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## Implementation of Doll Therapy for Agitated Residents with Dementia

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Implementation of Doll Therapy for Agitated Residents with Dementia

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## Abstract

The aim of this evidence-based practice (EBP) intervention project was to decrease agitated behaviors in residents with dementia as well as educate the staff on the proper implementation of doll therapy. The facility used was a local skilled nursing and rehabilitation center that offers short-term and long-term care processes to residents with dementia. A sample of residents with dementia ( $N = 8$ ) and staff caring for the residents ( $N = 14$ ) participated in the project. Residents and staff were evaluated before the EBP project and four weeks after the education program on introduction to EBP. Despite the limited sample size of the residents with dementia, the findings showed that doll therapy as an EBP project was effective in decreasing agitated behaviors in dementia residents. Similarly, findings showed that the education of nursing staff on the proper implementation of doll therapy was effective. Educational material was presented to the staff regarding how to implement doll therapy. In addition, a written protocol for doll therapy was developed and made available to the staff for their use.

*Keywords: doll therapy, dementia, evidence-based practice, residents, implementation,*

### **Implementation of Doll Therapy for Agitated Residents with Dementia**

Dementia has become an increasingly prevalent disease due to the growing aging population in the United States (CDC, 2018). An estimated five million people are affected with dementia as of 2018, with a projection of 14 million by 2060 (CDC, 2018). Dementia is characterized by neuropsychiatric, behavioral, and psychological symptoms that are present in many individuals with dementia (Mukherjee et al., 2017). Depending on the stage of the condition, dementia is categorized as a condition in which the brain function of the individual deteriorates (Mukherjee et al., 2017). According to the Centers for Disease Prevention and Control (CDC), behavioral problems occur in up to 75% of residents with dementia (CDC, 2018). Due to the rising statistics on behavioral problems, several strategies have been implemented to decrease agitated behaviors in residents with dementia.

Psychotropic medications, physical restraints, and chemical restraints are used as the first line of defense against agitated behaviors in residents with dementia (Lazare, 2017). However, medications and restraints, whether chemical or physical, have caused undue harm to individuals with dementia (Lazare, 2017). Conventional approaches to agitated behaviors have often included restrictive devices that impede movement, which were intended to keep the resident safe from harm. However, less restrictive measures such as doll therapy are promoted to curtail agitated behaviors to improve the quality of life of residents with dementia as well as decreasing burden of caregivers (Lazare, 2017).

Doll therapy, as a non-pharmacological approach, is implemented in nursing homes and curtails agitated behaviors in residents with dementia (Mitchell & Agnelli, 2015). The therapy has also shown improvement in the moods of residents with dementia and their overall demeanor while interacting with the doll (Mitchell & Agnelli, 2015). Dementia is devastating to residents

and their caregivers, and with no immediate cure, new approaches to managing agitated behaviors through a variety of techniques are required (Gitlin, Mann, Vogel, & Arthur, 2013). Education of the staff related to doll therapy is key to the implementation and sustainability of the therapy. Understanding how to effectively use doll therapy to change the environment for residents with agitated behaviors could significantly benefit residents and caregivers (Gitlin et al., 2013).

### **Project Purpose**

The purpose of this evidence-based practice (EBP) intervention project is to decrease agitated behavior frequencies in residents with dementia through doll therapy as well as to educate the staff on the proper implementation of the therapy. Agitation and aggression affect between 20–30% of adults with dementia, and of these 40–60% live in long-term care facilities (Davison et al., 2017). The common symptoms of dementia include restlessness with pacing and occurrence of agitated behaviors (Hahn, 2015). Managing agitated behaviors in individuals diagnosed with dementia with the least restrictive measure can improve their quality of life, mood, and overall demeanor (Hahn, 2015).

To deliver quality care to individuals with dementia, caregivers need unique skills and knowledge to meet the changing needs and challenges that residents with dementia present (Gallagher & Herrmann, 2015). Dementia caregivers are expected to assess the situation and initiate non-invasive therapeutic interventions for agitated or aggressive residents. They are required to process agitated or aggressive behavior from the resident's point of view. It is critical to note that the reasons for the agitated behaviors could be poor communication, boredom, noise, or even a break in a routine (Gallagher & Herrmann, 2015). Dementia caregivers' response to

the problematic behavior of the resident, regardless of the cause of the agitation, can be achieved through proper education and implementation of doll therapy (Gallagher & Herrmann, 2015).

### **PICOT Question**

The purpose of the project entitled "Implementation of Doll Therapy for Agitated Residents with Dementia" is to implement an EBP intervention that will decrease agitated behaviors among residents with dementia. The clinical question that this Doctor of Nursing Practice (DNP) project answered: Among residents aged 55 years and older with agitated behaviors related to dementia (P), how will the implementation of an EBP project through doll therapy and protocol (I) compared to no EBP project through doll therapy and protocol (C) impact behavior (O) over a four week period of time (T)?

### **Clinical Questions**

The clinical questions were identified to guide the development of the EBP project:

1. What effect will doll therapy as an EBP intervention project have on agitated behaviors in residents with dementia from baseline to four weeks?
2. Following the implementation of doll therapy for residents with dementia as an EBP intervention project, what effect will an evidence-based educational program have on staff knowledge of doll therapy from baseline to four weeks?
3. Following the implementation of doll therapy for residents with dementia as an EBP intervention project, what effect will an evidence-based educational program have on the likelihood of staff implementation of doll therapy?

### **Process Improvement Model**

The process improvement model used to guide this project was the Plan-Do-Study-Act (PDSA) model. The PDSA was developed by W. Edward Deming (Ungvarsky, 2019). The

PDSA has four steps that were used to test the plan: (a) developing change, (b) implementation of the test, (c) observing and learning from the information gained, and (d) determining the modifications.

Using the PDSA model as a guide, a plan to inform the project team of the progress at all stages of development was developed. Also, this included working as a team to test and improve the process of decreasing agitated behaviors in residents with dementia. The current process entails the use of pharmacological interventions to curtail agitated behaviors in the residents. The implementation of doll therapy after educating nursing staff was executed to prepare for the doll therapy of agitated residents with dementia. The plan focused on strengthening positive effects on the behaviors of residents with the goal of decreasing agitation. A Likert scale was used to assess the impact of doll therapy on the behavior of residents with dementia.

The second and third steps in the PDSA model include implementing a detailed plan and analyzing the results of the process of implementing doll therapy. The plan included specific, measurable, achievable, relevant, and time-bounded (SMART) approaches to achieve goals related to decreasing agitated behaviors and improving the quality of life in residents with dementia. The plan also included collecting a series of data using various tools. The results were analyzed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics including charts showing changes over time was developed.

The last step in the PDSA model includes adjusting the doll therapy process based on the result of the phases implemented. It was the plan for the long-term care facility to adopt or adapt the EBP intervention protocol. The PDSA is a continuous cycle with processes that can be improved upon. Each repeated cycle can address the sustainability of doll therapy as well as utilize it as a learning opportunity.



