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Marte Meo: A Crisis Management Concept For Dementia


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To Communicate In A De-Escalating Way And Intervene In Crisis Situations

To continuously forget the present poses a challenge for the people suffering from dementia as well as the people caring for them. Dealing with refusal to cooperate, disorientation, running away and aggressive behaviour requires a lot of strength and patience from everyone involved. Marte Meo, a communication method, helps to »read the message behind the problematic behaviour« in order to be able to communicate in a de-escalating way and intervene in crisis situations.

1. Case study

Mr Wyler (name changed) suffers from advanced dementia: often, he walks restlessly up and down in the ward, enters the rooms of other patients. Every now and then – as right now – he manages to leave the ward unnoticed, despite locked doors and a coded escalator, and to run away quite speedily.

This is a critical situation for the patient, the team of nurses involved and for the relatives. To escort Mr Wyler back to the ward becomes an increasingly more challenging task: he reacts angrily, lashes about and can only be calmed down by the nursing staff with an effort.

These more frequently recurring and precarious situations with him running away, his motor unrest and disorientation, refusal to cooperate and aggressive behaviour put a strain on the nursing staff. It also unsettles the relatives to not know when bad news is to be expected. Therefore, visiting Mr Wyler becomes a burden for them as well.

In the example described, the endangerment of himself and others increases: one can speak of a crisis of the individual and his social system. Crisis intervention is a »stepping in« from outside, if a situation becomes more acute and dangerous for an individual or a social system. This intervention is supposed to stop a critical development of a possible catastrophe and help to cope with the crisis situation (e.g. see *Wikipedia*: de.wikipedia.org/wiki/Krisenintervention; accessed 14.05.14).

2. Marte Meo as a crisis management concept for dementia

The Marte Meo method (Nova 5/12, 7/12) can be used according to the definition above as a means of crisis prevention and crisis intervention in various ways:

2.1. As a solution-orientated instrument for assessment and evaluation

Mr Wyler is being filmed brushing his teeth with the help of a nurse (only situations of daily life are filmed, not critical situations). In small steps, the recorded sequence is analysed with the nurse (and the team) (video interaction analysis, p. 22, Nova, 5/12). The aim of this process is to read the message behind the problematic behaviour (*Aarts*, 2011):

- What kind of abilities does he still possess, which ones has he lost already? Does he still know the activity of »brushing teeth«?
- How does he react to the pace and quantity of information?
- Which micro-communication building blocks – Marte Meo elements (MME) – calm him down?
- What does he need in the most miniscule moments of interaction in order to feel competent and confident?

▶ The focus is directed on the smallest detail of the interaction. By using the »Marte Meo 3W-counselling system« (*Aarts* 2011, p. 126), the nurses get information on how interventions, which they are already implementing *intuitively*, have a supportive effect. Watching the film, they are shown the following helpful MME:

WHEN they are doing something,
WHAT they are doing more specifically, and
WHY this is helpful for the person concerned.

These insights help to communicate in a de-escalating way in a crisis situation, as excessive demands can quickly provoke conflicts for demented people (www.alz.ch).

2.2. Crisis prevention

If, in the case of Mr Wyler, it becomes visible that he then reacts angrily and in a confused way during the act of brushing his teeth, if the nurse does not allow him enough time to do it, it is necessary to be careful that one waits longer (MME) in communication, in order to be able to observe (*following*, MME) what he can do on his own and where exactly he requires help. Applying these measures in situations of daily care often result in critical situations and problematic behaviour occurring less often (*Aarts*, 2011).

2.3. Crisis intervention

How can one, for example, make Mr Wyler return to the ward?

The following *Marte Meo guiding elements* (*Kasten*, Nova 5/12) have a de-escalating effect:

Following and naming ▶ to immerse oneself in his world and to build on that »you like to go for walks« instead of »now you have run away again!«

Waiting and following ▶ How did he receive these words?

Naming oneself ▶ »I want to go back, I'm tired… «, instead of: »No, you have to go back now!«

Naming the next step/stating how one wants things to be ▶ offering him orientation and security: »You can now take the path on the right side… «, instead of asking questions like: »Don't you want to come back with me now?«

Often, questions are asked out of politeness, even though this overburdens the inpatient and he does not actually have a choice in that moment. Questioning tones unsettle/confuse him only more. Dementia patients strongly react to attention and emotions, therefore it is important to pay heed to *pace* and *tone* of the voice in critical situations. Statements uttered in a hectic rush only aggravate the acute situation of crisis. In contrast, friendly tones and clear, simple statements have a de-escalating effect.
These micro-communication elements help to reduce

aggressive and/or confused behaviour, to calm oneself and the other person down and to communicate concentrated on the very moment, which is what a dementia patient does need especially (*Schäuble* and *Scholz*, 2013).

If the speech of the dementia patient appears to be slurred and confusing, it is useful to *repeat* the *last word* of an incomprehensible sentence: this gives him a feeling of being understood and brings in a sense of slowing-down and reassurance.

