

Alzheimer's doll therapy is a known resource in working with dementia patients. Using a Teddy Bear or a Baby Doll can be a very effective way for a person with Alzheimer's or any kind of dementia to decrease stress and agitation. A caregiver can use doll therapy for dementia patients as a way to put responsibility, caring and structure back into the lives of those afflicted with Alzheimer's. Working with a realistic doll has to be introduced to those with Alzheimer's very carefully. A doll or teddy bear can be seen as a welcoming grandchild or the little sibling of their youth or the Alzheimer's patient can fear the therapy doll as an unwanted responsibility.



Bruce Barnett, managing principal at Healthcare Products writes:

Many long-term facilities are turning to doll therapy to help their residents. Some therapists use the term "Nurture Therapy," as they feel it is more appropriate when dealing with adult patients compared to children.

No matter what it's called, there are good reasons to consider this type of therapy in your community for residents in a memory care unit or who have dementia. Residents play and hold specifically weighted, dressed dolls as a way to promote conversation. I have seen patients who have not spoken in months start "cooing" to the doll and advancing to small verbalizations like "does baby want a bottle?" to actually resuming full communication.

It is amazing, and it is because the doll triggers something in the patient that causes them to speak. Patients have escorted me to wash, dry and fold the doll's knitted clothing. This is not just a phenomenon for women. I have seen men who have a tendency to wander keep the weighted baby on their lap, while cuddling and rocking it. Many think it is their grandchild.

A therapist can encourage residents to sing to the doll, and pass it around. We do have to be sensitive: Not all patients want to be included in doll therapy. There are others who don't want their "baby girl" referred to as a boy, or as "it."

I find that doll therapy needs to be introduced gradually, as you don't know how the resident will react. For example, I usually sit down with the resident, and I hold the doll. They ask me what it is and I say (depending on the gender of my patient) "this is little Madeleine, my baby girl." I do not want the resident to think the baby is his or hers, and I do not want them to have the responsibility for the baby until he or she asks. I then put the doll on my lap, face down, touching my resident's leg. He or she will start petting the doll's head after becoming comfortable.

Next, sometimes a parental instinct kicks in, and he or she will put a cushion under the doll or a sweater on her. Then, he or she may even take over and hold the baby and say that she is hers.

Realize that residents can become possessive or, conversely, shy away from the responsibility. I move slowly until I know what the level of acceptance is. If I find that the resident is becoming stressed during our session, I will put the doll to bed. Later, when we are about to do something totally different, I sum up the therapy for the day by changing the baby.

Over time the residents usually get involved and take over all the chores I have done and start their own nurturing based on their ability and imagination. Their time together with the doll can go on for hours.

I always want to observe the needs and happiness of my residents. Doll therapy is not for everyone but we patiently introduce it to see if it can help us communicate and relieve the frustration of this disease.

Not all dolls are Alzheimer's Dolls. The proper Alzheimer's Doll to be used in therapy needs to be lifelike in feel and weight as well as having clothing that can be played with. They definitely do not need to speak or cry. Just having a doll on hand may be what helps your non-verbal residents start communicating.

Whether it is realistic baby doll, a heated bear or a furry fish shaped doll, doll therapy for dementia and Alzheimer's patients can really work!"

