Glasgow Caledonian University

From the SelectedWorks of Professor Debbie Tolson

2012

Football Reminiscence for men with dementia: lessons from a Realistic Evaluation

Debbie Tolson, Glasgow Caledonian University
I schofield

Available at: https://works.bepress.com/debbie_tolson/18/
Football reminiscence for men with dementia: lessons from a realistic evaluation

A major challenge of studies of non pharmacological dementia interventions is the likely modest intervention effect size and difficulties collecting data from individuals with behavioural, psychological and communicative symptoms. The reported Realist Evaluation is built around sets of contextually comparable case studies of Football Focussed Reminiscence for men with dementia. The study aim was to evaluate benefits of football related reminiscence for individuals and family carers. Four case studies were constructed; two community groups, one nursing home groups and individual sessions within their family home. Data was collected as field notes from non-participation observation of reminiscence sessions, notes of conversations with people with dementia, audio recorded interviews with family members, facilitators and dementia link workers. The analysis was framed around identification and extraction of data pertaining to Context-Mechanism-Outcome configurations within each data set, and patterns and threads were compared across the cases. An important finding was that anticipation of pleasure in tandem with a sense of continuity appeared to be important mechanisms triggering optimal benefit. The paper explores design considerations, project delivery experiences and the contribution that innovative theory driven research adds to the study of complex interventions including those with behavioural and communicative symptoms of dementia.

Key words: aged care, dementia, evaluation research, nursing home care, research methods.

One of the early challenges in designing a research project is to delineate the purpose of the inquiry and select an appropriate methodology. Writing about paradigms relevant to nursing research, Wainwright (1997) identified a triad of possibilities, positivistic (quantitative), constructivist (essentially qualitative) and realist. Wainwright (1997) made a strong case for the realist paradigm, arguing that it offered something new for nursing because of the merits of its stratified ontological and epistemological basis. As Sayer (2000) explains, realism makes a useful distinction between the real, the actual and the empirical. Hence the realist evaluator, at least in theory, looks on the surface, beneath and beyond the surface to identify and understand both actual and potential causal mechanisms together with the essences of what an intervention delivers, or has potential to deliver. Critics, particularly those versed in positivism, might reasonably question whether this is an adequately rigorous position, a point we will return to later in our discussion. The intention of this paper is to expose the considerations that led us to select a realistic evaluation design and to reflect on project delivery experiences. We do this, mindful of ongoing methodological debates and question whether the embodiment of the realistic evaluation paradigm delivered what we had expected from a theory-driven evaluation approach.

Our study exemplar is an evaluation of a complex intervention, providing football-focused reminiscence to men with dementia. The intervention had already been launched by the time the university-based research team was approached to carry out an evaluation; this limited the opportunity for pre- and post-intervention designs. A further challenge was that different delivery methods were being used at the discretion of reminiscence facilitators, with some activities framed around group work and others provided on an individual basis. The intervention was not standardised, the only consistent feature being that the reminiscence facilitators devised sessions drawing on the shared archive of historical football digitalised images (Schofield and Tolson 2010).

A major challenge for nonpharmacological studies with people with dementia is that most interventions have so far demonstrated only a modest effect size, and assessing bene-
fits meaningfully is complex and difficult because of the idiosyncratic and progressive nature of the illness (Katona et al. 2007). Many studies exclude people with behavioural and psychological symptoms of dementia for ethical reasons and because of data collection challenges arising from communication problems (Katona et al. 2007). The ethos of the football reminiscence programme was that everyone was welcome including people with behavioural, psychological symptoms and communication problems, and this should be reflected in our choice of methods.

After deliberation about design alternatives, we opted to undertake a realistic evaluation based on sets of contextually comparable case studies. Realistic evaluation was originally developed to evaluate social interventions, although more recently it has been applied to healthcare applications and clinically focused studies (Byng, Norman, and Redfern 2005; Rycroft-Malone et al. 2010). We recognised that the reminiscence intervention under scrutiny displayed many features of a social programme but that the potential outcomes for people with dementia might be a mix of social and therapeutic health benefits.

Although there is a growing evidence base suggesting that structured and unstructured reminiscence is of benefit to people with dementia (Woods et al. 2005), it is not clear what it is about reminiscence that makes it a potentially useful intervention beyond the obvious social benefits. So we were intrigued to see if we could begin to reveal the underlying mediating variable that triggers the perceived benefit; in terms of realistic evaluation, we wanted to identify the ‘mechanisms’ that contribute ‘effect’. There is some ambiguity in the evaluation literature about the meaning and uses of mechanism-based thinking with a lack of clarity between practical and theoretical interpretations. Mindful that a typology of mechanisms might be the answer, Astbury and Leeuw (2010) note that care needs to be taken when identifying mechanisms that might plausibly account for programme outcomes.

