Benefits and limitations of life story work for adults with alcohol related brain damage: A systematic search and literature review

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Research Article

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Abstract

Introduction ARBD is caused by chronic alcohol misuse and a deficiency of the thiamine vitamin which causes a broad range of impairments, but people with ARBD have up to a 75% of achieving some recovery. Life story work as a psychosocial therapeutic intervention is commonly used for various service user groups although it appears to be seldom considered within an ARBD context. Aim The aim of this research was to explore and identify benefits and limitations of life story work for people with ARBD. Method Using the PRISMA statement principles, systematic searches of two academic databases were conducted resulting in 10 papers to be reviewed. Results Two main themes were identified. (1) The current research on life story work for people with dementia, cognitive impairment and depressive symptoms. (2) Variations of life story work and its benefits and challenges. Discussion Evidence suggests engaging in psychosocial activities can increase wellbeing and quality of life. However, although researchers consistently advocate for a holistic approach to ARBD recovery, the promotion of life story work appears to be overlooked. Implications for practice Life story work can increase wellbeing, engagement and rapport between the person with ARBD and the facilitator as well as aiding family involvement.

Accessable Summary

What is known on the subject?

- The prevalence of ARBD is increasing, under-diagnosed and treated inadequately. People experience similar cognitive impairments to the illness of dementia. However, in contrast to dementia which is a progressive illness, people with ARBD have the potential for some degree of cognitive recovery.
- Life story work is often used with people with dementia as a therapeutic intervention to increase wellbeing. Despite similar impairments however, life story work appears to be overlooked within the ARBD population.

What the paper adds to existing knowledge?

- This research highlights a gap in the knowledge base regarding life story work as a psychosocial therapeutic intervention for ARBD.
- Various methods of life story work delivery exist and people with ARBD could benefit by being given the opportunity to engage in this activity as a way of promoting their recovery and wellbeing.

What are the implications for practice?

- Mental health and nursing practitioners are well placed to promote the benefits of life story work with people with ARBD.
- Life story work may not be appropriate for everyone and should be considered as an opportunity rather than a necessity. Further research in this area is required to strengthen its evidence base as an effective therapeutic intervention.

Introduction

ARBD can be described as an umbrella term grouping together a cluster of similarly related conditions, the most notable of which are Korsakoff's Syndrome (KS), Wernicke–Korsakoff's Syndrome (WKS), Wernicke's Encephalopathy (WE) and Alcohol Related Dementia (ARD) (Ridley et al, 2013).

ARBD causes a broad range of neurological and neurocognitive impairments and is primarily caused by chronic alcohol misuse in conjunction with a deficiency of the B1 vitamin, thiamine (Emmerson and Smith, 2015). ARBD affects cognitive functioning and can include impaired memory or deficits in attention, planning, judgement and information processing (MacRae and Cox, 2003). Almost all people with KS are said to have at least some deficits with executive functioning (Maharasingam and Macniven et al, 2013). Personality and behaviour changes are also associated with ARBD (Cox et al, 2004) alongside physical problems including ataxia, peripheral neuropathy, heart disease, liver damage and eye conditions such as nystagmus (Cook et al, 1998).

Prevalence

An Alcohol Concern (2014) report titled *All in the Mind* suggests prevalence of ARBD in the UK as a whole is hard to pin down with the Royal College of Psychiatrists (2018) stating health and social-care trusts can mostly only identify cases of ARBD in terms of hospital bed occupancy and nursing home placements. It has been said the prevalence within long stay mental hospitals in Scotland is 9% and that 21% of homeless hostel dwellers in Glasgow aged 34 and over likely have ARBD (Gilchrist and Morrison, 2005). MacRae and Cox (2003) and Emmerson and Smith (2015) state the prevalence of ARBD is increasing within the United Kingdom while Horton et al (2014) assert the prevalence of ARBD is increasing across the Western world. This infers difficulty in ascertaining the prevalence of ARBD across a whole population with researchers generally focusing on compiling data from smaller samples.

Under-diagnosed

Wilson (2011) posits that ARBD tends to be under-diagnosed while Horton et al (2014) claim ARBD is currently under-diagnosed, managed inappropriately and treated inadequately. it could be argued the multitude of differing terms used to diagnose the condition has impeded the compilation of accurate figures. Also, between 80% and 90% of ARBD cases go undiagnosed due to a lack of awareness among health-professionals combined with the social stigma associated with long term alcohol misuse (Royal College of Psychiatrists, 2014). This suggests large pockets of undiagnosed people are living within society and therefore not receiving appropriate treatment to enhance their wellbeing and aid their recovery.