### **Literature Review**

Persons with dementia exhibit behaviors that create challenges related to their quality of life. Because dementia is progressive in nature, the knowledge about behavioral problems are essential to reduce those problems in residents with dementia. The most common behavioral problems of residents with dementia include sexual inappropriateness, wandering, and sleep disturbances (Olley & Morales, 2018). Other symptoms of agitation include pacing, restlessness, irritability, aggression, apathy, and hallucinations (Heerema, 2018).

According to Gallagher and Herrmann (2015), the study supports educational intervention for caregivers using person-centered care approaches to reduce behavioral problems in residents with dementia. Doll therapy is a person-centered care approach to curtail negative behaviors in residents with dementia, which utilizes an EBP protocol for caregivers (Gallagher & Herrmann, 2015). Several studies support the implementation of a doll therapy as an EBP intervention (Soril et al., 2014; Gallagher & Herrmann, 2015). In addition, these studies document the positive outcomes related to the improvement of symptoms in residents with dementia (Soril et al., 2014).

Article searches on ProQuest, and EBSCOHOST generated a total of 19 articles that were critiqued and narrowed down based on date, relevance, and age group. After reviewing and reading the available abstracts for relevance, nine articles were selected. Articles were limited to those from 2013–2019 and relevant to doll therapy and caregiver education.

### **Dementia and Agitation**

Cognitive impairment is prevalent in individuals with dementia; however, non-cognitive behavioral symptoms often dominate (Kales, Gitlin, & Lyketsos, 2014). Cognitive symptoms are often present in individuals with dementia and these symptoms are closely associated with

aggressive symptoms (Kales et al., 2014). In mild to moderate stages of dementia, psychotic features such as agitation, aggression, and depression are commonly related to atrophy in the frontal and temporal lobe (American Psychiatric Association, 2013). Agitated behaviors in people with dementia can occur when they are frustrated or overwhelmed with internal and external stimuli. The agitation can then be expressed as combative behavior, wandering, or general restlessness.

Behavioral manifestations of dementia create difficulties in individuals with dementia, as well as for their caregivers and healthcare providers. Residents with dementia often end up in a myriad of services including working with a variety of caregivers, community services, legal assistance, and financial planning, all of which have created high costs to the resident with dementia (Gallagher & Herrmann, 2015). Facilities resort to pharmacological interventions because of the ability to quickly administer medication to the agitated resident with dementia requiring less personnel compared to behavior modifications and therapies (Gallagher & Herrmann, 2015).

Pharmacological interventions are utilized to alter the brain function of those with dementia to change their behavior (Thongchundee, Gumber, Khatab, & Gumber, 2015). However, the use of such interventions in residents with dementia can cause significant anticholinergic effects and sedation. With altered senses coupled with agitation and dementia, serious injuries such as anticholinergic effects from these interventions can occur, especially among the elderly population. Prescribing medication to residents with dementia remains a controversial issue but is considered as the first line of defense against agitative episodes (Thongchundee et al., 2015). Despite the benefits to pharmacological intervention, Peish & Skladzien (2014) discourage the use of such interventions as the first line of defense due to

availability of alternate non-pharmacological interventions with less side effects (Peisah & Skladzien, 2014).

### **Doll Therapy**

According to Mitchell et al. (2015), non-pharmacological interventions (doll therapy) are led by the persons living with dementia. In other words, the person living with dementia chooses to engage with the doll when he or she has desires. As such, doll therapy becomes unstructured in clinical practice (Mitchell & Agnelli, 2015). Doll therapy includes the following activities such as cuddling, dressing, talking to and even playing with the doll. Evidence has suggested that these activities curtail agitated behaviors in residents with dementia (Fitzsimmons, Barba, & Stump, 2014). Doll therapy is considered a nurturing intervention that taps into the nurturing instinct of residents with dementia (Fitzsimmons et al., 2014). The instinct is connected to the motor skills of an autonomic response such as cuddling and holding the doll in a nurturing way (Fitzsimmons et al., 2014).

According to Shin (2015), the use of doll therapy as a non-pharmacological intervention for residents with dementia that heightens the autonomic response has proven effective in South Korea. In a group of 51 residents with dementia, linear regression showed a significant difference in the residents' aggression, wandering, and negative moods after the dolls were introduced (Shin, 2015). Furthermore, the study by Hahn (2015) supports the use of non-pharmacological approaches like doll therapy to reduce behavioral and psychological symptoms in people with dementia (Hahn, 2015). Allowing for choices has provided opportunities for independence and stimulation that have led to less agitation, anxiety, and reduced symptoms (Hahn, 2015). Doll therapy used as an EBP intervention has improved communication through social connectedness, which has produced calming effects in people with dementia (Hahn, 2015).

Interventions such as doll therapy target environmental adaptation, behavioral strategies, and caregiver training, and are more effective than pharmacological strategies (Barton, Ketelle, Merrilees, & Miller, 2016). Some strategies used for interventions of agitated residents with dementia include prevention, assessment, and management of the symptoms. Research by Kales et al (2014) addressed the behavioral approach compared to pharmacological approaches to the cognitive symptoms of residents with dementia. Findings indicated the use of non-pharmacological strategies, such as doll therapy as an EBP intervention, has addressed problematic behaviors challenging to caregivers (Kales et al., 2014). Such strategies have reduced stress and increased awareness of non-invasive therapy. In fact, research by Gitlin et al. (2013) supports the use of doll therapy as a positive non-invasive practice in various settings. The research recommends the use of drug therapy only as a last resort (Gitlin et al., 2013).

Even though doll therapy has been utilized since the 1990s, Mitchell & Agnelli (2015) consider doll therapy as demeaning and unethical (Mitchell & Agnelli, 2015). They believe that doll therapy is essentially treating the adult with dementia as a child by giving them a doll to hold. Similarly, there has also been controversy related to ethical concerns that residents with dementia have considered the doll as a real baby (Elliot & Kelly, 2016). These studies invalidate the abilities and needs of residents with dementia to make their own life decisions based on the world in which they live at that moment. Thus, encouraging residents with dementia “to be autonomous in their decision-making” is essential for therapeutic gain through doll therapy (Mitchell & Templeton, 2014, p. 726).

The following questions should be considered when denying doll therapy to the resident with dementia: Does holding, cuddling, or caring for the doll hurt anyone? Does it cause

happiness for the resident? Does it calm the resident? People with dementia live in the moment—if the doll brings them a moment of pleasure, why would that moment be denied?

Those with dementia are trapped and live within a world of their own. It is the responsibility of caretakers and health professionals to enter their world, not for them to continue to try to live in a world that does not exist for them anymore. Therefore, if caretakers and healthcare providers can enter their world as well as provide a moment of pleasure through a non-invasive technique, then that moment should be seized for the satisfaction of the resident. It is imperative to continue to implement doll therapy in nursing homes to curtail behavioral problems using the least restrictive measure possible to preserve pleasurable moments whenever possible (Mitchell & Templeton, 2014). With caregiver education and a written protocol, residents with dementia can choose doll therapy for self-satisfaction (Mitchell & O'Donnell, 2013).