For the nursing staff, this also creates confidence, knowing how they can communicate with Mr Wyler in an acute crisis and with what kind of MMEs they can support their interventions. Their feeling of confidence is transferred via mirror neurons (neurobiological theories) onto the dementia patient and thus contributes to his reassurance (*Bauer*, 2006).

2.4. Crisis prevention and -intervention with picture-based counselling

In critical situations, the direct social environment of a demented person (relatives, home care, voluntary helpers, nursing staff, nurses in training) is mostly worried, helpless and overburdened. These negative feelings transfer themselves onto the patient among others via mirror neurons: this intensifies the challenging behaviour of the demented person and the crisis in the system. At this point, the picture-based counselling according to Marte Meo (*Hawellek*, 2012) is extremely helpful. When film sequences show, which intuitively supportive actions of a relative or a learning member of staff have a calming effect on the dementia patient, they experience themselves as confident and capable of acting.
The person can now apply these MMEs *consciously*. Positive feelings are transferred (via mirror neurons) onto the dementia patient, which can also calm him down. Moreover, the pictures help to classify problematic behaviour and to get to know the particular patient anew (*Aarts*, 2011, and section 2.1).
All parties involved have a shared language. Successful communication is especially effective when working with people who are suffering from dementia (*Schäuble* and *Scholz*, 2013) and facilitates teamwork among the nursing staff and in the interdisciplinary support network: this is essential for a successful crisis intervention.

People suffering from dementia have good and bad days. Therefore, it is essential to be able to notice time and again by means of *waiting* and *following* what exactly the person concerned needs and which MMEs have a supportive effect in that specific moment; see sections 2.1, 2.2, 2.3 and 2.4. These skills can be trained using the films.

3. Critical reflection

In order to offer a tailored specialist counselling for crisis situations, film recordings inclusive the assent of the parties involved (his relatives or legal guardians) are required. A detailed analysis of the interaction then takes place and the steps needed are deducted from this analysis. Without film recordings one can at the most apply a few helpful MMEs in an acute crisis with the dementia patient, as it is described in sections 2.2 and 2.3. For sections 2.1 and 2.4, film recordings are imperative. This implies additional work and expense at the beginning. If no reflection by means of the film has taken place before a new situation of crisis, one cannot simultaneously take actions in the acute crisis and reflect using the film.

The strength of the method lies in the analysis of daily situations on film and in pointing out successful interactions as well as a solution- and resources-orientated way of conveying this. The individual learning process becomes concretely visible and strengthens the self-efficacy of the nursing staff. Marte Meo cannot be learned in self-study: picture-based training is necessary in order to be able to apply MMEs consciously and making sure that they are suitable for the respective situation.

For crisis management other interventions are necessary (crisis talk, safeguarding measures, possibly prescriptive drugs and more besides). Marte Meo as the only crisis management concept is insufficient. However, MMEs can reinforce the impact of other interventions and measures taken as well as the communication within the support network (*Aarts*, 2011).

Although it is widely recognized how important successful communication is when dealing with people suffering from dementia (*Schäuble* and *Scholz*, 2013), the Marte Meo method has not yet been described as a crisis management concept for

dementia. *Maria Aarts* only points out that the message behind the problematic behaviour can be read by means of film sequences, which may pre-emptively have a diminishing effect for respective crises (*Aarts*, 2011 and section 2.2).
The statements concerning the efficacy in this article are based on many different interactions with dementia patients that are documented on film.

4. Research

Studies from various countries are available and evidence-based studies are in process that can/ought to prove the effects of Marte Meo (information via *Maria Aarts*, www.martemeo.com).

5. Positive experiences

It is always astounding how much of a difference the seemingly small and simple MME can make as interventions. As the activation therapist from Mr Wyler states, he now usually reacts in a much calmer way, she herself as well as the other nursing staff on the ward feel more confident and capable of acting, also in critical moments. She knows how she can overcome difficult situations during a walk by using naming. Furthermore, these situations of running away have hardly happened anymore.

A multiplier effect and the desired systemic effects can be observed. Mr Wyler's son, for example, realises positive changes: his father would be much less alone now. He would also approach other patients and members of the caring staff on his own accord. He would often tell similar stories, still hardly recognize people, but would make a much more content impression in the contact and would seem much more settled. This would also facilitate his own visits to his father. Now, he would not come back home feeling depressed, but at ease, which in turn would make his wife happy.

The *Marte Meo Methode* has been developed by *Maria Aarts* in the 70s.
Marte Meo is Latin and translates roughly as »*on one's own strength*«. Film sequences from the daily routine of care are analysed. Successful interactions, resources of the nursing staff as well as relatives, still existing abilities and the needs of the people cared for are identified. The pictures allow to view challenges of daily care in the contact with old and demented people in a new light and to face these with more confidence. This in turn has a strengthening and encouraging effect for all parties involved.

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