Potential for recovery

The cognitive deficits those diagnosed with ARBD experience are similar to that of people with dementia and research conducted in dementia care homes has suggested ARBD accounts for between 10% and 24% of the dementia population (Carlen et al, 1994). Dementia is a progressive and degenerative illness

where cognitive recovery is not expected and therefore not promoted. However, it is known that by abstaining from alcohol, ARBD can be halted and in some cases reversed (Royal College of Psychiatrists, 2014). Smith and Hillman (1999) assert that 25% of people make a full recovery from ARBD with another 50% making some recovery of varying degrees; the remainder make no recovery at all. This suggests that 75% of people have the potential for rehabilitation and recovery through various interventions. Despite this, people with ARBD are sometimes placed in dementia specific services such as care homes where the potential for recovery may not be explored (Kopelman et al, 2009 and North et al 2010). Placing such people in these environments can actually lead to further deterioration of their social functioning and self-management skills (Blansjaar et al, 1992 and Cox et al, 2004).

There are many interventions that can be used to enable people to achieve some recovery from ARBD. Horton et al (2014) suggest the need for a comprehensive approach to ARBD rehabilitation within a holistic model of care to ensure all patient needs are met. The majority have the potential for rehabilitation providing they maintain abstinence from alcohol (Wilson, 2011) alongside various neuropsychological, pharmacological or psychosocial interventions (Horton et al, 2014).

The internal sense of wellbeing is subjectively defined and a commonly referenced theory in the field of psychology and health and social care is Seligman's (2011) PERMA theory which attributes positive emotion, engagement, relationships, meaning and purpose and accomplishments as being the five key factors that contribute to individual wellbeing. However, the various impaired physical and mental presentations experienced by people with ARBD can be impede wellbeing in relation to these attributes.

Life story work

In the absence of disease-changing treatments, the development of suitable service provisions are the most effective interventions for people with dementia and their families (Nolan et al, 2002). There is also an increasing body of evidence to suggest LSW can play an important part in enhancing dementia patient care (Grondahl et al, 2017) and it is a much utilised therapeutic intervention to improve the quality of life and wellbeing for those with dementia that can help people to review and document past life events to create a personal biography (McKeown et al, 2006). LSW can have multiple benefits for the individual; their friends and family and staff such as overall improved wellbeing while helping to safeguard someone's personal identity (Buckley et al, 2014).

Gibson (1991) states the benefits of LSW have been reported in a range of health and social care settings including older people who have dementia with McKeown et al (2006) adding LSW can make a positive contribution to health care in several ways. It seems that widespread use of LSW is apparent although not necessarily within an ARBD context.

Methods

Review Question

Coughlan and Cronin (2017) advise a PICO is predominantly used for literature reviews involving therapeutic interventions. No comparison is needed in this instance as the review isn't seeking to establish if LSW is better for wellbeing than other interventions but will explore the benefits and limitations of LSW for those with ARBD. Therefore, when PICO is applied to this research question, it outlines that:

- *Population* refers to those experiencing alcohol related brain damage
- *Intervention* refers to life story work
- No *Comparison* is being used
- *Outcome* is the enhanced wellbeing or cognitive recovery of those with alcohol related brain damage, acquired by engaging with life story work.

Therefore, the question this systematic review aims to answer is: Can life story work enhance the wellbeing of people experiencing alcohol related brain damage?

Design

A systematic review of the literature was conducted in adherence to the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines (Moher, Liberati, Tetzlaff, Altman and PRISMA Group, 2010).

Eligibility Criteria

Aveyard (2010) advises reviewers to develop inclusion and exclusion criteria to help triangulate what retrieved information should be incorporated into their review, therefore inclusion and exclusion criteria were applied to this search strategy.