### **Caregiver Education**

Adults with dementia reside in many different settings, most of which employ caregivers such as nursing assistants, aides. Residents with dementia reside with family, friends, assistive living facilities, residential homes, and nursing homes. Dementia exacts a devastating toll on caregivers of residents with dementia in those areas (Burke & Orłowski, 2015). Caregivers can be educated to recognize aspects that cause residents with dementia to become agitated (Burke & Orłowski, 2015). Even though there is a lack of research related to how the caregivers feel about doll therapy, it is imperative to continue to educate caregivers (Davison et al., 2017).

To care for residents with dementia, caregivers are often required to assist with activities of the residents' daily lives with minimal educational direction. The caregiver often needs to bathe, assist with feeding, turn, or reposition in bed the resident with agitated behaviors (Cheng,

2017). Providing activities of daily living for the resident with dementia and agitated behaviors can prove daunting. However, learning to recognize the triggers of agitated behaviors can have a positive outcome for the patient. Because behavioral and psychological symptoms of dementia are so prevalent, there is no doubt that a well-organized educational program, when presented to the caregiver population, will help not only the patients but all staff involved (Low et al., 2015).

Caregivers are considered an essential part of doll therapy. After implementation of the EBP intervention, they possess the ability to remove or sustain treatment in residents with dementia (Davison et al., 2017). The implementation and sustenance of the therapy remains at the discretion of the caregiver, even when the resident with dementia is agitated due environmental stimuli, poor communication, misunderstanding, or other stimuli. Therefore, the education of caregivers through effective communication and the implementation of doll therapy stand imperative to success (Davison et al., 2017).

Communication is considered another effective way to help alleviate aggression in residents with dementia. Pursuing ways to appropriately match the activity and demands of residents with dementia can be achieved through education, support, and coaching. These strategies are effective in minimizing the adverse outcomes of behavioral symptoms in residents with dementia (Kales et al., 2014). In some residents with dementia, lack of motivation, along with compulsiveness, are issues surrounding their negative behaviors. Residents with dementia respond to non-invasive therapy, whether dietary, gifts, monetary rewards, or desired behaviors such as showering or grooming (Kales et al., 2014). Communication of these findings through staff education is imperative to the wellbeing of the residents.

### **Methodology**

The purpose of this EBP project is to decrease agitated behaviors in residents with dementia as well as to educate the staff on the proper implementation of the doll therapy. The project's design was based on the PDSA cycle. The development and implementation of a detailed plan to decrease agitated behaviors and analyze results from the EBP intervention was at the forefront of the design. The *act* part of the cycle is imperative for health facilities to continue with educational sessions to transfer knowledge related to the implementation and technique of doll therapy.

### **Setting**

The project was conducted at the Pruitt Healthcare and Rehabilitation Center in Macon, GA. The facility is a skilled nursing and rehabilitation center that offers short-term and long-term care processes to residents with dementia. Typically, most nursing homes and long-term care facilities care for a variety of individuals - residents with dementia, individuals with behavioral issues, and those with the inability to care for themselves (Burke & Orłowski, 2015). Some residents with dementia who reside at this nursing home cannot care for and soothe themselves. To properly care for and soothe the resident, a technique such as doll therapy rather than pharmacologic agents or restraints is needed. Therefore, the implementation of doll therapy as an EBP intervention project in the secure memory care unit of the nursing home was chosen for implementation.

### **Participants**

There were two sets of participants that were either included or excluded from the study. All participation, which included residents with dementia and the staff caring for the residents with dementia, was voluntary only. The inclusion criteria of residents consisted of nursing home

residents (a) 55 years of age and above, (b) with moderate dementia and behavioral issues, and (c) had enough dexterity to hold the doll. The exclusion criteria of residents were those that had a diagnosis of schizophrenia and those without a dementia diagnosis. The inclusion criteria of staff included staff roles that consisted of direct contact with the resident, whether administrative or hands-on resident care. The exclusion criteria were the staff that were unfamiliar with the resident and who did not provide direct resident care.

### **Ethics and Human Subjects Protection**

Before conducting the project, approval was obtained from Pruitt Healthcare and Rehabilitation, the Georgia College Institutional Review Board (IRB), the participants, and the participants' guardians (Appendix A, B, and C). The informed consent and assent of participants were obtained by using the IRB template consent forms and protocols provided on the Georgia College and State University website. The principal investigator (PI) obtained verbal consent (two licensed registered nurses witnessed by phone) from each resident's healthcare power of attorney, guardian, or responsible party, after explaining the intent and aim of the project. The assent from the resident was noted as the acceptance of or reaching for the doll. The PI obtained consent from the staff after explaining the intent and aim of the project. The consent for the staff to participate was thoroughly explained and signed before the PI started the surveys, pre-tests, and post-tests.

The privacy and confidentiality of residents with dementia were protected by using numerical identifiers only throughout the project. All hard copies of collected surveys, pre-tests, post-tests, and consent documents were stored in a locked drawer and a password-protected computer file. The documents will be stored on file for at least three years following the



completion of the project. Thereafter, all hard copies will be shredded, and files deleted according to the procedures set forth by Georgia College and State University.

### **Timeline**

The implementation of this Doctor of Nursing Practice project was during the Fall semester of 2019. The principal investigator used the prior nine months to collaborate with stakeholders related to the implementation. Information regarding the implementation of the EBP intervention project through doll therapy was posted using flyers, labeled bags of candy, and word of mouth. The staff was informed of the times and dates of multiple sessions throughout to ensure all willing staff would have a chance to participate. The educational seminars related to the doll therapy as an EBP intervention were further discussed and implemented with all consent documents signed by staff as well as by participating residents' responsible family members. The principal investigator then offered eight residents the opportunity to participate in the project by agreeing to accept a doll. Four weeks later, the principal investigator evaluated each resident that received the doll to collect data for the EBP project.

### **Project Evaluation**

The project included one group of participants who were residents and one group of participants who were staff. Fourteen staff members participated in the EBP intervention project through education on doll therapy. The EBP project educated staff on the use of doll therapy to curtail agitated behaviors in residents with dementia. The evaluation included a pre- and post-test survey for staff on the education of doll therapy (Appendix D). The principal investigator completed a pre- and post-test survey, the Cohen-Mansfield Agitation Inventory, using a Likert scale to rate residents' behaviors. Eight residents participated in the study by accepting the dolls through assent. The collection of quantitative data consisted of the frequency of agitated

behaviors of the doll recipients with dementia. The data was collected using a pre- and post-test survey named “Doll Therapy Education”. It was the intent that any positive change to an environment of care led to better resident outcomes, quality care, and increased professional development.

Education regarding how to implement doll therapy (Appendix E) as well as how to sustain the therapy was imperative. Each staff member agreed to participate in educational training through multiple 10 to 15-minute slide presentations (Appendix F). The presentations were shown on two different days of the week, twice a day, to accommodate morning and night shifts before the implementation of the doll therapy EBP project. The slides had the necessary information regarding dementia behaviors as well as management using doll therapy, a non-invasive intervention through an EBP project. The aim of this EBP intervention project was to decrease agitated behaviors in residents with dementia by utilizing doll therapy. Because the principal investigator was administering the pre- and post-test surveys, refreshments were provided, as these educational seminars were considered a lunch-and-learn by the principal investigator, therefore providing a break during working hours to ensure the educational opportunity to all staff. In return, the staff received credit hours towards their annual compliance certifications as set by the nursing home's institutional protocols.

