



EHPAD(Etablissement Hébergement Personnes Agées Dépendantes) - C.

Notre Dame des Mines
30410 MOLIERES SUR CEZE

English Translation

Mr. Jean MENARD
Director of the retirement home

Molières sur Cèze,
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Ms. Chantal DESMOULINS
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Subject CATHARSIS Method

Attachments:

- 1) report and evaluation of the CATHARSIS method,
- 2) Extract of the renewal of the convention.

Ms. DESMOULINS,

Please find attached a report enumerating the advantages and benefits of the Catharsis Method at EHPAD, as used with residents presenting symptoms of Alzheimer's or other significant personality disorders.

We are very pleased with this method that brings calm and the possibility of expression to people suffering from the loss of both.

Sending you my sincerest and warmest greetings,

The Director,
Jean MENARD.

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Jean MENARD.



I - I have been the director of the Notre Dame des Mines retirement home for 24 years. During those years, I have realized the growing importance that the care of aged persons presenting progressive psychological degradation makes.

National statistics regularly warn us about the lack of treatment space for individuals suffering from Alzheimer's or other dementia of a similar order.

When I finished my degree (Social Institution Manager Certificate) in 1992 at the National School for Public Health at Rennes, I wrote my thesis on the following topic: "Retirement home personnel confronted with the psychological dependence of the elderly: in need of an institutional solution".

In 1998, we, together with the educational institution, Aire Conseil of Montpellier, created a Mission Statement for the facility. The emphasis was on the quality of care, especially that of the most dependant individuals.

In 2001, a 'cantou'- type (1) ward was created in order to care for individuals suffering from Alzheimer's, and similar wandering patients. The personnel were trained in the care of these people whose verbal communication is either non-existent or incoherent. A 3-year training will finish in November, culminating in the implementation of our principal objectives, as aligned with our Mission Statement.

In January 2004, the facility signed the tripartite convention between the State, the Regional Council, and the Communal Center for Social Action (CCAS), which makes up the Administrative Council of the Facility. This agreement will enable us to hire many more qualified personnel.

II - I was introduced to the Catharsis Method at a meeting of the Association of Retirement Home Directors (FNADEPA GARD).

I was immediately taken with this innovative method that has a special application for disoriented and incoherent people, Alzheimer's patients or otherwise.

It seemed to be a very interesting medium to support the expression of buried experiences, and seemed capable of spurring movement in a new direction.

So, for me, it was a glimmer of hope to think of bringing these people out of their isolation and to do so using a gentle musical treatment, allowing them to express what they hadn't been able to previously.

III - Of course, I had to convince the team who would be responsible for implementing this approach: the supervising doctor, the supervising nurse, and the psychologist. The Catharsis DVD was a good support in the presentation and the team immediately pronounced themselves ready to use the method.

Ms. Chantal Desmoulins came to train this team, reinforced by two psychiatric aides, for four days in March 2008.

In April 2008, the workshops were ready to start with about 10 residents split up into 2 groups. The families were informed.

a) The goals of these workshops are:

- o A more comprehensive and personalized approach to the resident, prioritizing a more reassuring interpersonal relationship.
- o To work on issues of separation, processing grief, progression of illness.
- o To avoid, if possible, isolation and introversion.

The presence of the psychologist is necessary, because this is absolutely a therapy.

(1) Translator's note: a 'cantou' facility is a small ward that cares for elderly individuals presenting the symptoms of dementia and/or Alzheimer's. The cantou makes it possible to confront the specific issues of dementia in a comprehensive manner.

b) After six months of using this therapy, it is possible to give a preliminary report.

The group moderators observe:

- o An enrichment of relationships with the residents and an improvement in communication,
- o An ease in the processing of grief in terms of the different losses with which an elderly person is faced: home, previous life, relationships with family...,
- o A help and opportunity to think about the care and treatment and follow-up,
- o A very interesting and enhancing work with a therapeutic tool that can be used with individuals who are difficult to stimulate,
- o An real interdisciplinary effect,
- o A different and complementary aid to traditional medical treatments.

c) What does this technique bring to the residents?

There were very few absences and always the desire to come to the following session, which is an indication of enjoyment of being together, despite the tears and the reemergence of memories that are not always agreeable.

They could always pick out the leaders of the workshops and sometimes knew, as soon as we had arrived, if we were going to listen to the music or draw.

In each group, a kind of bond, built from respect and trust, grew between the residents; we were surprised to see them supporting each other and giving each other advice.

Today, they all actively participate, even those who, at the beginning, didn't say or do anything.

They can easily locate the space where the workshop is held.

