exercise on breathing

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- Take a deep slow breath in and out for 5 seconds
- Feel your abdomen expand as you do this
- Breath out slowly, to a count of 5
- Breath in again, make every breath slow and steady and exactly the same as the one before it
- When breathing out, concentrate on expelling all the air in your lungs and keep it going as long as you can
- Stay relaxed for a few second before you inhale again

Taken from: [getselfhelp.co.uk](http://getselfhelp.co.uk)



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# Instructions for Visualization

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- Imagine a place where you can feel calm, peaceful and safe.
- It may be a place you've been to before, somewhere you've dreamt about going to, or maybe somewhere you've seen a picture of.
- Focus on the colors in your peaceful safe place.
- Now notice the sounds that are around you, or perhaps the silence.
- Think about any smells you notice there.

# Instructions for Visualization continued

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- Then focus on any skin sensations - the earth beneath you, the temperature, any movement of air, anything else you can touch.
- Now while you're in your peaceful and safe place, you might choose to give it a name, whether one word or a phrase that you can use to bring that image back, anytime you need to.
- You can choose to linger there a while, just enjoying the peacefulness and serenity. You can leave whenever you want to, just by opening your eyes and being aware of where you are now.



# Mindful Breathing and Visualization: Discussion

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- What are issues or barriers with either mindful breathing or visualization?
- How can these be used clinically?

# Skill #2: Behavioral Activation or How to add Positive Activities into your everyday life to buffer against stress

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# Steps to follow in BA

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- Begin with some questions: For example: How are you currently spending your time? **Better: work with the person to identify potentially positive activities that they are not doing now: Ask what they used to enjoy. Can it still be done now? If not, how could it be modified to become more do-able?**
- GOAL #1: To identify specific activities or situations that could be **added into** the person's day, that are associated with a positive mood
- GOAL #2: To help the person to schedule and track these pleasant activities every day and notice if there really *is* an association between mood & activities
- Goal #3: To encourage the person to revise or modify their "list" based on their changing needs and their observations about what works & what doesn't work. This is truly a learning process!





# It's Also Important To:

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- 1. Make a “Top 10” List to get started
- 2. think about barriers to doing each of these things
- 3. try to problem solve and devise a plan around the barriers