### **Budget**

There was no overtime by the nursing home staff because the lunch-and-learn educational sessions with pre- and post-test survey implementations were during their working hours. As a student, the expense of the doll gift (Appendix G), lunch-and-learn, stationery, refreshments, and the principal investigator's time was considered as part of the graduation process requirement. The budget for the project totaled \$850 and is presented in Appendix H.

**Measurement: Sources of Data and Tools**

The measurable outcomes were changes in the frequency of agitated behaviors related to the implementation of the EBP project. The Cohen-Mansfield Agitation Inventory Observational form (CMAI-O) was used to measure the frequencies of agitation. Using the CMAI-O form, the frequencies of agitation were identified using a pre- and post-test survey. The CMAI-O uses a 29-question Likert scale. The frequency of agitation was rated by using a four-point system that ranges from (a) never agitated, (b) agitated once, (c) agitated up to once per hour, to (d) more than once per hour (Whall et al., 2013). The CMAI-O was explicitly developed for use in the nursing home setting and was deemed freely available for use by clinicians, practitioners, and researchers for non-diagnostic purposes (Cohen-Mansfield, Marx, & Rosenthal, 1989).

Two other tools were utilized in the EBP project to evaluate the effectiveness of the educational intervention as well as the likelihood of implementation of the doll therapy. The Doll Therapy Education Pre/Post Survey was a ten-question survey. The survey evaluated the knowledge of the staff *before* an educational session and four weeks *after* the educational session. The Likelihood of Doll Therapy Implementation Survey (Appendix I) was a one-question survey. The survey was a Likert scale with five options that ranged from highly unlikely to highly likely to implement doll therapy. Each tool was approved by the Institutional Review Board and utilized for the evaluation process of the project.

**Data Analysis**

All of the data was analyzed by entering it into the SPSS software. After entering the data, several steps of data preparation were utilized to ensure the accuracy of the entered data. The data were explored using parametric analysis procedures. The data from all Likert scales

were entered and analyzed using a paired sample *t*-test for numerical outcomes of the implementation.

### **Limitations**

There were a few limitations in this project. Firstly, the small sample size of eight residents with dementia and using only one nursing home limits the generalizability of the study findings. Secondly, due to the mental state of the residents, the principal investigator had to contact the participants' legal guardians for consent to the study. Lastly, if a protocol had already been in place for participants to receive a doll without prior consent, more participants may be available, creating a more generalized study.

### **Results**

The project focused on an intervention that was non-invasive to curtail behavior issues in residents with dementia as well as educating the staff on the proper implementation of the doll therapy. The process required the consideration and implementation of data collection, analysis processes, findings, and areas related to future research. Issues related to residents with agitated behaviors and education of the staff were addressed in the contents of this section.

### **Data Management and Analysis**

The data management and analysis used for this project included the statistical evaluation of residents with dementia and the staff caring for the residents using two different pre- and post-test surveys and one anonymous survey. The surveys were the Cohen-Mansfield Agitation Inventory Observational form, the Doll Therapy Education Pre/Post Survey, and the Likelihood of Doll Therapy Implementation Survey. The data was collected from eight residents with dementia and 14 staff members caring for the residents. A paired sample *t*-test was used to determine if the residents with dementia had a decrease in the frequencies of agitation after the

initiation of doll therapy by using the Cohen-Mansfield Agitation Inventory Observational form. Additionally, a separate paired sample *t*-test was used to determine if staff had an increase in knowledge of doll therapy implementation after an evidence-based educational program utilizing the Doll Therapy Education Pre/Post Survey. During the interpretation of results, *p*-values less than .05 were considered as statistically. The Likelihood of Doll Therapy Implementation Survey indicated that the staff would likely implement the therapy.

### **Presentation of the Findings**

A paired sample *t*-test was used to test the hypothesis that there will be a change in agitation in residents with dementia from baseline to four weeks following doll therapy as an EBP intervention project. The research hypothesis was supported. A significant decrease in the frequency of agitation was demonstrated from baseline ( $M 43.1, SD 4.8$ ) to four weeks ( $M 40.7, SD 4.1$ ),  $t(7) = 2.9, p = .023$ . In addition, a paired sample *t*-test was used to test the hypothesis that there will be a change in staff knowledge from baseline to four weeks following an evidence-based educational program. A significant increase in the staff's knowledge was demonstrated from baseline ( $M 1.5, SD 1.0$ ) to four weeks ( $M 9.2, SD .89$ ),  $t(13) = -22.8, p = 0.00$ . Visual representations of the score differences for the residents with dementia, as well as the staff who cared for the residents are provided in Appendix J.

### **Discussion**

Residents with dementia need an alternative method to curtail agitation. With a decrease in agitated behaviors, a higher quality of life for the residents is possible. Therefore, it is recommended that more facilities implement doll therapy to reduce agitated behaviors in residents with dementia. It is further recommended that the health care facility continues with

the evidence-based educational program to ensure proper implementation and sustainability of the doll therapy protocol.

### **Data Synthesis**

There were three questions identified for this Doctor of Nursing Practice EBP project. The first question was: What effect will doll therapy as an EBP project have on agitated behaviors in residents with dementia from baseline to four weeks? The result indicated a significant decrease in agitated behaviors in residents with dementia was found in the use of doll therapy as an EBP project from baseline to four weeks ( $t(7) = 2.89, p < 0.05$ ).

The second question was: Following implementation of doll therapy on residents with dementia as an EBP project, what effect will an evidence-based educational program have on staff knowledge of doll therapy from baseline to four weeks? The result indicated after four weeks of implementation of the doll therapy educational program, there was a significant increase in staff knowledge related to doll therapy ( $t(13) = 22.79, p < .05$ ).

The third question was: Following implementation of doll therapy on residents with dementia as an EBP project, what effect will an evidence-based educational program have on the likelihood of staff implementing doll therapy? The results indicated that among the 14 participants that participated in the doll therapy, approximately 42.9% ( $n = 6$ ) indicated a high likelihood of staff implementation of the doll therapy after the conclusion of the project. Another 28.6% ( $n = 4$ ) of staff members indicated a likelihood of staff implementation of the doll therapy upon project completion.

### **Implications and Recommendations for Practice and Research**

Recommendations for practice and research entail the inclusion of larger-scale samples in a multi-site study as well as a written protocol for doll therapy implementation. With this type of

project, the implementation of doll therapy for residents with dementia, as well as the education of staff related to doll therapy, would prove beneficial for the residents and improve the quality of care throughout multiple facilities. Additional research such as quality investigations of staff members' understanding of the educational protocol of doll therapy as it impacts the wellbeing of the residents could also benefit the residents as well as the staff. The staff members' attitudes related to the residents with dementia could be evaluated alongside the willingness to implement the EBP project. Using qualitative inquiry may provide insight regarding challenges that could arise with the implementation of the doll therapy.