Inclusion criteria included:

- English Language only papers
- Studies from any country
- Peer reviewed papers only
- Papers that commented on LSW in relation to adults

Exclusion criteria included:

- Papers published pre 2000

- Animal studies
- Papers and reports that were not peer reviewed
- Papers that didn't appear to make offer any insight between the theme of therapeutic interventions and recovery from alcohol addiction.
- Papers that commented on life story work in children

Information Sources

Via EBSCOhost, both CINAHL and SocINDEX databases were searched. CINAHL was chosen due to its specific relevance to the research topic and Aveyard (2010) asserts it has consistently covered a wide range of international nursing literature. SocINDEX was chosen as the researcher felt it would focus more on LSW and the psycho-sociological aspect of the research question and it provides good coverage of articles from peer reviewed journals (Tyler et al, 2017). A specialist University librarian was consulted to ensure the search strategy was robust and the final search was completed on 29th April 2020.

Search Strategy

Keywords and terms

Therefore, the keywords and terms included in the search were: alcohol related brain damage, alcohol related cognitive impairment, alcohol related dementia, korsakoff*, life story work, narrative, reminiscence, quality of life and wellbeing.

Search 1- CINAHL

Boolean operators were used to link alternative keywords together by using AND. In addition, NOT was utilised in order to eliminate the term 'birth defects', as ARBD can also refer to alcohol related birth defects (Streissguth, and O'Malley, 2000).

The keywords relating to the search population were typed into the first box as follows: "alcohol related brain damage" OR "alcohol related brain injury" OR "alcohol related cognitive impairment" OR "alcohol related dementia" OR korsakoff* OR wernickes* OR "wernickes encephalopathy".

Along with the above, the keywords relating to the intervention were then inputted into the second search box as follows: narrative OR storytelling OR "life story work" OR reminiscence OR "lived experience" OR "recovery story" OR psychosocial OR biograph* resulting in 191 papers. The researcher completed a manual screening of titles and abstracts which resulted in disregarding 137 papers that were pertinent to some of the keywords but not necessarily useful to the specific research question. Full screening of the remaining papers removed a further 47 leaving a total of 7 papers deemed relevant to the search question.

Search 2 – SocINDEX

The same initial database search keywords and terms were used for SocINDEX to keep the search systematic and 311 papers were retrieved. 97 duplicates were deducted before a manual screening of titles and abstracts removed another 84. Full text screening of the remaining articles removed 127 as they were irrelevant for reasons such as being too specific to the illnesses of dementia or ARBD but lacking pertinence to LSW or psychosocial interventions. Only 3 papers remained from this screening process.

Study Selection

A manual screening of reference lists yielded no further papers to be included, so after the screening and reduction process, 10 pieces of literature were left for inclusion in this review. Figure 1 highlights the flow of information during the study selection process.

Quality Appraisal and Characteristics of Studies

Evans (2003) reminds us that several hierarchies of evidence have been developed to aid researchers in the task of evaluating the quality of literature. To assess the quality of the literature retrieved, the Cochrane review will be used in this systematic search. The Cochrane review and dissemination hierarchy as stated by Higgins et al (2019) will be used in this study to appraise the quality of the findings. See Figure 2 for quality appraisal and characteristics of studies.

Data Extraction

Data was independently extracted by the author with the guidance of an experienced academic dissertation supervisor.

Findings

Theme 1 - The research of LSW in people with dementia, cognitive impairment and depressive symptoms

Based on qualitative interviews with six people with ARBD, Keady et al (2009) postulate some people's needs go far beyond just abstaining from alcohol and exploring the world of psycho-therapeutic interventions is required. This suggests non-medical interventions are also necessary to aid recovery from ARBD, something which is echoed by Svanberg and Evans (2013) who state holistic approaches are needed to address the complex and multiple needs of this group. However, a limitation of the Keady et al (2009) study lies in its design and sample group, as only six participants who all resided in the same care home participated. Aveyard (2010) reminds us qualitative sample sizes do tend to be small but it's possible the participant's familiarities with eachother could skew or distort the results and offer no generalisations.

Echoing Smith and Hillman's (1999) assertion that 25% of people with ARBD can make a full recovery, Keady et al (2009) go on to assert that despite recovery from memory impairments being possible, recovery from what they term a damaged and fractured identity may go unaddressed. They suggest care workers can help improve this and recommend they adopt what they describe as *narrative ethics* to help co-construct a life story with the person and their families to gather the information necessary. Hughes and Baldwin (2006, p106) define narrative ethics in the following way: "the right decision will emerge from a correct understanding of the person's story and where they are situated in this co-constructed history". It should be noted that the study by Keady et al (2009) wasn't to predominantly engage in LSW as a therapeutic intervention with the participants. However, a certain degree of reflection and reminiscence was required in order for the researchers to explore the aim of their study and the meaning of the participants' lived experiences.

