



Research Programme >

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

**Prof.dr. Rose-Marie Dröes**

Mental Health and Quality of Care

Dept of Psychiatry  
Alzheimer center

*e-mail: [rm.droes@vumc.nl](mailto:rm.droes@vumc.nl)*

**Amsterdam Center on Aging VUmc-VU**



# 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**

**Casemanagement**



# 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

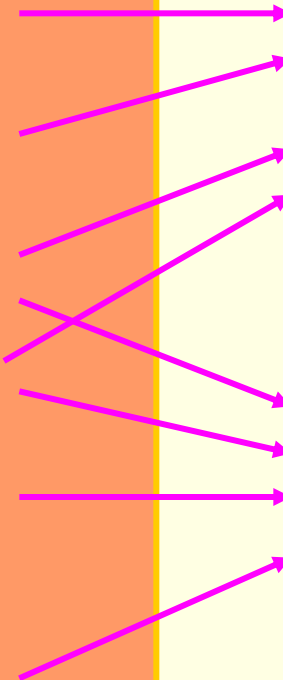
To give carers some time off



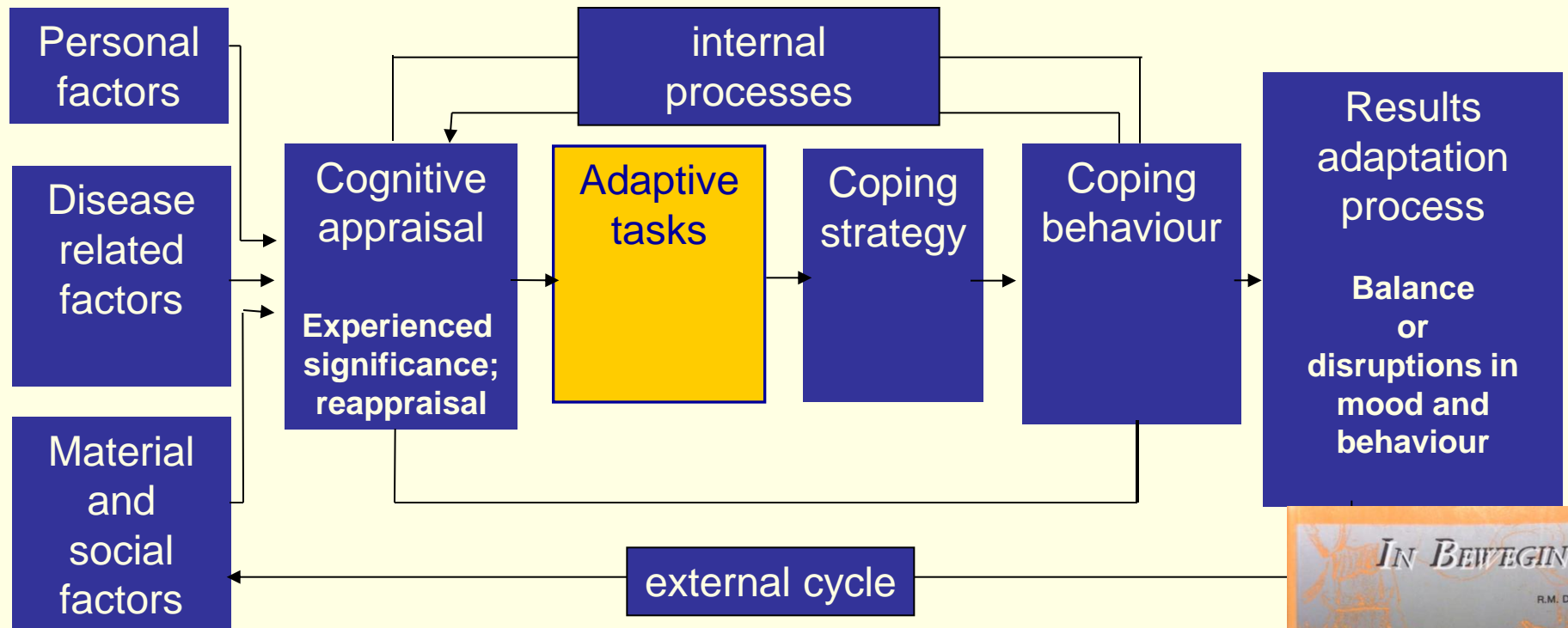
**Person with dementia**



**Carer**

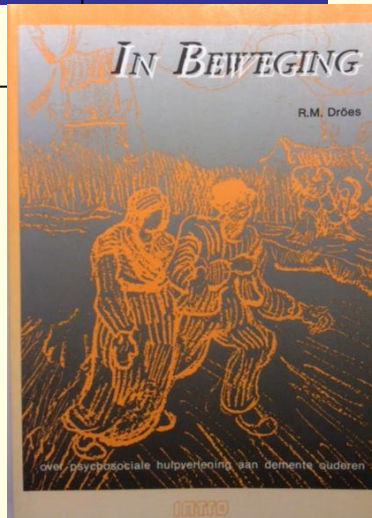


# Adaptation-coping model



Model to help understand adaptive and coping behaviour

(Dröes, 1991; based on Moos & Tsu, 1977 and Lazarus & Folkman, 1984)





# Adaptation-Coping model – 7 adaptive tasks

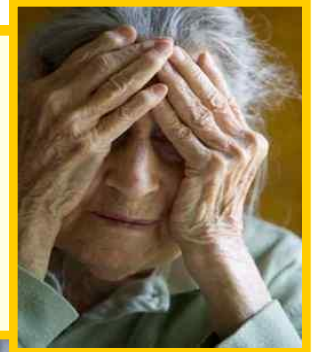
## Practical/cognitive adaptation

- 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

**Activity plan**



**Support strategies  
for carer**

- information
- practical support
- emotional support
- increasing social network