### **Protocol Development**

After the collaboration with the stakeholders as well as the observation of residents with dementia, an EBP protocol was developed (Appendix K). The protocol was based upon a systematic review of people living with dementia, as well as the implementation of doll therapy research articles (Braden & Gaspar, 2015). The protocol was submitted to nursing administration, which included the Director of Nursing and the Nursing Home Administrator. The protocol was approved and available for the implementation of the doll therapy protocol. The implementation of the EBP protocol through doll therapy may reduce agitated behaviors in residents with dementia. Therefore, the health care facility should continue with the evidence-based educational protocol to ensure proper implementation and sustainability of the doll therapy protocol.

### **Conclusion**

The EBP intervention project provided a formidable foundation from which to address the issue of residents with agitated behaviors as well as the education of the staff on the proper implementation of the doll therapy protocol. Because dementia is progressive in nature,

innovative ideas are needed to curtail agitation in residents with dementia. Even though residents with agitated behaviors appear to be a common phenomenon, implementation of least-restrictive measures coupled with knowledge on the “reality of care” are required in these settings. Therefore, the purpose of this EBP project was to measure the effects of doll therapy to decrease agitated behaviors in residents with dementia and to improve staff knowledge.

In total, there were eight residents and 14 staff members that participated in the study, with significant findings in the results. There was a significant decrease in agitated behaviors as well as a significant increase in staff knowledge. Even though the sample size of residents with dementia was small, the study showed an impact on those residents' quality of care. Therefore, the implementation of an EBP intervention to reduce agitated behaviors in residents with dementia as well as education of the staff on the proper implementation of doll therapy could prove helpful in not only the study facility but also multiple long-term care facilities.



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## Appendix A

## INFORMED CONSENT

## Doll Recipient

I, \_\_\_\_\_, (the healthcare power of attorney, guardian, or a responsible party) agree to allow \_\_\_\_\_ (resident) to take part in doll therapy to decrease agitation . The project is being done by Jechell Lary-Waller, who can be reached at 478-390-3836 or Jechell.larywaller@bobcats.gcsu.edu. I understand that this is voluntary. I can revoke consent at any time and the data will not be used in the study.

I understand the following:

1. The purpose of this project is to use a doll to lower problem behaviors in residents with dementia.
2. If the resident reaches, asks for, or accepts the doll, I will offer a doll to them.
3. Their names will not be on any papers. All information is private.
4. You will be asked to sign two consent forms. You must return one form to me before I offer the resident the doll. You may keep the other consent form for yourself.
5. No questions are personal.
6. This project is being conducted because it may help the resident or someone like the resident. The benefits of this study will be to help others with behavior problems in other nursing homes or long-term areas. Doll therapy may help decrease agitation and stress for the resident.
7. The resident is not likely to experience harm from receiving a doll.
8. The resident's reaction to the doll will be kept private and will not be given to anyone without your consent.
9. I will answer any questions you may have now or in the future (my phone number and email are at the top).
10. If you want to know how the resident responded to the doll, I will provide it for you as soon as possible.
11. By signing and returning this form, you are 18 years old or older and responsible for the resident.

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

---

Signature Healthcare Power of Attorney, Guardian, or a Responsible Party Date

.....  
 Research at Georgia College involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to the GC IRB Chair, email: [irb@gcsu.edu](mailto:irb@gcsu.edu).

## Appendix B

## INFORMED CONSENT

## Staff Recipient

I, \_\_\_\_\_, agree to participate in the evidence-based practice doll therapy education program to decrease agitation in residents related to dementia, which is being conducted by Jechell Lary-Waller, who can be reached at 478-390-3836 or Jechell.larywaller@bobcats.gcsu.edu. I understand that my participation is voluntary; I can withdraw my consent at any time. If I withdraw my consent, my data will not be used as part of the evidence-based practice and will be destroyed.

The following points have been explained to me:

1. The purpose of this evidence-based practice intervention is to utilize a non-invasive method to curtail problem behaviors in residents with dementia through education using a pre and posttest Likert Scale.
2. The procedures are as follows: you will be asked to participate in an educational in-service related to practice change through doll therapy. You will be asked to participate in a short pre and posttest evaluation survey to assess knowledge before and after education. You will then be asked to observe the resident prior to and after receiving a doll. You will then complete a pre and post-survey related to your findings.
3. Your name will not be connected to your data. Therefore, the information gathered will be confidential.
4. You will be asked to sign two identical consent forms. You must return one form to the investigator before the project begins, and you may keep the other consent form for your records.
5. There are no questions that are intended to be invasive or personal. If you become uncomfortable answering any questions, you may cease participation at that time.
6. This project is being conducted because of its potential benefits, either to individuals or to humans in general. The expected benefits of this evidence-based practice intervention include the development of practice guidelines to implement and evaluate doll therapy in long term care facilities. The practice change will also determine the feasibility of doll therapy to decrease aggressive, stressful moments for the resident.
7. You are not likely to experience physical, psychological, social, or legal risks beyond those ordinarily encountered in daily life or during the performance of routine examinations or tests by participating in this project.
8. Your individual responses will be confidential and will not be released in any individually identifiable form without your prior consent unless required by law.
9. The investigator will answer any further questions about the project should you have them now or in the future (see above contact information).
10. In addition to the above, further information, including a full explanation of the purpose of this evidence-based practice intervention, will be provided at the completion of the project on request.
11. By signing and returning this form, you are acknowledging that you are 18 years of age or older.

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Signature of Investigator

Date

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Signature of Participant

Date

.....  
Research at Georgia College involving human participants is carried out under the oversight of the Institutional Review Board. Address questions or problems regarding these activities to the GC IRB Chair, email: [irb@gcsu.edu](mailto:irb@gcsu.edu).

## Appendix C

## Site Permission Letter



PruittHealth  
2255 Anthony Rd, Macon, GA 31204  
11/01/2019

Dear GC IRB,

Based on my review of the proposed research by Jechell Lary-Waller and Dr. Gail Godwin, I give permission for them to conduct the project entitled "Implementation of Doll Therapy for Residents with Agitation" within the Pruitt Health Macon Nursing Home and Rehabilitation. As part of this project, I authorize the researcher(s) to implement doll therapy to willing residents with the intent of decreasing agitated behaviors. I also authorize the researcher(s) to survey the staff related to their education of doll therapy. I understand that dissemination activities will not breach the confidentiality of staff and residents. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include providing convenience for staff and residents to participate if willing. A conference room will be provided for participation in the surveys as well as education for staff. We reserve the right to withdraw from the study at any time if our circumstances change.

We understand that this project will include educational materials regarding doll therapy through PowerPoint presentations, paper material, and pre and post surveys.

This authorization covers the time period of December 01, 2019, to December 01, 2020. I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Georgia College IRB.