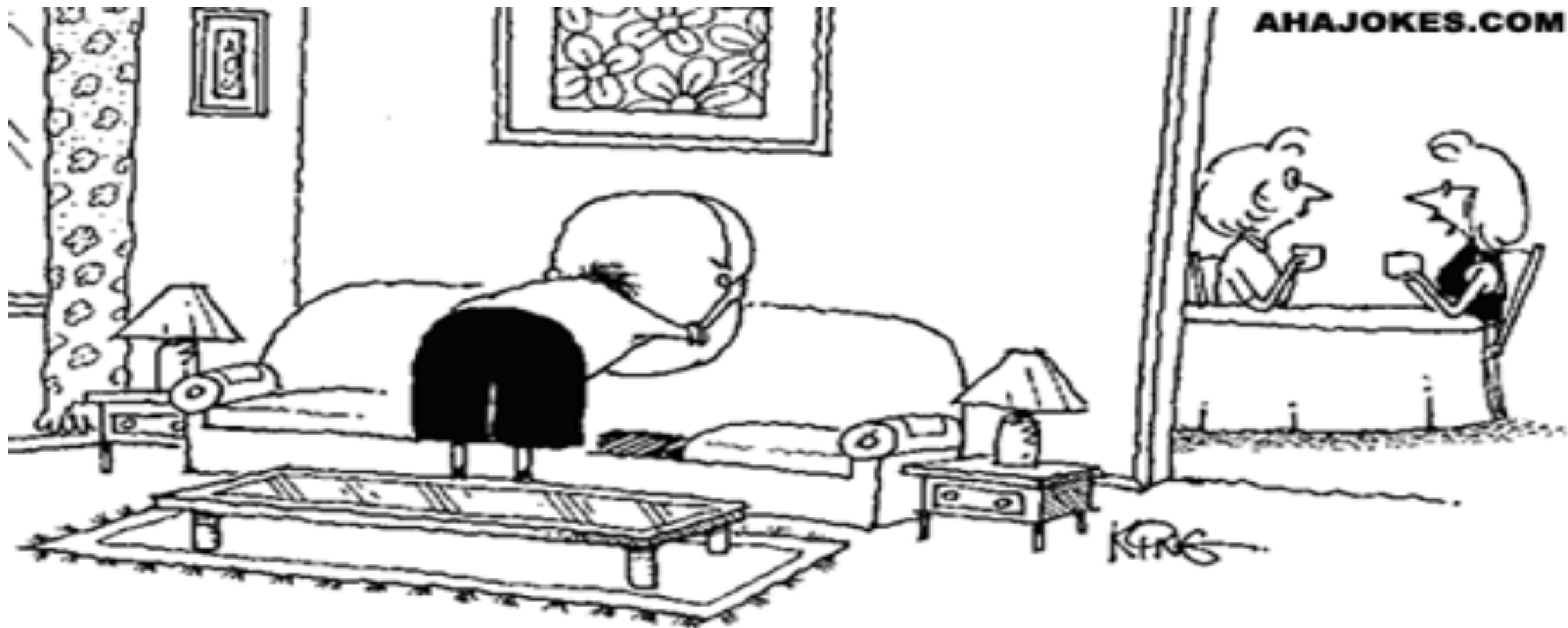


# Mantra: Four Pleasant Activities a Day Keeps the Blues Away

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- They don't need to be “big things”
  - Ex. Drinking a favorite cup of coffee or tea, walking around the neighborhood, looking at clouds, smelling the flowers in your garden – may raise your mood
- Activities do need to be **consciously chosen** and **deliberately done** to experience control