The notion of LSW as an overlooked intervention is echoed in a systematic review by Horton et al (2014) who aimed to find evidence of ARBD interventions in current use to allow them to make recommendations for best practice within ARBD rehabilitation services. However, little evidence was sourced in relation to psychosocial or therapeutic interventions and the evidence that was retrieved made no mention of LSW. Nonetheless, they were able to deduce that psychosocial interventions are beneficial in the rehabilitation of people with ARBD. Horton et al (2014) go on to recommend that any psychosocial intervention should focus on successfully facilitating and engaging in meaningful social activities. In the absence of any elaboration of what social activities they refer to, it could be said that LSW helps to build engagement and is therefore a meaningful social activity that should be considered to increase wellbeing. This is corroborated by Giebel et al (2018) who state LSW is a good method to build rapport and to develop familiarity within just a few sessions. However, Lai et al (2018) concluded that their study of using life story books found no significant improvement in life satisfaction.

Quality of life (QOL) is a term sometimes used to refer to a person's wellbeing and Horton et al (2015) state there is a scarcity of research into the QOL of individuals with ARBD. They go on to assert there has been little research undertaken into the psychosocial functioning of people with ARBD which again highlights a gap in the current research and evidence-base regarding psychosocial interventions such as LSW. Lai et al (2018) conducted a quasi-experimental study to ask if LSW could improve the psychosocial wellbeing of older adults in the community with depressive symptoms. They found that some types of LSW were indeed effective at improving the general mental wellbeing of this group. They recommended future researchers try to ascertain the specific populations of people who could benefit from LSW before commenting that the biographical approach has positive impacts on the cognitive and psychological wellbeing of older adults. As the ARBD demographic have tended to be proportionally older adults with depression being a common manifestation (Wilson, 2011), this suggests that LSW could yield some benefit for people with ARBD and that future studies could focus specifically on the ARBD population. A limitation to this study however could be located in the fact it was conducted in Hong Kong and potential cultural differences may have to be taken into account before any generalisations could be made.

Pinquart and Forstmeier's (2012) meta-analysis involved integrating the results from controlled trials of 129 reminiscence interventions studies. They found there was an immediate positive effect of reminiscence interventions such as LSW on all the nine assessed variables which included positive *wellbeing* within a group of people with depressive symptoms. In the absence of literature specifically relating to ARBD and LSW, this again could suggest there are overlooked benefits to the recovery of people with ARBD by using LSW. As a result of their studies, an interesting point that Pinquart and Forstmeier (2012) raised for discussion was that reminiscence interventions can slightly improve the cognitive function of people with cognitive impairments, although no improvements of cognitive function were noted in people without cognitive impairments. It is useful for this information to be included in this literature review as Coughlan and Cronin (2017) assert the importance of giving alternative and unexpected research findings from studies an amount of recognition.

Giebel et al (2018) published their qualitative focus group study into psychosocial interventions for everyday activities in dementia care. They commented that LSW is now increasingly used in this field as it helps to find out about a person's life story, is good to build engagement and has positive effects on the overall care of the patient. They conclude that reminiscence could be a worthwhile intervention for other groups of people such as younger adults and end of life patients but there is no suggestion of possible benefits to people with addiction issues or ARBD. This is despite the similarities between dementia and ARBD as noted by Keady et al (2009) and consistent with the assertion by Horton et al (2015) that research into the psychosocial benefits of individuals with ARBD is scarce. It wouldn't be contentious to suggest there is a certain stigma within society resulting in a lack of compassion and empathy for people with what are considered to be preventable or self-inflicted illnesses such as addiction to alcohol or ARBD. Goffman (1968) describes stigma as a universal social phenomenon that disqualifies people from full social acceptance leading to unnecessary stress.