Sincerely,



Linda E. Wilson, RN, DON  
Director of Health Services



## Appendix D

**Doll Therapy Education Pre/Post Survey**

**Please circle the correct answer.**

1. Doll therapy has been a standard of care since:

- A. 1980
- B. 1990**
- C. 2000
- D. 2010

2. Doll therapy is appropriate for all residents with dementia.

- A. True
- B. False**

3. The appropriate way to enter a room with the doll is:

- A. It does not matter since; it is a doll.
- B. Like a real baby.**
- C. By the arms or legs.
- D. Hiding the doll so the resident won't see it at first.

4. Dolls may be offered to a resident even if they did not assent because:

- A. It is a doll.
- B. The family would want what is best for the resident.
- C. It is a gift.
- D. assent is needed, or the doll can not be offered.**

5. The doll is:

- A. Whatever the resident believes or says it is.**
- B. Used as a distraction for the resident.
- C. A source of entertainment for the resident, family, and staff.
- D. A toy for the resident to play with.

6. The doll should be treated:

- A. Like a real human being.
- B. With dignity and respect.**
- C. The way the resident treats the doll.
- D. All of the above.

7. If the resident becomes anxious, upset, or tired of the doll:

- A. Move the doll away from the resident but leave the doll in the room.
- B. Remove the doll and offer another soothing option.**
- C. Sit with the resident until the episode passes.
- D. Leave the doll with the resident until the episode passes.

- 8.** Documentation of the resident's interaction with the doll is essential because:
- A. It is essential for all family, friends as staff to know how the doll therapy is progressing.
  - B. Doll therapy can be charged for if proper documentation is in place.
  - C.** Documentation of the effectiveness of doll therapy is vital for ongoing sustainability.
  - D. All of the above.
- 9.** It is essential to wash your hands before and after engaging with the doll because:
- A. Universal precautions are always needed in any contact.
  - B. The doll holds more germs than the typical kids' doll since the doll is used in a long-term care facility.
  - C. Hand washing is not needed before and after engaging with the doll.
  - D.** None of the above
- 10.** The proper cleaning of the doll include:
- A. Wash the doll in the washer to eliminate all germs.
  - B.** Use antibacterial wipes to clean the doll.
  - C. Do not clean the doll at all.
  - D. Put the doll in the sink with soap and water to clean.

## Appendix E

**Staff Education to Implement Doll Therapy Teaching Plan Form**

Measurable Learning Objectives By the end of the education session, the staff will be able to:	Content Includes Scheduling & Sequencing	Teaching Method/Rationale	Time Frame	Domain(s)	Evaluation with evidence
Verbalize the need for doll therapy.	Introduction of doll therapy with research evidence of effectiveness in the reduction of restrictive devices and medicament	PowerPoints, Hands-on Demonstrations	1 min	Cognitive	Written evaluation through pretest and posttest
Verbalize the purpose of doll therapy.	The purpose of doll therapy is to improve behavior, wellbeing, restlessness, wandering, and inappropriate dress.	PowerPoints, Hands-on Demonstrations	2 min	Cognitive	Return demonstration and/or written evaluation through pretest and posttest
Verbalize and identify residents that will benefit from doll therapy with evidence and proven outcomes.	Dementia patients interact and benefit from doll therapy	YouTube video <a href="https://www.youtube.com/watch?v=Pn6rN1brjU">https://www.youtube.com/watch?v=Pn6rN1brjU</a>	3 min	Affective	Return demonstration and/or written evaluation through pretest and posttest
Demonstrate how to appropriately hold and carry the dolls.	Proper carry and holding: Cradle the doll appropriately as you would a baby, not upside down, by the arm or leg. This will	Hands on demonstration	1 min	Cognitive Psychomotor	Return demonstration and/or posttest

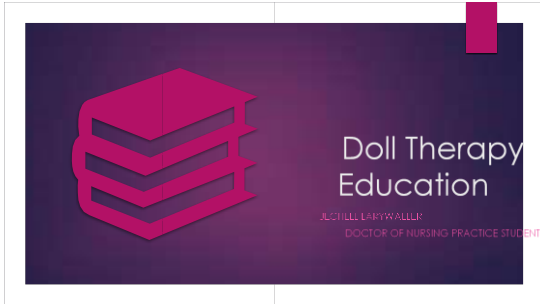
	give the resident a chance to decide the reality or fantasy of the doll.				
Demonstrate how to appropriately introduce the dolls without coercing the resident to accept the doll	Wait for acknowledgment and assent of the doll's existence, then invite them to hold the doll.	PowerPoints, Hands-on Demonstration	2 minutes	Cognitive Affective Psychomotor	Return demonstration through pretest and posttest
Staff will verbalize what assent looks like in a resident	Allow the resident to show you that they enjoy interacting with the doll. The acceptance may come in the form of a smile or a loving tone of voice as they speak to the doll. Observe the interaction of the resident with the doll. Note if they have identified the doll as a real baby or doll.				
Verbalize how to deal with the issue "is it real."	If the issue of "is it real" arises, do not assume the resident knows whether the doll is real or not. Wait for a sign from the resident. If they specifically ask, simply state with a smile in a loving voice, "it is whatever you	PowerPoints, Hands-on Demonstrations	1 min	Cognitive	Return demonstration and/or written evaluation through pretest and posttest

	want it to be.” If the resident recognizes it as a doll, do not deny it is a doll, but explore how lifelike it is and began to use it as an alternative form of reminiscence therapy.				
Verbalize cues of discontent from the resident.	Regardless of whether the resident perceives the doll as a baby or not, it is essential the doll is treated with dignity and respect, especially with storing the doll. It is essential the resident does not enter an area where the doll is draped on the table in a way that it is in possible danger. A rescue response toward the perceived danger of the doll could be triggered, causing undue stress for the resident.	PowerPoints, Hands-on Demonstrations	1 min	Cognitive	Return demonstration and/or written evaluation through pretest and posttest
Verbalize the proper removal of the doll from the resident.	Always continue to observe the resident’s reaction and intervene if you feel they are made uncomfortable or	PowerPoints, Hands-on Demonstrations	1 min	Cognitive	Return demonstration and/or written evaluation through pretest and posttest

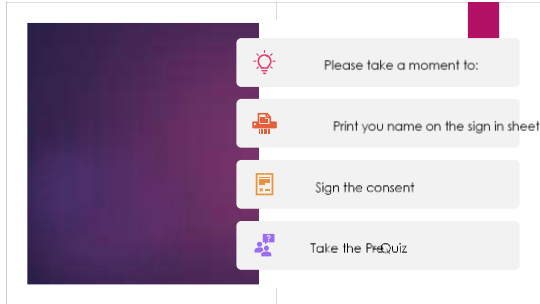
	<p>agitated. Sometimes, by just removing the doll and sitting with it yourself while continuing a conversation may be enough to relieve anxious feelings of a resident that may feel, they are meant to “care for” the doll. However, with other adverse reactions from the resident, immediate removal of the doll with the replacement of a known soothing intervention is appropriate.</p>				
<p>Verbalize and/or demonstrate proper documentation techniques.</p>	<p>It is essential to monitor the resident’s engagement with the doll through documentation to inform all staff if the intervention is working or is the best strategy for use in that resident. Documentation in charts and face to face report are appropriate forms of communication for documentation</p>	<p>PowerPoints, Hands-on Demonstrations</p>	<p>2 min</p>	<p>Cognitive</p>	<p>Return demonstration and/or written evaluation through pretest and posttest</p>