From a healthcare perspective, in the reported study, we were also interested in potential outcomes, given the call to reduce the inappropriate use of antipsychotic medication and develop accessible and affordable alternative interventions (Tolson et al. 2007; Scottish Government, 2010). So, although the design challenges were numerous, we were tasked with exploring the merits and potential merits of the intervention.

To provide relevant context for our discussion, we begin by examining the basis for the intervention and describing research methods. Results are selectively presented with illustrative exemplars to expose analytical conundrums. In the final discussion, we wrestle with the fundamental question of whether or not the accumulation of insights and iterative processes underpinning Pawson and Tilley’s (1997) claim that continual betterment of interventions is a good enough research endeavour, or indeed achievable in practice.

**REMINISCENCE INTERVENTION**

Football is at the heart of Scottish popular culture and, similar to other sports, contributes to perceptions of personal and social identity (Weiss 2001); football is known as ‘soccer’ in some countries outside the UK. The Scottish National Football Museum is testimony to the centrality of football to national and regional identity. Opportunities to harness the positive energy of the social experience which defines football for many communities are increasingly being recognised (Coalter 2007). The football reminiscence project was a collaborative venture between the Scottish National Football Museum and other community and municipal partners. The purpose of the project was to use digitalised images from the football museum’s extensive archive to create meaningful and cognitively stimulating reminiscence sessions for men with dementia. Reminiscence facilitators access images through a password protected website selecting items to create bespoke sessions reflecting the known or presumed interests of the participants. For example, a session may be focused on the local football club, specific players, major games or items of general interest such as kit, match programmes and advertisements.

Structuring reminiscence around a person’s life experiences is thought to be beneficial in terms of stimulating interest and enjoyment and maintaining identity and self-esteem (Schweitzer 2007; Wang 2007). According to the seminal work by Kitwood (1990), lack of stimulation is likely to have a disabling effect on the person with dementia, by reducing their cognitive ability to a lower level than that produced by the disease alone. There is some evidence to suggest that improvements in quality of life, behaviour and communication can be gained through reminiscence for people with mild-to-moderate dementia (Brooker and Duce 2000; Thorgrimsen et al. 2002; Haight, Gibson, and Michel 2006; Wang 2007), although the evidence is not strong (Woods et al. 2005). Nonpharmacological approaches to stimulating cognitive ability, however, are increasingly recognised to be an integral aspect of quality dementia care (National Institute for Health and Clinical Excellence 2006; Scottish Intercollegiate Guidelines Network 2006). It could be argued that although reminiscence is viewed as separate to cognitive stimulation, that structured group work partly fulfils the function of cognitive stimulation. Currently, there is a lack of clarity and detail as to how reminiscence work should be delivered to explore further its potential for people with dementia.
EVALUATION DESIGN

As we note in the introduction, realism aims to penetrate below the surface of an intervention programme, exploring both a range of real and conjectured outcomes and processes. Although the methodological rules of realistic evaluation are recognised to be emergent (Tolson et al. 2007), the principles originally set out by Pawson and Tilley (1997, 215–219) offer a useful guide to what needs to be addressed. These principles cover:

- Generative causation as in understanding the conditions that enable the programme’s casual potential to be released.
- Achievement of ontological depth.
- Understanding why a programme works through the actions of mechanisms.
- Understanding the contextual conditions in which programme mechanisms can operate.
- Understanding outcomes and how they are produced.
- Building and testing sets of propositions about the configuration of context–mechanism–outcomes (CMO).
- Generating middle range theories that provide analytical frameworks to interpret similarities and differences between families of programmes.
- Engaging in teacher–learner relationships with programme policy makers, practitioners and participants using the CMO configurations as the focus for the exchange, to set up a cycle of ‘enlightenment’ and continual betterment.
- Embracing and understanding the changing external environment and its impact on the emergent programme.

Kazi Mansoor (2003), describes the implementation of these principles in terms of a realist effectiveness cycle that begins with a stakeholder theory about what may work. The conjectured hypothesis is tested via multimethod approaches that collect CMO data, and the analysis identifies what works for whom and in which contexts. Healthcare practitioners might draw upon evidence-based practice theoretical constructs to formulate a conjectured theory of what will work, but in practice, implementation may be problematic because of context-specific barriers; implementation strategies (mechanisms) that work well in one setting may not work so well in a different environment.

