



JAMDA

journal homepage: www.jamda.com

Clinical Experience

Developing Evidence for Football (Soccer) Reminiscence Interventions Within Long-term Care: A Co-operative Approach Applied in Scotland and Spain

Laura Coll-Planas MD^{a,b,*}, Karen Watchman PhD^{c,1}, Sara Doménech PhD^{a,b},
David McGillivray PhD^d, Hugh O'Donnell PhD^e, Debbie Tolson PhD^c

^a Fundació Salut i Envel·liment (Foundation on Health and Ageing), Universitat Autònoma de Barcelona, Barcelona, Spain

^b Institute of Biomedical Research (IIB Sant Pau), Barcelona, Spain

^c School of Health, Nursing and Midwifery, University of the West of Scotland, Hamilton, United Kingdom

^d School of Media, Culture & Society, University of the West of Scotland, Paisley, Glasgow, United Kingdom

^e Department of Social Sciences, Media and Journalism, Glasgow School for Business and Society, Glasgow Caledonian University, Glasgow, United Kingdom

A B S T R A C T

Keywords:
Dementia
long-term care
reminiscence
football
loneliness

Loneliness is a common experience within long-term care and, to promote well-being and quality of life among people with dementia, it is important to draw upon a repertoire of strategies that provide social stimulation, companionship, and enjoyment. This paper describes and reflects on a program of co-operative social participatory research that sought to introduce football-focused (ie, soccer-based) reminiscence based in 4 community settings within Spain and Scotland. Findings are reported and inform an original conceptual model that supports the introduction of sustainable approaches to the development of football-focused reminiscence with and for people with dementia.

© 2017 AMDA – The Society for Post-Acute and Long-Term Care Medicine.

Dementia is a major public health concern worldwide.^{1,2} Dementia-related changes, which include impaired cognition, memory loss, communication difficulties, and behavioral changes, can reduce an individual's confidence to participate and engage in social activities, increasing the likelihood of isolation and loneliness. Loneliness is considered a geriatric syndrome and, surprisingly, its magnitude in long-term care facilities is not known but

thought to be high.³ However, feelings of uselessness and meaninglessness, which fuel loneliness, are frequently reported within long-term care settings.⁴ Loneliness in people with dementia leads to faster cognitive decline, depression, poorer ability to make decisions, reduced physical activity, and increased frailty.^{5,6} Interventions to address loneliness and social isolation within nursing homes have included volunteer visits to provide support; cognitive behavioral therapy; Internet training; companion-type robots^{7,8}; animal-assisted therapy⁹; contact with children, pets, and plants; and humor therapy through clowns.^{10,11} Although some of these specific innovations have been proven effective and may appeal to some residents, many older people long for human relationships and reciprocity in giving and receiving,^{4,12} hence the importance of human interaction and psychosocial interventions within dementia care.¹³ Systematic reviews, however, reveal an inconclusive evidence base in terms of the effectiveness of loneliness interventions, indicating that theoretically informed, group-based interventions that harness community resources yield the most promising results. This resonates with the theory-driven work of Coll-Planas et al¹⁴ that promotes the use of social capital to alleviate loneliness among older people.

Karen Watchman and Sara Doménech contributed equally to the manuscript. The authors declare no conflicts of interest.

The Scottish project was funded by Alzheimer Scotland Pilot Study Fund and conducted by a research team led from the University of the West of Scotland. The Spanish project was promoted and financed by the Spanish Federation of Associations of Former Football Players (FEAFV) and led and coordinated by the Foundation for Health and Ageing (FSiE) at the Universitat Autònoma de Barcelona (UAB) with the scientific advice of the University of the West of Scotland.

* Address correspondence to Laura Coll-Planas, Fundació Salut i Envel·liment UAB, Casa Convalescència UAB, C/ Sant Antoni M. Claret 171, 4a planta, Barcelona 08041, Spain.

E-mail address: Laura.Coll@uab.cat (L. Coll-Planas).

¹ Karen Watchman conducted this research at University of the West of Scotland. Present address: Faculty of Health Sciences and Sport, University of Stirling, Stirling, United Kingdom.

