

Drama therapy presentation Alzheimer's Conference 2012
Linda French & Bas van der Hoeven

Who we are:

Bas van der Hoeven is a specialist in Drama Therapy and has worked as a therapist with children, youth and adults in his native Netherlands, United Kingdom, Spain and Australia.

He has been in New Zealand since 2001 and established the first multi-disciplinary Creative Therapy Centre here, at the Cerebral Palsy Society.

He conducted Drama Therapy sessions for groups and individuals. The clients range from the physically disabled, those with brain injuries, Asperger's, the intellectually disabled to those with bipolar, conduct disorder, dementia and other psychological conditions.

Apart from his work as a drama therapist, he also conducted staff-training programs, and developed a NZQA approved drama therapy course for MIT-counselling students.

Linda French is a social psychologist who went on to practise in family therapy and has moved into the practical application of her skill in the broader field of group dynamics. She is also qualified as a social worker, counsellor, and as a mediator initially with the Tenancy Tribunal but now in private practice.

She has provided counselling, and management consultancy as an independent advisor for more than 20 years.

What we do:

We have developed and are delivering a programme based on Drama Therapy for people with dementia. This is a new approach and in a trial last year exceeded all our expectations. It uses psycho-therapeutic methods combined with group dynamics.

Drama Therapy in Dementia Management

Dramatherapy is an internationally recognised diagnostic and treatment model. Qualified dramatherapists are employed to work with a wide variety of people and issues. Ranging from people with a DSM IV diagnosis, to those suffering personal issues (including self esteem issues) Dramatherapy was developed in the 1960's with a background in psychoanalysis. It was developed for clients who had difficulties with the confrontational nature of psychoanalysis, or did not have the verbal capacity needed. Drama Therapy uses methods other than verbal communication as the therapeutic medium. By analysing a person's behaviour in Dramatherapy, the therapist can diagnose the issues which face the client, and put a treatment plan in place to address these.

Drawing upon all theatrical genres, Dramatherapy is a wide and varied medium.

In Dramatherapy, clients experience different feelings and emotions by acting out situations.

They can experiment with feelings i.e. make them more or less intense. Forms of acting are: improvisation; working with scripts, myths and fable; role-play; making up stories and situations; or using real life stories. For more info go to www.dramatherapy.co.nz

Dementia causes an individual to become non linear and disorganized in their cognition. Research finds that imaginative play paradoxically helps orient the client because to utilise imagination requires the individual to generate neuronal activity in the brain stimulating both implicit and explicit memory systems. Drama therapy is used as a treatment for improving the neuro-plasticity of the brain. Drama therapy helps clients to express the thoughts and feelings they have about their condition and experience in a representative, symbolic manner allowing for integration of existential themes. There are other specific issues relating to people who are diagnosed with dementia that are especially suitable for a drama therapy approach. These include mood disorders, identity issues, behaviour problems (like aggression, wandering etc), isolation, motor issues, and cognitive dysfunctions (e.g. speech).

Beneficial effect of Drama Therapy in dementia care is soundly based on research and practice overseas (see reference material)

- a. increase positive affect
- b. decrease negative affect
- c. increase interpersonal interaction
- d. decrease isolation
- e. affirming personal strengths and sense of self
- f. facilitating greater sense of community and connectedness
- g. providing a safe place for emotional expression especially grief and loss
- h. providing a creative outlet for the expression of anxiety especially relating to death and other existential concerns.

- Cognitive Enhancement is demonstrated by
 1. increased speech
 2. increased movement
 3. increased interaction
 4. increased co-ordination
 5. lessening of aggression
 6. increased recall of recent events

All of these indicate increased neuro-plasticity

We have developed a 2 stage operation, a 12 week therapeutic programme we call REGAIN followed by a maintenance regime undertaken by carers following training that we call SUSTAIN

The therapeutic activities in our Regain model focuses on 4 different areas:

- **Therapeutic**
 - Deal with existential themes
 - Increase self esteem/ self view
 - Decrease aggressive behaviours
 - Ability to verbalise inner thoughts
 - Promote wellbeing
 - Reduce anxiety
 - Dealing with change
 - Dealing with bereavement and grief
 - Promote self-actualisation
 - Exploring new thoughts and feelings
 - Express repressed feelings

- **Motor skills.**
 - Improve Fine motor skills
 - Improve Gross motor skills
 - Improve Balance
 - Improve Hand Eye coordination

- **Cognitive skills**
 - Speech
 - Improve neuro plasticity
 - Facilitate decision making

- Improve executive functioning
- Improve attention span
- Increase concentration
- Increase ability of perception
- Increase memory
- Increase active participation in life
- Ability to verbalise inner thoughts
- Stimulating goal directive ability
- **Communication**
 - Promote sustained communication outside the group
 - Ability to verbalise inner thoughts
 - Maintain and enhance relationships
 - Promote cooperation with others
 - Improve the ability to empathise
 - Improve socialisation

Our Sustain program is designed to sustain the skills that have been acquired during the Regain program. These activities are personalised to the skill-level of the participants in the group. The activities used during the Sustain program address three of the four areas mentioned before. They are:

- **Motor skills**
- **Cognitive skills**
- **Communication**

The reason the Therapeutic area is excluded is that no qualified psycho-therapist is present during the sustain program.

