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Symposium on Clowning in Therapeutic Environments



February 19, 2014

Holland Bloorview Kids Rehabilitation Hospital

BACKGROUND

For children and youth, there is nothing funny about being in a hospital or long-term care facility. The experience will likely include inactivity, loss of freedom, isolation from family and friends, and physically painful procedures. For some, the prospect of permanent disability or a shortened life is also a reality. While little can be done to change the focus of a hospital experience, most medical facilities do their best to ensure that the child, their families, and hospital staff are well supported.

Hospital or Therapeutic Clowning is one way in which joy, laughter and a modest amount of control can be introduced into a medical environment. Occasional visits by a professional, specially trained clown has been shown to improve the emotional condition of hospitalized children, relieve tension amongst family members and improve the work environment for nurses, doctors and other health-care professionals. Working in tandem with departments at over 35 hospitals and health care facilities across Canada, clowns have proven themselves to be a valuable, if somewhat intangible, part of healing and quality of life.

The approach taken by professional hospital clown practitioners is not that of an outrageous birthday or circus clown, but of a gentle, whimsical play companion. One who freely gives control to the child and provides a brief escape from the therapeutic environment.

More recently, the practice has expanded to include children with developmental disabilities and other special populations. Some practitioners in the field have introduced similar programs into long-term care facilities for adults and seniors. Rather than infantilize individuals, this practice is theatre, music and dance based. It helps to generate a positive environment while respecting the life experience of patients, residents and their families.

In February 2014, a visit to Canada by André Poulie, Founder and President of Fondation Théodora provided the impetus for a Symposium on hospital clowning. Hosted by the Holland Bloorview Kid's Rehabilitation Hospital in Toronto, the event was attended by 65 clown practitioners, child life specialists, educators, medical administrators, and funders. The visit also provided an opportunity for professional shadowing (observation and feedback on clown programs), and sharing of best practices, both artistically and regarding program structure, as well as in the areas of administration and funding.

Questions posed at the Symposium included:

1. Does clowning have a worthwhile impact in the hospital and long-term care environments? If it does, how can this be measured?
2. What are some of the best practices in artistic content, professional development and practitioner emotional support?
3. What improvements could be made to ensure the highest quality of programs, sustainability and dissemination of clowning in hospital and therapeutic environments?

The following report provides highlights of the Holland Bloorview Symposium, along with case studies and a limited literature review of hospital and therapeutic clowning.



Dr. Flap and Nurse Polo, Holland Bloorview Kids Rehabilitation Hospital and André Poulie, Fondation Théodora

CASE STUDY

Fondation Théodora

Presented by André Poulie (Founder and President of Fondation Théodora)

The relationship between therapeutic clowning in Canada and the Théodora Foundation, based in Switzerland, goes back to the 1990s and early 2000s. As small independent programs were developing in Vancouver, Winnipeg and Toronto, brothers André and Jan Poulie were establishing a presence in Switzerland and other European countries.

During his youth, André Poulie was hospitalized for several months due to an accident. Regular visits by his mother, and the joy they gave him, inspired him, several years later, to use laughter as a distraction and a relief for children who are hospitalized or in specialized centres. Twenty-one years since its founding, with 200 clowns working in 140 hospitals and specialized centres in seven countries, Théodora is a significant global contributor to the sector.

Supporting the idea that laughter is universal, the Théodora Foundation in Switzerland is at the origin of a network of associations and foundations, which also bear the name Théodora, and act under the same philosophy. This network is currently active in seven countries: England, Belarus, China, Spain, France, Italy and Turkey. These different organizations are, for the most part, financially independent, with the exceptions of Turkey and Belarus, who receive financial support from the Swiss Headquarters.

Théodora Clown Doctors¹ are professional artists with many different formations and backgrounds (theatre, music, magic and circus). They are trained and supervised by the Théodora Foundation in accordance with the ethics code enacted by the Foundation. They receive specialized training from “La Source” Haute Ecole de la Santé, and must undertake one and a half years of training and apprenticeship in order to practice their art, while taking into consideration the hospital environment. They follow a specific course of continuous training, covering artistic development, psychological support and hospital activity. This multidisciplinary training guarantees optimal collaboration with the medical staff, providing that the Clown Doctor will under no circumstances play a therapeutic role. Having understood the emotional issues that the Clown Doctors may encounter during their visits in the hospitals, counseling is available to practitioners, by means of regularly scheduled supervision meetings.