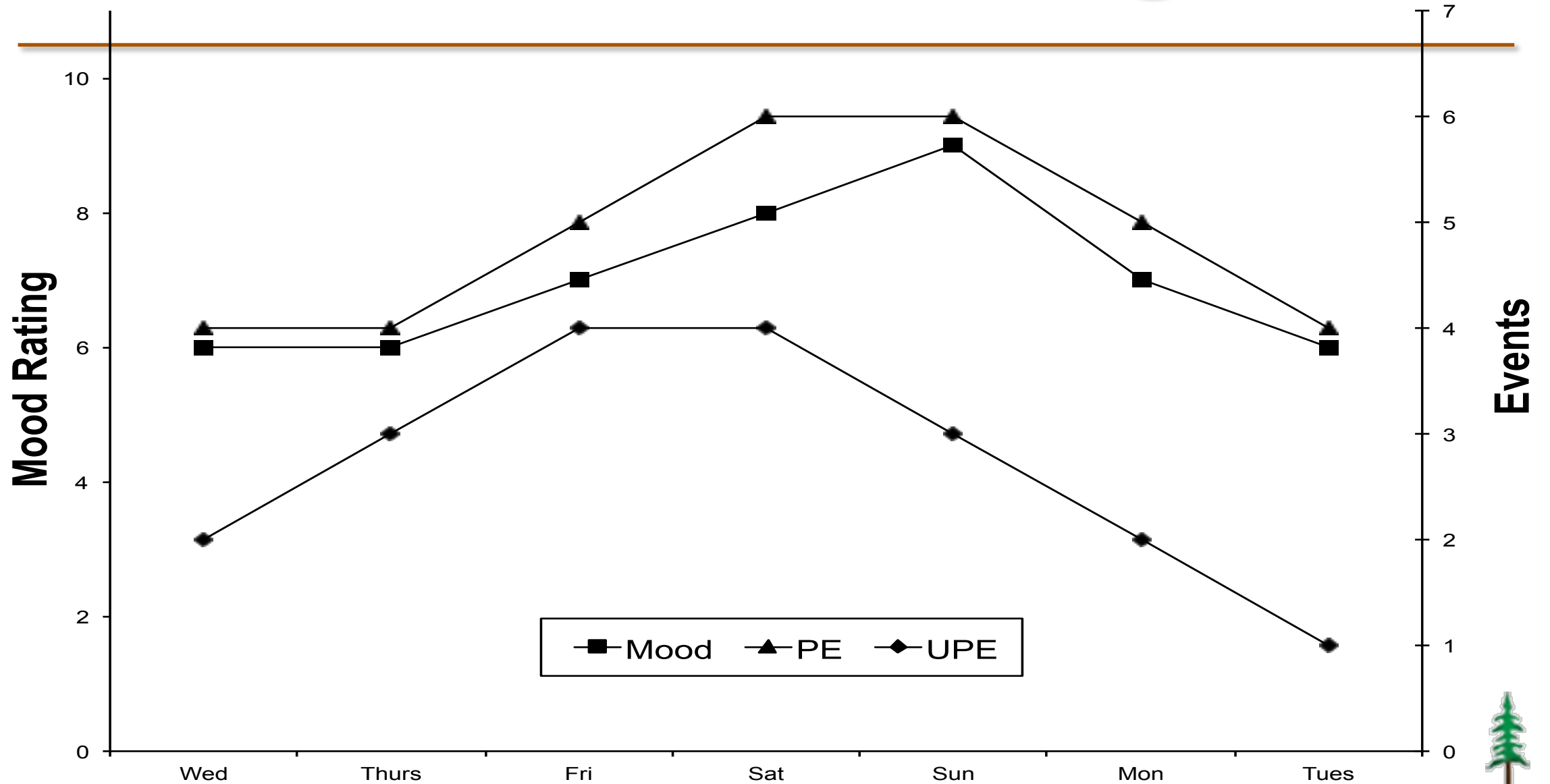




The doctor said he needed more activity. So I hide his T.V. remote three times a week.



# If Pleasant Events are High



1. Events/activities control mood

2. You can control activities and events to some extent

3. You can control your mood (to an extent)

4. Leads to an increase sense of control

5. Increase sense of self efficacy or mastery for reducing depression and improving quality of life



# Behavioral Activation: Practice in Pairs

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# Instructions for Exercise – Role Play

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- Jane is a very depressed, Caucasian, 85 year old woman with early stage dementia. She complains of having very little energy resulting in difficulties with getting herself out of bed and taking care of her basic needs, including hygiene and eating regularly. She expresses deep sadness and distress and is very emotional.
- She also expresses difficulties adapting to living in a residential care facility because it is much smaller than her home.
- She doesn't know how she will maintain old friendships since she's had to move.

# How to help Jane

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- How is she currently spending her time?
- What activities did she enjoy doing before moving into the facility?
  - Make a “Top Ten” List ( just 5 today, since time is short....)
- What are some barriers to these?
- What are possible solutions to the barriers?





# Behavioral Activation: Discussion

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- What are some issues or barrier with behavioral activation?
- How can behavioral activation be used clinically?



# Skill #3: Use Music to Help Reduce Stress

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# Individualized Music for Elders with Dementia


