The Meeting Centers Support Programme: Helping people to live well with dementia

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Content of lecture

- Background
- Vision
- Elements of MCSP-programme
- Adaptation-coping model
- Method in practice
- Research into MCSP
Background

at start 1990

Developments in nursing homes

• Psychosocial interventions
• Emotion-oriented care
• Education of personnel
• Effect studies

Bottlenecks in home care

• Fragmentation of care
• Limited carer support
  – too little information
  – too little emotional support
  – too little practical support
  – social isolation
• Carers have more frequently health problems
The Vision

Vision
Integrated & timely support
Cooperation between care and welfare
Easy access location
Small team of professionals

Comprehensive support
Information
Emotional support
Extension of social network
Practical support
Casemangement
Meeting Centers Support Program

**Person with dementia**
- Social club
- Psychomotor group therapy
- Creative and recreational activities
- Emotion-oriented care methods

**Carer**
- Informative meetings
- Support group
- Care coordination

**For both**
- Consulting hour
- Monthly meeting
- Social activities
Goals of the MCSP

- To assist and support in adaptation to and coping with dementia
- To maintain/improve quality of life
- To provide emotional support
- To increase the social network
- To inform the carer on dementia and coping strategies
- To give carers some time off

Person with dementia

Carer
Adaptation-coping model

Personal factors

Disease related factors

Material and social factors

Cognitive appraisal
- Experienced significance; reappraisal

Adaptive tasks

Coping strategy

Coping behaviour

Results adaptation process
- Balance or disruptions in mood and behaviour

internal processes

external cycle

Model to help understand adaptive and coping behaviour

(Drões, 1991; based on Moos & Tsu, 1977 and Lazarus & Folkman, 1984)
Adaptation-Coping model – 7 adaptive tasks

**Practical/cognitive adaptation**
- Dealing with disabilities
- Develop an adequate care relationship with professional carers

**Emotional adaptation**
- Preserving an emotional balance
- Maintaining a positive self image
- Preparing for an uncertain future

**Social adaptation**
- Stay in contact with family and friends
- Dealing with a day care/institutional environment

(Dröes, 1991)

These tasks are commonly experienced in chronic diseases (Moos & Tsu, 1977) and confirmed in dementia (De Lange, 2004; Clare 2003; Steeman et al., 2007; De Boer et al., 2007, Van der Roest et al, 2007)
Personal experience of dementia

Individual differences depending on

- personal factors: personality, life history, coping with stress
- disease related factors: (severity of) disabilities and physical conditions
- social and material factors: social network, material circumstances
Psychosocial diagnosis & support plan

What goes well?
Are there any difficulties with adaptation?

Psychosocial diagnosis

Care strategies
person with dementia
• (re)activation
• (re)socialisation
• improving emotional functioning

Support strategies
for carer
• information
• practical support
• emotional support
• increasing social network

Activity plan
Support plan
Psychosocial diagnosis

**Practical/cognitive adaptation**
- How does he/she deal with disabilities?
- Does he/she develop an adequate care relationship with carers?

**Emotional adaptation**
- Is he/she emotionally in balance?
- Does he/she have a positive self image?
- How does he/she deal with the uncertain future?

**Social adaptation**
- Does he/she keep in contact with family and friends?
- How does he/she deal with the day care environment?
Adaptive tasks and care strategies

**Experienced Problem(s)**

**Cognitive adaptation**
- Dealing with disabilities
- Developing an adequate care relationship with professional carers

**Emotional adaptation**
- Maintaining an emotional balance
- Preserving a positive self image
- Coping with an uncertain future

**Social adaptation**
- Maintaining social relationships
- Coping with the environment of the meeting center (participate in (group) activities)

**Care strategy**

(Re)activation

Improving affective functioning

(Re)socialisation
Psychosocial treatment methods

Institutional setting
- Supportive psychotherapy
- Psychomotor therapy
- Behaviour therapy
- Normalising living pattern
- Activity groups
- Reality orientation
- Music therapy
- Reminiscence
- Validation
- Emotion-oriented care
- Snoezelen
- Aroma therapy
- Simulated presence therapy
- Pet therapy, ICT ……etc