¹ Théodora uses the term “Clown” or “Giggle Doctors” to describe their practitioners and do not make reference to “therapy” in their work. Though the outcomes might be therapeutic, they believe strongly that the clowns are not therapists. Théodora also sees a danger in the use of the term “therapeutic” as it may be seen as threatening to medical staff and, more importantly, may lead clowns to be involved in potentially painful medical procedures under the guise of “distraction therapy”. Théodora has a policy that their clowns are not to be present during medical procedures.

Working in teams of two to four, clowns make one to two regularly scheduled visits to hospitals per week. Working one-on-one with children, utilizing a 'solo clown' model, Théodora clowns in Switzerland have set the goal of visiting every child in hospital in the country. Recently, they have also expanded their practice to include children with developmental disabilities and other special populations.

Théodora has chosen a business model that they believe allows maximum autonomy and assurance of sustainability, as well as a high level of consistent professionalism. Funding for programs is independent from hospital budgets, which ensures that they do not present a threat to other programs. Clowns are limited to no more than 25 hours of work each month, ensuring that they are not dependent on Théodora for their entire income. (This is a common practice among most programs staffed by part-time artists) The training, apprenticeship and certification process, as well as ongoing professional development activities, allows Théodora to maintain consistency while operating in a number of countries.

QUESTIONS:

Q: How does the training work?

Initially, a questionnaire is filled out and references are checked. Candidates are then invited for an interview. During the interview, the discussion is focused on the person initially - who are you? Once accepted, the training is free, but participants do have to give their time. The process of training and apprenticeship takes approximately 1 ½ years. There are sponsors and donors that contribute to the program. Once they are junior clowns they do get paid, however not as much as senior clowns. Théodora encourages clowns to be active in other areas- magic shows, birthday parties etc.

Q: Does the hospital contribute money?

No. It is a free service to hospitals. We do not wish to compete with interests of hospitals and institutions.

Q: How did you develop your standards?

Well...we are Swiss! We did not know much when we started. It was important to develop a detailed, standardized process. We also received a lot of feedback from artists, and we learned and developed as we went along.

For more information on Théodora visit www.Théodora.ch.

SYMPOSIUM AGENCY DELEGATES

Among the 65 symposium attendees were representatives from Canadian and international therapeutic clowning organizations. Attendees included founding practitioners, independent practitioners, delegates from agencies, as well as students and new practitioners. Each delegate agency works in tandem with local community health services and hospitals, and each has a unique focus and agreement with the facilities they serve.

Melissa Aston (**British Columbia's Children's Hospital in Vancouver, BC**)

Linda Del Grande (**Caring Clown program at Ryerson University**)

Ken Sperling (**Children's Health Foundation of London**)

David Langdon (**Children's Health Foundation of Manitoba**)

Ruth Cull (**Children's Hospital of Eastern Ontario in Ottawa**)

Daniel Shriqui (**Dream Doctors of Israel**)

André Poulie (**Fondation Théodora**)

Helen Donnelly (**Holland Bloorview Kids Rehabilitation Hospital**)

Paul Hooson (**Independent, B.C.**)

Kathleen Le Roux (**Independent, Toronto**)

Cleve Sauer (**IWK Healthcare Centre Halifax**)

Jovia (Montreal) (Delegate could not attend; Helen Donnelly spoke on their behalf)

Joan Barrington (**Therapeutic Clowns International**)

Jamie Turner (**Toronto's Hospital for Sick Children**)

Michelle Baer (**Trillium Health Care Centre in Mississauga**)

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Literature Review written by Ruth Barker, BSc., MEd.

Report written by Stephen Couchman and Rebecca Thomas.

PANEL DISCUSSIONS

Reflective Practice

Many practitioners who are drawn to therapeutic clowning come from a creative background, and often need support and guidance working through the emotional challenges that can arise while working in clinical and care environments.

