Feedback process for online therapeutic activities

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Many therapists turned to Zoom and other platforms so that they could continue providing support when Covid-19 ruled out face-to-face work. **Zara Quail** and **Hilary Doxford** report on their feedback process to ensure an online therapeutic activity video project hit the mark

Covid-19 profoundly changed the way we live and work. For people with dementia, social isolation and "cocooning" resulted in the discontinuation of many non-urgent in-person health and social care services and a significant reduction in social interaction (Wang *et al* 2020). Among these services were the face-to-face non-pharmacological intervention programmes provided by Care Visions Healthy Ageing in the UK and China.

When the programmes could no longer be delivered in-person due to the pandemic, Care Visions immediately recognised that people with dementia facing isolation would need continued support. So remote methods were rapidly developed for providing therapeutic activity sessions via pre-recorded and live video.

Fundamental to the success of any remote method of programme delivery is an effective feedback mechanism to facilitate development of a good and safe service. Here, we discuss a video feedback process as part of developing online therapeutic activity videos for people living with dementia, in order to ensure their engagement during periods of social isolation.

Care Visions dementia therapists provide multimodal one-to-one and group therapeutic programmes which offer a range of evidence-based, non-pharmacological interventions applied to individual needs. Non-pharmacological interventions include cognitive stimulation, reminiscence therapy, music therapy, art therapy, physical activity, aromatherapy, meditation and massage.

Hilary Doxford and Zara Quail discuss feedback on the therapeutic activity videos

For those who had attended community-based sessions, new online and digital technologies were quickly adopted so that much-needed support could still be offered. Within two weeks of the first national lockdown in March 2020, the project team started planning, scripting and filming activity videos featuring the dementia therapists.

Therapists had to set up mini film studios in their own living rooms during the pandemic restrictions. They overcame the technical challenges of capturing good quality video and sound by using "green screens". A green screen, a large piece of green cloth hung behind the presenter, allows for better quality images to be added to a video post-production but comes with more complex technical requirements to capture good-quality videos. Crucially, therapists also had to make the leap from the very different world of in-person therapeutic rapport to on-screen presentation skills that would help engender one-way connection with viewers on a YouTube video.

A video editor and a professional actress joined the project team to help drive up presentational quality. But, to ensure that the videos were engaging and maintained therapeutic purpose, it was essential to obtain meaningful feedback from participants early in the production process. What were their views on picture and sound quality, topics covered and activity types? What did they think about the quality and pace of content and to what extent did it promote engagement and participation?

We will discuss the challenges we encountered along the way and the issues of collaboration, planning and communication. We will also look at the feedback results and our next steps.

Challenges

We found no published guidance on the production of video-based therapeutic content for people living with dementia. Nor was it clear to the project team whether one-way delivery via pre-recorded video would be beneficial compared to face-to-face delivery. Therapists had previously assessed participants' mood at the end of face-to-face sessions to ensure activities were stimulating and uplifting, but this was no longer possible in

Laura Bolton, music and dementia therapist, presents a card activity aimed at numeric cognitive stimulation

person. Instead, it had been hoped that an online feedback questionnaire completed by viewers would be a helpful way to gather initial feedback, but uptake of the questionnaire was minimal.

It was also a challenge to know exactly what content would meet the likes and needs of most viewers of on-demand video activities. While considering guidance on types of non-pharmacological interventions for people with dementia, we also recognised that not all the content would meet the needs of people with additional impairments of vision, visual perception and hearing.

Collaboration

Our solution was to seek advice on ways to engage people with dementia in more meaningful methods of feedback and on how best to work effectively with them. Care Visions approached the 3 Nations Dementia Working Group (3NDWG) Steering Committee and were delighted that some members agreed to view selected UK videos and agreed to a feedback interview via video call. Our aim was to find out whether the video material was engaging and relevant, and gauge what types of content viewers liked best, in keeping with Alzheimer's Society co-production guidelines (2020).

The 3NDWG is a group of people affected by, or with an interest in dementia. It is run by a steering group of 12 members who all have a diagnosis of dementia. They aim to improve the lives of people with dementia and informal carers who support them. They also assist professionals and policymakers in the research and care fields.