Reminiscence

Reminiscence is one of the most popular interventions in practice in nursing homes.¹⁵ Reminiscence therapy provides cognitive stimulation for people with dementia. It consists of those people thinking about their own past experiences to reactivate their personal past and maintains the subject's personal identity by presenting facilitating stimuli such as objects or pictures. Past memories linked to significant life moments act as therapeutic and guiding elements for people with dementia, providing a sense of belonging. Structured reminiscence around the experiences of a person's life involves the use of selected facilitating stimuli to evoke significant and personalized memories. Reminiscence therapy is also used to stimulate communicative interactions and minimize social isolation, encouraging interaction between participants.^{16–18}

Importantly, there is growing evidence indicating the therapeutic potential of reminiscence; a recent meta-analysis showed positive results for cognition and depressive symptoms.¹⁹ Moreover, some results also show favorable effects on dysphoria and agitation in residents with dementia, like those from the LEAP program.²⁰

Individualized reminiscence in nursing home residents has been shown to be effective in several studies.^{21,22} One-to-one interventions allow a high commitment to person-centered care and life-story work. An alternative option is to provide group-based reminiscence interventions framed around a shared interest. In this regard, there has been a growing interest in sports-based reminiscence topics within long-term care. Scottish football-focused (ie, soccer-based) reminiscence projects have demonstrated enthusiasm from those with an interest in the sport to engage in community-based activities and groups, including large-scale reminiscence events at stadia.^{23,24} In the United States, baseball-focused reminiscence is growing in popularity.²⁵

Football: From a Collective Social Memory to a Reminiscence Tool

Historically, European football clubs and their associated cultural practices have played an important role, socially and culturally, in the lives of working-class men in particular. Football offers a means of enhancing social relationships, tying people together through reciprocal relations based on mutual identification and trust, alongside shared “memory” of certain signs, symbols, sounds, and places. Football supporters have an emotional attachment to the place that their club plays at, providing an important social identity,²⁶ and an affectionate relationship to the ground that is regularly revisited.²⁷ The psychological importance of the football club to a town or city is a source of “topophilia—a love of place.”²⁸ The tie is so strong because the ground and club provide a hugely significant and comforting social bond—where people can interact with like-minded individuals.

The appeal of football within both Spain and Scotland, the sociability of football spectatorship, and its association with both private and collective memories make it an ideal vehicle through which to develop both sociable and potentially therapeutic reminiscence interventions.

Project Aim

This article describes a co-operative approach to developing a theoretical and practice-driven evidence base to inform the delivery of football-based reminiscence to older people with cognitive impairment in long-term care contexts.

The overall project aim was to develop a conceptual model for practice, drawing upon the football reminiscence implementation studies undertaken within Spain and Scotland, and enriched by theoretical frameworks.

Methods

The projects in Scotland and Spain were delivered between 2013 and 2015; both took a co-operative-inquiry approach and enabled sequential engagement in different study sites. Research teams based within Scotland and Spain worked co-operatively to share ideas, developed project methods, and compared experiences and findings related to introducing football reminiscence within 4 different settings.

Study Sites

In Spain, 3 study sites were engaged, each from a different city: 1 day hospital from Barcelona and 2 nursing homes from Valencia and Bilbao.

In Scotland, 4 geographically close urban care homes operated by the same service provider within the Lanarkshire area participated.

Football Reminiscence Implementation Guide

Drawing on our previous research,²⁹ we developed a template for guidance in the delivery of community-based structured football reminiscence called “Principles and Practice Guide for Developing Football-Focused Reminiscence With People With Dementia” (Appendix 1). This was used as a starting point for the project teams working in Spain and Scotland to adapt for local implementation and evaluation within the respective study sites.

For brevity, we will report the 3 consecutive projects undertaken in Spain first, followed by the Scottish project. In practice, there was an ongoing iterative and co-operative process of discussion between the Spanish and Scottish projects so that implementation lessons could be shared and adjustments made to improve practices for immediate benefit to recipients of the reminiscence sessions, rather than waiting until the end of the project.

Implementation Projects Undertaken in Spain

Three football-based reminiscence programs were conducted, one in each city, in Barcelona, Valencia, and Bilbao.

Inclusion criteria

For each of the 3 Spanish sites, a maximum number of 10 older adults per group was sought. Participants had to be aged 65 years and older, with mild cognitive impairment or mild to moderate dementia (Global Deterioration Scale 3, 4, or 5³⁰) and interested in football in order to be eligible for the Spanish study. Exclusion criteria were participants who did not understand Spanish, were not able to participate in a group dynamic (as a result of severe behavioral, sensory, and/or mental disorders), and participants comorbid with terminal illness.

Participants' characteristics

A total of 20 participants were recruited—5 in Barcelona, 8 in Valencia, and 7 in Bilbao. Three of the participants were women, and 13 had a low educational level. Four participants were recruited in Valencia despite having no cognitive decline because of the difficulty of finding enough people in the chosen nursing home fitting the profile with an interest in football and willing to participate. Three former football players with cognitive impairment were included in Valencia (n = 2) and Bilbao (n = 1).

Characteristics of the program

A 12-week structured program comprising 11 weekly, 2-hour football reminiscence sessions was delivered in the 3 settings. The program was tailored to the specificities of each of the 3 intervention

Download English Version:

<https://daneshyari.com/en/article/5637008>

Download Persian Version:

<https://daneshyari.com/article/5637008>

[Daneshyari.com](https://daneshyari.com)