The Benefits of Reflective Practice

Kathleen O'Connell - Psychosocial Practice Consultant at
Holland Bloorview Kids Rehabilitation Hospital

Jan Stirling-Twist - Psychosocial Consultant

The act of being present with each individual is a skill that is developed over time, and it is key to the effectiveness of therapeutic clowning work. Practitioners often face many personal challenges while working with vulnerable populations, including anxiety, loss, grief, and compassion fatigue. They must learn how to set both personal and professional boundaries, while still delivering compassionate and creative services to both patients and the medical team.

The ability to develop the capacity to meaningfully reflect on emotions that arise is what lies at the core of reflective practice. Using arts-based exercises that can be verbal, written, or experiential, the practice works to help the practitioner develop a process that enables them to examine how and why certain interventions work, and be able to look objectively at issues as they present themselves.

Individuals are encouraged to consider personal values, beliefs and experiences, and how these affect professional practice. By using various methods – either individually, in groups, or in one-on-one sessions - reflective practice helps practitioners be their best, most open and non-judgmental selves, and it helps them bring a greater level of creativity and professionalism to each patient encounter. At the heart of the practice is playfulness, curiosity, and non-judgment.

Creative development is also an important area of focus, as clowns strive to stay fresh and responsive to the individuals they work with. Simply repeating what has worked before is not an ideal way of working, and creative exploration is encouraged and developed with reflective practice.

Reflective practice provides a base for support as well as personal and creative renewal and growth for practitioners. Regular use of techniques supports not only the practitioner, but everyone who they come into contact with, be they children, adults, medical staff or peers.

Research and Evaluation

This panel discussed the issues of research and evaluation as they relate to three very different organizations and their population groups served. Although the groups represented were all unique, each spoke to the need for more formal evaluation methods, as well as improved collaboration and an increased level of standards and accountability in the therapeutic clowning profession.

How to Measure Emotional Experience

Helen Donnelly - Therapeutic Clown Practitioner at Holland Bloorview Kids Rehabilitation Hospital

Shauna Kingsnorth - Evidence to Care Lead at Holland Bloorview Kids Rehabilitation Hospital

Many children in care programs are non-verbal and not obviously physically responsive. Working with children who have complex, multiple issues presents a particular challenge when trying to gauge responses and program effectiveness. “How do we know we are not doing harm?”, and, “How do we measure if the children are present and enjoying the experience?” are two questions that Helen and Shauna set out to try to answer.

There are two ways to assess children’s reactions - you ask them or you watch them – however, techniques like this do not work with children who are more non-responsive. The evaluative research techniques that Helen and Shauna developed involve monitoring the physical reactions of these children, including their breathing, body temperature, heart rates and skin sweat. They compared the reaction data gathered during sedentary activities, such as watching television, to those displayed by the child while they were participating in a therapeutic clown interaction.

The children who participated in this study showed increased levels of excitement when interacting with the clowns, as compared to the sedentary activities.

While this research did not have an immediate impact on the obvious clown/child/medical practitioner relationships, the initial results have helped practitioners feel more relaxed and less worried when working with these children. Reactions from nurses were also assessed and it has been found that the presence of the clowns positively impacted them, as well.



The Impact of Clowning on Eldercare Patients

Romeo Colobong - Research Coordinator at Toronto Rehabilitation Institute

On the other end of the care spectrum is elder clowning. As with child-focused clowning, this practice uses an arts-based intervention technique that is personally-focussed, and is sensitive to each individual. Elder clowns avoid coats and excessive make up, instead creating softer, more familiar characters.

An initial study was conducted at the Toronto Rehabilitation Institute that evaluated the impact of therapeutic clowns on people with dementia. The study included 23 resident participants, and took place over a 12-week period. Study participants had a range in the severity of their dementia symptoms, and were predominantly female (70%). The evaluation also took into account the observations of the personal support workers who work with the study participants.

Early conclusions from the study show that clown visits significantly reduced negative or undesirable behaviours, and they show a positive impact of the visits on both eldercare patients and support staff.

Full results of this research are scheduled to be released in the fall of 2014.

Funding for Impact Measurement

Daniel Shriqui - Dream Doctors of Israel

Dream Doctors created a research fund in 2012 in order to provide a more evidence-based platform for developing programming, establishing funding, and improving working relationships with hospital staff and administration.