<p>Demonstrate and/or verbalize proper hygiene, cleaning, and maintenance of the doll.</p>	<p>Wash hands before and after engaging with the doll just as you would any resident. This will help with infection control concerns. The doll can be wiped over with antibacterial wipes and clothes washed on a regular basis. Do not place the doll in the washing machine, dryer, or submerge in water as these dolls are soft-bodied and will absorb water, which will result in difficulty drying, leading to possible mildew issues.</p>	<p>PowerPoints, Hands-on Demonstrations</p>	<p>1 min</p>	<p>Cognitive Psychomotor</p>	<p>Return demonstration and/or written evaluation through pretest and posttest</p>
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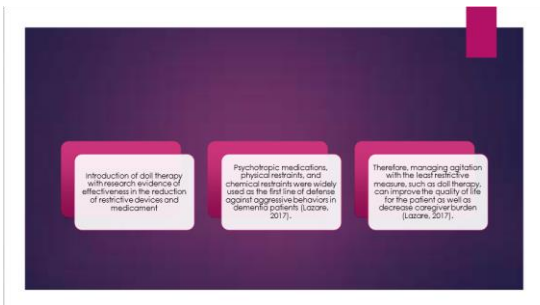
Appendix F



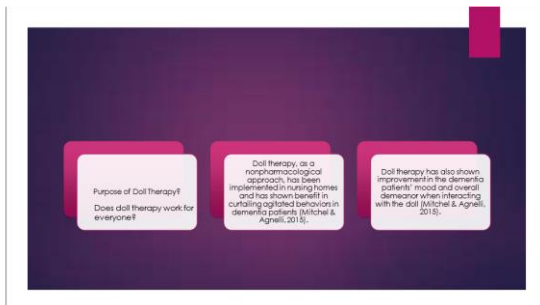
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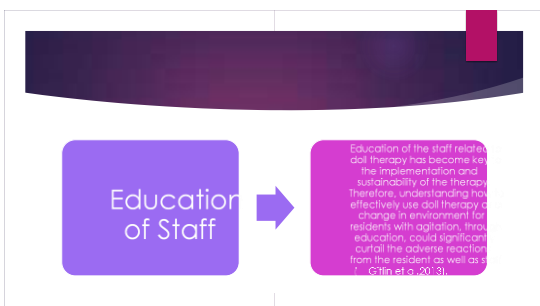
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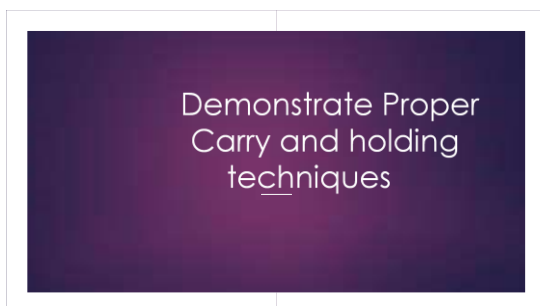
3



4



5



6



3/2/2020

What is assent?  
Wait for acknowledgement  
and assent from the Resident  
for the doll's existence

7

What if the resident asks  
you if the doll is real?

8

- 1 Always continue to observe the resident with the doll.
- 2 Remove the doll as necessary.
- 3 However, do not remove the doll as a punishment to the resident.

9

- 1 Wash your hands before and after handling the doll
- 2 Do not put the doll in the washing machine
- 3 Wash the dolls clothes
- 4 Clean the doll with a sanitary cloth

10

Questions???



Thank you  
for  
coming.  
Enjoy your  
lunch!!

11

Appendix G



## Appendix H

*Budget for the Evidence-based Practice Intervention Project*

<u>Expense</u>	<u>DNP Student</u>	<u>Contributed</u>
<i>Personnel</i>	\$0	\$0
<i>Stationery and Printing</i>	\$200	\$0
<i>Dolls</i>	\$300	\$0
<i>Refreshments</i>	\$350	\$0
<i>Total Cost</i>	\$850	\$0

## Appendix I

## Likelihood of Doll Therapy Implementation Survey

Question: How likely are you to implement doll therapy? Please circle your answer below:

5	4	3	2	1
Highly Likely	Likely	Undecided	Unlikely	Highly Unlikely

Appendix J

Figures 1 and 2 that are provided below present a visual representation of the score differences for the residents with dementia as well as the staff who cared for the residents.

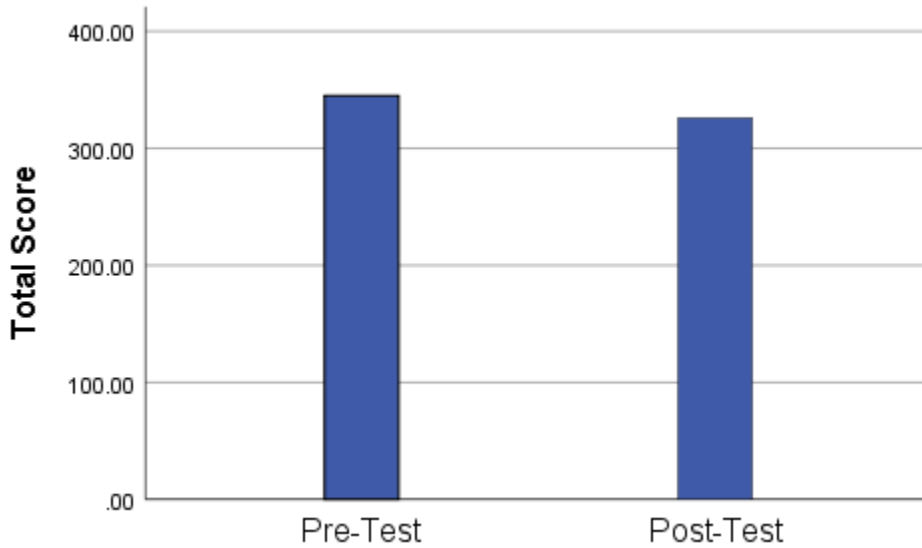


Figure 1. Residents with dementia pre-/post-intervention survey scores.

