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KEY:

Cannot decipher = (unclear + time code)

Sounds like = [s.l + time code]

I: = Interviewer (Interviewer in bold)

R: = Respondent

I: So, I wonder if we could start by talking about, um, how you kind of talk to people with dementia, and kind of what your experiences are kind of with communication in dementia, um, just kind of in general?	
R: So how I talk to people with dementia. Um, I think a lot of it is just based on your own judgement about where they are in time and space.	
I: Mhm.	
R: Almost like a combination of that and then also getting to know what their values and what matters to them. Um, you know, because if you're going to talk to somebody and in their reality they're kind of, depending on whereabouts they are in the illness, you know. Sometimes if you get people who are quite progressed in the illness, their reality is that they might be in their 20s or their early 30s with a young family.	
I: Yeah.	
R: Um, so me coming in and talking about things that are relevant to today is likely to cause anxiety and confusion and just be like a disconnect, whereby somebody would just disengage with what you're talking about.	
I: Mhm.	
R: So it's kind of just a bit of a, when you see, when you meet someone you get, I tend to get a bit of feedback from the staff. You have a bit of a heads-up in terms of how progressed their illness is, what difficulties they may or may not have had recently. Um, you know, if I'm working with somebody who's part of, you know, part of	

the memory service, we obviously give diagnoses of dementia, so that does tend to be very early stages. Not always. Sometimes you'll get people through that actually, you think, "How on earth has this not been picked up before?"	
I: Right.	
R: But by and large, it's, um, kind of early stages of dementia – it might be an early onset –	
I: Mm.	
R: – in terms of somebody in their 50s or 60s. But it tends to be in the early stages of the illness. Um, so cognitively, they're more able to understand what you're saying, to ask questions, to have capacity to understand what we're talking about.	
I: Yeah.	
R: Um, so I wouldn't talk to them hugely differently to what I'm talking to you now, really. Um, depending on, sometimes the neuro site can be really helpful because it can give you an indication of how somebody processes information.	
I: Mhm.	
R: Whether they have a more preference for visual information or the verbal information.	
I: Yeah.	
R: Um, so that can help sometimes if you're trying to explain something to somebody, um, thinking about how they best, not learn, but how they best understand the world, really.	
I: Yeah.	
R: Um, and that's often how, when we do care, staff in care homes –	
I: Mm.	
R: – if somebody's presenting with a behaviour that might be seen as quite challenging, we try and work with the staff in understanding what's the function of the behaviour. And how to meet the need. And that might be that somebody understands things better visually, or, um, you know, different ways, really.	
I: Yeah, okay.	
R: Um, but then when I'm seeing people individually it's, you know, I've been to see somebody today who was, er, probably in the mid-stages of an Alzheimer's-type dementia. And, er, also had a lot of physical health problems. And sometimes, initially, I'd never met this guy before, I was just kind of sitting on the bottom of his bed and just having a chat.	
I: Mm.	
R: You know, just gauging it, you know, what he'd been up to, using things around the room, "Oh, who's this in this picture?"	

I: Mm.	
R: Um, and just using kind of cues that are in their environment to engage in a way.	
I: Yeah.	
R: And then from that, you get a sense of, um, what they like, you know, this guy had a picture of him holding a massive trout, you know, so we talked about fishing for a while. I know nothing about fishing, but it's kind of [laughter], you know, um, just being curious. I think you can't go wrong if you just, if you're curious.	
I: Mm.	
R: Remain, kind of maintaining that curious position of, 'what's the world like for this person, and what's important to them?'	
I: Yeah.	
R: And then just ask them, just go with that.	
I: Mm.	
R: Um, but you can't go far wrong if you do that, I don't think.	
I: Yeah. That's true, yeah. [Laughter]. So do you find you kind of, er, need to know, like, a bit about the person in order to engage with them, like, in a sort of...?	
R: It depends. You see, it's coming from a slightly different psychological model because some people, um, depending on what psychological model, you're allowing yourself to be therapeutic.	
I: Okay.	
R: Um, some people like to have lots of information before they go in.	
I: Mhm.	
R: I tend to wait for what they call the more systemic model, which is coming from that curious position that I've talked to you about.	
I: Yeah.	
R: So I'll often not read somebody's notes, even if I have them –	
I: Okay.	
R: – before I'll go and see them.	
I: Right.	
R: Because sometimes the narrative that surrounds the person –	
I: Yeah.	
R: – can influence how you see them.	
I: Yeah, okay.	
R: Um, so sometimes it's taking a bit more of a risk, and you think, "Oh," you know, "I don't know anything about them." But actually, you're not coming into that situation from any point of judgement at all.	
I: Okay, yeah.	

