SMILEs improve life in residential care

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How to raise a SMILE: the Sydney Multi-site Intervention of LaughterBosses and Elder Clowns

Dr Peter Spitzer, aka Dr Fruit-loop, explains the work of Elder Clowns and LaughterBosses in dementia care, while Dr Lee-Fay Low shares some of the early findings from the world’s largest study into the effects of humour therapy on people with dementia.

There’s nothing like a good laugh, and they can be hard to find in residential aged care. In New South Wales, the Humour Foundation has introduced two interlinked collaborative programs – Elder Clowns and LaughterBoss training – that have been bringing humour and joy into the lives of people with dementia with a unique collaboration between residential aged care facility (RACP) staff and specially trained Elder Clowns from the Australian Humour Foundation. A study of the two programs – the Sydney Multi-site Intervention of LaughterBosses and Elder Clowns (SMILE) – is the largest study into the effects of humour therapy on people with dementia in the world.

The benefits of laughter for people with dementia

Gelotology is the study of humour and its effect on the human body. The Association for Applied and Therapeutic Humor (AATH), founded in 1988, defines therapeutic humour as “...any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity or incongruity of life’s situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual” (AATH 2001).

On the physiological level, laughter stimulates respiration, relaxes arteries and improves blood flow as well as oxygen saturation of peripheral blood. Positive effects of laughter on hypertension and diabetes – common co-morbid conditions accompanying dementia – have been noted. Laughter has been researched in the field of psychoneuroimmunology, with studies showing a drop in serum cortisol ('stress hormone') levels and the enhancement of immune system function.

People with dementia often experience degrees of chronic pain, which may be undiagnosed and untreated, and laughter is beneficial as a non-pharmacological tool to help manage pain. Gelotological interventions have shown positive effects on performance, mood, optimism, anxiety and depression.

Older persons who have a better sense of humour and use humour as a coping mechanism are more likely to live longer (Svebak et al 2006), age well (Solomon 1996), and be more satisfied with their physical health and life in general (Celso et al 2003). The ability to experience the positive benefits of humour does not diminish over the course of dementia. People with dementia may lose the ability to communicate clearly through use of smiling and laughter at a relatively early stage of the condition, but despite the lack of physical cues, they demonstrate the associated health and mental health benefits of laughter and humour from onset through to late-stage dementia (Tadeka et al 2010).

The same study, based in Japan, goes on to note that: “Dementia patients are usually under considerable strain, at least at the beginning of their illness. Patients’ families are placed under even more stress because of the burden of care. A positive emotion, together with laughter, may enable dementia patients to cope with their Illness better, improve immune function, increase pain tolerance, and decrease the stress response. When a positive attitude is shared by patients and staff, it can have a positive effect on the emotional-affective and cognitive functioning of the patients” (Tadeka et al 2010, p5).
The art of clowning
Clowning has a long history as a performing art form that invites play, interaction and laughter. The internationally renowned ‘Father of Clown Doctors’ is Patch Adams, a doctor based in New York City. As a young doctor in the 70s, Patch Adams began clowning for hospital patients. Big Apple Circus established the Clown Care Unit in New York City in 1987, and was the first structured hospital clown program with frequent and regular visits to host hospitals. There are now many hospital clowning programs around the world where hospital clowns work in partnership with other health care providers. Professionalism of the hospital clowns and the programs they deliver are high priorities, with regular training, program and scheduled quality assurance reviews. Clowning in hospital addresses the psychosocial needs of patients as well brightening the atmosphere of the facility as a whole.

It was a very natural progression for this art form to spread from paediatric hospitals into other areas, partnering with healthcare professionals working in adult medicine, rehabilitation and palliative care. Regular programs have been delivered to aged care facilities by overseas clown doctor units for the past 10 years. These include the Big Apple Circus Clown Care Unit Vaudeville Caravan in the USA; the Hearts & Minds Elderflowers in Scotland; and Fools for Health Familial Clowns, who operate in Canada.

Programs for older people with dementia differ from clown doctor programs used with cognitively intact patients. Although these programs operate independently, a number of common themes have emerged and these include: avoiding the hospital/doctor persona of the performer as used in hospitals; avoiding stethoscopes and medical stichics; more detailed briefing by staff; sensitive tailored interactions based on individual needs; flexibility in delivering multiple art forms; and the toning down of costumes and characters. However, all performers continue wearing the traditional red nose.

