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Presentation Of An Evaluation Project

The Marte Meo Practitioner Education In Dementia Care

Abstract

The Norwegian Directorate of health assigned Health and Aging - The National Advisory Unit, in cooperation with Sykehuset Innlandet and NKS Olaviken Gerontopsychiatric Hospital funds for a three year development program: **»Developmental program for non-pharmacological treatment – a better daily life for persons with dementia«**. The program is part of the »Dementia Plan 2015«, the Norwegian plan for developing dementia care and family support. In this article we will present the Marte Meo practitioner evaluation project and the good effects it had on patient/caregiver level as well as on the psychosocial environment.

1. Introduction

The Norwegian Directorate of health assigned Health and Aging - The National Advisory Unit, in cooperation with Sykehuset Innlandet and NKS Olaviken Gerontopsychiatric Hospital funds for a three year development program: »Developmental program for non-pharmacological treatment – a better daily life for persons with dementia«. The program is part of the »Dementia Plan 2015«, the Norwegian plan for developing dementia care and family support. (See: www.aldringoghelse.no/ViewFile.aspx?ItemID=4484)

In this article we will present the Marte Meo practitioner evaluation project. For more information on the other projects (See: www.aldringoghelse.no/?PageID=4690)

2. The Marte Meo Method

The Marte Meo method has been described in several articles in Demens & Alderspsykiatri. Marte Meo, derived from Latin means »at your own strength«. It is a communication and solution oriented counselling method. Film footages of interaction moments of daily life situations are used to highlight and illustrate the themes that are presented in supervision to health carers, hereafter called caregivers. The Marte Meo counselling is used to develop and support the caregiver's skills and ability to find new solutions when interaction with the patient becomes challenging. ^(1, 3)

The objective is to enhance the persons remaining resources and identity through a supportive communication approach^(1, 3). Each individuals need for confirmation,



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through fundamental principles of interpersonal interaction, constitutes the basis of the method. ^(4, 6) They are also the key goals of the »person centred«⁽⁷⁾ care, introduced by the English psychologist *Tom Kittwood*.⁽⁸⁾ The person centred care involves valuing persons with dementia individually and creating a positive psychosocial environment.⁽⁹⁾ The most likely to separate the Marte Meo method from other person centred care practices is the use of video as a main tool in educating caregivers.

3. Elements Of Supportive Communication

In supervision, the caregivers in dementia care learn the principles of supportive communication^(1, 3) as described in TEXTBOX 1. Framework conditions such as physical adaptations and positive leadership are neces-

sary preconditions for communication.

The elements are interrelated, they can be used individually or together, depending on the needs of the patient in the interaction moment (see also *Munch*, 2008, 3). Short interaction moments between the patient and the caregiver from different daily life situations are filmed. Through supervision the caregiver is made aware of the little nuances in the interaction.^(1, 2)

3.1. Training In The Method

Counselling or supervising using the Marte Meo method implies the use of certified Marte Meo therapists, supervisors or colleague trainers. The education takes about a year and a half to two years and in Norway requires a minimum of University College or corresponding education in health care.

Textbox 1: Elements Of Supportive Communication In Dementia Care

1. Creating confidence and trust

Establishing contact moments: By being greeted with smiles, eye contact and a dedicated body language, the patients insecurity and anxiety of failure is dampened and expectations of success strengthened.

2. Shared attention and confirmation of initiatives

The caregiver shows awareness and names the patient's initiatives and focus of attention, and gives the patient enough time to respond.

3. Naming upcoming actions

The caregiver creates security and predictability by naming actions and experiences in the interaction step by step.

4. Acknowledgement step by step throughout the course of action

The caregiver confirms the patient and gives acknowledgment verbally, like: fine, good, thank you and the like? Or by way of a smile, nod and other positive non-verbal cues.

5. Assistance in the experience of being in rhythm and in contact

The caregiver supports the rhythm in the interaction by taking into account, awaiting and confirming the patients reactions.

6. Marking the start and end of a course of action

The caregiver supports the patient by marking the transition between the start and finish of a course of action through the use of voice and through guiding.

7. Individualized physical touch

The caregiver guides the patient through the course of action and provides physical closeness to reduce or to prevent anxiety if necessary.

8. Support to cope with and to endure discomfort and distress

The caregiver supports the patient to endure the potential unpleasant but necessary tasks, such as brushing the teeth and body care. The caregiver is aware of her emotional attunement in such situations through acknowledging the patients expression of pain or discomfort and by not trivializing.

9. Support to introduce themselves and to respond to others

The caregiver supports the patients to act socially by linking them to the specific circumstances in the context. Introducing objects (clothes etc.) can contribute to create recognition of the situation.

