

Evaluation of the Veder Method; Theatre as a method of contact in psycho geriatric care

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Laag licht

er is weleens zo'n avond dat over het gras
in de tuin het mooiste licht strijkt
dat er is: laat laag licht
en dat ik denk: dit was het dus
en het komt nooit meer terug -
maar wat geeft het

Rutger Kopland (1998)



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Summary

Background In the Netherlands live over 235.000 people with dementia, en about 30 percent of these people live in care or nursing homes. Dementia is characterized by memory deficits, problems with language (aphasia), recognition (agnosia), and acting (apraxia) as well as problems with executive functions. Besides this, behavioral and mood disturbances often occur, such as agitation, depression, anxiety and psychoses. A recent by Theater Veder developed emotion oriented method is the Veder Method, an imagination method that has the objective to make contact with people with (amongst others) memory deficits. This innovative method intends to give professional caregivers tools to better communicate with people with dementia. The objective is to establish reciprocity in communication, in order to advance and strengthen wellbeing, identity and self-esteem of people with dementia.

This report describes the study that has been done to evaluate the Veder Method. The study focused on a description of the Veder Method (Phase 1), evaluating the implementation of the method (Phase 2) and studying the possible effects of the Veder Method on people with dementia and on professional caregivers (Phase 3). This study was executed from April 2009 until April 2011.

Part 1 of the report is the final product of Phase 1 of the evaluation study and describes the 'Theory and practice of the Veder Method'. The Veder Method integrates existing psychosocial care methods for people with dementia such as reminiscence, Validation, Neuro-Linguistic Programming (NLP) and (integrated) emotion oriented care methods en combines these methods with theatrical stimuli, such as impersonating characters with a background story (including costumes), using props, reciting poetry and singing songs. Crucial in the Veder Method is the reciprocity in communication between people with dementia and professional caregivers.

To describe the Veder Method, seven living room theatres have been systematically observed using two structured observation instruments and subsequently analyzed based on preliminary formulated theoretical categories. In the results, the components of a living room theatre are described in detail. Besides, an overview of the optimal circumstances for performing a living room theatre is given, as well as possible pitfalls. From the systematic observations it can be concluded that the Veder Method is executed according to the underlying theoretical principles to a high degree by the actors of Theater Veder. Especially the emotion oriented behavior of the actors, one-on-one contact and songs lead to positive reactions of people with dementia. The conclusion is that the Veder Method is a unique method that integrates existing emotion oriented care methods and combines them with theatre. The actors of Theater Veder can function as good examples for professional caregivers that are being trained to apply the Veder Method themselves.

Part 2 of the report is the process evaluation, in which stimulating and impeding factors for transferring and implementing the method are described (Phase 2). Both transfer of the

method and the implementation process up until fall of 2009 are evaluated. Semi-structured interviews were held with twelve key figures that were involved in method-transfer and implementation. Furthermore, relevant results of the five focus groups with 35 professional caregivers from the effect study among professional caregivers (Part 3b), are analyzed and incorporated in the process evaluation. The results show that respondents consider the Veder Method as a new and effective method to make contact with psycho geriatric clients. The respondents indicate that they get enthusiastic when they see the effects the method has on clients. Stimulating factors for method-transfer are, amongst others, available basic knowledge of, or interest in, emotion oriented care methods among professionals, involvement and support of all layers in the organization (in particular management), acquaintance of the Veder Method in the organization and matching reciprocal expectations between Theater Veder and professional caregivers with respect to quality and commitment. Additionally, the presence of stable contact persons in both parties (the health care institution as well as Theater Veder) and a project plan including the conditions for implementation are important factors that stimulate implementation. Continuation of executing the method cannot be taken for granted. Accordingly, it is important that health care organizations and Theater Veder determine together how they can ensure that implementation and continuation are successful.

Part 3a of the report describes the study of the effects of a living room theatre activity according to the Veder Method on behavior, mood and quality of life of people with dementia. The study took place in 22 psychogeriatric wards in thirteen Dutch nursing homes. A quasi experimental three groups design was used..