A healthcare–arts partnership
The Humour Foundation has been delivering humour therapy to paediatric hospitals, general hospitals and palliative care facilities since 1997. Visits to residential aged care facilities (RACF) were initially irregular, and as a result impact and connection with everyone in the facility was limited. The comment ‘Why don’t you come more often?’ signalled an inadequately met need.

In my capacity as co-founder of the Humour Foundation, I developed a new program model in

Introducing more humour into daily aged care
It will make a big difference if the culture of the facility, including management, is welcoming of humour, play and creativity. This can also make a difference to staff, improving staff satisfaction, decreasing stress, and reducing turnover.

Any humour intervention will involve some risk. You are a performance or a joke can sometimes ‘fall flat’. This risk is lessened through training, experience, trust and good communication with the resident. So, take the risk with good heart; handling humour slowly and sensitively. Being alert for signs that today is not the day for joking. Here are some ideas for bringing laughter to any facility:

- Put up a humour notice board. This doesn’t take a lot of management and becomes a constantly changing façade. Only funny (constructive) material can be posted.
- Transform a stainless steel trolley into a humour cart. Use creativity to dress it up – a mobile giraffe, perhaps? Leave room for props that can be available for play. Over the course of a busy day, brief humour and play interventions are the way to go.
- Similarly a wicker play basket sitting in the corner can be loaded with great period hats, scarves and other objects, which can be picked up by residents or carers on the way from A to B.
- Take photographs. Many residents have photos of the past. How about a photo in the present?
About the SMILE Study

The Sydney Multisite Intervention of LaughterBosses and Elder Clowns (SMILE) study is the biggest study of humour therapy anywhere in the world to date. Researchers wanted to find out whether the anecdotal reports of the benefits of humour therapy for older aged care residents could be substantiated with hard evidence. The aim of the study was to examine the effects of humour therapy on resident mood, social engagement, quality of life, agitation and behavioural disturbance.

406 residents from 36 residential aged care facilities were involved in the study. Researchers blind to whether residents were in the usual care control group or humour therapy intervention group collected data using well-established assessment tools such as the Cornell Scale for Depression in Dementia (CSDD). Dementia-related quality of life was measured with the DEMOOL resident and proxy versions, the social engagement subscale of the Multidimensional Observation Scale for Elderly Subjects (MOSES), the Cohen-Mansfield Agitation Inventory (MAI), and the Neuropsychiatric Inventory Nursing Home version (NPI).

Demographic, clinical and observational information were also collected at baseline (that is, before the intervention), after the 12-week intervention, and again at 26 weeks. Residential aged care facilities were randomly allocated to either humour therapy or control groups. The humour therapy intervention comprised one-day training on how to incorporate humour into daily care for a staff member nominated by the facility to act as their LaughterBoss. Elder Clowns (performed experienced in using humour in health care settings) visited once per week for 12 weeks, engaging in two-hour humour therapy sessions to engage residents through music, conversation, props and other techniques. LaughterBosses partnered with Elder Clowns during these visits, providing information which allowed for tailoring of interactions about resident history, personality and function. LaughterBosses were encouraged to continue use humour techniques between Elder Clown visits and after these sessions had ceased.

The first papers from the SMILE study have been submitted for publication. Observational data and staff reports show that residents enjoyed the humour therapy sessions and were happy and engaged during the sessions. The results also suggest that humour therapy decreased agitation compared with controls. LaughterBosses also reported benefits of participating in the program, including increased staff morale, more laughing and better communication at work between staff, and better knowledge of residents. Researchers were also told anecdotal stories of individual resident responses to the program, such as residents beginning to talk again, or residents whose depression lifted significantly during the program. Researchers are using the results to improve our knowledge of how to administer humour therapy and how to judge its effects on people with dementia.

Dr Lee-Fay Low

References


which staff members attend training in humour intervention skills with a visiting professional ClownDoctor. This became known as the LaughterBoss model and was introduced at The First National Conference on Depression in Aged Care: Challenging depression in aged care” hosted by HammondCare at the University of NSW, Sydney, Australia in June 2003.

The LaughterBoss is a modern day court jester. The main role of the LaughterBoss is to bring play, humour and laughter into the residential facility. The LaughterBoss aims to reduce staff stress and improve morale as well as assist staff to enhance quality of life for people with dementia, reduce depression and meet the psychosocial needs of the residents. This is done through assisting communication, increasing emotional support, giving residents cognitive control, providing positive diversion and generally improving the mood around the nursing home. While the main focus of the LaughterBoss is on the residents, staff, visitors and the general community have often reported a positive impact.

