Remotivation Therapy

Inception To Application for Creative Programming
NCCAP June 2016
She moved to Massachusetts and became a volunteer in a veterans hospital whose patients were returning, traumatized veterans from WW II.

In the early 1940's, Dorothy Hoskins Smith was an English professor in California.
Mrs. Smith wanted to work with the most regressed of what we now call PTSD patients. These men were so traumatized that they were unable to care for themselves, eat or sleep. Many were non-verbal! She was told there was no hope for these men.
Persistency Pays Off!

But Mrs. Smith prevailed and began to go to the units that housed the men that were not talking or communicating in any manner. Some hid under a piano!

She sat down and began to read a poem. “The Santa–Fe Trail” by Vachel Lindsey
This is Part of the Poem:

“The hand cars whiz and rattle on the rails. The sunlight flashes on the tin dinner pails.”
As the men listened to the rhythmic sway of the poem, they began to draw nearer to Dorothy.

She continued to read the poem and at the end asked one question.
“Has anyone ever been to Santa–Fe?”

One of the men responded “yes”.

Then another asked her to read the poem again.
And her group grew!

Before too long the group increased from a few non communicative men to a group of 14.

Eventually all but 2 of the men were reading out loud and actually began to communicate verbally once again! They were answering simple questions with sensible answers.
However –

The people at the hospital said that her success was due to her “winning and magnetic personality”.

But she was persistent and began training staff in state hospitals in New Jersey and California.
Then a Breakthrough!

She made a speech to staff at the Philadelphia State Hospital. She was challenged by a nurse to come to a ward with women that were very regressed and non communicative.

We all love a challenge!
The Challenge was Met

Mrs. Smith entered a ward with 12 women sitting in a circle.

The first thing she did was to shake hands with each of the women and talked gently to each one.

Then she read a poem
The poem was “Hiawatha”

The Song of Hiawatha
By Henry Wadsworth Longfellow

On the shores of Gitche Gumee,
Of the shining Big–Sea–Water,
Stood Nokomis, the old woman,
Pointing with her finger westward,
O'er the water pointing westward,
To the purple clouds of sunset.
Then she stopped and asked:

“Could someone finish reading for me? My throat is dry.”

A woman who had not spoken for as long as any one could remember spoke up:

“All right”, the woman responded, “can you lend me your glasses?”
Mrs. Smith began training staff in the remotivation technique she had been using.

Remotivation spread to other hospitals and institutions.

In 1956 she received a grant from Smith, Kline and French Laboratories. With this grant she set up training classes at the Philadelphia State Hospital.
Mrs. Smith passed away in 1957 but not before training the next generation of Remotivators!

Mr. Walter Pullinger was trained by Mrs. Smith and took over the grants and training in psychiatric hospitals.

During the 1960’s he trained staff in state and Veterans hospitals.
The Spread of Remotivation

During the 1960’s Mr. Pullinger wrote many books on remotivation techniques.

He also wrote a book of poems still in use today that goes with the certification course and is available from NRTO.
In 1972 the National Technique Organization elected Mr. Pullinger as its first president.

Mr. Pullinger passed away in 1974.
What we are known today as:

The National Remotivation Therapy Organization, Inc

We are a Chartered, Nonprofit Charitable Organization
Remotivation differs from other therapies in that it focuses on the patients’ abilities rather than their disabilities.

The major endeavor is to discuss and to develop the patients’ “healthy” aspects, no matter how regressed they may be (Robinson, 1976 P4).
Mission Statement

The mission of the National Remotivation Therapy Organization, Inc. is:

(1) To educate interested persons in Remotivation Therapy
(2) To unite into one organization all persons trained in Remotivation Therapy
(3) To promote and maintain high standards of Remotivation Therapy
(4) To improve and expand Remotivation Therapy
(5) To keep remotivators informed of developments that will enhance their delivery of service
(6) To work cooperatively with other groups interested in Remotivation Therapy
(7) To inform facility administrators, officials and the public of the trends and values of Remotivation Therapy
"Remotivation is a small group therapeutic modality objective in nature, designed to help clients by promoting self-esteem, awareness, and socialization"
Remotivation is a technique of simple group therapy of an objective nature, used with a group of patients in an effort to reach the ‘unwounded’ areas of the patients’ personality and to get them thinking about reality in relation to themselves.

(NRTO Policy & Procedure Manual)
A Brief overview of Training Requirements:

The Original Training, until 2007, consisted of Two courses:

Basic, which was 30 hours

And a 30 hour

Advanced course
Now we have three courses available:
Level 1: Provisional

This a 6 hour course which provides the basic foundation for the practice of remotivation with an individual and or a group. Twelve preplanned sessions are provided.
Students completing the course will be able to conduct remotivation sessions by using provided sessions and other pre-approved session plans available from NRTO Inc.
This course consists of 6 hours of class time to learn how to develop sessions in a prescribed written plan format. The student must develop 12 written session plans. All 12 sessions must be submitted for critique to the course instructor before certification is granted.
After the completion of required sessions for this course the student will be certified by NRTO Inc. as a Certified Remotivation Therapist.

This will also qualify the student to teach the Provisional Course. Materials must be purchased from NRTO.
Level 3: Instructor Course

The 6 hour course will enable the student to teach two courses after all qualification requirements are met:
Completion of the Provisional Remotivation Therapy course I

Completion of the Remotivation Therapy Certification course II

The certified Instructor in Remotivation Therapy, can then instruct others who have completed courses I and II.
Instructor “How To” Teach:

- The instructor’s course, is to teach “How To” techniques for adult learners
- The course consists of valuable educational resources
- The course will demonstrate incorrect and correct teaching methods for adults
- The course will provide orientation techniques to draw in the adult learner from distractions during class sessions
So how can you use Remotivation Therapy in your setting:

- Long Term Care
  - In group setting or as a One to One Intervention
    - Assisted Living
    - Personal Care
      - Adult Day Care Centers
        - Physiological Settings
        - Rehab Facilities
    - With Cognitively, social or physically challenged individuals
Why use Remotivation Therapy?