3.2. What Do We Know About The Effect Of The Marte Meo-Method?

Caregivers who have received counselling convey increased curiosity about and attention to what happens in the interaction situations and the needs of the patients at any given time. In interviews, caregivers that have conducted the Marte Meo – therapist education/colleague trainer⁽¹⁰⁾, have described the significance of learning the method and the importance of using the method in supervision and counselling of caregivers. Feedbacks from the informants have been divided into four main categories:

- 1 To obtain a specific working tool,
- 2 To increase awareness of the individual patients needs in interaction situations,
- 3 To obtain common knowledge of such needs,
- 4 To get the experience of meeting patients individual needs in a better way.⁽¹⁰⁾

3.3. Limitations Of The Method

One of the main objections to the Marte Meo-method has been its lacking basis in research, and that there are a limited number of studies when it comes to show effect. When searching in renowned databases such as PubMed, there are few results in terms of scientific publications.⁽¹¹⁾ The studies that do exist are primarily qualitative. Parents, teachers and care givers have been interviewed on the usefulness of the method. In Norway there are at the moment two PhD studies being carried out, one of these is aimed at persons with dementia in nursing homes.

4. The Evaluation Project

As part of the evaluation of the Norwegian environmental program, several caregivers in selected nursing homes have been offered the Marte Meo practitioner education. The participants filled out two self-reporting forms before and immediately after the completion of the education. For detailed descriptions of the participants experiences, a choice of caregivers have undergone focus group interviews, and their leaders undergone in-depth interviews.

We wanted answers to the following questions:

- 1 Does the Marte Meo practitioner education lead to change in caregivers perception of performing more Person centred care?
- 2 Does the practitioner education lead to changes in the caregivers perceptions of job satisfaction in the psychosocial work environment?

5. Organizing

The Marte Meo practitioner is an introductory course that extends over four to six months. The groups have been organized at the workplace or at the nursing home unit. The sessions have been led by a certified Marte Meo therapist, alternating between teaching and practical exercises. The participants are introduced to the supportive elements of communication. Each participant has also contributed with film footages of themselves in interaction with patients. The film footages are based on everyday interaction situations. The supportive communication elements have been reviewed, and the participants have been trained in reading the patient's body language by studying film

Textbox 2: The Marte Meo Practitioner Education As Practiced In The Programme

Organizing:

- Groups up to 10 people.
- 6 course-days.
- Led by Marte Meo Therapist/Marte Meo Colleague Trainers.
- A day course in communication.
- Demonstration of the supportive communication elements by reviewing film footages.
- The caregiver ensures that the information sheet is signed by the relatives.

The content:

- Practice reading the patient's body language.
- Learning and discussing the supportive communication elements.
- Receive guidance on film footages they bring along.

Expected requirements:

- The participants must ensure in cooperation with the manager that results are followed up.
- The participants must master the elements of supportive communication.
- The participants bring along their own film footages.

Conditions for the approval:

- Has insight in and masters the communication element when interacting with their own patients.
- Does not exceed 20 % of absence.

clips from their own film recordings. See TEXTBOX 2 for an overview of the practitioner education.

6. Conducting The Practitioner Education

The education has been conducted and evaluated in parallel, and was initiated in January 2010. Initially six nursing homes were selected and included in the evaluation project. Two nursing homes withdrew their participation due to replacement of the management. A new nursing home was recruited, so that caregivers from five units from four nursing homes were included in the evaluation. One of the nursing homes started 6 months after the others and the education was completed in November 2010.

7. Participants

A total of 30 participants were included in the practitioner education. The participants were selected on the basis of interest and wish to acquire new knowledge. In addition it should be a fairly distribution of clinical nurses, social educators and nurse assistants. One person resigned right after start-up due to illness, so that 29 participants completed the program. Characteristics of the participants are shown in TABLE 1. At four units the unit leaders took part in the program. Six Marte Meo therapists have been involved as supervisors in the practitioner education, two of them participated together in leading the practitioner course in one dementia unit. In three nursing homes the Marte Meo therapists have been external, that is, employed in other healthcare institutions.

8. Measure Methods

We have chosen a combination of quantitative and qualitative data collection and analysis. As previously mentioned, all participants filled out two self-report forms before and after completing the education. In addition in-depth interviews were conducted on a sample of the participants.

8.1. Evaluation Form For Person Centred Care (P-CAT).

The Person centred Care Assessment tool ⁽¹²⁾ measures to which extent the caregivers in nursing homes experience that their care is person-centred. P-CAT is a self-report instrument and consists of 13 parts that are rated on a five point Likert scale where 1= totally disagree and 5 = totally agree.