Co-author Hilary Doxford, the founding member of the 3NDWG who faciliated the project, noted:

Even during the Covid-19 pandemic, those with a dementia diagnosis who are still able, do want to continue contributing. Those living with dementia have concerns about their abilities declining during periods of self-isolation and any brain-stimulating activity has potential benefits. It was felt that participation in such a feedback project was a perfect opportunity for people with a dementia diagnosis to add value and "stretch their brain" with an outcome that had the potential to benefit many.

Planning

In planning the feedback project process, we had to consider factors including access to technology, enabling participation for people with different dementia diagnoses and stages, appropriate scheduling and facilitating recall of the videos. Technology access and familiarity can be a barrier to engaging in any online programmes, especially for older people.

In fact, we found that viewers of the videos had adequate support from carers and family to access the necessary technology. Suitable internet connections were essential where video streaming the interviews was concerned, but a simple phone call was a good second option when poor internet connections were an issue.

There was a concern during feedback interview planning that the interviewer would have little to no detail on each participant's particular capabilities and preferences. This could result in some unanticipated difficulties in guiding the interviews, yet it seemed too intrusive to request this information upfront before establishing a rapport with participants.

We found the answer to be allowing the interviewer to meet with the team of participants in a group setting online, provide an overview of the project, and respond to questions before the feedback process started. This approach appeared to help break the ice and developed a meaningful and useful rapport.

Participation was made as easy as possible by scheduling feedback sessions at the right time. It was necessary to hold the interview immediately after viewing the videos to enable the best possible recall of the contents and participants to convey their perceptions effectively.

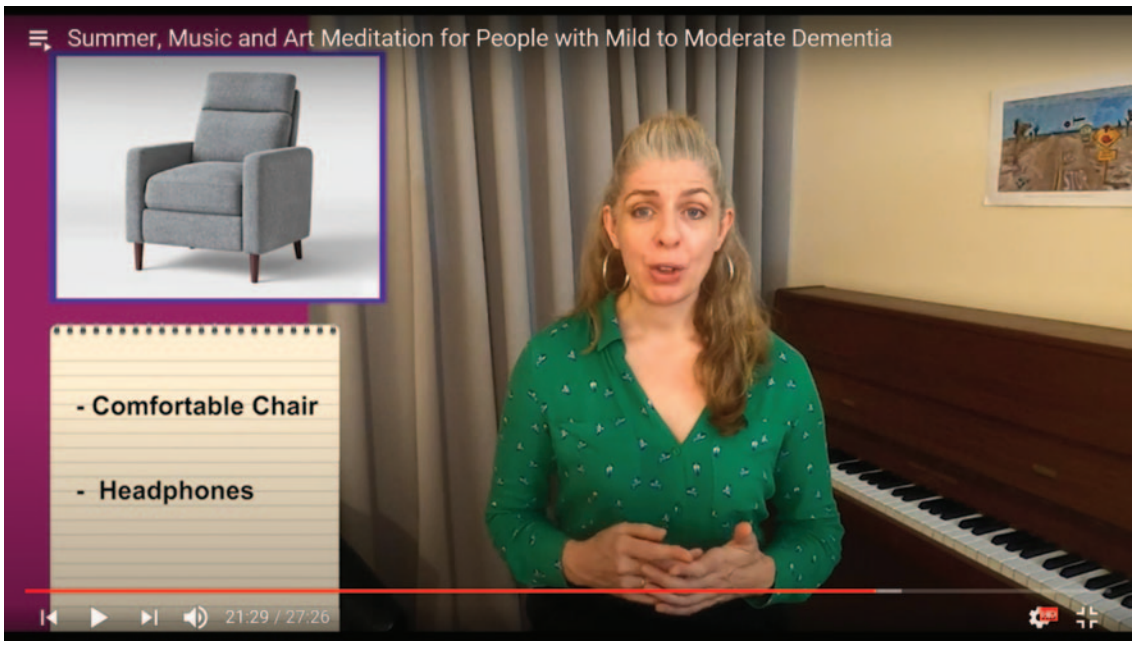
Also essential was giving a clear brief, written with clarity and brevity.