R:	You're just having a conversation with somebody and finding out something from, you know –	
I:	Yeah.	
R:	–from that point in time.	
I:	Okay.	
R:	Um, but then sometimes it is helpful to have the information, you know, if they've had a lot of physical health problems, if somebody has, you know, had a fall and, or they've had a, sometimes if people get urine tract infections it can, you know –	
I:	Yeah.	
R:	– that can affect massively what sense they make of the world and how they feel about stuff.	
I:	Okay.	
R:	So I don't have any kind of hard and fast rule, particularly, um, other than just trying to find out what's important to that person and using that.	
I:	Yeah.	
R:	Um, and sometimes you get feedback from staff, but sometimes that's not helpful.	
I:	Yeah.	
R:	Because stories can follow people for years and years. You know, sometimes you'd hear staff talking about something that Billy did six years ago, and you think, "Blimey!" [Laughter]. "Why has that happened now?" So sometimes that information will be helpful but often –	
I:	Yeah, sometimes not.	
R:	– it's not.	
I:	Okay.	
R:	Aha, yeah. And kind of automatically put blinkers on yourself. [Laughter].	
I:	Do you find that kind of systemic approach then kind of would kind of engage with your curiosity more, and help you get in there?	
R:	Yeah.	
I:	Because if you don't know anything about them you can get stuck in.	
R:	Yeah, absolutely, yeah. It's kind of just a completely person-centred approach where you're just going by what the person's saying to you.	
I:	Yeah.	
R:	Um, and as I said, just kind of using, like, that bigger picture (unclear 0:06:28), you know, just things that are around people, you think, "That's your wife, why is that there, who is that, what's that about?" Um, it might just look like you're having a chat but, actually, you're trying to just find out where the person is, what's important to them. Um, I'll often ask the question, "Do you get worried about stuff? Do you ever feel down about stuff?"	
I:	Yeah.	

R: Um, and just get them to tell you, really. So yes, it's not very sophisticated. [Laughter].	
I: So what kind of things would you, if you wanted to ask people with dementia about and you go and chat to them, are you kind of looking for something particular? Or is it kind of more the general kind of chit-chat?	
R: Well, often when I'm referred, when people are referred to me to go and see somebody with a dementia, most of the time the person with the dementia doesn't have the problem. Like I said to you, so it's often like the people who are working with the person or, again, it depends where they are in the illness. So, I worked with a lady one time that was, um, she almost developed quite, um, an obsessive compulsive routine. And that, for her, was around the memory problem, the dementia had created a huge amount of uncertainty for her. And that was massively anxiety provoking. And so she'd adopt strategies to try and manage the anxiety.	
I: Yeah.	
R: So when people come to us, or come to, for a referral to psychology, it's because there's a problem. Either a person is experiencing a problem or the people living with the person, or caring for the person, are experiencing a problem. So it's not just that you tend to just go in and have a chat about anything, you know, like you would do if you were just kind of a nursing assistant on the ward all the time. Where you would go and, or in the care home all the time, where you'd go and have a chat with people. Um, it's always an assessment of actually what is the problem here? Who's it a problem for? And is there any way that I can be helpful in that? So those are the main things that are on my mind, really.	
I: Yeah.	
R: Um, because the guy I went to see today, he doesn't have a problem, he's quite happy. He's sitting in his room, he's not doing anything. Um, he's quite in a good mood. But, he's alright with that. But the staff around him are kind of unsettled by that; they think that, "Oh no, no, he should be up, it's good for his mood to be up and about and going out on his scooter." He doesn't want to do that [laughter], you know, so it's kind of thinking, "Well, whose is the problem for?"	
I: Mm, okay.	
R: Yeah.	
I: Okay. I was kind of wondering if you could tell me a bit about, a little bit about the observations you have of how dementia kind of affects families and the kind of their methods of communication with each other?	

