

Mechanised Pets

A range of these can be purchased from Toys R Us at a reasonable cost. These differ from non-mechanized pets as they have batteries and will interact in some way through movement or sound. (Fur Real Pets are made by Hasbro Toys and can be purchased via their website)

Rationale for use of Dolls & Mechanised Pets

The need to give and receive love is basic to the human condition. The structured use of dolls and mechanized pets can provide an outlet for the giving and receiving of unconditional love, as well as providing purpose. In order to safeguard issues of appropriateness and dignity, basic guidelines should be adhered to:

AIMS:

- Offer an occasion to give care rather than receive it
- Provide an opportunity in a structured environment for the giving and receiving of unconditional love.
- Reach the person and establish a connection
- Give an opportunity for structured reminiscence sessions in both individual and group formats.
- Provide a planned opportunity for meaningful interaction with the environment.
- With individually assessed residents to provide a tool to assist in the alleviation of changing behaviours which may include agitation, anxiety, or low mood.
- Give an opportunity for people to engage in an activity which reflects their past roles

OUTCOMES:

Through structured interaction with these therapeutic tools we aim for the resident to;

- Experience an increased sense of well being
- Experience an alternative way of interacting positively with the surrounding environment.
- Experience increased meaningful interaction both with other residents and with staff
- Experience relief from the negative effects of such feelings as agitation and anxiety

Prior to using the Doll / Pet

- When considering the use of a doll or pet as a therapeutic tool, reflect on the type of activity this person may respond to. Remember that staff should not rely on dolls or mechanized pets as the only source of activity for the person.
- Be aware of the resident's parental history and any traumatic events they may have experienced. For example a woman who has a history of miscarriage and was unable to have her own children may not find the use of a doll at all comforting.
- Investigate the types of pets owned by the resident, personal preferences right down to the colour of previous pets in order to make the most appropriate choice.
- Be aware that whilst there is much positive research regarding doll therapy, there have also been reports of negative feedback. Like any treatment/procedure it is not always suitable for everyone.
- In choosing the most appropriate doll or pet, try to select the most realistic one that is affordable. As a general rule, dolls with soft bodies but hard hands feet and heads offer a

more realistic “feel” than those which are solid plastic throughout. Choose dolls and pets that reflect the expected size.

- Ensure that the doll remains appropriately clothed for its role. A doll that is presented in a half naked manner shows little respect for both the reality of the resident and the programme that you are trying to run.
- Be aware of culturally specific practices in relation to child care or the roles of animals in domestic settings.

Introducing the Doll / Pet

- Carry the doll/ pet into the room appropriately, ie: not upside down by the leg but safely cradled, this gives the resident the chance to choose between reality and fantasy.
- Do not coerce the resident to hold the doll/ pet but wait for them to acknowledge its existence and invite them to hold it if they show interest.
- Let them show you whether they enjoy interacting with a therapy doll or mechanized pet. This response may come in the form of a smile, the loving tone that they use to speak to the doll etc.
- The issue of “is it real?” may arise. Do not assume the resident knows whether they are real or not but wait for a sign from the resident themselves. If asked specifically if it is real, a response may be “its whatever you want it to be”
- Present the doll or mechanized pet in such a way that it is up to the person with dementia to decide whether it is a baby or doll/ mechanized pet or fur animal.
- If the resident recognizes the doll as a doll, don’t deny it- explore how lifelike it is and use it as an alternative form of reminiscence.
- Regardless of whether the resident considers the doll/mechanized pet as real or not, it is still essential that the doll/mechanized pet is treated with dignity and respect at all times. This also applies to storage, so that residents do not enter an activity area to find a doll draped on the table in such a manner as to possibly trigger a rescue response towards the perceived danger the doll is in.
- Observe the residents reaction and intervene if you feel they are made uncomfortable or agitated by it. By just removing the doll and sitting with it yourself whilst continuing the conversation it may be enough to relieve anxious feelings of someone who may feel they are meant to “care for” the doll/mechanized pet.

The session

- The Occupational therapist should assess whether doll or mechanized pet therapy is a suitable intervention by monitoring the person’s response throughout and this should be documented on the care plan.
- Follow the resident’s stream of thoughts as conversation prompts during the session, and try to put some structure to the conversation. ie talking about their own children when they were babies or discussing animals they have owned.
- During the session, the baby/mechanised pet may acquire a name. This information should be recorded on the residents care plan.
- On completion of the session, thank the resident for their time and care and say you will take the doll/mechanised pet back to their crib/home etc

Family Perspective

- When introducing a doll or mechanized animal, it is important to take into account the family's viewpoint as well as the person with dementia. The family may respond to the use of a doll or toys with understandable disgust as they may have known the person with dementia as someone who would never have been seen with handling a doll in this manner.
- Most family members once they have seen the benefits of their loved one caring for dolls and toys will accept and embrace the concept.
- There will be occasions when the family may remain unsupportive of this type of therapy and it is recommended that you discuss the benefits with them and explain the reasons why this type of therapy was chosen.

Staff Members Involvement

- The staff member must be very clear about the intention and use of dolls or mechanized pets as a therapeutic aid.
- Therapeutic decisions should always be made with the intention of maintaining the resident's dignity and not to demean or humour them.

Notes on caring for your Doll or Pet

- "FurReal" pets operate on A4 batteries. It is important to have spares readily available so that mechanized pet performs as expected at all times.
- Depending on whether the mechanized pet is owned individually or by the facility the location of the spare batteries may vary. One useful tool is to purchase sets of rechargeable batteries and a recharger, ensuring that charged batteries are always available.
- If using rechargeable batteries ensure they are the only type of battery in use. Do not mix rechargeable batteries with standard batteries.
- Always read the instructions that come with mechanized pets for the specifics of each animal. Sample instructions are included
- General cleaning instructions of mechanized toys:
 - *do not put in the washing machine*
 - *do not submerge in water*
 - *do not get wet except with a damp cloth on the fur/material*
 - *to prevent staining the fur/material, wipe dirt off immediately*
 - *If the animal/doll gets wet, remove the batteries and dry the fur/material*
 - *Once completely dry replace the batteries*
 - *Do not use detergent or stain removers on fur*

Care planning

- Once it is established how best the doll/pet works for the person with dementia ensure all strategies are recorded in a care plan to ensure consistency of use by all staff.
- A sample of a care plan is attached.
- Consider monitoring response to the doll/mechanized pet on a behaviour chart to record response and its influence on wellbeing over time.

INTERACTIVE DOLL & MECHANISED PET INDIVIDUAL SESSION GUIDE

Name _____

Choice of interactive tool _____

Goals of Session:

Suggested Session Length: _____

Suggested Session Times: _____

AM:

PM:

Evening:

Night:

PRN:

Structure of session:

Preplanning: _____

Introduction of the Doll/Pet: _____

Communication cues: _____

Winding Down: _____

Return of the doll/pet: _____

After the session: _____

Other information: _____

Date: _____

Signature _____