The program leader of the Regain program is trained to maintain professional standards, and make sure the activities offered strengthen the 'gained' skills of the client. In residential settings this can be offered by a diversional therapist, in a community setting the activity leader/carer. A training component and supervision is available through our service.

We believe that because of the effects the Regain and Sustain program offers, the need for residential care is delayed, as people can continue to manage living in their environment (be it community or rest-home facility)

The Effects

Our experiences have been a revelation, to us as well as carers.

... you have your own expectations and goals but you can never exactly predict what will happen.

Today was beyond my expectations ... to see someone with very limited motor skills (this person had two carers stabilising her when she arrived), be able to get out of her chair and cross the room by herself, to be part of a story being acted out was inspiring. The power and persistence that was shown was simply amazing.

It is almost miraculous to watch someone engage who has been totally detached and uncommunicative. When we enter their world, even if it is one from many years ago, we are there

with them. It is familiar to them so not a source of worry. It puts them in control at a time when the world may feel very confusing and scary. I loved the quiet man who got asked to do a song in one of the plays and produced not just a pop song but a stunning operatic aria. His family knew of this but felt it might be painful for him to remember as he now no longer sang. The smile on his face as we all applauded said this was an area to talk about with joy. Each person had huge talents and their own fascinating experiences.

Mr B is Pacifica and had worked in the Public Service for many years. He had considerable difficulty walking, leaning heavily on a stick, someone supporting him. Despite memory issues, he had many interesting ideas and stories of work life. A leader in his community, he was cared for by his family. He took part but only in a very quiet way. He always seemed interested and if he did take part had a wonderful creative streak and sense of fun.

He began to take more of a lead role. Things came to an amazing climax. At the end of a story he had created around him being a doctor saving the life of a mother and baby in a storm he announced he wanted to celebrate what we were all doing. He rose to his feet and without his stick or any other help performed a haka learned in his island childhood. The power and the emotion in the delivery moved everyone.

Reference Material

[1] An award-winning project using drama as a therapy for people with dementia has led to some positive results at a Dorset day hospital Share - National Newsletter of the Alzheimer's Society - April 2007

<http://www.alzheimers.org.uk/site/scripts/download.php?fileID=184>, retrieved 14 Sep 2011

Lesley says, 'We found out one lady used to be a maid, so we would dress up as characters who would have worked or lived in the household and speak in well-to-do accents. This lady had limited verbal communication skills, but became very chatty and co-operative when asked to do things. Another client was reluctant to use the toilet. She used to be a florist. We asked her if she would arrange some flowers in a vase and place them on the shelf in the bathroom.

She now enters the room happily and we no longer need to use incontinence pads with her.'

Lesley has found that by tapping into memories and skills that may have previously been lost, people with dementia can relearn fundamental daily living skills, and are able to stay at home rather than move into long-term residential care. She is particularly pleased with the reduced need to use medication on clients.

[2] Creative-Expression Programs Benefit Patients With Dementia Internal Medicine News 1/4/11

<http://www.internalmedicineneeds.com/news/geriatric-medicine/single-article/creative-expression-programs-benefitpatients-with-dementia/ccbbd8d487.html> retrieved 14 Sep 2011

"Activities with a creative dimension encourage the development of new ways of communicating and new ways of interacting with others,"

Respondents rated social interaction and improvement in quality of life as the two most important benefits of creative-expression programs. Other highly rated benefits were cognition and positive affect. Least important were the acquisition of new skills and the promotion of self-awareness.

"This is a very significant finding, which points out that even care facilitators do not expect any skills improvements and abilities in self-expression," Dr. Gottlieb-Tanaka said. "These are the thoughts that limit the provision ... development of, and access to, creative-expression programs. Research proves that people with dementia are capable of expressing themselves in many ways, and it is up to us to notice it and use it in an effort to communicate with them."

"The benefits are many," she continued. "They include helping people stay connected with the world

around them; temporarily reducing agitation and depression; increasing socialization; improving relationships with staff; increasing satisfaction and self-fulfilment, and even reducing stress for the staff."

Some facilities have even experienced cost savings after implementing these programs, citing one in Perth, Australia. "They saved \$100,000 a year in having less staff turnover, less training time for new staff, less time spent on complaints, and saw an increased waiting list to enter the facility."

