**Project Overview**

**AMEO-FTD: Applying MarteMeo® Counselling (MMC) to people with behavior variant frontotemporal dementia (bvFTD)**

**Duration:** 2015 – 2017  
**Funding:** DZNE  
**Project Management:** JProf. Dr. Margareta Halek  
**Project Coordination:** Dr. Martin Berwig  
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**Background**

Behavior variant frontotemporal dementia (bvFTD) is associated with impaired social cognition abilities. Therefore, it is often challenging to get in contact with people with bvFTD, particularly for their relatives.

MarteMeo® Counselling (MMC) was originally developed to improve the dyadic relationship between children with autism and their parents by promoting the sensitive adaptation of parental communication behaviors to the impaired social cognitive abilities of their loved ones. It is based on the presumption that a good and reciprocal relationship is a prerequisite for the development and maintenance of social cognitive abilities.
Project Aims
In the field of gerontopsychiatry the aim of MMC is not supporting development, but, also here based on a good quality of relationship, activating resources for functioning and self-maintenance. In this feasibility study MMC is applied for the first time to people with bvFTD and their caregivers. The aim is to evaluate the usefulness of MMC for this population, to determine an optimal intervention format (e.g. dosis and intensity) and to explore potential effects.

Methods
The study uses a quasi-experimental one-group-pre-post-design with double pre-measurement. Outcomes are sensitiveness of the caregivers, quality of caregiver-patient relationship, quality of life and challenging behaviors of people with bvFTD. At three time points of examination (T0, T1 after two weeks, and T2 after six weeks) a video of a dyadic interaction in a daily life situation (mealtime) will be recorded and data collection will be conducted. The following instruments, for capturing the outcomes, will be used: QUALIDEM subscales positive and negative emotions and sensitiveness index, Neuropsychiatric Inventory (NPI), and Quality of Carer-Patient Relationship (QCPR). Time between T0 and T1 serves as control period. Between T1 and T2 the caregiver receives five MMC sessions. Video sequences will be micro-analyzed by means of video interaction analysis to prove the assumed impact mechanism of the intervention. Variance of effects on outcomes will be determined. Process data will be used to evaluate the benefit and acceptance of the intervention.
Expected Results
Expected results provide indications for the feasibility of the intervention and will be used as own prior work for an application to finance such a definitive study.

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