Dream Doctors tailors their research to answer questions from hospital staff, as well as from major donors and program partners. Daniel spoke to the need for evaluative research in the field, and about the difficulty in measuring the effectiveness and reach of therapeutic clowning programs.



Emerging Themes and Recommendations

Symposium participants identified several emerging themes and recommendations. These have been consolidated into five main categories of activity moving forward.

- 1. National and Global Networks of Practice** - Informal networks of clown practitioners and the organizations they represent have been in place for over 20 years. As with the development of other fields of practice, it would be beneficial for these networks to expand and become more structured. The creation of a new national network, Therapeutic Clowns Canada, and increased sharing of best practices within Canada and internationally, are positive developments.
- 2. Business Models to Ensure Sustainability and Growth** - Symposium participants represented independent organizations that provided services to multiple institutions, as well as those which are employees of hospitals (such as those embedded in child life departments). Both models have their advantages and drawbacks. Regardless, both internal and external programs must address sustainability in relation to business and succession planning, stakeholder strategy, and long-term funding commitments and diversification.
- 3. Training, Professional Development & Accreditation** - In Canada, though individual organizations have set policies in place, there is currently no common approach that would ensure the highest level of professionalism and continued improvement of all clown practitioners. A training and accreditation process would help ensure safety and improve outcomes for all programs.
- 4. Practitioner Health and Safety** - Even though most clowns are not trained mental health professionals, they are exposed to many traumatic situations. Some programs, including Théodora, Jovia and Holland Bloorview, have put in place specific professional counseling and reflective practice activities. Without the tools to cope with these issues, clown practitioners are in danger of reduced effectiveness at the least, and burnout and longer-term issues at the worst. Provisions should be made for all practitioners to prevent and address possible practitioner mental health issues.
- 5. Evaluation and Research** - Various recent research projects have contributed to the increasing legitimacy of clown programs. Further research would help to clarify specific impacts on different client populations, their families and staff at institutions including nurses, doctors, other support staff, and administration. As well, common evaluation practices would streamline measurement and provide an opportunity for the sharing of best practices.



APPENDIX

Literature Review

Therapeutic clowns are a growing presence within the health care system. In Canada, formal programs have expanded from the first therapeutic clown in Winnipeg, Manitoba in 1986 (1,2) to 10 programs in 6 provinces in 2012 (3). Therapeutic clown programs have been established in the United States, the United Kingdom, New Zealand, Israel, Australia, Germany, Sweden and Italy. In different countries these individuals are known as clown doctors, medical clowns, hospital clowns or elder clowns (4).

As the clowning profession becomes more widespread in healthcare, so does the need for research to validate and give credibility to this form of care for hospitalized patients. A review of the Canadian and international clowning literature paints a picture of an evolving profession, with a limited but growing body of high quality research studies. The literature focuses mainly on the efficacy of clowning in the pediatric and geriatric populations, and the effect on the health care team. Many published studies also highlight opportunities for role clarity and professional development.

In research studies that focus on the effects of medical clowning on pediatric populations, benefits have been shown in subjects in preoperative (5,6,7,8), emergency (9), mental health (10), rehabilitation (11,12) post-sexual abuse (13) and respiratory (14) care settings. The benefits have been shown at the physiological, emotional, cognitive and social levels (15). The groups that received a clown intervention have shown a reduction in anxiety/stress (5,6,7,9,12(girls only),13,14), improvement in mood (11,16), decreased pain scores (9,14) improved physiological parameters (11,14) and enjoyment of the clown visit (16,17). Often within these publications, in addition to studying the effects on the child, the investigators study the effects of the clown intervention on the parents. A number of studies have shown decreased parental anxiety during painful procedures such as venipuncture (9) and stressful situations such as preoperative procedures (5,6) and a general positive impact on the whole family (17,18). The body of good quality scientific evidence for therapeutic clowning with pediatric patients is growing. While a number of studies show an improvement in specific parameters, few have large enough samples to show significant differences. Despite the fact that most investigators have disclosed study limitations, there is mounting evidence that therapeutic clowns do indeed have a role in a variety of pediatric care settings.