Experimental group 1 (E1; n=65) participated in living room theatre activity offered by trained professional caregivers. Experimental group 2 (E2; n=31) participated in living room theatre activity, offered by professional actors. The control group (n=55) enjoyed an ordinary reminiscence group activity. Different aspects of quality of life were measured using standardized observation scales at three points in time: (T1) pretest; (T2) during the intervention and; (T3) posttest, two hours after the intervention.

This study shows that living room theatre according to the Veder Method has a positive effect on behavior and mood of people with dementia, if professional actors are performing. People with dementia who participated in living room theatre activities offered by professional actors (E2) laughed more and were less confused in comparison with subjects of the control group. They also felt more at home and had a better relationship with caregivers than subjects in E1. At the post-measurement, subjects in E2 showed higher scores on positive affect, feeling at home, mood (happiness, enjoyment), cooperating and (care) relationship than subjects in E1. Additionally, they were more attentive to activity in their surroundings and listened better to voice/sounds compared to both E1 and the control group.

A striking result is furthermore that subjects in E2 also regained more memories and showed less socially isolated behavior two to four hours after the living room theatre than subjects in the control group. These results show that a living room theatre activity according to the Veder Method has a surplus value compared to a regular reminiscence group activity. This

study could not show this surplus value for professional caregivers executing the Veder Method. These professionals were only limited trained and coached in applying the Veder Method and living room theatre activities were most often not yet structurally implemented in regular care. Enhancement of, and increasing experience with executing the method seems a condition to establish effects.

Part 3b contains the report of the evaluation study among professional caregivers into their experiences with applying the Veder Method. Focus of this study was the *applicability* of the Veder Method by professional caregivers on the influence of executing the method on their *job satisfaction, work experience and self-esteem*. Five focus groups were organized, with in total 35 professional caregivers participating. Part of the professionals participated in refresh course days for those who apply the Veder Method (n=29), another part was not actively involved in the project anymore (n=6). The professionals thought the Veder Method is *well applicable*, provided that they prepared thoroughly. In all focus groups it was brought up that the method also provides good tools for making contact with clients in the 24-hour care. The professionals state that their *job satisfaction* is positively influenced by the execution of the Veder Method, because of, amongst others, the positive reactions of the clients, contact with colleagues and the humor and lightness in the communication with clients. The Veder Method also seems to positively influence *work experience*. Professionals say they communicate more consciously and more emotion oriented. Moreover, the Veder Method gives them an anchor in communication with clients and therefore provides flexibility for a more varied and creative way of communicating with clients. Moreover, professional who apply the Veder Method report that their *self-esteem* is increased by using the Veder Method, amongst others since they feel validated in their job and the way in which they make contact with clients.

Concluding, it seems that applying the Veder Method has a positive influence on job satisfaction, work experience and self-esteem of professional caregivers.

Recommendations This study shows that the Veder Method is positively evaluated by health care organizations. However, applying and implementing the method does not always happen without complications. Especially support from management and meeting the boundary conditions are important factors in the successful implementation of the method.

At the time of the effect study amongst clients (Part 3a) professional caregivers were only limited trained and coached in executing the Veder Method. Living room theatre was most often not yet implemented in the daily care routines, and in most cases the professionals offered a living room theatre activity only once or twice. It is likely that this is the reason why no evident effects on clients were found when living room theatre was performed by professional caregivers. The professionals themselves did report positive experiences with, and positive reactions of, clients on the Veder Method. A follow-up study with more experienced and trained professionals is necessary to establish the effects of living room theatre according to the Veder Method when performed by professional caregivers.

Both interviews and focus groups (Part 2 and 3b) show that professional caregivers can use (elements of) the Veder Method very well in the communication with clients during 24-hours care. Further investigation is needed to explore how to integrate this method in 24-h dementia care.

The complete report (only available in Dutch) can be requested with:

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