STUDY AIM

The study aim was to evaluate the benefits of football-related reminiscence for people with dementia and their family carers. ‘Benefit’ was understood and interpreted loosely as improved well-being demonstrated by observed and/or reported positive change in mood, and engagement during the reminiscence activity, in anticipation of the activity, or outside the reminiscence activity, as reported by the person’s family member, carer(s) or facilitator.

METHOD

Approval for the evaluation was sought from the Glasgow Caledonian University Ethics Committee. The provisions of the UK 1998 Data Protection Legislation were observed. Case studies were built around contexts and mechanisms, so that Case studies one and two focused on community groups, case study three focused on care homes and case study four focused on the activities of football club historians.

Data were collected by an experienced nurse researcher drawing on the work by Murphy (2007) in carrying out research with people who have dementia. Data were collected as field notes from systematic nonparticipant observation of established groups, notes of conversations with people with dementia, and audio-recorded interviews with their family members, reminiscence facilitators and a dementia link worker. The observation involved an evaluation of the conduct and expertise of group facilitators in terms of their creative use of material and facilitation skills appropriate to people with dementia. Participants were observed in terms of their energy level, contributions, interaction and relationships, and signs of enjoyment and satisfaction (Thorgrimsen, Schweitzer, and Orrell 2002). Recorded interview data were analysed according to context, mechanism and outcomes, what works for whom and under what conditions. The data were transcribed verbatim and analysed by two researchers so as to promote rigour. To promote confidence in the researcher’s interpretation of the findings, a draft of the report was made available to participants for their comments, should they wish to make them.

Positive outcomes of reminiscence for a person with dementia are known to be engagement, bodily relaxation, signs of pleasure and display of humour (Brooker and Duce 2000), and increased responsiveness with talk directed towards facilitators or other group members (Head, Portnoy, and Woods 1990; Haight, Gibson, and Michel 2006). It was anticipated that outcomes would vary according to context and mechanisms.

FINDINGS AND ANALYSIS

The analytical approach was framed around identification and extraction of data pertaining to CMO configurations within each data set, and patterns and threads were com-
pared across the cases. Where possible we adopted the multidirectional approach described by Tolson et al. (2007). This involved first delineating context and mechanism and tracking the outcome, and then reversing the process thus starting from the outcome and tracing the threads to discover the mechanisms and context in which the outcome had been achieved. Taking for example, case study one, in terms of context, the group had been running several years (in response to an earlier observation that men with dementia were not using existing day care services). The group met in a pleasant seaside hotel, and refreshments were provided. The choice of public rather than a dedicated health or social care setting reinforced normality and inclusion. In terms of mechanisms, the facilitator was an experienced dementia care worker and member of a football heritage network. Key skills for facilitators were those of being able to judge the capability of group members and facilitate discussion:

You have to find everybody’s level, as an individual, and you have just got to try and work things in to suit each person. I can understand whereabouts to come in, where to sit back, where to interject on a subject and change a subject. [Facilitator]

The facilitator was assisted by three volunteers who gave attention and encouragement to the participants with dementia. Participants tended to sit in the same positions for the sessions, thus helping to establish a sense of group identity (Woods and McKiernan 1995). This particular group had evolved over time to become a generic discussion group. Areas for discussion covered both past and present events, and topics from football, to other sports, previous work, hobbies, local news items and even funeral arrangements were discussed. The men who participated usually had an interest in football, but they also had other interests, which necessitated this generic and arguably more inclusive approach. The following comment illustrated the rationale for an eclectic approach to selecting group topics: “Football is the backbone but we go off on tangents and to me they enjoy that because to talk about football for 2 hours you have got to be a really committed football fan”. [Facilitator]

Outcomes for this case study were based on the observations of the researcher, two participants, three spouses, the reminiscence group facilitator, volunteer and local dementia link worker. The views of the multiple informants were reinforced by the findings of the observation data. Participants, cited ‘camaraderie’, ‘good jokes’ and ‘enjoyment’, whilst their spouses cited support for ‘self-esteem’, ‘being with men’, anticipation of attending the group following a reminder, being ‘more alive and alert’, ‘calmer’ and more likely to ‘talk’ as benefits of attending the group. Finally, the people who attended the group did so over a prolonged period, and only hospital appointments or illness prevented their regular attendance.