The goals may vary depending on the needs of the residents:

Some goals may be to:

- Decrease isolation
- Improve cognitive, social and physical skills
- Monitor decline in functionality
- Provide self esteem goals
- Enhance engagement programs
- Increase program attendance
1) you must first determine who would benefit from the sessions
2) then develop a topic that will trigger residents involvement either verbally, physically or non verbal or physical interaction

( you can have various groups at various levels of function)
3) then begin to develop the session: find props, the poem, story or song and write questions to trigger responses
4) incorporate sessions in your calendar
5) develop related programs
There are five steps.

Many of you already do these steps and may not even know it.

Using these steps, in the recommended format, will enable you, the Remotivation Therapist, to develop the skills necessary to complete sessions with your residents.
Step 1: 
The Climate of Acceptance

Greet each resident with a handshake (they may not take your hand – that is OK)

Verbally say something positive about the resident:
“What a nice smile you have today”
“That color brings out the roses in your cheeks”.
“What a nice handshake, thank you”.

Why:

This puts your resident at ease – they know you are friendly and will not embarrass them or hurt them in any way.

You must establish a trust factor
Step 2: 
Bridge to the Real World

Developing this step takes time and imagination! (I usually eat candy!)

This is where you develop your bounce questions to eventually have the residents state what the topic of the session is.

Also you select (or write) a poem/story/song to be shared with the group
Bounce questions can be linear or non linear:

Linear: These questions must be logically associated and lead to a pre-determined topic or idea. Each response will lead to the next question.

Non linear: each response will be the same
Your props!

Props are the concrete stimulus you will use in step three.

The props must be able to be handled by the residents – so do not have something of high value or is fragile.

Say your topic is fruit.

So have some fruit as props.
Example:

The topic is fruit:

Bounce questions:

◦ 1) In the morning what are some things you might do? Sleep in, watch TV, eat breakfast
◦ 2) What would you eat for breakfast: cereal, eggs, bacon, oatmeal
◦ 3) Someone said oatmeal – what would you put on a bowl of oatmeal: milk, sugar, fruit
◦ 4) Some one said fruit – that is our topic today
Poem

After the topic is stated, you would read your poem (story or song) – make sure you have permission if it has a copyright – or write your own:

Fruit By Nancy V.

I can eat my fruit anywhere,
Day, night or with my teddy bear.
I like to eat my fruit with a cinnamon dip,
But I have to be careful it does not slip!
Talk to the residents about the poem
This is to make sure everyone is on the same page
You want them all to have the topic relate to them
The group reaction will vary
  – Ask questions about the poem:
    • Who, what, when, etc.
Step 3: Sharing the World We Live In

This is where you begin to ask questions related to the topic (Fruit) and – generally you will have 10 to 15 questions ready.

- You also begin to use your props as they relate to the responses of the residents
  - 1) What kind of fruit do you like
  - 2) When do you eat fruit
  - 3) Where do you keep your fruit
Throughout this step, show props as they relate to the conversation, you generally will have 10 to 15 questions ready.

These questions relate to the topic and work the resident may have engaged in during their life:

- 1) Did anyone ever grow fruit?
- 2) Did anyone ever can fruit?
- 3) How much does a peck of apples cost?
Step 5:
Climate of Appreciation

This closes the session on a positive note

You thank each person for coming and or participating

You can tell them that they will have fruit as a snack later that day
Deciding who should be in your group depends on their various skill levels:
- Cognitive, Social, and Physical
- You will have some that may not be able to relate, some might not be interested and some will be distracted
- The make up of the group will determine what topics and props to use and how you develop the sessions
- Using your assessment is essential for program development
Remotivation Therapy is a true therapy as it requires measurable outcomes, goals and a written plan.

- Document in your resident participation records for each resident their level of participation.
- Note if there was a change in participation.
What Remotivation Therapy is not:

- It is not **Reminiscence**: From the Cambridge English Dictionary: *reminiscence* is: the act of remembering events and experiences from the past.

- It is not **Trivia**: From the Merriam–Webster Dictionary: unimportant matters : trivial facts or details; *also*: a quizzing game involving obscure facts
Remotivation Therapy is: talking about one specific topic and having the participants take an active part in the conversation. You, as the facilitator, begin the conversation and assist the resents through the use of props, poetry (story or song) and conversation to bring that participants to as much reality as possible.
It is:

- Outcome based: determine what is to be accomplished with a session for each participant.
- In a psychosocial atmosphere the sessions focus on the unwounded part of the participants personality.
- It can be adapted to various levels of participants abilities:
  - High cognitive, social, physical skill levels
  - Small or large groups
  - Low cognitive, social, physical skill levels
  - As a one to one intervention
There are some keys things to keep in mind:

1) You are the facilitator not the teacher or the leader of the group
2) Never say “NO” – each response is valuable
   ◦ 3) Always be prepared for the unexpected
   ◦ 4) Imagination is your only limit
   ◦ 5) Bridge your session with another program
   ◦ 6) Have more props then you think you might need – the more the better
   ◦ 7) The questions you have developed are meant for your assistance in direction of the group
Some Resources

- Chase’s Calendar of Events
- Creative Forecasting
- Ideals Books
- Internet
- Other staff
- Families
- Volunteers
- Yard Sales / Auctions / Flea markets
Thank you for having me come to talk with you today!