**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**

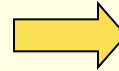
- Does he/she keep in contact with family and friends?
- How does he/she deal with the day care environment?

# Adaptive tasks and care strategies

## Experienced Problem(s)

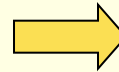
### Cognitive adaptation

- Dealing with disabilities
- Developing an adequate care relationship with professional carers



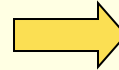
### Emotional adaptation

- 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
- Casemanagement
- 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

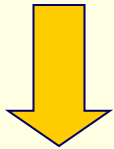


Evaluation

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



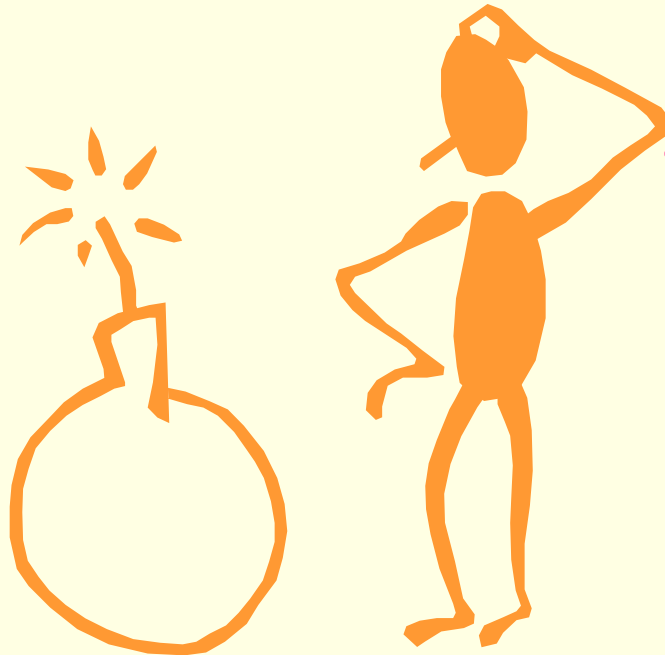


# Development and research MCSP

- **Development**  
2 meeting centers  
1993-1994

- **Effect study**  
4 meeting centers  
1994-1996

- **Implementation study**  
11 meeting centers  
2000-2003



# Results effect study (1994-1996) & (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

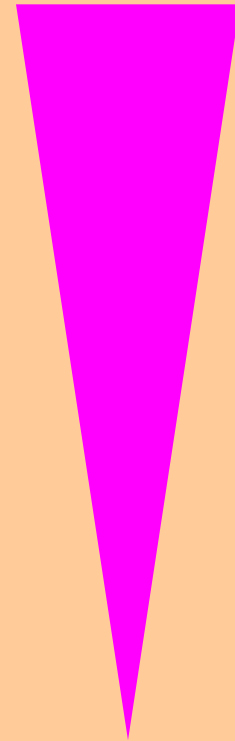
- much less 56%
- somewhat less 42%
- no difference 2%