R: Yeah, um, I mean, it varies massively... I'm just, there's a few examples coming to mind but I'm trying to kind of be a bit more general with it, really, in terms of... I mean, some people, er, it's how it's kind of, the information's processed, and again, who is it a problem for?	
I: Okay.	
R: So if it's something that, it depends on how well-supported the family members are.	
I: Yeah.	
R: Almost, how, um, able they are to adapt. So, often when you'll get problems, it's when, you know, you're talking about generations and kind of culture and things. A lot of people that we work with come from quite traditional male and female roles. So sometimes the things that'll come up will be that the wife now doesn't have any idea about, um, the finance side of things, or the garden, you know, I'm being very, very, um, stereotypical with that. But still, particularly in certain pockets of Northumberland, those kind of cultural beliefs are really strong. Um, and generational as well, like. So, a lot of the mining communities where the man did always go out to work and the woman did everything in the house. And now, if the woman has a dementia, the man's left to care for her.	
I: Yeah.	
R: And he's actually never learnt how to do that, because his dad never did that and, you know. So it can be a massive, those kinds of things can create huge barriers to communication, because it creates an enormous amount of carer strain and burden.	
I: Yeah.	
R: Um, and if somebody's knackered and stressed, um, you're not kind of the most receptive to feedback or to just engaging in a calm and rational way with somebody. Um, I mean, equally, it can create a lot of anxiety with, um, children, so kind of older children who, it's their parent who's going through this. And they might then have to, you know, cope with, because it's a loss, it's, you know –	
I: Yeah.	
R: – kind of getting your head round that loss from your own point of view. But then having the secondary thing of, "Well actually, how's my dad coping with this? How's my mum coping?" Um, I remember, there's been a few families that I've worked with whereby they've almost tried to protect the person with the dementia by not having conversations in front of them. But actually, where that person is in their illness, they're quite aware of that.	
I: Yeah.	
R: And that's really annoying. Um, it's like, "Actually, I'm not a child and stop treating me like a child," and,	

whereas, from a family's point of view, they thought they were doing that in the person's best interests. "Oh, we don't want Mum to worry," or, "We don't want Mum to get upset that we're having these conversations about her." They'll be having them in the other room and somebody's sat there going, "What are you talking about? Why, you know, am I invisible here?" er, you know.	
So it's kind of knowing, that's where a lot of my role is kind of unpicking some of that and saying, "Well actually, what's the function of that?" And by and large it comes from a caring place where, like, the family members really care for each other but, actually, they just get it a bit wrong.	
I: Yeah, yeah.	
R: Um, and so it's just trying to, that's where a lot of the family work comes in, it's just creating a little bit of space for those conversations, you know. 'Why is that important to you to go in the other room?' Because often, those conversations don't happen without somebody facilitating them, because they're difficult conversations to have.	
I: Yeah, yeah.	
R: So either people don't have time and it can often cause, like, arguments, and so people just avoid it. But it's just like, it bubbles under the surface. And, er, yes, so it's those kind of things, really. And particularly, again, if, depending how the dementia progresses, you know, people can become quite, um, confrontational. Like the person with the dementia, he can become quite, er, even if the family member's caring for them and it's a hard job, you know, they don't have the cognitive capacity sometimes to recognise that and to appreciate that. And they can just be quite short with people.	
I: Mm.	
R: Which is hurtful, um, but it's not deliberate. And again, sometimes it's about having conversations with the carer. And the people caring, you know, who are caring for the family member can see that, that actually, she does this and it's really hurtful. But it's not that she's doing it deliberately. Um, and sometimes that can shift things a little bit.	
I: Yeah, yeah. So is it, like, kind of seeing, er, like a change in the social roles in the family, then? As like, the dementia progresses, do you think they become less and less, you know, than before, and they're seen as someone more that needs caring for? And the conversation and the communication changes around that? Is that...?	
R: I think a lot depends where the families come from and what their norm is, and how the dementia has made	

