



Biographical films as a person-centered approach to reduce neuropsychiatric symptoms of dementia in residential care: A feasibility study

Run by South West London and St George's Mental Health NHS Trust with My Life Films

Study Report Summary

Personality and life experiences play an important role in a person's response to dementia, so the National Institute for Health Research (2018) recommended that a person-centered, non-drug-based approach should be used as a treatment for behavioural and psychological symptoms in individuals with dementia. *Francis, Smith, Qayyum, Lee, Woodgate, Lawrence* (2019) conducted a feasibility study aimed at assessing the value of using biographical films as a type of person-centered reminiscence therapy for people with a dementia diagnosis in a residential care home. They also explored if this intervention had the potential to reduce symptoms of behavioural and psychological impairment over the course of the study.

Participants were recruited from a residential care home under the care of South West London and St George's Mental Health Trust. The intervention consisted of the resident watching their biographical film at least twice a week from Week 8 to the post-intervention assessment at Week 32.

The biographical films were created by a non-profit organisation My Life Films which uses participatory strategies to produce the films suited for individuals with dementia. The films were created in collaboration with residents' families and included two or three 2-hour meetings to get an insight in to the most memorable aspects of the residents' life and to decide on the content of the 10 chapters which best tell the story of their life (childhood, marriage, travel, children etc). The material for the chapters were then chronologically ordered, matched with favourite music tracks and accompanied by family interviews which were edited in to the final 30-minute biographical film.

Carers reported on behavioural and psychological symptoms at three time points, baseline, midintervention and post-intervention using a variety of measures (Neuro-psychiatric Inventory-Nursing Home, Quality of Life, Challenging Behaviour Scale, Cohen-Mansfield Agitation Inventory).

The study found that biographical films can decrease behavioural and psychological symptom levels and improve quality of life. The technology also increased the carers' knowledge of patients and enhanced the relationship between carers and patients. Carer feedback indicates that the films helped them to deliver person-centered care to residents. Further, carers used the film as a therapeutic tool to support and aid the delivery of routine care and general well-being of the residents with dementia. The results also found that long-term exposure of the intervention had larger effects on the residents' behavioural and psychological symptoms including (in some cases) reducing drug use.

This was the first study to investigate the feasibility of biographical films as a form of reminiscence therapy to reduce behavioural and psychological symptoms in people with dementia. Future research should explore how this type of therapy can be delivered, particularly through mobile multimedia technology and also look at the cost effectiveness of this intervention.

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