**67% experiences much support in contacts with other carers**

# Experience of people with dementia

## Appreciation of activities by people with dementia

Psychomotor therapy	(81%)
Listening to music	(85%)
Excursions	(85%)
Playing games	(83%)
Reading newspaper together	(80%)
Setting table / washing dishes	(59%)
Memory games	(73%)
Drawing	(50%)
Shopping	(34%)

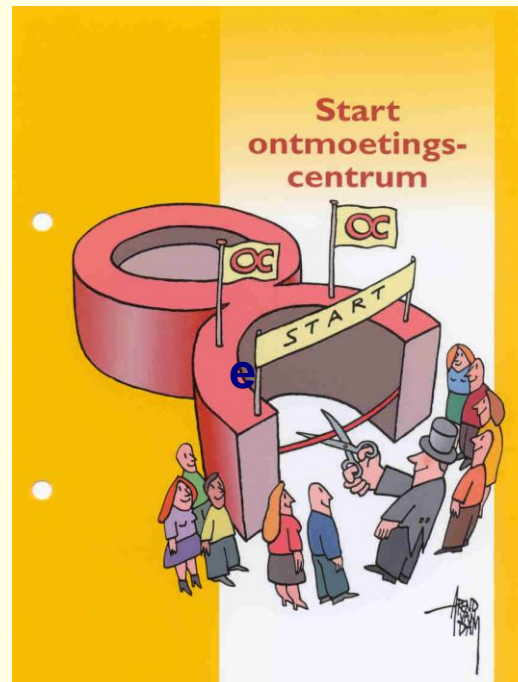