In the quest for ontological depth, the multidirectional analytical process as described earlier was undertaken. This revealed, not unexpectedly, that the actions for the underlying mechanisms were related to the facilitator’s approach; it is speculated that these were heightened through taking place in the congenial hotel context and the creation of a sense of continuity. So, although we had insufficient data to fully expose the theoretical mechanism or mechanisms at work, it is reasonable to suggest that it has some connection with a sense of the place and facilitation style. We might also speculate that anticipation of pleasure is important here. If this is indeed the case, then delivering the intervention with the same facilitation style but in a specialist clinical setting might not hold the same level of anticipation for the person with dementia. This would suggest that an integrated community approach to support is preferred. The same multidirectional analysis was carried out for the other three case studies and, interestingly, although some similar mechanisms and outcomes were identified, the hotel context and its organisational support through the local Alzheimer Scotland service seemed to be particularly effective in producing strong and enduring outcomes. In addition to the proposed anticipation of pleasure mechanism, therefore, it is likely that there are other still undiscovered mechanisms at play. These additional mechanisms might be linked to the presumed quality of the intervention provided by a trusted organisation. We did not have sufficient data, however, to reach a firm conclusion on the nature of these underlying mechanisms. Moreover, were we unable to differentiate through this realistic evaluation whether the apparently stronger outcomes occurred as a direct result of physical location or from being part of a group that was experienced as being safe and dependable by the participants with dementia and their family carers.

Tables 1 and 2 show patterns of similarity and difference across the range of case studies and enable the reader to consider CMO starting from context and mechanism or from outcome. Our experience with CMO has taught us that the elements of context and mechanism are not always clear-cut. For example, we debate whether the physical context of the congenial seaside hotel is just that or is it a mechanism because it is mainstream, used by all citizens (Gilmour and Brannelly 2010) and provides a sense of normality and inclusion. Similarly, is it that the group is male-focused, context or mechanism? These are issues that future researchers need to consider at the outset and agree operational definitions.
**DISCUSSION**

Overall, we felt that our choice of a realistic evaluation design was appropriate. However, we found some operational decisions problematic, in part because the application of the methodological constructs is emergent, and there are relatively few research reports to learn from (Tolson et al. 2007). Our discussion therefore is framed around the principles which underpin realistic evaluation as set out earlier in this paper.

In terms of applying these principles, a drawback of the reported study was that we did not achieve the teacher-learner relationship, heralded as a strength of realistic evaluation (Tolson et al. 2007). The reasons for this are unclear,

---

**Table 1** CMO findings for case studies one and two

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible, comfortable,</td>
<td>Trained, experienced and flexible group facilitators</td>
<td>Brief respite and membership of support group</td>
</tr>
<tr>
<td>congenial surroundings</td>
<td></td>
<td>Increased sociability</td>
</tr>
<tr>
<td>Regular, reliable engagement</td>
<td>Empathy towards people with dementia</td>
<td>More talkative</td>
</tr>
<tr>
<td>Refreshments (breakfast, lunch or tea)</td>
<td>Highly knowledgeable and passionate about football</td>
<td>Increased confidence</td>
</tr>
<tr>
<td>An established ‘host’ organisation</td>
<td>Access to a wide range of collections of images in addition to website images</td>
<td>Takes on position as expert</td>
</tr>
<tr>
<td>Male-focused activity</td>
<td>Football used for specific interest but also as a trigger to other topics</td>
<td>Stimulation, fun and laughter</td>
</tr>
<tr>
<td>Provides support for related outside visits</td>
<td></td>
<td>Anticipation of future events</td>
</tr>
</tbody>
</table>