## An Evidence-Based Practice Guideline

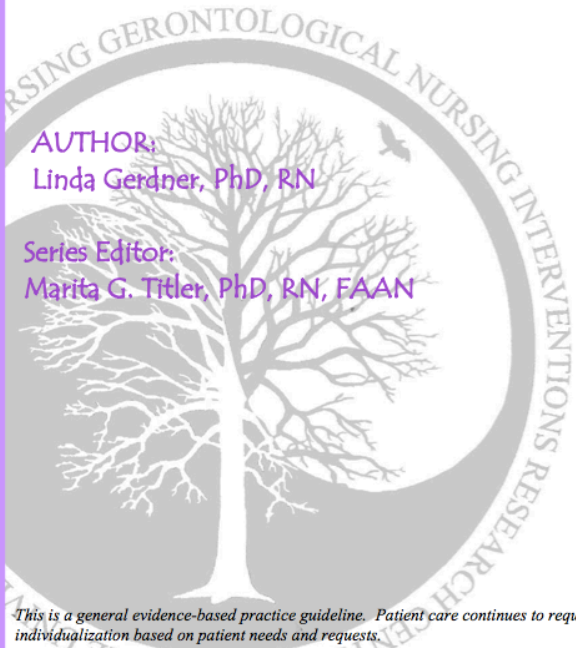
### Music Intervention

- Can be used by:
  - Nursing or activity staff, assistants, volunteers
- 30 minute intervention sessions
- Utilizes Questionnaires and Measures to assess impact & other tools to monitor progress
- Staff are also assessed for increase in their knowledge about how to set up this kind of program on an individual level

The University of Iowa College of Nursing GNIRC Research Translation and Dissemination Core (RTDC)

EVIDENCE-BASED PRACTICE GUIDELINE

INDIVIDUALIZED MUSIC FOR ELDERLY WITH DEMENTIA 



AUTHOR:  
Linda Gardner, PhD, RN

Series Editor:  
Marita G. Titler, PhD, RN, FAAN

*This is a general evidence-based practice guideline. Patient care continues to require individualization based on patient needs and requests.*

The guidelines in this series were produced with support provided by Grant #P30 NR03979, [PI: Toni Tripp-Reimer, The University of Iowa College of Nursing], National Institute of Nursing Research, NIH.

Individualized Music for Elders with Dementia  
© The University of Iowa Gerontological Nursing Interventions Research Center  
Research Translation and Dissemination Core  
Written 1996, Revised 04/07

**INDIVIDUALIZED MUSIC**



# Research: Using Music With Dementia Patients

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- During the morning routine, while caregivers helped the person with dementia get ready, music played in the background
- The caregiver sang along with the music and *sometimes* sang to the patient

Götell, E., Brown, S., Ekman, SL. (2009). The influence of caregiver singing and background music on vocally expressed emotions and moods in dementia care: A qualitative analysis. *International Journal of Nursing Studies*. 46 (422-430).



# Results: Using Music with Dementia Patients

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- The music helped facilitate communication between caregiver and patient
- Positive emotions increased
- Aggressiveness decreased
- Only background music: playfulness increased
- If the caregiver sang: sense of sincerity and intimacy increased



# Different types of music therapy

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- 2 techniques:
  - Active music therapy: playing an instrument, singing or producing music in some way
    - Music and rhythmic skills remain even after people with dementia lose verbal abilities
  - Receptive music therapy: listening to music
    - Analytical: use music to trigger emotions
    - Psycho-musical relaxation: treat psychological and behavioral disorders
    - Reminiscence: encourages work on reminiscing over autobiographical memories as they relate to popular music of the patient's era

Guetin, S., Charras, K., Berard, A., Arbus, C., Berthelon, P., Blanc, F., et al. (2012). An overview of the use of music therapy in the context of Alzheimer's disease: a report of a French expert group. *Dementia*. 12(3). 1-16.



# What happens during music therapy in the brain?

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- Biochemical mediators are involved in musical experiences
- Music causes the two hemispheres to interact
- Imaging shows that neuronal networks and many areas of the brain activate in order to process music
  - Cognitive processing (attention, memory, perception)
  - Sensorimotor processing
  - Emotional processing (social cognition)
    - Emotionally charged music encourages recall of autobiographical memories especially since memories are better encoded when high emotion is involved

Guetin, S., Charras, K., Berard, A., Arbus, C., Berthelon, P., Blanc, F., et al. (2012). An overview of the use of music therapy in the context of Alzheimer's disease: a report of a French expert group. *Dementia*. 12(3). 1-16.