# **Dissemination of meeting centers**

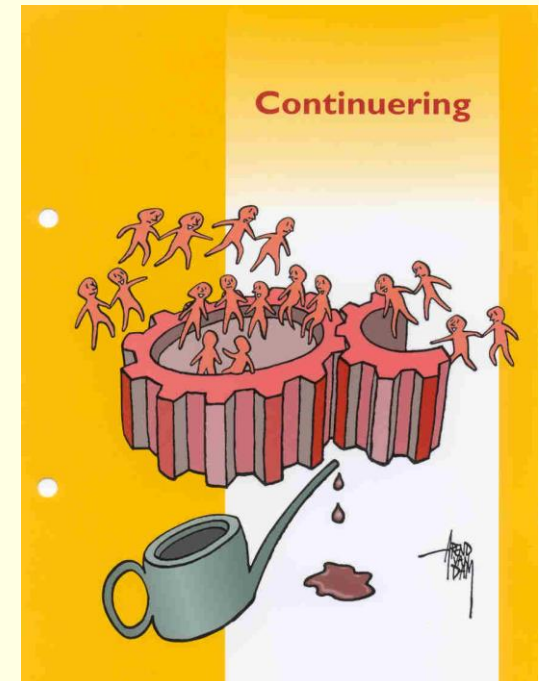
# Practical guide & Helpdesk



**Preparation  
activities**



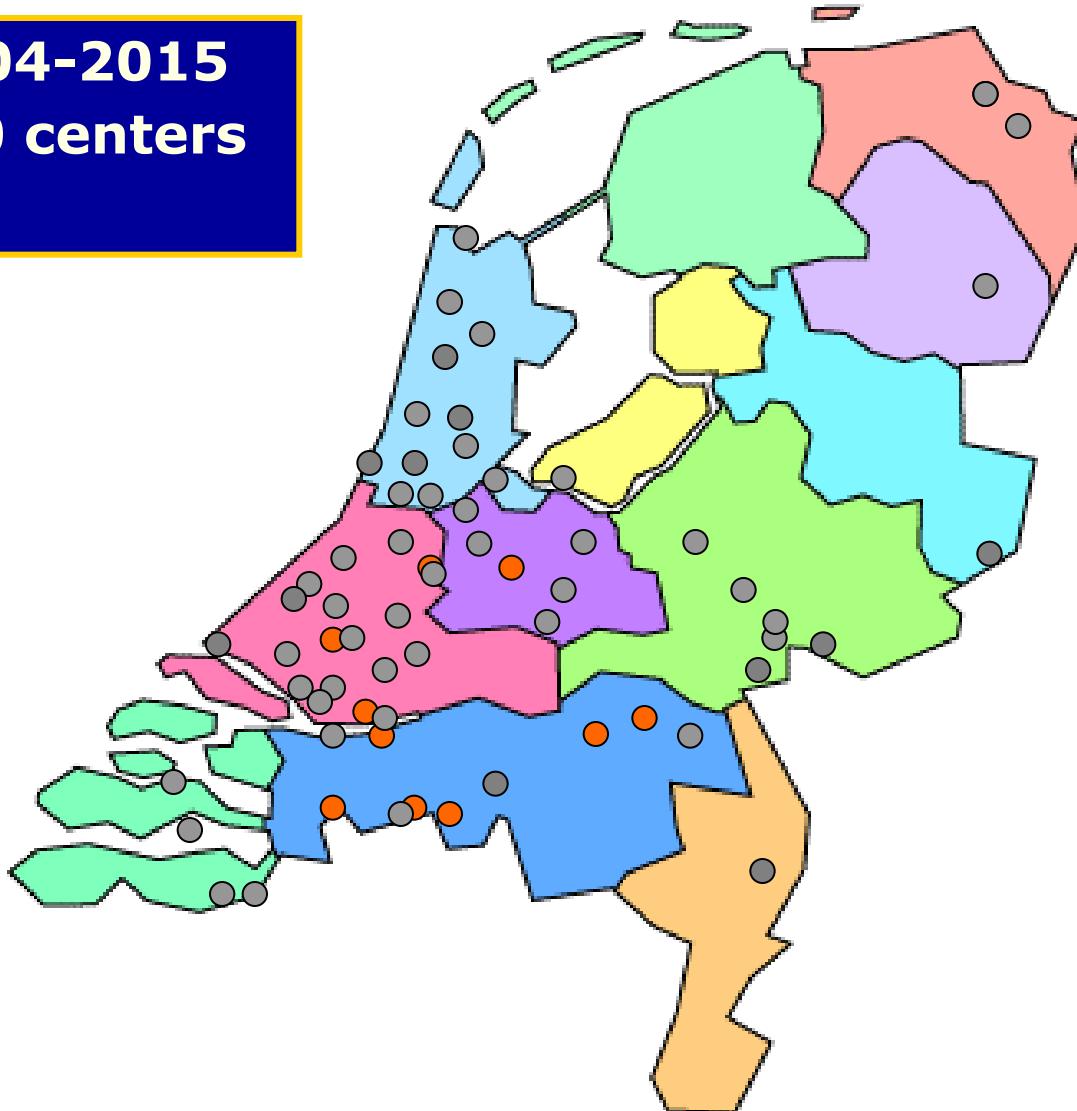
**Start center**



**Continuation**

# Meeting centers in The Netherlands +

**From 2004-2015  
11 → 130 centers**





# Dissemination to Europe



**Adaptive implementation and validation of the **Meeting** Centers Support Program for people with **Dementia** and their carers in Europe**