They are now able to offer moving accounts about their experience with Alzheimer's.

d) What does the Catharsis technique bring to the personnel?

o A new understanding of Alzheimer's as some residents tell of their troubles with the progression of the illness. This brings reflection and consciousness of the individual's experience that changes how they are perceived. Because of this change, different attitudes regarding daily life take over.

o A better knowledge of the residents: partnership and a bond of trust are created.

o A different kind of contact is established with the residents, other than the one based on medical care. The personnel are thus able to engage in more available listening and a more humane relationship.

o A way to give a renewed sense of worth to the resident's speech. It is another way to help that is just as important as the medical care that is also provided.

o Finally, it is a work of re-evaluation: a teamwork develops that allows each individual to bring his contribution and his richness to the group that has formed around this tool.

The team that leads these workshops will share their observations with the rest of the personnel.

Note: the observations are generalized since what is expressed in the meetings is held in strict confidentiality.

IV - After six months of implementation, Chantal Desmoulins came for a day (Tuesday, October 21st) to observe. With her, we were able to put together an assessment of these six months and, at first, were able to decipher, with her precious help, the drawings that each resident had made under musical induction. The drawings had been hung together in chronological order and were presented by the patient's assigned attendant. Ms. Desmoulins helped us to understand the progression of the drawings and we learned a lot thanks to her clear and precise interpretations. She has 25 years of experience and that experience can be felt in the certainty of her observations. With her, we were able to determine which residents were ready to move into phase 2, the so-called "deepening" phase. Without her we would not have been able to make that progress. Through the translation of the progression of the drawings, we were able to find the perceived personality of each resident.

After this analysis, the supervising nurse informed us of the observation of the residents in a "music without graphic expression" workshop. Indeed, the mediators of the group held a meeting after every session to note the reactions and behaviors of each participant.

This day of observation reinforced my conviction as to the validity of this method, perfectly adapted to our residents, who present problems with communication and behavior.

That is why we unanimously decided that we would have a supervision session by Ms. Chantal Desmoulins once a year, at the very least.

V - I can thus confirm that we established a very positive collaboration with Chantal Desmoulins. I myself attended the four initial days of training, as well as the observation day.

And it has to be said that the care giving team immediately got involved in this method after having experimented with it on themselves.

Chantal Desmoulins knew how to use her experience as an educator to convince the team of the Catharsis method's validity. The psychologist immediately established a simultaneously professional and trusting relationship with Chantal Desmoulins.

All of us were convinced of the high quality of this treatment based on musical mediation, and that is why we were able to begin a "music and graphic expression" group on May 20th, 2008 and, since June 24th, 2008, a "music without graphic expression" group.

We were able to verify that the music composed by Dr. Alain Amouyal creates a setting particularly favorable for the emotional return of past experiences. The cathartic function of this music brings a dynamic mobilization of emotional experiences that can be the opportunity for important, freeing work.

VI - a) After 6 months, having reached the goals that we set for ourselves, the results have proven themselves quite positive. We are convinced that this technique brings much to the treatment and makes a change in the attitude of the personnel trained in this technique possible.

The dynamic created around this work is in itself also very interesting: in effect, all the personnel at the home contribute to the successful completion of a session, by preparing the residents, reminding them of the time, etc...

We look forward to sharing the observations gathered from the sessions with the entire personnel so that everyone can help to step-up the behavioral changes or post-workshop reactions for the remaining Catharsis sessions.

b) We formalized the Catharsis method in the renewal of our tripartite convention for 2009-2013, and we included it in our "plan of care" as a therapy for Alzheimer's.

We envisage playing the calming music of the CD at bedtime for agitated individuals, but only within the framework of an individualized expression of our principle objectives. Supervision by our psychologist is mandatory for all other residents listening to the CD.

In conclusion:

As director, I can confirm that the implementation of the Catharsis method took place without any problem, thanks to the team's investment and competence. The psychologist and the supervising doctor are the necessary force behind the correct usage and therapeutic interpretation of the workshops.

Once again, for this method is used in other retirement homes, Catharsis has proved itself to be a valuable instrument in the treatment and communication with Alzheimer's patients.

The music becomes a revelator, bringing buried events to the surface: grief, separation, etc., bringing a feeling of release at having been able to express their feelings, through word or drawing, to the residents. From that point, deep therapeutic work can be undertaken with the help of the psychologist and the supervising doctor.

I wish to thank Chantal Desmoulins for having made it possible for us to implement this activity that therefore becomes a true therapeutic act in the facility's mission with the renewal of the tripartite convention.

The Catharsis method is currently an integral part of the methods in use to improve the health of our residents and their daily well-being.

It fits perfectly with our idea of care that we understand in the most enlarged sense of the word, meaning: "taking care" of the aged individual.

I recommend this method to all establishments caring for aged, dependent individuals.