[3] Kontos Pia, Embodied selfhood in Alzheimer's disease: Rethinking person-centred care, *Dementia*, Nov 2005; 4: 553 - 570.
<http://dem.sagepub.com/content/4/4/553.abstract>

Dementia care practices are premised on a model of Alzheimer's disease that denies the body an agential role in the constitution and manifestation of selfhood. As a consequence, despite advances in person-centred care, the body, which is a substantive means by which persons with advancing dementia engage with the world, is treated as passive rather than active and intentional. My central argument is that dementia care practices must embrace the idea that the body is a fundamental source of selfhood that does not derive its agency from a cognitive form of knowledge. With an interest in bringing the body into a theoretical re-visioning of selfhood in Alzheimer's disease, I advance this idea with the notion of embodied selfhood. I suggest ways that the notion of embodied selfhood could enhance person-centred dementia care; however, further research is required in order to fully conceptualize this notion in the context of dementia care.

[4] Parkinson Emily, Developmental transformations with Alzheimer's patients in a residential care facility, *The Arts in Psychotherapy*, Volume 35, Issue 3, 2008, Pages 209-216.

<http://www.sciencedirect.com/science/article/pii/S0197455608000245>

Developmental transformations (DVT) is presented as an effective therapeutic modality for individual and group work with Alzheimer's patients. Effectiveness is defined for this population and validation therapy is outlined as an established paradigm for working with demented individuals. DVT is presented, including basic premises and previous literature on its effectiveness with non-demented elderly. Theoretical connections between validation therapy and DVT are explored, as are areas in which DVT moves beyond validation to access areas of remaining competency for the demented and to elicit the symbolic expression of psychological and existential issues. Adaptations for using this method specifically with Alzheimer's patients are described, limitations are acknowledged and areas for further exploration are proposed. Case material is presented throughout.

[5] Dramatherapy and spirituality in dementia care, Joanna Jaaniste, The Dramatherapy Centre, Sydney, Australia

<http://www.dramatherapy.com.au/Dramatherapy%20&%20Spirituality.pdf> retrieved 14 Sep 2011

Dramatherapy lends itself seamlessly to a person-centred approach, particularly important for elderly people who are nearing the end of their lives.

The dramatherapy group affords a holding environment where existential issues and key life questions can be worked with creatively. Although their expression may sometimes seem chaotic (as in dementia), elderly people are often the guardians or holders of much end-of-life wisdom. By means of story, metaphor, play and improvisation, cultural questions and answers can assist with celebration, reminiscence, pleasure and grieving, and ultimately the transition to a dignified and spiritually meaningful death. In this way, the spirituality of the person with dementia can be explored and accepted.

Spirituality has informed theatre and drama throughout history, and the healing properties of the arts are referred to in the histories of many societies.

In contemporary western culture, especially that of the last 50 years, there has been a growth of

consciousness that creative activity can contribute to people's health and well-being and that the area of spirituality is integral, and perhaps even central, to psycho-social health and a sense of well-being.

In this paper, selected dramatherapy literature is reviewed, that supports the contention that the practice of these therapies is an effective means of assisting elderly people afflicted with moderate-to-severe dementia to value their ageing process. Arts therapies may assist them to cope with the grief and loss their ageing may entail, as they lose friends and physical and mental capacity, in a society where elderly people are marginalised.

Case studies and theoretical examples are presented to show how group work can be structured so that issues of elderly people with dementia can be addressed in a creative way

[6] Alzheimer's Residential Care for Women & Need for Drama Therapy, Christine Cadena Aug 22, 2008

http://www.associatedcontent.com/article/972982/alzheimers_residential_care_for_women.html?cat=70 retrieved 14

Sep 2011

Drama therapy has long been considered a realm of the creative arts therapy programs designed to treat conditions that include mental impairment, including depression and anxiety. For the elderly population, a specific type of drama therapy, known as developmental transformations, has become increasing more common and may provide a significant health improvement for elderly women.

[7] Dementia Economic Impact Report 2008, Alzheimers New Zealand Inc.

A simple cost benefit analysis was undertaken of a delay in the entry of people with dementia into residential aged care by three months. Based on residential care data, the estimated number of days of care that would switch from residential care to home based care under this scenario is 1,126,191. In 2008, this represents a 23% reduction in the number of days of residential care provided to people with dementia and a saving of \$62.3 million.

[8] Senior Day Programs, Retirement Communities and Nursing Homes, Sally Bailey, Drama Therapy Central

http://www.dramatherapycentral.com/index.php?option=com_content&view=article&id=103&Itemid=166 retrieved 14

Sep 2011

Older adults have a variety of needs which can be addressed through drama therapy.

Isolation and loss are big issues: some older adults have experienced physical losses due to medical conditions or cognitive losses from Alzheimer's Disease or social losses through deaths of friends and family members and from retirement from their life's employment. The developmental issue of old age is life review as the individual looks back over and evaluates what has been accomplished and learned over the course of the years (Erikson, 1997). Drama therapy can help older adults make new social connections, assist with reminiscence and meaning-making, and bring enjoyment of the present moment back to participants, even those who are losing touch with the world around them due to dementia.