Aiming to discover whether life review interventions had a positive effect on the QOL of people with dementia, research by Subramaniam et al (2014) found a positive correlation and concluded it did. The study was conducted in Malaysia and it should be noted that Malaysia is a country with a Muslim majority population where alcohol use is acceptable for minority non-Muslims only. This apparent ambiguity may have been linked to the researcher's failure to make any connection or comment on similarities between dementia and the closely related ARBD group. Subramaniam et al (2014) also commented that despite the common belief that psychosocial interventions such as LSW may hold little benefit due to the irreversible progression of dementia, the person with dementia still has the ability to experience improvements in their own perceived QOL. It seems that if improvements in the perceived QOL of a person with dementia are valid, then the validity of LSW with a person with ARBD should be considered equally or even greater due to their ability to make a full recovery (Smith and Hillman, 1999). Afterall, Svanberg and Evans (2013) remind us of the need for a holistic approach to ARBD rehabilitation and recovery and posit that treatment for the acute Wernicke's Encephalopathy (WE) patient is well documented and that various guidelines are available. However, if WE advances into Wernicke's Korsakoff Syndrome (WKS) then the literature is scarce in relation to the longer term rehabilitation of the illness. As Svanberg and Evans (2013) emphasize the need for holistic models of rehabilitation to address the complex needs of people with ARBD, this suggests LSW could have a helpful role to play in a person's recovery but is currently overlooked.

Theme 2 - Life story work and its benefits and challenges

Subramaniam et al (2014) inform us that individual reminiscence work using a life review or life story process has potential psychosocial benefits for people with dementia. The benefits they speak of refer to enhanced wellbeing, increased mood and some components of improved cognitive functioning. They

describe life review as being a highly structured form of reminiscence that allows the participant to ascribe meaning to their life and sometimes it can help overcome outstanding issues which in turn can lead to a sense of closure. Similarly, Pinquart and Forstmeier (2012) conclude that reminiscence interventions produce small to moderate improvements of depressive symptoms; positive wellbeing, sense of purpose of life and aids planning for the preparation of death in terminal patients.

Both Lai et al (2018) and Subramaniam et al (2014) assert that life review usually involves individual sessions that help the participant reflect on their life journey in chronological order. This leads to an evaluation of personal experiences before the review process is concluded by the presentation of a tangible object such as a book, photo album or memory box. Interestingly, Subramaniam et al (2014) conclude that life story books don't always have to be developed alongside the person, but books prepared by family members and presented as a gift to the individual were also associated with increased QOL. This could have been expanded upon by the authors due to it being interesting in the sense that not everybody with dementia may have the ability or communication skills to engage in such a task, even if they indeed desire to do so. The gift of a life story book by a family member that could increase wellbeing could have been recommended by Subramaniam et al (2014) as an area for future researchers to explore. Lai et al (2018) speak of the life story book approach as incorporating a person's development over the course of their lifetime from childhood to older age and incorporating psychosocial developments such as marriage, hobbies and occupations for example.

Based on the perception that reminiscence interventions are useful, Smith et al (2009) reported on a new way of presenting the tangible end-product after the life story review process had concluded. This was achieved by using a digital memory aid they call a multimedia biography (MB) which involved compiling music, photographs, film clips and audio narration before presenting it to the participant in the form of a DVD. Similarly, Giebel et al (2018) also suggest embracing technology with LSW by using telephone calls, apps or Skype – whichever is more suitable to the participant, although they remind us that the level of familiarity with technology needs to be considered as some people may not be comfortable with using a smartphone or tablet device. Svanberg and Evans (2013) speak of a study into the benefits of assistive technology for a man with KS who was given an electronic diary to help him attend appointments which proved successful as it led to a significant in the attendance of appointments.

Horton et al (2015) recommend psychosocial interventions with people with ARBD should focus on promoting family involvement to help build social support networks. Similarly, Smith et al (2009) report that family input is helpful as it helps the person to build engagement and to stimulate conversation when reminiscing on their life. However, they did report that on occasion in their study, there were differences with the degree of family member input in relation to what information should be included in the final life story product. They concluded by asserting some mediation skills were necessary to resolve this issue. Given the complexities of the participant's biographies as well as geographical challenges, family input wasn't always an option for Keady et al (2009). The lack of family input is acknowledged by Ridley et al (2013) who suggest a high proportion of dementia patients are unmarried or do not have the support of family of friends.

Smith et al (2009) state the DVD production process required either someone who was a technically literate individual or that a small multimedia company could be used and sufficient time was needed to be allocated to achieving this. Clearly, it could be suggested that compiling a multimedia biography is far more challenging and time consuming than the more commonly used life story books made from paper-based products. Also, with technological advances resulting in new products on the market at a rapid speed, it could be argued that this research is already outdated as Aveyard (2010) suggests some research can be out of date within three to five years, or even less. McKeown et al (2015) studied the challenges of undertaking life story work with people with dementia and their family/carers and aimed to critically appraise some of the problems that can emerge when undertaking LSW. No mention however was given to issues surrounding technology.