an impact on that. So how has the dementia changed the kind of status quo of the family? If it hasn't changed it very much then often there's, I don't see those people because everything's ticking on quite nicely. But it tends to be when something changes the, almost like the equilibrium. And that can lead to carer strain and then there's the problem with actually finding it very difficult to cope. Er, and again, it can be a generational thing. A lot of, particularly, as I said, in an awful lot of communities men aren't used to talking about feeling vulnerable, feeling upset. Um, you know, a lot of the families that we work with have been very, very hard working guys who've been down the mines for, like, twelve hours a day for 30 years or something [laughter] –	
I: Yeah.	
R: – you know, with other men. Um, and they kind of see me coming and they're just like, "Oh, I'm going to have to talk about all this airy-fairy stuff." Um, so that's a barrier sometimes, of just trying to make it okay. But, um, you're working against a lifetime of what they know, really. Er, it's not necessarily the wrong way to do it, it's just it makes it difficult sometimes to have conversations if you're struggling.	
I: Yeah.	
R: Because that's not what they're used to doing. Not all the time, but I think, it's just something I've seen in the different, just certain pockets, of thinking about cultural influences as well as generational influences. Those two things can be quite unhelpful and they can be quite big barriers to communicating.	
I: Yeah, yeah. Yeah, that's interesting. Tell me a bit more about, like er, if families are using, like, different strategies, anything particular to encourage conversation between themselves when they have these difficult conversations with each other. Do you know if there's, like, things they employ to go about that, or...?	
R: Not standardised, really. Again, that's kind of, the kind of conversations that we try and engage with the families is that person-centred approach of what's helpful for them. So I've done bits and pieces of work with families whereby, it's almost like, what are the warning signs to things starting to become difficult? So before they're at crisis point, where you're all screaming at each other. Um, if I went back, I don't know, in time, whether it's a day, a week, a year or whatever, what would you start to notice about your interactions that might suggest that things are getting a bit tricky?	
I: Yeah.	
R: Um, and just finding out what helps. Again, that	

curious position, "Well, are there times when this isn't there?" So looking for exceptions also, so when the times when you aren't at each other's throats, or you feel like you have had a really good day and you've connected and you've had really good conversations, what was different about that? Um, and that's not like a standardised answer across families, it's whatever matters to them. So it varies massively.	
I: Mm.	
R: But again, it's that curious position of, when that's not there, why is it not there? What matters to you? When you're out together as a family, what do you like to do? Because one of the major things we tell people in the memory groups, which is at the early stages of dementia, is, "You needn't do anything different." People will get this diagnosis and they think, "Oh hell, what have I got to stop doing?" You know, there might be guidance around stopping driving and stuff like that, but not always. But by and large, if you've always gone on holiday to Benidorm every year, just keep going on holiday to Benidorm. There's nothing to say you can't. You know, just stuff like that, you know.	
That's one recent example where a family were going to cancel their holiday because their mum got diagnosed with dementia. And it was like, "Well, why? Just keep doing what you're doing. Do what matters to you. Do what's important." If you stop doing that then I think that can get lost a little bit, because people are unsure about what this means and if this happens, what might, you know, how might I cope? There's a lot of uncertainty around that comes with a diagnosis of dementia, I think.	
I: Mm. Yeah. Is there kind of a big change, um, in kind of family, like, communication and the methods (unclear 0:18:36) normally talk to each other through sort of like visiting and, like, grandparents and this sort of stuff, as soon as they're kind of diagnosed with dementia, er, it's like if they, like, feel a bit anxious about the diagnosis and such. Is that a big play, and then does it kind of follow, like, a normal path, I guess, through the progression?	
R: It kind of depends on what the person's, what their norm is, the person that has the dementia. Sometimes you'll see that for family members that have cared for grandchildren, um, and as part of their kind of problems they might, like, tell them, "I've left the hob on a couple of times," or something. And so the adult children have stopped taking the grandchildren to stay because they're unsure, Actually, if something happens, will Mum be able to cope, or will Dad be able to cope?"	
And so when that stops then that can create,	