[9] National Dementia Strategy 2010 – 2015 , Alzheimers New Zealand

<http://www.alzheimers.org.nz/assets/Reports/National-Dementia-Strategy-Alzheimers-New-Zealand.pdf> retrieved 17

Sep 2011

New Zealand has a rapidly ageing population which brings with it an increasing number of people with dementia. As the number of people with dementia continues to increase so does the human, social and economic cost that is related to it. According to the Alzheimers New Zealand 2008 Dementia Economic Impact Report, by 2026, over

74,000 New Zealanders will have dementia and by 2050 this number will rise to over 146,000. This follows the worldwide trend, where dementia is doubling every 20 years. The total financial cost of dementia in New Zealand in 2008 was estimated at \$712.9 million. Dementia has no cure. As a response to this rise, Alzheimers New Zealand has developed a National Dementia Strategy and an action plan to ensure the needs of people with dementia are recognised and supported. This has been developed in consultation with the sector, the dementia community, and our local Alzheimers member organisations

[10] The New Zealand Health Strategy , December 2000, Ministry of Health Manatū Hauora [http://www.moh.govt.nz/moh.nsf/pagesmh/2285/\\$File/newzealandhealthstrategy.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/2285/$File/newzealandhealthstrategy.pdf) retrieved 17 Sep 2011

The goals and objectives translate the Government's broad intentions into the focused actions required to make a difference to improving health. Developing this nationwide set of goals and objectives, and focusing attention on priority objectives selected for immediate action, will assist the whole sector to direct its actions in a more co-ordinated and effective way

[11] Developmental Transformations: Towards the body as a presence, David Read Johnson PhD <http://creativealternatives.squarespace.com/storage/Chapter%206%20Johnson%20final.pdf> retrieved 19 Sep 2011

Developmental Transformations is a form of drama psychotherapy that is based on an understanding of the process and dynamics of free play. The essence of Developmental Transformations is the transformation of embodied encounters in the playspace. Important aspects of this approach include: (1) the sessions consist entirely of dramatic, improvisational interaction between the therapist and client(s), (2) the therapist is an active participant in the play and intervenes through his/her own immersion in the client's playspace, (3) the process of play is used to loosen or remove (i.e., deconstruct) psychic structures that inhibit the client(s) from accessing primary experiences of Being (i.e., Presence), and (4) the client's progress in treatment is believed to follow natural, developmental processes that in themselves will lead to greater emotional health. Technically, Developmental Transformations is a treatment for disorders of embodiment, encounter, and play.

[12] Observed Emotion Rating Scale, Lawton, van Haitsma, Klapper <http://www.abramsoncenter.org/pri/documents/observedemotion.pdf> retrieved 19 Sep 2011

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13] Thousands of Kiwis could have undiagnosed dementia -TVNZ News 21 Sep 2011 <http://tvnz.co.nz/national-news/thousands-kiwis-could-have-undiagnosed-dementia-4411976> retrieved 23 Sep 2011

Alzheimer's disease and other dementia conditions are heading toward crisis levels, yet remain underdiagnosed and undertreated, according to the World Alzheimer Report 2011. It says about 40% of cases are recognised in countries like New Zealand - meaning more than 26,000 Kiwis could be in the grip of the disease and not know it. Failure to diagnose often stems from the false belief dementia is a normal part of ageing, and that nothing could be done to help, the report says. An "overwhelming surge" of dementia cases is expected over the next few years, Alzheimer's New Zealand national director Johan Vos told the Dominion Post.

[14] World Alzheimer Report 2011 <http://www.alz.co.uk/research/world-report-2011> retrieved 26 Sep 2011

The World Alzheimer Report 2011 shows that there are interventions that are effective in the early stages of dementia, some of which may be more effective when started earlier, and that there is a

strong economic argument in favour of earlier diagnosis and timely intervention. Early therapeutic interventions can be effective in improving cognitive function, treating depression, improving caregiver mood, and delaying institutionalisation. It is simply not true that there is 'no point in early diagnosis' or that 'nothing can be done'. Some of these interventions may be more effective when started earlier in the disease course.

[15] Aged Residential Care Service Review 2010 - Grant Thornton

<http://www.grantthornton.co.nz/Assets/documents/home/Aged-Residential-Care-Service-Review.pdf> - retrieved 7 Oct 2011

Recommendation Thirteen: Undertake a structured approach to pilot options around enhancing professional services in the community and low income housing and other models of care that support the elderly. Consideration in this process could also be given to improved short term care options and rehabilitation or transition care options.

For more information on Drama therapy or the Regain/Sustain program please:

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