**Table 2** CMO findings for case studies three and four

<table>
<thead>
<tr>
<th>Context</th>
<th>Mechanisms</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfortable, congenial surroundings</td>
<td>Committed, flexible and enthusiastic group facilitators but learning by trial and error</td>
<td>Incredulity at person with dementia’s memory capacity</td>
</tr>
<tr>
<td>with minimal distractions</td>
<td></td>
<td>Potential focus for family visits and use of material by family or carers</td>
</tr>
<tr>
<td>Flexible schedule</td>
<td>Empathy towards people with dementia</td>
<td>Increased social participation</td>
</tr>
<tr>
<td>Male-focused activity</td>
<td>Highly knowledgeable facilitators, or those who recognise others’ passion for football and are willing to learn from them</td>
<td>More talkative</td>
</tr>
<tr>
<td></td>
<td>Access to a wide range of collections of images in addition to the project website, including local material specific to participants</td>
<td>Increased confidence</td>
</tr>
<tr>
<td></td>
<td>Provision of photographs for people to keep</td>
<td>Takes on position as expert</td>
</tr>
<tr>
<td></td>
<td>Football used for specific interest but also as a ‘trigger’ to other topics</td>
<td>Stimulation, fun and laughter</td>
</tr>
</tbody>
</table>
but they might be due to the relative youth of the partnership between the lead organisations and cultural differences in the modus operandi of the museum and dementia charity. In addition, the late arrival of the evaluation team at the planning table was not conducive to fostering the iterative dialogue that is a prerequisite for the teacher–learner relationship. Although this was discussed and accepted as an integral feature, once the evaluation was in progress, it became clear that the implications of this approach had not been fully grasped. Regular meetings were organised with the researchers to share and discuss the implications of findings with the intention of informing ongoing refinement, but in practice, this became a unidirectional conversation. Given our previous experiences of achieving the teacher–learner relationship (Tolson et al. 2006, 2007), this was a puzzling and somewhat disappointing situation. However, it became increasingly clear that the project leads were more focused on expediting the completion of the evaluation than on a responsive iterative process. This was because of increasing media interest in the anticipated findings and an eagerness amongst external groups to roll out football focused reminiscence on a large scale. Pawson and Tilley (1997) observed in their guiding principles that it is essential for researchers to embrace and understand the impact of the external environment on the emergent programme. We had perhaps underestimated the powerful influence of the popular media on this project. In retrospect, it was perhaps naivety on our part that we thought we would be able to complete several rounds of evaluation and achieve the responsive refinement that underpins the desired cycle of ‘enlightenment’ and continual betterment (Pawson and Tilley 1997, 282). Rycroft-Malone et al. (2010) reported on a recently completed realistic evaluation of protocol-based healthcare, which for different reasons was also confined to one cycle of data collection. They too recognised the usefulness of the realistic evaluation framework in terms of explanatory beginnings but like us recognised that further refinement and testing would be essential. We would add that researchers contemplating the use of realistic evaluation need to weigh up the advantages of a methodology, which is, in the main interpretative, against other more deductive methods. The latter will generate stronger forms of evidence underpinning the evaluation of more mature complex interventions (Craig et al. 2008).

Arguably one of the strengths of realistic evaluation lies in its explanatory power and potential to uncover why it is that some interventions work sometimes but not in all situations. Pursuit of such generative causation is laudable but is dependent upon the ability of the study to test sets of propositions about CMO configurations. As we have illustrated, in theory this is fine, but in practice, differentiation between context and mechanism can be problematic. A lesson we learned was that it is helpful to agree on operational definitions that enable such distinctions to be made consistently within a study and to recognise study constraints that may restrict the quest for theoretical depth. For example, a mechanism might be defined as an active element (male-focused activities) and a context as a static feature (male facilitator). However, as Byng, Norman, and Redfern (2005) noted, it is sometimes possible to unearth multiple and alternative permutations, and it is necessary to decide how much ‘realistic unravelling’ is helpful and how to determine when this process becomes over indulgent (Redfern, Christian, and Norman 2003). In contrast, Astbury and Leeuw (2010) offer compelling arguments to delve deep, undertaking multiple studies to reveal the true nature of a theoretical mechanism. They caution that it is easy to confuse a mechanism with a variable leading to premature closure in a theory-driven inquiry. We accept this as a laudable position and recognise that we adopted, as others have done, a rather simplistic and some would say naive interpretation of a mechanism. We accept this criticism and defend the stance we took as a pragmatic compromise common to applied research.

In the reported study, which involved observing men with dementia, it was appreciated that individuals with dementia are inclined to behave and respond differently to similar stimuli over time. In some ways, realistic evaluation does accommodate the fact that people are not passive and that many interventions flex during delivery, but there is an inherent expectation within the evaluation literature that there will be some stability within episodes of observation. A notable feature of working with people with dementia is the need to go with the flow of inevitable changes. Reminiscence facilitators were observed to adapt quickly to changes in participant mood and responses in ways and for reasons that may not always be clear to an observer. However, knowing how to capture and address such fluctuations or uncertainty during data collection through accurate field notes and subsequent analysis is demanding of specialist knowledge. Wand, White, and Patching (2010) acknowledge that the realistic perspective affords researchers greater latitude than many other designs. As a consequence, however, this introduces an inherent threat to rigour, as it is conventionally understood within positivistic approaches. Interestingly despite the accommodative capacity within realistic evaluation design, Pawson (2002) retains the notion of programme efficacy. This is explained in terms of the causal power of underlying mechanisms and contextual triggers which release the power of the mechanism to amplify effect. Following this reasoning, it becomes acceptable for researchers to identify ‘families of mechanisms’. What is less