# YouTube Clip



<http://www.youtube.com/watch?v=NKDXuCE7LeQ>



# Music: Discussion

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- What are some issues or barriers to using music therapy in your setting or with your clients? With family caregivers?
- How might you address these issues?
- How can you incorporate this approach into your facilities/treatment plans/caregiver education?



# Tips for Music Therapy

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- Personalized Music
  - Get the playlist right - find out *individual* tastes and preferences
- Keep it simple – make sure they know how to use the player and use headphones that go over the ear
- Be Patient – Sing along!
- Keep it special – don't leave the player on all the time
- **Goal: Help People Remember Who They Are**

# Other Techniques for Stress Management

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- **Exercise/Physical Activity** (Bridle, Patel, Atherton, Lamb, 2012)
  - Mixed exercise (endurance and strength training) and physical activity for older adults is linked to reduced severity of depression
- **Meditation** (Chen et al. 2010)
  - Improved perceived stress, mood, sleep and blood pressure after an 8 week intervention for adults with cognitive impairment
- **Yoga** (Chi, Jordan-Marsh, Guo, Xie and Bai. 2012)
  - Improved sleep quality and decrease in: depression, sleep disturbance and daytime dysfunction after 6 months of yoga exercises (in assisted living)



# Other Techniques - Continued

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- **Tai Chi** (Inees, Selfe, Brown, Rose, Thompson-Heisterman 2012)
  - Reduced depressive symptoms (but there may be balance issues)
- **Social Activities** (Haley, Levine, Brown, Bartolucci, 1987)
  - Greater life satisfaction with increased social support or social activities - this is a consistent finding across many studies, both in the home and in long-term care settings

# Five Final Recommendations for Managing Stress

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- **Express gratitude.** Think about all the things in your life you're grateful for – including people. Write it down in a journal or share with others
- **Foster optimism.** Write down the best possible future for yourself.
- **Practice kind acts toward others** (friends or strangers) in different ways – anonymously, in the moment or with planning.
- **Recap and absorb the joys of life** by just thinking about them, writing/drawing or telling others about it.
- **Learn to forgive.** Write (in a journal or letter) to let go of anger.



# Resources/Contact Info

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- National Center for Complementary and Alternative Medicine (NCCAM): Relaxation Techniques
  - Relaxation techniques:
    - <http://nccam.nih.gov/health/stress/relaxation.htm?nav=gsa>
  - What people aged 50+ discuss with their health care providers:
    - <http://nccam.nih.gov/news/camstats/2010/introduction.htm>
- To learn more in depth about behavioral activation and receive access to YouTube video tutorials, please fill out the survey at:
  - <http://sgec.stanford.edu/training/behavior-activation.html>



# References for “other techniques”

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- Inees, KE., Selfe, TK., Brown, CJ., Rose, KM., Thompson-Heisterman, A. (2012). The effects of meditation on perceived stress and related indices of psychological status and sympathetic activation in persons with alzheimer’s disease and their caregivers: A pilot study. *Evidence-Based Complementary and Alternative Medicine*. Volume: 2012. doi:10.1155/2012/927509.
- Haley, WE., Levine, EG., Brown, SL., Bartolucci, AA. (1987). Stress, appraisal, coping and social support as predictors of adaptational outcome among dementia caregivers. *Psychology and Aging*. 2: 323-330.

# Thank You!

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- Stanford Geriatric Education Center: we provide more extensive training in many of these skills; feel free to contact us to inquire <http://sgec.stanford.edu> or call us: (650)721-1023
- More resources on dementia and Alzheimer's disease at: [http://sgec.stanford.edu/resources/dementia\\_and\\_caregiving.html](http://sgec.stanford.edu/resources/dementia_and_caregiving.html)
- Feel free to contact me directly if you would like to pursue any of these skills further: Dolores Gallagher-Thompson, PhD  
[dolorest@stanford.edu](mailto:dolorest@stanford.edu) / (650)400-8172