The ideal candidates for LaughterBoss training are RACC staff members who have an intimate knowledge of the people (residents, staff and families) and a thorough understanding of the environment and culture of the facility. The LaughterBoss is not a specific member of staff – they can be a registered nurse, an assistant in nursing, a diversional therapist, an activities co-ordinator or a member of the care staff. LaughterBosses completing training receive a certificate stating that they are now ‘certifiable’.

Training does not make the LaughterBoss a professional performer. They keep their ‘day job’ as well as emerging as a new identity in the facility, which not only reduces costs, but which also addresses and enhances recommended multidisciplinary interventions. They should be easily recognisable and be available to do their work as the need arises. They also lead the way in introducing humorous themes, special days and events. Importantly, to do their job well, the facility LaughterBoss requires the support, acknowledgement and blessing from management. Complementary to the LaughterBoss role is the position of Elder Clown. Working in partnership with LaughterBosses, Elder Clowns are skilled professional performers auditioned, trained and experienced with clowning in care settings where people have different levels of physical, emotional and cognitive abilities and needs. The Elder Clown and LaughterBoss play off each other non-threateningly while building rapport and trust with residents within and across visits. Humour intervention techniques include story-telling, mime, song, magic and slapstick. The Elder Clown is an improviser who uses the LaughterBoss to help gather information regarding the residents’ abilities, previous history and interests. They then use their own experience and intuition to create tailored interactions, or ‘plays’ that better connect with the resident.

For people with dementia these plays may allow them to act out old scripts from their past. The Elder Clown and LaughterBoss keep notes after each visit to facilitate the continued development of these interactions over time. These notes can be used in nursing and medical reviews, and may also be of benefit in case management reviews. The LaughterBoss and Elder Clown are unique and new healthcare–arts partners.

This model of partnership is unique to Australia.
In overseas models, clowning performers work in pairs, but they don’t have the kind of working partnership with health staff that exists between the LaughterBoss and Elder Clown. The LaughterBoss receives weekly input from visiting Elder Clown as they work together. During the rest of the week the LaughterBoss works alone, implementing their own new humour therapy interventions and/or building on interventions initiated by their Elder Clown partner. This means that for an RACF, there is not only the occasional visitation by a pair of performers, but rather, that humour-based therapy is integrated into the RACF and the lives of the residents.

For optimum results, and to maintain humour, fun, creativity and some mischief around the nursing home, the Elder Clown visits should take place once a week for three months, and then fortnightly. This model helps to make the program more financially viable for aged care facilities.

**The partnership in action**

On arrival at the RACF, the Elder Clown meets with the LaughterBoss before they start their rounds together. This time is used to discuss the profile and get an update of the resident with dementia they will be visiting. Entries about humour therapy interventions made in the resident’s notes will also be reviewed. Choice of plays, music, costuming and other factors will be discussed. The Elder Clown is generally the principal performer in the session, with the LaughterBoss assisting and joining in the interaction as appropriate. There are opportunities for the LaughterBoss to take the lead role. De-briefing, including note taking, takes place at the end of the session. Concepts for taking the humour therapy forward for the next week are proposed.

The practice is co-operative and reflective.

Pausing the Elder Clown with the LaughterBoss has multiple benefits:

- for the LaughterBoss, this will reinforce and augment their humour training, and give them ideas to try when the Elder Clown is not present
- for the Elder Clown, they will be working with a staff member who knows the residents well and whom the residents trust, facilitating building of a relationship with the Elder Clown
- for the resident, it means that the Elder Clown interventions are sustained by the LaughterBoss.

**Conclusion**

From the point of view of the Elder Clowns the benefits of laughter and humour on people with dementia are clear. Caring for people with dementia is stressful and demanding, and as aged care in Australia continues to move towards person-centered care, there is an increasing appreciation of the role of humour in improving the lives of people with dementia. SMILE is a three-year NH&MRC funded study, and is a world first randomised control trial looking into the effects of humour, laughter and play on people with dementia in RACFs. The results of the research are being brought to the attention of practitioners across Australia in a series of knowledge transfer workshops being presented by the Dementia Training Study Centres and the UNSW Dementia Collaborative Research Centre. Together, professional performers, partnering and working together with health care staff, will make a palpable difference to the difficult journey for residents, families and staff – the ‘Art of Medicine’ at work.

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Above: Professor Richard Fleming (holding rubber chicken). Right: Care Manager Mark