

PRAGMATIC CONCEPTION OF A CLINICAL NOMENCLATURE OF PSYCHOSOCIAL INTERVENTIONS TO FIT CARE PRACTICES IN RESIDENTIAL CARE FACILITIES

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Introduction :

Healthcare professionals caring for people with dementia face pragmatic needs: daily care, remediation of chronic cognitive and behavioral symptoms, and management of psychological distress. In addition, scientific and clinical studies and systematic reviews show that the psychosocial interventions precisely target these needs.

Evidence-based studies to prove effectiveness of psychosocial interventions for people with dementia have considerably increased in the last years. Consequently, attempts to implement these interventions in residential care settings have multiplied and practical guides, recommendations, and clinical and academic books have been published in this perspective. However, practitioners encounter difficulties with implementation. Lack of a specific practice framework dedicated to psychosocial interventions in residential care setting may partly explain these difficulties.

Empiricism is a fundamental component to ensure successful translation of evidence-based science to care practices. It contributes to the validity of a clinical practice in real life and thus refers to implementation sciences that aim "to promote systematic adoption of research results and other evidence-based practices in routine care and, thus, to improve the quality and efficiency of care." (Eccles & Mittman, 2006).

Three domains of interventions were identified resulting in a classification of psychosocial interventions to favor field implementation and help health professionals with successful implementation:

- 1** Preventive interventions: hygiene and lifestyle care ranging from body care to activities of daily living.
- 2** Therapeutic or rehabilitative interventions: remediation of targeted and persistent psychological and behavioral symptoms.
- 3** Crisis interventions: management of acute psychological and behavioral symptoms.

Results :

The behavioral unit and day care center teams of Rennes University Hospital have developed two types of documents, in order to promote implementation of PIs:

- 1** An individualized sheet providing information on support of cognitive difficulties, behavioral distress and abilities, tailored ADLs and care routines, relevant PIs for the person, warning signs of psychological distress and how to deal with it. A banner listing skills makes it possible to link with those necessary for each type of support including PIs.
- 2** A tailored daily care agenda listing clinical contexts and necessary skills is implemented and divided into three parts
 - Daily life activities and routines
 - Suggested and prescribed PIs as well as required professional skills to implement them.
 - Methods for preventing and caring for crisis situations



Method :

The present study combined field observations of care practices of people with dementia in residential care settings with scientific literature to co-elaborate a pragmatic clinical nomenclature of psychosocial interventions with health professionals.



Discussion :

Results are discussed in terms of implementation, decision aids for clinical practice, identification of acts of care, benefits for people with dementia, and contributions to research.

Clinical contexts and required abilities of people with dementia for which PIs can be implemented are not always specified. In addition, professional resources are variable according to care settings. Involvement of trained assistant nurses and nurses appears to enhance use of PIs and therefore their effectiveness in clinical settings.

PIs require people living with dementia to be able to adhere to them, and prior implementing them, it is advisable to make sure that people living with dementia in clinical settings do not struggle with boredom or anxiety due to institutional lack of support.

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