

**Name:** Emily Shoesmith

**PhD Title:** A Pilot Study: Investigating the impact of person-centred art therapy on individuals living with dementia

**Mode of Study:** Full-time

**Supervisory Team:** Professor Claire Surr, Dr Divine Charura, Dr Glenn Williams

### **Background:**

There is a broad consensus that the principles of person-centred care underpin best practice in the field of dementia care and they are reflected in many of the recommendations made in the NICE guidelines (NICE, 2006). The principles emphasise the importance of the human value of people with dementia, their individuality, and the importance of their perspective, relationships and promoting their well-being. The arts and the person-centred approach appear to be a complementary combination. Arts practice and person-centred practice share the same view of human nature (Innes & Hatfield, 2004). They both believe in fulfilling the creative potential of the individual and focus on the emotional well-being of the person (Kitwood, 1997). When an art intervention adopts the person-centred approach, a meaningful activity is created for individuals living with dementia, providing stimulation and allowing expression of individuality (Wickland & Basting, 2009).

Those living with dementia in the community can experience care and experiences that are not person-centred, which poses threats to aspects of their self-identities, as they are not able to access meaningful activities or maintain roles and relationships due to the impact of the dementia (Beard & Fox, 2008; MacRae, 2011; Phinney et al., 2013). This can lead to increased occurrence of behaviours such as agitation, apathy and conditions such as depression, which are bad for the person and create increased burden on family caregivers.

Person-centred art therapy is heavily under-researched, despite previous literature showing person-centred arts activities may be beneficial (Sauer et al., 2016; Kim & Park, 2016). There is a rapidly increasing demand for the development of person-centred psychosocial interventions, aimed at improving the quality of life of individuals with dementia and their caregivers (Mirabella, 2015). More robust studies of art therapy using specific intervention designs and adopting the gold standard randomised controlled trial (RCT) design need to be conducted. However, prior to this happening, a clearly designed and operationalised art therapy intervention needs to be identified, developed and tested for acceptability and feasibility (MRC guidelines, 2006).

### **Aims and Objectives:**

- Design an arts based intervention for people with dementia, using existing literature and guidelines, and refine this in response to consultation with people with dementia and experts.
- Assess the feasibility and acceptability of the arts based intervention for people with dementia, their relatives/friends and the professional facilitators.
- To select and test suitable outcome measures for use in future evaluations
- Investigate whether attending the arts based intervention has an impact on outcomes including quality of life and cognition.

## **Study Design and Methods:**

### **Study One:** Qualitative Interviews

Qualitative interviews will be conducted to refine the development of the intervention and help to define relevant components. The study design will be a qualitative inquiry using in-depth, semi-structured interviews, involving either one-on-one interviews or focus groups. The content of the interview will be designed based on the findings of a systematic literature review and will be used as a guidance, rather than rigid, predetermined questions.

### **Study Two:** Pilot Study – small scale study conducted to test feasibility and acceptability of the art intervention

The design is a mixed-methods, quasi-experimental pre/post design, to examine the feasibility and acceptability of implementing a person-centred arts based intervention, and the impact of this intervention on people living with dementia. The pilot study will also assess acceptability, feasibility and implementation aspects of the intervention, such as recruitment, attrition, length of intervention, type of intervention, etc. This will be used to develop a manual and protocol for an arts intervention that can be used to test its efficacy in a future study.

### **What the contribution to knowledge will be**

Many psychosocial interventions cannot be reliably replicated in practice as they are poorly explained and do not identify clear key components (Orrell, 2012). This research will result in a clearly designed and operationalised art therapy intervention, that evidently follows guidelines for the person-centred approach (Brooker, 2004; NICE, 2006), for people with dementia. Subsequently, the intervention can later be delivered to a larger sample of participants, whilst adopting the gold standard RCT design (MRC, 2006).

### **How you plan to disseminate the PhD**

Research outcomes emerging from this study will be shared with colleagues, peers and all who participated in the research study. Additionally, research findings will be disseminated through publication and presenting at conferences. Guidance will become available to relevant stakeholders to support them in delivering the art-therapy intervention.