Pinquart and Forstmeier (2012) offer a definition of reminiscence as the process of thinking or telling someone about past experiences that are personally significant. Lai et al (2018) posit that biographical, narrative and reminiscence-based approaches all include reminiscence and life review and that the common element is a life story unique to the individual. In contrast, McKeown et al (2015) define LSW as an approach to working with people and their families/carers to find out about their life then recording it in some way to use the information in their care planning.

McKeown et al (2015) undertook LSW with four people with dementia and three people were presented with a life story book that contained photographs and some text, while one person was presented with a pen picture – a two-page written account of the person's life. Four key areas where challenges became apparent were reported, however, the methodology involved using a constructivist approach to determine and understand a range of views and opinions although no specific discussion is given as to what exactly constituted a challenge, meaning this study could be difficult to replicate. In relation to disclosure, some people disclosed things that were said to be very personal and not appropriate to include in a finished life story book. Some family members were unhappy with the chosen photographs that their loved ones included as they also held personal memories for themselves, this meant they didn't necessarily want the photographs shared in this way (McKeown et al, 2015).

MacRae and Cox (2003) comment that people with ARBD may have lost touch with family members and if there is a partner, they may potentially also have alcohol problems with mutual co-dependency a possibility. With this in mind, McKeown et al (2015) advise staff and family members to be mindful when working on LSW with people with dementia as they hold a degree of power over the person telling the story which in turn can alter the narrative. The question of whose story it is was highlighted as family members and staff suggested that known significant aspects of a person's life had been omitted and family members who didn't appear in the story felt excluded (McKeown et al, 2015). The quality of the life story books was highlighted as some participants were unhappy about spelling errors of people's names and photographs being attached with Sellotape; a lack of words to make it personal was also noticed (McKeown et al, 2015). Lai et al (2018) suggest the need to make life story books lively and colourful to give it unique meaning which in turn promotes interaction and engagement.

Undertaking LSW can be challenging and McKeown et al (2015) highlight the potential overuse of LSW and people becoming tired and agitated when they were repeatedly shown their life story book. In contrast, on one occasion the book was not viewed again after a resident changed care home indicating an

underuse of the life story book as a long-term intervention (McKeown et al, 2015). However, it could be said that completing LSW and being presented with a book heralds the end of the intervention and recipients of the book may happily choose to keep it private, seldom looked at or shared. It seems that in some instances, too much family input could influence the overall narrative of the LSW outcome, rendering it someone else's story.

Overall, there is evidence to suggest benefits to the wellbeing of people with dementia, cognitive impairments and depressive symptoms by using LSW in its various forms as a therapeutic psychosocial intervention. This can be achieved with or without family/carer input and in some instances without the input of the person in question. It seems that consideration needs to be given in relation to the level of family input, what is included in the finished product and the quality of it. It appears the possible wellbeing benefits of LSW in relation to people with ARBD have been overlooked despite the similar cognitive impairments, the chance of a full recovery and the frequent recommendations in the literature urging a holistic approach to long term recovery.

Discussion

It is apparent that researchers consistently advocate for the use of a holistic approach to assist in the recovery of people with ARBD. Abstaining from alcohol and ensuring appropriate nutritional intake is essential as a starting point but the scope for further long-term recovery needs to embrace alternative interventions as well. Examples of such interventions may be pharmaceutical in nature or might include specific types of accommodation settings as well as promoting family input wherever possible. However, there is clear evidence to suggest that engaging in psychosocial activities such as LSW can positively impact upon the mood, wellbeing and QOL of people with dementia and those with similar cognitive impairments. Although the literature makes no direct link between ARBD and LSW, the discussed similarities combined with the 75% chance of recovery from ARBD make it a worthwhile therapeutic intervention to discuss and offer to people with ARBD. Mental health, nursing and social care practitioners should be aware of the benefits of LSW to allow them to make people with ARBD aware of them as well. This is more likely to be relevant in the later stages of recovery after a prolonged period of abstinence and nutrition has created stability, as opposed to the initial stage of diagnosis.

Promoting family input wherever possible is mentioned frequently in the ARBD literature and should always be considered on an individual basis. However, in relation to people with ARBD and their subsequent background of alcohol addiction; practitioners should bear in mind that the personal relationships within this service user group can often be strained and family members may have their own alcohol problems. Therefore, it may be more suitable to have exploratory conversations about personal and social networks prior to discussing the opportunity to engage in LSW.

