



## REMINISCENCE THERAPY IN 6 QUESTIONS

Reminiscence therapy involves evoking and sharing memories using different media such as pictures, music, sound archives, household objects or personal items. This therapy is based on memories from the past that are preserved for a long time in dementia.

1

### For whom and why?

**Reminiscence therapy is aimed** at people with mild to moderate dementia. In group of 6 to 12 people, this therapy is indicated to improve social interactions, communication and quality of life.

Individually, this therapy is indicated to improve mood, depressive symptoms, quality of life and to avoid or reduce social withdrawal.

2

### How is the intervention conducted?

**A reminiscence therapy programme lasts between 8 and 12 weeks** with one 1-hour session per week.

The group sessions aim to evoke and share personal memories with all participants and follow a similar pattern: welcome and introduction of participants; presentation of the theme of the session and materials; evocation of memories ensuring that each participant can share his or her memories; presentation of the theme for the next session. Family caregivers and care staff may join the sessions.

Individual sessions allow the person to tell their life story. The presence of a family member or friend is useful to help identify useful materials and memories. Each session reviews the previous one and goes through a particular period using personal objects to help evoke memories. At the end of the session, preparation for the next session with materials to be brought or planned. The sessions lead to the writing of a book on the person's life story.

3

### What are the benefits?

#### **Observed effects**

are an improvement in quality of life, cognition, communication, and a decrease in psychological and behavioural symptoms (depression, anxiety, agitation, etc.).



## 4 How does it work?

Reminiscence therapy targets and involves 3 areas:

- Cognitive: stimulation of past memory, autobiographical memory and verbal communication.
- Emotional: memories are associated with positive and negative emotions that are shared with others.
- Social: sharing memories, social interactions, conversations around common interests, getting to know others better.



## 6 Who can provide reminiscence therapy?

**No professional qualifications are required.**

In groups, all care staff with good knowledge of cognitive impairments and person-centred care can provide the sessions. In individual sessions, when people show depressive symptoms, professionals should have skills in therapeutic support. Care staff need to be able to support and manage possible negative emotions caused by certain memories.



**Do not forget your glasses and/or hearing aids if you need them.**



**Your participation in the sessions is free. You will always be asked if you wish to participate.**

## 5 When is it contraindicated?

**Reminiscence therapy is not recommended** when the person is agitated or has difficulty hearing or seeing despite hearing aids or glasses.

This therapy is contraindicated in people with alcohol-related dementia where old memory impairments are present. In the case of group sessions, it is not recommended to include people who have suffered abuse or post-traumatic stress. Indeed, the sessions could evoke painful memories and negative emotions difficult to manage.

**In all cases, it is necessary to discuss it beforehand with professionals.**

This sheet is adapted from a chapter in the guide *Psychosocial interventions and dementia: understanding, knowing, implementing* which presents 10 psychosocial interventions.