again, it's another loss for the person, um, and that can cause problems in terms of communication. Because again, it's hard to have those conversations and say, "Oh Mum," you know, "you left the oven on three times. What happens if something happens with the kids, are you able to think as quickly?" you know. That's a really hard thing to say.	
I: Yeah, that's a hard conversation to have.	
R: Yeah. So people don't say it, but then the person often feels rejected because, and often that can bring their mood down, because actually, they don't have that role. Um, I mean, not every person I see has that caring role for grandchildren but that does sometimes happen, where people'll just stop going round, um, for more those kind of practical reasons, really.	
Um, I know there was a chap, but it's a long time ago now, um, always had a really kind of wide circle of friends who'd been friends for, like, all of their life. And they used to meet up and have a couple of whiskeys and play dominoes, or something like that. I can't remember the details of it now. And he was in a care home and, um, and he was really depressed. And it was actually the fact, when we got to the bottom of it, his friends had stopped going, because they thought that wouldn't be helpful for him. So those kind of assumptions of what this diagnosis means, people tend to make a lot of assumptions. Often from a very caring position, from like, they're trying to do their best, but it's an assumption on what they think a person needs.	
I: Mm.	
R: Um, and actually, what happened is they just started going round to the care home and playing dominoes and having a whiskey. So it was fine [laughter]. So, er, it's those kind of things, like we were saying, don't stop doing what you're doing. Um, but sometimes it's almost making people aware of that and giving people permission to ask questions, or just to ask if they're not sure, or to just carry on doing what they're doing, and that's fine. Like the Benidorm thing – go to Benidorm, (unclear 0:21:32) [laughter], you know. So it's almost that permission given a little bit can be useful, I think.	
I: Yeah. So is it more kind of people making assumptions and then not communicating that –	
R: Yeah.	
I: – can be the reason why the...?	
R: Yeah, because there can be an awful lot of anxiety around, "Well, I don't want to upset the person. I don't want to make them feel bad. I don't want to make them worry. So we're just going to do what I think's best." But then that's often misinterpreted by the person that has the	

dementia. And often they can experience it, as I said, like, another loss, like, "Well, they've stopped coming to see me now." Um, so yeah, it can, it can kind of spiral. But it's more often from a very kind of positive person who thinks they're doing the best thing.	
And that's often when we come in and say, "Oh," you know, "you can't know something you don't know. You've never gone through this before. You can't know how to handle it, you know, it's about just trying to figure that out. And sometimes you'll get it wrong and sometimes you'll get it right." Um, so just trying to normalise that whole uncertainty a little bit, I think, can be helpful, um, because every disease progression is different. People have different values, different backgrounds, different coping strategies. Family members with different coping strategies and backgrounds and everything else, you know, it's never one, sort of like, formulaic, where you say, "Oh, this is just what you do." It depends on the family.	
I: Yeah, definitely. Okay. Um, I wonder if we can talk about, er, kind of media, um, kind of dementia care? So, um, do you have experiences of how families have used kind of different bits of media? So maybe like, photo albums or, like, songs they put together for, like, er, relatives who have dementia, to kind of, how to get them kind of things to talk about or kind of just as, like, a kind of therapeutic kind of talk, a new experience?	
R: Yeah, I mean it's... one of the things that people in, er, care staff often use are what we call memory boxes. Have you heard of those?	
I: Yeah, yeah.	
R: Yeah, so I mean, again, they're very kind of person-centred, what matters to the person. And the kinds of things that are, like, missing from their life. So it might be something, you know, if they used to love to go on holiday to Crete, or something, you know, something from Crete that they can use to, you know. So again, it's finding out about what's important to the person, what's their background, what's their life been like? And ways of connecting with that. Um, so memory boxes can be really good.	
Um, and they can be great for people who don't really know the person, you know, care staff, they can say, "Oh," you know, "Sheila, tell us about this," you know.	
I: Yeah, yeah.	
R: Um, we had a, we hosted a conference a couple of weeks ago, the Psychology for Older People's National Conference. And there was this speaker there, a key note speaker, who talked about the playlist for life. I wasn't actually there on that particular day, my colleague was, but	

she said it was incredibly powerful. And it was about creating a playlist for somebody that's relevant to their life, so I don't know whether you've...	
I: Yeah, I've seen it somewhere, yeah, yeah.	
R: Um, and it's that kind of thing. So, um, you know, I've talked to, my mum's best friend actually has Alzheimer's disease and she's quite progressed in her illness, to the extent that she doesn't really know who my mum is. And that really distresses my mum. And I've said to her, because they've been friends since they were 15, like best friends, um, and it's funny because she thinks I'm my mum, who looks similar. And my mum can't get her head round that and I said to her, "Well Mum, like, alright, my auntie, in her mind she's in her 30s or 40s. So when she sees you coming through the door she probably thinks, "Oh, there's somebody who looks like an older version of my friend. That's a bit weird. My friend's just over there," you know.	
So I said, "If that's where she is in time and space, think about the holidays you had together. Think about when you used to go dancing or when the kids were little and you used to go out at the weekend. What did you used to dance to? What did you used to listen to? What did you used to talk about? Go with that." Because I've said to her, actually, to make, like, a little CD and...	
I: Yeah, yeah.	
R: Um, and it's that kind of thing of finding out where they are in time and space, a bit about their life, what matters to them. Um, and that's just a really easy kind of tool, really, just to say, "Oh, tell me about that again," just to get somebody talking.	
I: Yeah.	
R: Um...	
I: Sorry. Um, when do people kind of make these kind of memory boxes, er, and how do they go about it? Is it like, kind of like a family activity, or would one person make it for a relative [s.I intervention 0:26:17]? Or would that have to be involved in the sort of...?	
R: It varies, and it varies from care home to care home as well. And it varies depending on how much time staff have got, which is never very much, unfortunately. So, um, it'll often only be when there starts to be a problem. Um, but I mean, the best type of work like that is that kind of collaboration between the family almost telling the person's story, and the staff understanding that. And that's partly where our role comes in, um, as part of the service that we offer, is what we call, like, formulations. And what that means is just understanding a person and what matters to them. And that's by talking to the family and then sharing that with the staff and the family, and	