Conclusion/ Limitations

The literature has discussed an assortment of LSW that are available for people to participate in. The types of service user groups mentioned are those with dementia, cognitive impairments and depressive symptoms. Some literature also noted that children and end of life patients can also derive benefit from LSW. However, no specific reference was made in relation to people with alcohol addiction dependence issues or ARBD.

Future research could study the correlation between LSW, ARBD and improved wellbeing which would seem to be unprecedented. It is possible of course that this literature search failed to source papers making this connection as only two databases were searched.

The use of technology to aid the LSW process was highlighted in the literature although it was emphasised that it should only be used with people who wish to do so and are able to engage with it.

Reccomendations And Implications For Future Practice

For people with ARBD who wish to work on LSW projects, then clear discussion should be had about how they want to work through the process, what tools or equipment is needed and what they envisage the end result to be. Ultimately, technology should be promoted whenever possible to not only aid LSW but to build self-management skills in the process, as long as the skills required don't exceed the skills of the person.

Finally, it would be desirable, person-centred and good practice for practitioners to have explicit discussions in advance of undertaking any LSW with the person with ARBD. This will clarify what type of LSW intervention will be used, what the finished product might look like and what level of family input will be necessary. An informal contract could be used alongside a checklist to achieve this.

Declarations

Ethics approval and consent to participate: no ethical approval was required for this systematic literature review.

Consent for publication: not applicable.

Availability of data and material: all data generated or analysed during this study are included in this published article [and its supplementary information files].

Competing interests: the author declares that they have no competing interests.