**Coordinator: Prof.dr. Rose-Marie Dröes**

Dept of Psychiatry, VUmc Amsterdam, NL  
Alzheimer center

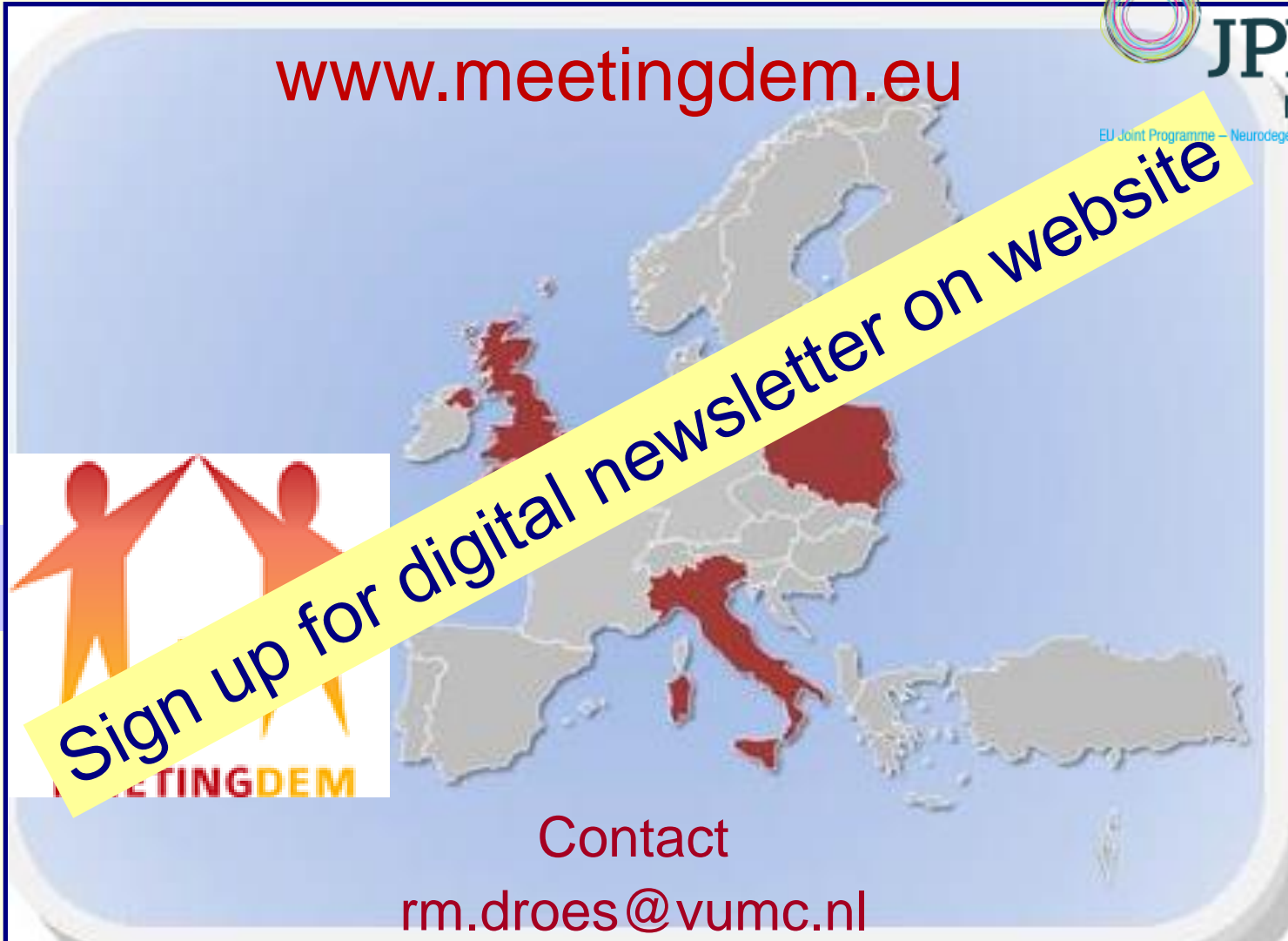


**ZonMw**



# Italy - Poland – UK (2014-2017)

1.



[www.meetingdem.eu](http://www.meetingdem.eu)

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EU Joint Programme – Neurodegenerative Disease Research

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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

STEP 2: Discuss potential facilitators, barriers and solutions

STEP 3: Working groups in action

- target group
- elaboration of support programme
- location requirements and selection
- personnel
- financing
- collaboration protocol
- public relations



STEP 4: Finalize implementation plans July/August 2015

STEP 5: Signing collaboration protocol

**Opening  
Meeting center**



# First meeting centres in Italy & Poland and UK



Milan



Wroclaw



Droitwich SPA

# Phase 2 - Implementation and Evaluation

## 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

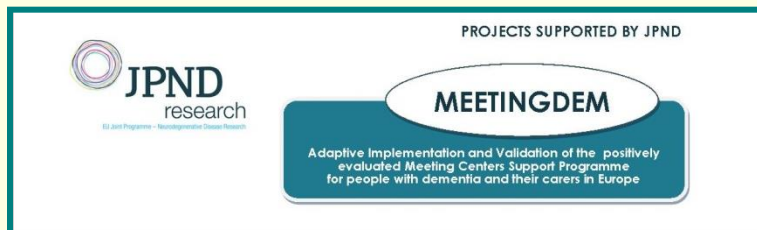
- Evaluation of (cost-)effectiveness
- User evaluation
- Evaluation of the implementation process
- Dissemination plan (country specific and European wide)



# Acknowledgements

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**Correspondence**

[rm.droes@vumc.nl](mailto:rm.droes@vumc.nl)