Table 1: Characteristics Of Caregivers Who Participated In The Practitioner Education
Caregivers (n= 30)

<i>Age: Mean</i> (Agespenn: 28-60 years)	43,4 years
<i>Women</i>	28
<i>Education</i>	
Clinical nurse	12
Vernepleier	2
Nurse assistant	13
Unskilled workers	2
<i>Further education</i>	
Geriatrics	7
Psychiatry	3
Others	10
Nothing	10
<i>Position size</i>	
75 - 100 %	27
50 - 74 %	1
Bellow 50 %	2
<i>Number of years employed at the institution</i>	
15 - 20 years	9
10 - 15 years	8
5 - 10 years	8
Less than 5 years	5

8.2. Psychosocial Work Environment And Job Satisfaction

Psychosocial environment and job satisfaction is a self-report measure developed to identify and assess risks in the psychosocial work environment in conjunction with selective health monitoring. The form consists of 10 statements or questions that are rated on a six point scale where 1= very bad, and 6 = very good. High score indicates great satisfaction.

9. Ethics

The project has been accepted by the Data Protection Official for Research, and the relatives of persons without power of consent have signed a consent form.

Caregivers participating in the project have obtained oral and written information about the project.

9.1. Data Analysis

SPSS version 18 was used to conduct the statistical analysis. Descriptive analysis was used to describe the sample. Repeated measures with T-test for dependent selections were used to measure changes after intervention. Mean values from the first and the second test measures were compared.

9.2. Qualitative Interview

Focus group interviews were conducted at three of the five nursing homes. 12 informants participated. Three of the leaders participated in in-depth interviews. A total of 15 informants with interdisciplinary background participated. Three of Kvaales six stages in analysis were used, stage one – data collection, stage three – interpretation of meaning during the interview and stage four – a threefold analysis process. The stages 2, 5 and 6, were not relevant for this study.⁽¹⁴⁾ The analysis brought forth ten main themes. Seven of the described themes are discussed here:

1. Changed way of approaching persons with dementia in interaction.
2. Increased attention on professionalism and reflection.
3. The importance of seeing film footages in order to make new acknowledgements and to the learning process.
4. Changes in the patients' behaviour from resistance to cooperation.
5. An increase in satisfied patients, in which the patients' negative body language changed to positive body language.
6. Consequences for the psychosocial environment and job satisfaction.
7. Recommendations.

10. Results

The characteristics of the participants are presented in TABLE 1. The average age was 43,4 years (28-60), and 28 were women.

10.1. Evaluation Form For Person-Centred Care

Caregivers scored significantly higher on total score on P-CAT (higher score indicates higher degree of Person-centred care) after completing the practitioner education (Mean = 41.11, SD = 4.81) compared to the

first measurement date (Mean = 38.53, SD= 5.13) = $t(27) = -3.18, p < 0.05$ (two-tailed).

10.2. Psychosocial Work Environmental And Job Satisfaction

The caregivers scored significant higher on total score on Psychosocial work environment and job satisfaction (higher score indicates greater satisfaction), after finishing the practitioner education (Mean = 49.70, SD = 6.25), compared to before the initiation of the education.

11. Focus Group Interview

11.1. Importance For The Staff

All the informants convey that the Marte Meo practitioner education has had consequences on a number of areas in their work. The leaders convey the positive effect on the way the patients are approached by the caregivers as well as the positive impact it has on the work environment. The caregivers have become more solution oriented and less problem oriented and discontented. In one unit the sick leave has diminished. All the caregivers describe the importance the reviewing of film footages has in order for them to become more aware of the patients reactions to their approach. The informants experience of the methods importance are distributed in the following themes: Change in the way the caregivers approach persons with dementia, increased attention to professionalism and reflection, the importance of reviewing film footages for new awareness and learning, as well as the consequences for the psychosocial work environment and job satisfaction.

11.2. Importance For The Patients

All the informants have observed changes in patient behaviour from resistance to cooperation in daily life activities. In addition their experience is that all patients profit from the change in caregiver behaviour and approach. The leaders describe a change in attitude towards a more positive attitude towards the patients as well as an increased attention on the patients' wellbeing. The descriptions are distributed in the following themes: Changes from resistance and helplessness to more cooperation and initiative in daily life activities and during milieu-therapeutic treatments, more satisfied patients where body language and facial expressions have changed from negative to positive.