Care Visions provided the details of the

References

Alzheimer's Society (2020) *Co-production for dementia.* London: Alzheimer's Society.

Wang H, Li T, Barbarino P, Gauthier S *et al* (2020) Dementia care during COVID-19. *Lancet* 395(10231) 1190-1.



Laura Bolton introduces a meditation activity

structured interview before the video viewing so that participants could record their thoughts during viewing to refer to during the subsequent interview.

Hilary, in her 3NDWG capacity, gave the following advice:

Many people diagnosed with dementia ask to be enabled not disabled. By that they mean do not do it for them if they are still capable, step in when needed and then give a cue or nudge in the right direction but also recognise when people need more assistance than this. An impossible ask even of someone who knows someone with a dementia diagnosis well. Striking the right balance is so hard.

The structure of the questionnaire was logical and tailored to each video. It made sure to ask the right questions, but it did not ask "leading questions" tendentiously designed to elicit particular responses. If a participant struggled to find a response, they were given appropriate assistance to verbalise what they wanted to say. There was also plenty of opportunity for participants to give feedback over and above the interview questions.

Communication

From start to finish, interpersonal connections between interviewer and participant were key to making participants feel valued and equal partners in the feedback process. Communication was kept informal and friendly while remaining professional at all times. Building a meaningful rapport was crucial.

This rapport put people at their ease and helped remove any self-inflicted pressure to achieve certain results. It was done in a way that ensured participants were not patronised and were helped to focus on the task in hand. The feedback team were conscious of being adaptable to participants' preferred ways of communication.

Hilary summed up the significance of communication in this way:

Being listened to and asked to confirm that their understanding of my message was correct, was reassuring. The understanding of dementia was obvious as was how best to engage with us.

It was advised that it would be useful to agree upfront with participants how best to deal with any possible problems that may arise during the interview process. For example, it might have been necessary to provide reminders to a person with a dementia diagnosis on the next steps or questions asked. The feedback team were reassured that they should not be concerned about reminding people.