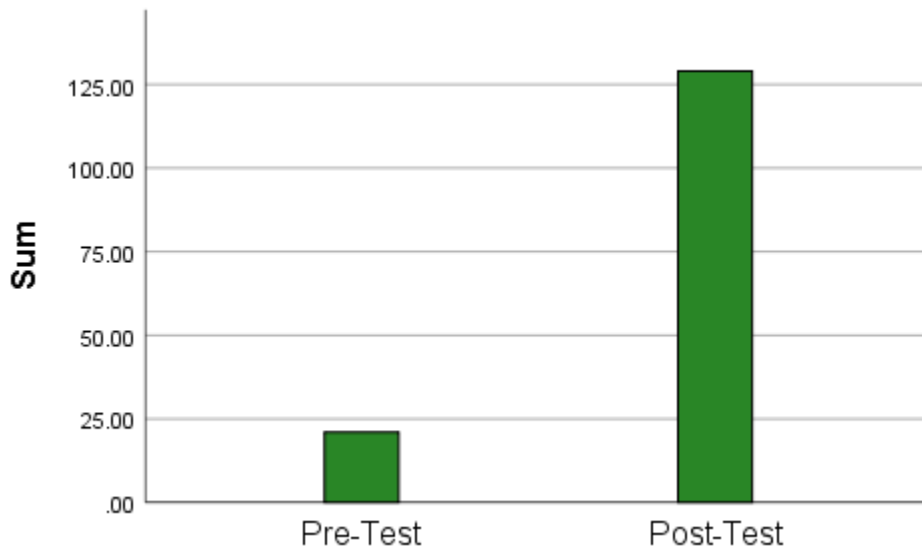


Figure 2. Caregivers educational survey pre-/post intervention survey scores.

Appendix K

**Doll Therapy Education**

<b>Doll Therapy</b>	<b>Rationale</b>
<p>Doll therapy entails offering dolls to agitated adults with dementia. The goal is to decrease agitation, psychotropic medications use, and restraints.</p>	<p>Psychotropic medications, physical, and chemical restraints are used as the first line of defense against aggressive behaviors in those with dementia. However, medications and restraints, whether chemical or physical, can cause undue harm to the patient. Therefore, managing agitation with the least restrictive measure, through doll-therapy, can improve the quality of life for the patient as well as decrease caregiver burden. Structured use of the dolls can provide a safe outlet for the resident to reduce behavioral and psychological symptoms of dementia.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>• Restlessness</li> <li>• Wandering and intrusion</li> <li>• Aggressive Behavior</li> <li>• Agitated Behavior</li> <li>• Intentional Falling</li> <li>• Inappropriate dress or disrobing</li> </ul>
<p><b>Aims to achieve when using therapeutic goals:</b></p> <ul style="list-style-type: none"> <li>• Provide a sense of wellbeing, purpose, validation through being allowed to take care of the doll</li> <li>• Allow the resident with dementia to express their love, emotions, and feelings which is a crucial area of doll therapy</li> <li>• Provide the opportunity for the resident to reminisce about past experiences with children</li> <li>• Allow for the opportunity of the resident to have meaningful communication opportunities through interaction with the doll through talking, tactile and sensory experiences</li> </ul>	<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Anxiety and Agitation diminished leading to a decrease in medication use</li> <li>• Positive increase in social behavior and communication</li> <li>• Decrease in agitation, aggression, wandering, and disrobing</li> <li>• Assistance in expressing needs that have been unmet</li> <li>• A sense of wellbeing and liveliness</li> <li>• Serene emotional engagement with the doll</li> </ul>

<p><b>Education of staff before using doll therapy:</b></p> <ul style="list-style-type: none"> <li>• Each resident is different and will not respond to doll therapy.</li> <li>• The background, past interaction with children, and beliefs will play a significant factor.</li> <li>• If the resident has never been fond of children, it is likely they will not interact or respond to doll therapy.</li> <li>• Therefore, knowing the individual's background prior to implementation will benefit greatly.</li> </ul>	<p><b>Allocated resources and time:</b></p> <ul style="list-style-type: none"> <li>• Staff training on how to implement doll therapy</li> <li>• Reminding staff not to rely on the doll as the sole source of activity</li> <li>• Education of family and friends the benefits of doll therapy</li> <li>• Purchasing the most lifelike doll as possible</li> <li>• Purchasing of baby clothes, shoes, and other desirable accessories for the doll.</li> <li>• The doll should remain appropriately dressed as not to disrespect the resident or the doll therapy program.</li> </ul>
<p><b>Introduction of the doll:</b></p> <ul style="list-style-type: none"> <li>• The introduction of the doll is key to the success of the therapy.</li> <li>• It is essential to remember that the approach is different depending on the resident.</li> <li>• When presenting the doll, it is preferable that the doll is as lifelike as possible.</li> <li>• It may take a moment for the resident to make a connection with the doll.</li> <li>• However, once the connection is made, the rest is self-administering.</li> <li>• Do not share dolls as this may cause ownership confrontations.</li> <li>• Infection control is another reason that dolls should not be shared.</li> <li>• The resident's name can be written on the bottom of the foot of the doll for easy recognition.</li> <li>• Interaction with the doll is to be documented on the plan of care.</li> </ul>	<p><b>Suggested approaches when beginning doll therapy:</b></p> <ul style="list-style-type: none"> <li>• Carry the doll appropriately: Not upside down, by the arm or leg. Cradle the doll appropriately as you would a baby. This will give the resident a chance to decide the reality or fantasy of doll therapy.</li> <li>• You can enter the area of the resident while cradling the doll and sit next to them, giving the resident the opportunity to respond.</li> <li>• If the resident is in an area alone, the doll can be left sitting in a chair, on the bed, or a table where it is found by the resident.</li> <li>• Do not coerce the resident. Wait for acknowledgment and assent of the doll's existence, then invite them to hold the doll.</li> <li>• Allow the resident to show you that they enjoy interacting with the doll. The acceptance may come in the form of a smile or a loving tone of voice as they speak to the doll.</li> <li>• Observe the interaction of the resident with the doll. Note if they have identified the doll as a real baby or doll.</li> <li>• If the issue of "is it real" arises, do not assume the resident knows whether the doll is real or not. Wait for a sign from</li> </ul>

	<p>the resident. If they specifically ask, simply state with a smile in a loving voice, “it is whatever you want it to be.”</p> <ul style="list-style-type: none"> <li>• If the resident recognizes it as a doll, do not deny it is a doll, but explore how lifelike it is and began to use it as an alternative form of reminiscence therapy.</li> <li>• Regardless of whether the resident perceives the doll as a baby or not, it is essential the doll is treated with dignity and respect, especially with storing the doll. It is essential the resident does not enter and an area where the doll is draped on the table in a way that it is in possible danger. A rescue response toward the perceived danger of the doll could be triggered, causing undue stress for the resident.</li> <li>• Always continue to observe the resident’s reaction and intervene if you feel they are made uncomfortable or agitated. Sometimes, by just removing the doll and sitting with it yourself while continuing a conversation may be enough to relieve anxious feelings of a resident that may feel, they are meant to “care for” the doll. However, with other adverse reactions from the resident, immediate removal of the doll with the replacement of a known soothing intervention is appropriate.</li> </ul>
<p><b>Cleaning of the Doll:</b></p> <ul style="list-style-type: none"> <li>• Wash hands before and after engaging with the doll just as you would any resident. This will help with infection control concerns.</li> <li>• The doll can be wiped over with antibacterial wipes and clothes washed on a regular basis.</li> <li>• Do not place the doll in the washing machine, dryer, or submerge in water</li> </ul>	



<p>as these dolls are soft-bodied and will absorb water, which will result in difficulty drying, leading to possible mildew issues.</p>	
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