Although the majority of therapeutic clown programs have been geared towards pediatric patients in hospital settings, elder clowns are becoming more popular. Formal programs are now established in Canada, Scotland, the Netherlands, the United States and Australia (4). The effect of the elder-clown intervention research in hospitalized and residential long term geriatric populations is in the early stages of academic inquiry. There is a body of literature about the effects of humour that has shown decreased pain and perceptions of loneliness and increased happiness and life satisfaction in elderly institutionalized patients (19). Laughter has reported beneficial effects for seniors (20). For clowning specifically, the evidence is emerging slowly. The world's largest, scientifically rigorous study on the effects of elder clowns, the Australian SMILE (Sydney Multisite Interventions of LaughterBosses and ElderClowns) Study found a significant lowering of agitation with a clown intervention, but did not detect an improvement in depression, which was the primary endpoint of the study (21). Other authors report that elder clowns may help some seniors to increase their communication skills, mood, quality of life and co-operation with the health care team (4). There is anecdotal evidence of positive benefits of clowning in the geriatric institutionalized population (20), but good quality research studies are limited. As clowning practice grows within the geriatric care settings, it is anticipated that inquiry and scholarly research will follow. As our demographics shift and the population of institutionalized seniors increases, elder clowns present a promising addition to the health care team.

The effect of clowning on the health care team, including the team's perception of the interaction has been studied in both the pediatric and geriatric care settings. Published articles have primarily shown positive effects such as an elevated mood, increased morale, well-being and satisfaction of staff (4, 15, 17, 18, 20, 22, 23, 24) better teamwork/collaboration (18, 25), improved communication (20) and an increased enthusiasm for work (23). A few negative results that were described were a fear/dislike of clowns in some staff (2, 17), a perception that the presence of the clown impeded clinical care (5, 17) and some concerns about lack of awareness of the role of the clown (24). In this review of the literature, the positive effects of therapeutic clowns on the health professionals caring for geriatric and pediatric patients seem to outweigh the small number of negative findings.

As a fairly new profession, therapeutic clowns have some hurdles to overcome. Without a standardized curriculum or credentialing process, their place within the health care team can be uncertain. Koller and Gyski (2) note that clowns in health care range from professional, respected complementary care providers to dressed up volunteers with good intentions but little knowledge of the role. Training programs described in the literature vary significantly. Training can be as short as two weeks (26) or six months (27), to an undergraduate arts degree in Medical Clowning that is offered in Israel (28). One of the largest supporters of therapeutic clowns is the Théodora Children's Trust, a Swiss charity that supports standardized training and funds hospital clowning in Europe, Africa and Asia (29). In Canada, no such standard training program currently exists, thus the role is often misunderstood. In an attempt to mitigate this, in 2005, Canadian therapeutic clowns formed the Canadian Association of Therapeutic Clowns (3). The professional organization set clinical standards, developed principles, a code of ethics and by-laws (2). Unfortunately, due to the volunteer nature of the small organization it was not sustainable and it was disbanded at the end of 2012(3).

Koller and Gyski (2) present a model of clown care based in the pediatric setting that supports formal linkages with a Child Life program. The three core domains of the model are: Empowerment, Play and Humour, and Supportive Relationships. The model emphasizes specific training in the health care setting. Raviv (28) suggests a model of clown training that includes more emphasis on self-care and better integration with the health care team. Warren and Spitzer (4) suggest that the loss of control and independence when elderly people become institutionalized can be improved with elder clowns who have distinct models of practice delivery and established care goals. These authors all point out a deficit in current therapeutic clowning training that needs to be rectified for the profession to gain more credibility, be recognized, valued and most importantly, be accountable in care environments.

The studies in this literature review are qualitative, quantitative or mixed methods with a small number of random controlled studies using sophisticated physiological and behavioral measurements. This review of the published literature shows positive benefits in pediatric settings (patients and parents) and on staff in both pediatric and geriatric care settings. The literature regarding the effects of clowning on the elderly is compelling, but few rigorous studies have been reported. There were no studies in the review that showed a significant negative effect on any population studied. More research is required in this growing profession to be able to develop evidence-based practice, which is crucial for establishing legitimacy (2). Standardization of training and professional practice must be undertaken to secure a sustainable role with the demands for accountability within the health care system.

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