Commentary
clear, however, is how to describe efficacy with its positivistic connotations, in terms of ‘families of outcomes’. But as Pawson notes, outcomes of some programmes, which are essentially social, can be understood broadly in terms of beneficial or nonbeneficial outcomes. In our study, on investigating outcomes associated with reminiscence work, only beneficial outcomes were reported or directly observed in the behaviours of the men with dementia. In terms of therapeutic benefit, intervention efficacy seems an incongruent concept, and for future studies, we would adopt the concept of clinical significance as explained by Schulz et al. (2002) as a more meaningful construct. Thus, concrete outcomes would be changes in symptomatology such as communication and agitation, and the practical benefits for the person, the family and society. This building of insight is important in terms of theory development but falls short of empirical generalisation.

CONCLUSION

Our experience of using realistic evaluation to frame the study of football-focused reminiscence work with men with dementia has been informative and has exposed a number of key considerations in terms of study design. The strengths of realistic evaluation as we see it lie in the generation of an evidence base leading to an accumulation of insights into what makes an emergent programme work and what can be done to improve outcomes in particular contexts. To some extent this was achieved, but because our work was restricted to one cycle of evaluation, we were not able to build and test sets of propositions; we were constrained to exploring those we could discover within our observational data. This was a useful starting point, and framing question-driven analysis around the identification of CMO configurations seemed logical. Importantly, it has revealed a range of outcomes for the person with dementia and their family carer that far exceeded our expectations. Insight into the breadth of possible outcomes from interventions that can arise from reminiscence work with people with dementia is a significant step towards achieving optimal benefit. Such insight informs the planning of outcome-focused studies and ensures that outcome descriptors or measurements are comprehensive and meaningful to participants. Realistic evaluation has much to offer early evaluations of emergent interventions; however, it is unclear as programmes mature what this approach would add that is superior to other forms of evaluation, and in-depth case studies beyond a conceptual CMO framework. As our exemplar has shown, there is still much to learn about the conduct of realistic evaluations. It may be a design of choice where standardised interventions are difficult to achieve or there is uncertainty about the underlying mechanisms and outcomes. Through multiple studies and accumulation of evidence about the nature of the underlying mechanism, it may be possible in the future to expose common underlying mechanisms that are key to providing beneficial forms of reminiscence for people with dementia. However, for now we accept that multiple mechanisms may be at work and we have made a contribution towards understanding some of the mechanisms that trigger beneficial outcomes. Our intention in the future is to continue following the Medical Research Council framework for complex interventions (Craig et al. 2008) building on this realistic evaluation which has assisted during the theorising, modelling and preliminary testing phases of football-focused reminiscence. Understanding what works for whom and under what circumstances has become the adage of theory-driven realistic evaluation. However, unless greater attention is afforded to mechanisms as underlying processes that account for how and why a programme works, the real value of realistic evaluation becomes obscured. We believe that in studies of reminiscence where intervention standardisation is possibly unhelpful for people with dementia, it is more important to replicate or create the conditions that liberate the mechanism (e.g. anticipation of pleasure) than waste energy trying to standardise the intervention per se.

When our primary interest is to understand optimal conditions and potential intervention outcomes, then realistic evaluation is a good starting point. However, if our primary concern is with demonstrating meaningful clinical effect, then alternative methods will be required. Where trial design lacks precision, as may be the case when working with people with communication, behavioural and psychological symptoms associated with dementia, realistic evaluation has much to offer.

Debbie Tolson* and Irene Schofieldb

“Professor of Gerontological Nursing, Later Life Research Group
Lead, Institute for Applied Health Research, School of Health & Life Sciences, Glasgow Caledonian University, Glasgow, UK
E-mail: <D.tolson@gcu.ac.uk>

bFormerly Research Fellow, Institute for Applied Health Research, School of Health & Life Sciences, Glasgow Caledonian University, Glasgow, UK

REFERENCES

Brooker D and L Duce. 2000. Wellbeing and activity in dementia: A comparison group reminiscence therapy,
structured goal-directed group activity and unstructured time. *Aging and Mental Health* 4: 354–8.