11.3. Discussion

The results from the evaluation show that the Marte Meo practitioner education gives caregivers an experience of providing more Person centred care, measured with P-CAT after finishing the practitioner education. This change is a statistically significant change. The method also leads to more job satisfaction. The results are supported by the findings from the focus group interviews, where the informants convey an increase in their awareness of the patients' expressions and of the importance of their own and their colleagues body language when interacting with their patients. The supportive communication elements are experienced as useful tools in the encounter with their patients, and as contribution to an increase in attention to the needs of the patients. Similar descriptions are found in other qualitative studies of Marte Meo in the dementia care.^(10, 11) The informants in our study emphasize the reviewing of film footages as very useful.

Such film analysis seems to have acknowledged the caregivers thoughts about the patient and has provided the basis for new actions, which are in line with experience using the Marte Meo method towards other target groups.⁽¹⁵⁾

The results show a significant increase in the caregivers' general job satisfaction and psychosocial work environment as measured by the Psychosocial environment and job satisfaction self-report questionnaire. The results from the focus group interviews show that the leaders describe the caregivers as less dissatisfied and less problem focused after the completion of the practitioner education. In one of the units the sick leave was reduced. The caregivers describe the importance of the leaders' follow-up and the involvement of the rest of the staff group. They find that such a common understanding led to positive consequences for the work environment at the units. Studies show that a supportive leader combined with a sense of influence and control over the working conditions, are the factors that have the greatest impact on the psychosocial environment in the health care services sector.⁽¹⁶⁾

The Marte Meo practitioner education seems to have contributed to a change in attitude, making them more secure both of themselves as caregivers as well as each other as colleagues. They have gained common knowledge and a common language, something that has a positive effect on teamwork and work environment.⁽¹⁰⁾

11.4. Methodological Limitations

The majority in our sample has consisted of stable, well-educated, and well-skilled caregivers, where most of them have had further educational qualifications in psychiatry and geriatrics. They had shown special interest, motivation and dedication in advance. The leaders of the included units have shown a special commitment to continuation of Person centred methods. Future evaluation projects and studies should include bigger and more representative samples of caregivers, recruited from different levels of care, from homecare as well as from nursing homes. Our evaluation cannot tell anything about the advantages of the Marte Meo method over other methods of approach. The results from this study and from similar studies^(11, 10) indicate that the time is ripe to undertake studies with controlled designs, where the effect of Marte Meo counselling is compared to effects of other approaches and where one studies changes in patient and caregiver level as well as well as changes in organizational structure and management.

11.5. Recommendations

When educating caregivers in the Marte Meo method, the following items are recommended:

- The practitioner education is led by a Marte Meo therapist/Colleague trainer or supervisor.
- The participants should be from the same unit so that most acquire the same skills.
- Leader anchoring and adequate resources while the education is ongoing is important, so that the participants can have the whole course days without having to go to work first.
- Management supervision and facilitation before, during and after is necessary. Leader participation is recommended.
- Between sessions, it is important that participants receive concrete tasks such as filming, testing measures and creating plans of action.

12. What Has Happened Since The Evaluation Project Has Finished And Since The Implementation Project Has Started?

All projects end, at which point the critical process of »surviving« starts. To secure survival and implementation of the successful person centred methods, a following up program has been initiated by the Norwegian Health Directory.⁽¹⁷⁾ In 2013 The Norwegian Health Directory wanted to implement the four meth-

ods that were evaluated, by subsidizing DCM, VIPS courses, Marte Meo supervisor and therapist/colleague trainer educations, and some action plans for Person centred activities. The strategy has been to subsidize the educations for health professionals at Gerontopsychiatric hospitals and Outpatient units, Municipal Dementia centers, dementia coordinators for persons with dementia living at home and health professionals in dementia assessment teams.

This project, »The implementations of Person centred dementia care«, is terminating in 2015. Some of the Marte Meo Therapist/Marte Meo Colleague Trainers will finish their education in 2016.

A total of 23 Marte Meo Therapist/Marte Meo Colleague Trainers and seven supervisors have either finished or are under education all over the country. New groups are starting this year. In the dementia field the total number of Marte Meo therapists and Marte Meo Colleague Trainers in Norway is over 100! One of the great benefits of the Marte Meo method is its possibility for multidisciplinary patient approach and education. Our first psychiatrist has just started his Marte Meo education, which is a great advantage, especially since doctors and medical attitudes have great power and influence in the dementia field.

Rigmor E. Alnes has finished and published her PhD papers on Marte Meo counselling in dementia care in Nursing homes.⁽¹⁸⁾

Supervisor May-Britt Storjord, Molde, is planning a Master degree on Marte Meo and counselling of family caregivers of persons with dementia.

During the last years several chapters about Marte Meo in dementia care has been published in a variety of books.

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