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Figures

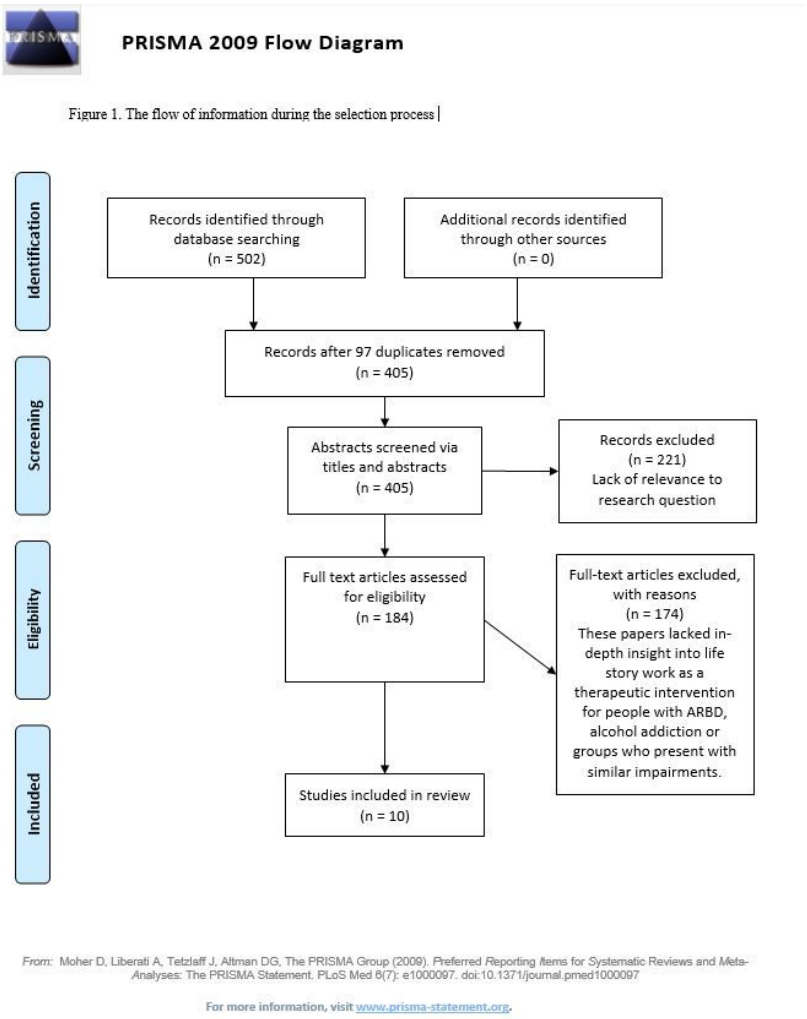

Figure 1

The flow of information during the selection process

Author(s) and year	Quality level	Study design	Summary of paper	Key finding(s) of paper
Giebel et al (2018)	4	Qualitative, two stage focus group	Researched psychosocial interventions and tested it with people with dementia via focus groups held with informal carers, the public and people with dementia. A carer comment highlighted the importance of knowing the history of the person to be able to use the information in care planning. LSW helps to build rapport and should be used in the care planning process.	The development of psychosocial interventions such as LSW should adhere to guidelines, involve the public for good practice and a carer if available. Practitioners delivering LSW need to use existing knowledge and theory.
Horton et al (2014)	1	Systematic review	This ARBD specific review suggests various cognitive rehabilitation strategies can aid new learning and psychosocial interventions can aid mental and physical health. Results of interventions retrieved are presented in tabular format and it's noted that any reference to LSW is absent. The authors recognise this and	The need for a more holistic, comprehensive and integrated approach to rehabilitation from ARBD.
			in biographical, narrative and reminiscence approaches to health and social care.	
McKeown et al (2015)	4	Case study analysis	This case study analysis critically analysed and appraised the challenges that may be faced when using LSW as an intervention with people with dementia.	Services shouldn't be deterred from undertaking LSW but it can be overused. A planned approach is needed to avoid detrimental impact on service user. Contains good recommendations for practice, research and policy in terms of being a valued and effective intervention.
Pinquart and Forstmeier (2012)	2	Meta-analysis	This paper is a meta-analysis detailing the effects of reminiscence interventions on psychosocial outcomes. Three types of reminiscence interventions are discussed; simple reminiscence, life review and life therapy.	Found positive immediate effects of reminiscence interventions on all assessed outcomes. Results suggest reminiscence can improve cognitive performance of individuals with cognitive impairment and alleviate depressive symptoms.
Smith and Nishihata (2009)	4	Qualitative	This study based on participant interviews spanned one year and discusses a reminiscence and social stimulus intervention called a 'multimedia biography' resulting in a motion picture DVD. The tool was used with six people with Alzheimer's disease and also six people with mild cognitive impairment.	Suggests family members were keen to get involved. In relation to the wider production of these multimedia biographies, technically literate family members could make them. Participants said they intervention and screening phase helped to reminisce and engage.
			suggest that they didn't capture all interventions in their search.	
Horton et al (2015)	3a	Quantitative	The study assessed a group of individuals with ARBD upon admission to a specialist residential care home and eight different assessment tools. The self-reporting of 'quality of life' which is associated with subjective wellbeing is also discussed.	Detailed feedback is given in relation to the eight assessment tools used. Concludes there has been limited research into psychosocial interventions and everyday functioning of people with ARBD.
Keady et al (2019)	4	Qualitative	The study involved narrative research methodology interviewing six people with ARBD residing in a specialist unit. The study focused on risk and quality of life in relation to memory and recovery.	A definition of 'narrative ethics' is provided and suggests care staff consider them when working with people with ARBD. Care workers should co-construct a life story with an individual and acknowledge 'biographical disruption'.
Lai et al (2018)	3	Quasi-experimental	This study explored benefits of LSW for older adults in the community with and without depressive symptoms. It discusses differences	Results showed that life story books were effective at improving general mental wellbeing but not self-esteem or life satisfaction.
Subramaniam et al (2014)	1	Randomised control trial	This was a randomised control trial involving 23 people residing in a care home with mild to moderate dementia using two different approaches to LSW. They were looking to observe differences in quality of life of participants.	Improved quality of life was found in relation to improved autobiographical memory. Books prepared by relatives without the person's involvement were also associated with improved quality of life.
Svanberg and Evans (2013)	1	Systematic review	This was a systematic review of 16 studies which investigated the neurorehabilitation of cognitive impairment related to ARBD.	Complex social and psychological impact of long-term alcohol misuse leads to a need for multidisciplinary and holistic treatment programmes. Also states the evidence base for the treatment of ARBD is at an early stage.

Cochrane review and dissemination hierarchy of evidence

Level	Description
1	Experimental Studies (i.e. RCT with concealed allocation)
2	Quasi-experimental studies (i.e. studies without randomisation)
3	Controlled observational studies
3a	Cohort studies
3b	Case control studies
4	Observational studies
5	Expert opinion based on theory, laboratory research or consensus

Figure 2

displaying quality appraisal and characteristics of studies