putting something together for the person.	
But that's quite a big bit of work and that doesn't happen a lot, you know, with many, many people, you know. Um, considering the amount of people who are in care homes with a dementia. So I don't know how it works across various homes. It's not consistent. And not everybody with a dementia have, like, a memory box. But I think it's a really, really good way of connecting with people and just starting those kind of conversations. Not even, they don't have to be kind of verbal conversation, you know, just, so just sitting down and listening to a piece of music with somebody, can be really powerful. Um, and it can meet a need for them.	
I: Yeah.	
R: Um, yeah, but I mean, in terms of other media, I don't know, to be honest. I mean, I don't know necessarily about the media, but have you heard about Dementia Dolls and things like that? So people, again, that can be somebody, if in their mind they're in their early stages of parenthood, it can be really distressing when they think, "Well, where's my baby?" And it can be quite contentious, when it was first introduced, but actually it has to be very, very sensitively, it has to be very well kind of assessed for and discussed with the family. But sometimes, almost like, there's, um, just, like, giving somebody a doll, and it has to be somebody that's at a certain stage in their illness, where they know it's not a doll – sorry, they don't know it's a doll.	
I: Okay.	
R: And for them, it can meet a need, a huge need, because actually they have that role as a mum again. And that can create, you know, you can see the staff coming and saying, "Oh," you know, "is Claire behaving herself today, or has she been colicky?" Um, and they use the what we call therapeutic lies, and those being used in the right way, not with everybody, but it's a way of entering into that person's reality, and engaging with them on that level.	
Um, because I suppose one of the most powerful ways that somebody described it to me, it was a nurse I was working with. And there was a lady who was, um, she came referred to us because she was hitting out at the staff, and always, like, breaking down the doors every day at about three o'clock. And what we found was actually, that was the time her kids got, that school finished. So she was going to pick her kids up from school.	
I: Yeah.	
R: And the way it was explained to me was actually, because I've got a young family, it's almost like somebody saying to me now, me saying, "Oh God, I'm late, I've got to	

go on the school run,” saying, “No Laura, you're not. Your kids are grown up and this is where you live now.” Well, I'd be outraged, I would literally, I'd be like, “Er, no I don't, and who are you, and what are you on about? And my kids are getting out of school – out of the way.”	
I: Mm.	
R: Um, and I would break down the door because I'd think they'd be sat in the yard without me. [Laughter].	
I: Yeah.	
R: You know? So, it's kind of understanding that and thinking, “Blimey! I'm not surprised she was trying to escape at three o'clock every afternoon.” But it was a way of kind of, once you had that understanding, finding a bit about her life and saying, “Oh yes, have you not forgotten, your sister's picking her up today because she's got such and such to do?” And the lady's kind of, “Alright, okay,” and sits back down again.	
So it's therapeutic lies, you have to be very careful with them, but they can be incredibly useful in communicating and alleviating distress, because you're entering that person's reality. Um, and finding out what's important to them, and going with it.	
I: Mm.	
R: Rather than going, [Shouts], “No! You're at East Riding here, in (Unclear 0:30:48), you know, the person might have been born and bred in Shrewsbury and they're thinking, “What the hell are you on about?” you know, so... [Laughter]. So there's certainly a place for that and alongside that things like, um, therapeutic dolls and things can be very, very helpful. But there needs to be a really kind of transparent conversation with the family about that, because that can be really upsetting for the family, to see their mum sat there with a doll.	
I: Yeah.	
R: Without understanding why.	
I: Yeah, yeah.	
R: Um, so it's just kind of trying to be as transparent as you can about what you're doing and just saying, “I don't know the answers to this but we can try and figure it out. Um, and I'm not always going to get it right.”	
I: Yeah.	
R: You know, and just try that, because I find that's the best way of working with families, really.	
I: Okay. Is there anything kind of in your experience of, like, the dementia dolls or the life story boxes, kind of, who the family, er, makes these or kind of gets these for? I think with the dementia doll it seems like it's very much for the person with dementia. But stuff like the life story boxes, is that for the person with dementia when they make it, or is it	