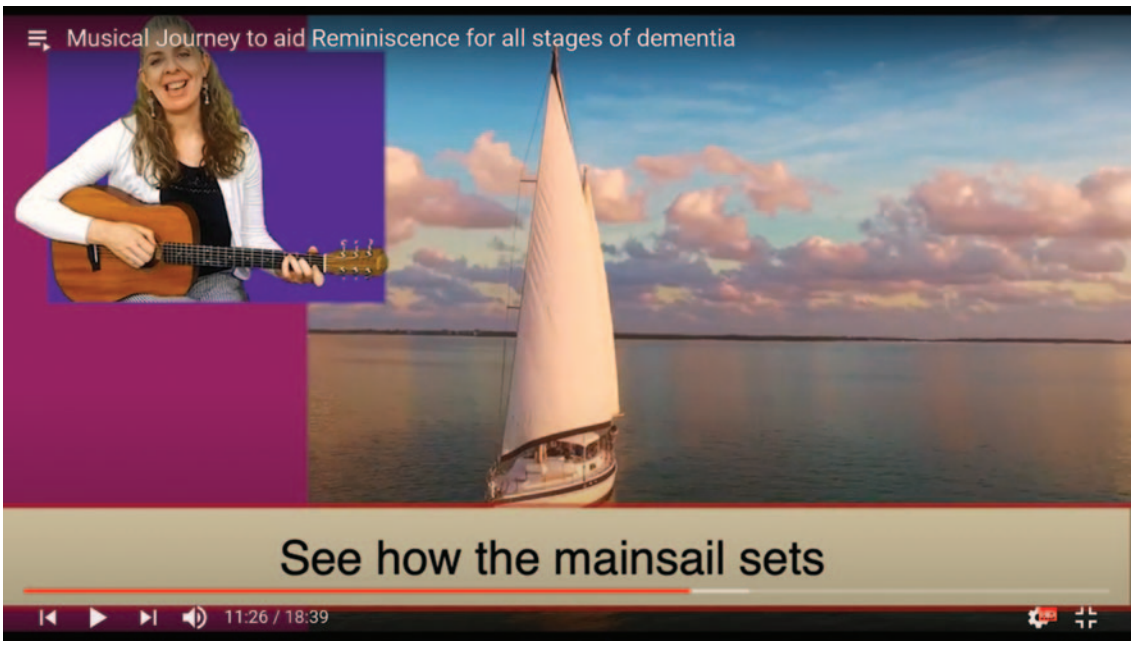
Feedback results

The videos reviewed received positive feedback overall and were identified as being engaging, useful and fun. Active participation and a sense of fulfilment was described on completion of the viewing.

It was apparent, however, that not all the activities offered would appeal to all participants. In discussions there was good recognition by the feedback team of the challenges people experienced with the different types of dementia, the stages of dementia and individual's preferences and abilities.

Advice was offered on expanding the video library to cover topics that are relevant to people with rarer types of dementia and include more culturally diverse content. The feedback team were also mindful of just how unrepresentative feedback from only a few people in the earlier stages of dementia can be and they plan in future projects to be more inclusive in obtaining feedback.

Feedback also highlighted key features such as scripting, visual and sound production, and consideration of the widely varied capabilities of viewers. Initially, more images were added on screen to attract and provide more visual stimulation to the viewer, but there was also a clear need to establish a balance between too many



Laura Bolton presents a music and reminiscence activity

images cluttering the screen versus fewer images with sufficient viewing duration. Images were subsequently only selected if they fulfilled a specific purpose to enhance understanding and engagement in the activity.

Early on, most of the instructions were verbal, although it soon became obvious that instruction and messaging should be reinforced using both verbal and visual methods to cater to varying visual and communication abilities. Key words were added on screen and closed captions were considered for those with hearing impairments.

After a while more care was taken with the repetition of instructions on how to use the videos. The same approach was also adopted with scripts accompanying activities within the videos, the purpose being to stimulate the best possible levels of engagement among viewers who had difficulties with attention and memory. It was vital to strike the right balance on tone, speed, language use and repetition so that no one felt talked down to. In feedback, we heard that the therapist presenting the initial videos did find this balance of clarity and respect while remaining engaging.

Participants also gave advice on sound volume and quality and how the viewer's experience could be improved. This could be a matter of suggesting beforehand that viewers use speakers or headphones if needed or check that any hearing aids were working and switched on.

Instructions on adjusting sound levels and pausing videos were also scripted to help overcome potential technological barriers.

Another objective of the feedback process was to find out the level of active participation by viewers. Did the presentation foster engagement in the online session? Was there a positive impact on the person's mood by the end of each activity? In general, the answer to both questions was yes, but there was an issue about length. At first, video sessions offered two or three activities over 20 - 30 minutes, but we came to see that 30 minutes was too long for some viewers so we split up some of the three-activity videos into shorter single activity videos.

Next steps

While our therapeutic activity videos may be a one-way method of communication, acquiring formal feedback from people with dementia and their carers will continue to inform our video development and methods of remote programme delivery. Moving to digital delivery during Covid-19 highlighted the need for careful co-production, especially as new technological options come on stream along with the requirement to learn about them.

Feedback is key to ensuring that therapists are delivering relevant and stimulating content to viewers that is engaging and achieves positive outcomes, including for mood and wellbeing. For the production team, it has allowed better visual presentation of videos, better sound, and improvement of technical instructions and activity preparation advice.

On the basis of the feedback, our production plans now include a wider range of content for people who may wish to focus on skills maintenance or who may wish videos to be adapted for visual or hearing impairments. This expanded range has already entered a second round of evaluation from people with dementia and their carers.

Our UK activity videos are freely available on the Care Visions Healthy Ageing YouTube channel, which won the Outstanding Dementia Care Resource Award at the 11th National Dementia Care Awards last November. In overcoming the challenges of collaboration, planning and communication, we have learned much in a way that has considerably enhanced our therapeutic activities range. ■

To access our YouTube channel, go to https://bit.ly/3waJS2I