At home / day care
- Cognitive rehabilitation
- Cognitive stimulation therapy
- Activity groups
- Animal therapy
- Reminiscence
- Physical exercise
- Combined programmes
- Assistive technology
- Occupational therapy
- Skill training carers
- Casemangement
- Respite care
Working model psychosocial treatment

Analysis adaptation / coping proces
Experience – Problematic adaptive tasks – unmet needs/wishes – coping strategy – explanation of behavioral and mood disruptions

Psychosocial diagnosis

Specific intervention strategies

Activity plan

Evaluation

Less behaviour and mood disruptions, more quality of life
Benefits of small scale MCSP model

• Combined & intensive support for people with dementia and carer
• Easy access community centers
• Close to home, social integration with other residents
• Small permanent professional staff

Earlier participation

Trusting relationship

Easier to accept help

Sharing care with others
Development and research MCSP

- Development
  2 meeting centers
  1993-1994

- Effect study
  4 meeting centers
  1994-1996

- Implementation study
  11 meeting centers
  2000-2003
The Meeting Centers Support Programme had, compared to regular day care, more positive effect on:

**Persons with dementia (4+8 MC):**
- less behaviour and mood problems
  - less inactivity and unsocial behaviour
  - less depressed behaviour (study 2000-2003)
  - higher self-esteem (study 2000-2003)
- delay of admission to nursing home
  (after 7 months 4% meeting centers, 30% day care in nursing home)

**Carers (4+8MC):**
- More feeling of competence (study 1994-1996)
- Less feelings of burden (after 7 months; effect & implementation study)
- Less psychosomatic complaints in lonely carers (study 2000-2003)
Satisfaction of participants

Study 2000-2003: After 7 months of participation

People of dementia (n=104)
- very satisfied 39%
- satisfied 59%
- dissatisfied 2%

Carers (n=97)
- very satisfied 46%
- satisfied 52%
- dissatisfied 2%

Experienced burden
- much less 56%
- somewhat less 42%
- no difference 2%

67% experiences much support in contacts with other carers
Experience of people with dementia

<table>
<thead>
<tr>
<th>Activity</th>
<th>Appreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor therapy</td>
<td>81%</td>
</tr>
<tr>
<td>Listening to music</td>
<td>85%</td>
</tr>
<tr>
<td>Excursions</td>
<td>85%</td>
</tr>
<tr>
<td>Playing games</td>
<td>83%</td>
</tr>
<tr>
<td>Reading newspaper together</td>
<td>80%</td>
</tr>
<tr>
<td>Setting table / washing dishes</td>
<td>59%</td>
</tr>
<tr>
<td>Memory games</td>
<td>73%</td>
</tr>
<tr>
<td>Drawing</td>
<td>50%</td>
</tr>
<tr>
<td>Shopping</td>
<td>34%</td>
</tr>
</tbody>
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Dissemination of meeting centers
Practical guide & Helpdesk

Preparation activities

Start center

Continuation
Meeting centers in The Netherlands +

From 2004-2015
11 → 130 centers
Adaptive implementation and validation of the Meeting Centers Support Program for people with Dementia and their carers in Europe

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Phase 1 - Exploration and preparation of adaptive implementation

Initiative groups - Stepwise Action plan (12 months)

STEP 1: Setting timeplan and working groups
- target group
- elaboration of support programme
- location requirements and selection
- personnel
- financing
- collaboration protocol
- public relations

STEP 2: Discuss potential facilitators, barriers and solutions

STEP 3: Working groups in action

STEP 4: Finalize implementation plans July/August 2015

STEP 5: Signing collaboration protocol

Opening Meeting center
First meeting centres in Italy & Poland and UK
Main research questions

1) Are the results of the MCSP in Italy, Poland and UK comparable with those found in the Netherlands?

2) How to disseminate the study findings to stimulate further dissemination of MCSP in the participating countries and other countries in Europe?

Method

- Evaluation of (cost-)effectiveness
- User evaluation
- Evaluation of the implementation process
- Dissemination plan (country specific and European wide)
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