for themselves as, like, a tool to kind of...?	
R: It's for the person.	
I: Yeah, but, like, do they find it useful for them or, like, or do they make it for, like, the staff as well to kind of help with their kind of care?	
R: Well, it's often when it's people are struggling, yeah, to connect with the person. So the family will put stuff together that they know was important to the person, or relevant in their life, as a way of initiating conversations. So it's often the family member that puts something together for the staff or for people coming in and trying to engage in conversation with the family member. Um, that's, not always, but that's kind of often how it works.	
I: Yeah.	
R: Um, there was a guy once that I worked with in (Unclear 0:32:42), he used to be a pilot and he was, like, a bit of an entrepreneur. And he used to design all these models and, like, incredible stuff. Um, and then they brought in, he still had a couple of them, like, they'd had like, they'd been patented and everything. And they were, like, the originals were still in his house.	
I: Oh, right.	
R: Um, and he brought them in, and he would talk for hours about them, you know. He was kind of an engineer and stuff, and so it was really important to him and something he was incredibly proud of. So it wasn't necessarily a box, it was just something from his life. Like, if I think of my dad, he was a civil engineer and the amount of road plans we have in our house, probably bore the tears out of all the family. It was kind of a standing joke. But if he was ever in that position I'd think, "Blimey, I could just bring a road plan in and he'd talk the hind legs off anybody –	
I: [Laughter].	
R: – um, about that." You know, so that kind of thing really, er, just a way in. Um, but it's often the family members, that's why it's important to include the family members so much. Because they've got all that rich history.	
I: Yeah. Is that different, then, for people you might counsel that don't really have a family?	
R: Yeah.	
I: So it'd be really difficult, then, to go with this?	
R: It's much more difficult because you're, yeah, I mean, thankfully, that's not often the case. It's much more likely that the person has at least one family member that he can talk to. But you're right, it's not always the case. And then you're kind of going in a bit more blind and it's just trying to find out as, like at the beginning, where the person is and what's important to them.	

I: Yeah. Is that when you've got to have a more systemic approach to them, then?	
R: Yeah, yeah. Er, but it depends on where they are in their illness.	
I: Yeah.	
R: Maybe using the staff around them, or the GP or, you know, you try to think a little bit more creatively about who might tell me just something.	
I: Yeah. Do you think the life story boxes and the media that they put in there, so the photos and maybe songs and stuff, are they kind of effective for the family to help kind of talk to each other with? Or...?	
R: Talk to each other?	
I: Well, say, er, if it was, like, maybe, a primary family member who would just help care for them. Would they use that as a sort of a conversation? Is that an effective tool? Or is it kind of, does it help them more with family members that visit, they don't see too much of?	
R: Both, really. Um, I mean, I have to say, I haven't worked, it's not like the majority of my work is doing those kind of memory boxes and stuff. But I think, no matter who it is, it can just be, er, a trigger for conversation that interests the person. So it can be useful across, across really. Um... and things like the music can be very, very powerful, as I say.	
I: Yeah.	
R: Um, or just things like mementoes from somebody's past. You know, we've had a lot of veterans who served, you know. Again, you'd have to tread carefully in terms of it might not be positive for them to go back and re-live some of those experiences. But for some people, it's something that they're going to be proud of, is their time and service, and, um, things like that. But that's why we need to have to just, you'd have to find out a lot of information, and be very careful about what you use. And that it's got a, it's not going to cause harm. [Laughter].	
I: Yeah. [Laughter]. Yeah, that's... yeah. Fair enough. Right, thanks.	
R: Thank you.	

[End of Recording]