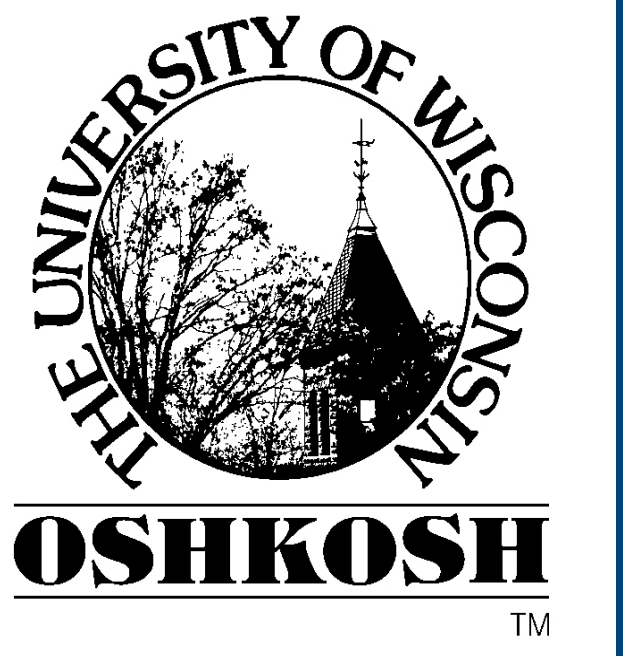


PO3.43: Lessons learned from a personalized music program for persons living with dementia at home and in long-term care



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Music & MemorySM

Personalized music listening interventions can increase quality of life (Vasionyte & Madison, 2013) and reduce anxiety and agitation in persons living with dementia in long-term care (Sung, Chang, & Lee, 2010) and at home (Park & Specht, 2009). These interventions have been promoted in the US through the national MUSIC & MEMORYSM (M & M) program.

In Wisconsin, over 250 nursing homes (NHs) and assisted living facilities (ALFs) have received certification in M & M after staff participated in 3 training webinars taught by M & M founder and Executive Director, Dan Cohen, MSW. Support for training and equipment (iPod Shuffles, headphones, chargers) comes from Civil Money Penalty funds distributed by the Centers for Medicare and Medicare Services. The Wisconsin Department of Health Services sponsors bi-monthly webinars on topics related to M & M.

Our M & M research involved pre-post enrollment studies of (1) social behaviors of NH residents with dementia and (2) quality of life and music listening responses in persons living with dementia at home, and their care partners' well-being. Although the first study was halted due to lack of support from the NH, we learned several important lessons. The second study is described below.

Method

Participants

Twenty-four persons with dementia (Ps) and their care partners (CPs) enrolled in the pilot study of in-home use of personalized music. CPs included spouses and adult children.

Procedure

Initial interviews with participant pairs in their homes determined music preferences. Music for each P was organized into 3 playlists and loaded onto iPod Shuffles using CDs and an iTunes gift card purchased for each participant. A second in-home visit to deliver the equipment included instructions on use of the equipment and administration of the BASQID to the Ps. Additional scales were left to be completed within 7 days and mailed to the researchers. Each P/CP pair received:

- An iPod Shuffle
- Headphones
- Small speaker
- Charger
- Plastic latch box for storage
- Instructions about iPod use
- Suggestions for interactive activities using the speakers

Method (cont.)

About 3 months after delivering the equipment, researchers returned to homes of Ps and CPs to administer the BASQID again and interview Ps and CPs about their M & M experiences. Interviews were recorded on digital recorders, transcribed, and analyzed using the Interpretive Phenomenological Analysis (IPA) method (Quinn & Clare, 2008). The same scales were left for Ps and CPs to complete within a week of the interview.

Measures

For Ps:

- Bath Assessment of Subjective Quality of Life in Dementia (BASQID; Trigg, Skevington & Jones, 2007). Ps answer 17 questions organized in three groups by pointing to answers on 5-point scales: ratings of quality of life, health, memory (1=very poor; 5=very good); satisfaction with health, level of energy, personal relationships, etc. (1=not at all satisfied; 5=extremely satisfied); extent of ability to move around in the local community, feel useful, feel happy, etc. (1=not at all; 5=a great deal).
- Oshkosh Music Listening Experience Scale. Ps rate responses to 9 items by circling an answer on a 5-point scale (0=not at all; 4=completely). Examples are "I had total concentration," "I found the experience rewarding," and "I want to listen to more music."

For CPs:

- Revised Memory and Behavior Problems Checklist (Teri, Truax, Logsdon, Umomoto, Zarit, & Vitaliano, 1992). CPs rate frequency of 24 behaviors in the previous week such as "asking the same question over and over" and "appears sad or depressed" on a 5-point scale (0=never occurred; 4=daily or more often). CPs also rate how much the 24 behaviors bothered them (0=not at all; 4=extremely).
- Gain in Alzheimer Care Instrument (GAIN; Yap, Luo, Ng, Chionh, Lim & Goh, 2009). Using a 5-point scale (1=disagree a lot; 5=agree a lot), CPs indicate agreement with 10 items about whether providing care has "helped to increase my patience and be a more understanding person," and "helped to bond my family closer," etc.
- Caregiving Distress Scale (as adapted by the Toronto Alzheimer's Society, Williams, Peckham, Rudoler, Tam, & Watkins, 2014). CPs rate their caregiving experiences on a 5-point scale (1=strongly disagree; 5=strongly agree) to 16 statements such as "I take part in organized activities less" and "Caring for ___ has made me nervous."

Results and Discussion

Letters and phone calls resulted in 12 P/CP pairs agreeing to an in-home visit 3 months after receiving the iPods and other items. Nine P/CP pairs returned the second round of scales.

Reasons for not participating at Time 2 included various life stressors such as an injury sustained by a P. Transcripts revealed that several CPs observed P losses in memory and between Time 1 (T1) and Time 2 (T2).

Descriptions of M & M experiences revealed variability in use, duration, and time of day:

- Use: from every day to a few times a week
- Duration: 30-60 minutes
- Time of day: morning, late afternoon, evening

The IPA produced three thematic categories as shown in Tables 1, 2, and 3 which include quotes from Ps and CPs.

Table 1: Responses to personalized music by persons with dementia

Calming effect	"It's good for relaxation" (P) "It's calming." (P) "He likes it when he has quiet time." (CP) "Music calms him down" (CP) P has tinnitus: "When he says his head bothers him, this becomes something soothing that fills that space." (CP)
Positive feelings	"I enjoy it" (P) "I like the music thing. I really enjoy that." (P) "Once he gets it on, he seems to really enjoy it. It's been a good thing." (CP)
Engagement with the music	"She seems to recognize a lot of the songs and hums along." (CP) "There are some pieces of music that will come on and I'll see him tapping his foot" (CP)
Use of music with other activities	"She likes to use it when she goes for walks. She pops it on and out she goes." (CP) "She gets one of her projects going and puts the music on and she'll stay with it." (CP) "We'll have it on when he's working on jigsaw puzzles" (CP)



Results and Discussion (cont.)

Table 2: Care partner responses

Helps with coping with care duties	"For me some days to not go bonkers, I just do that" (gives father the iPod) "If he's maybe just not engaged in something else,...I offer it as an alternative activity." "It keeps her occupied." "I'm trying to do anything I can to help my mother live a better life."
Selective use of M & M Influence of individual's mood Other life circumstances interfere with use	Uses it "when he gets moody" "We kind of got out of it. Things have been busy here." "The iPod is one of the first things to go off course."

Table 3: Technical issues

Problems/solutions with equipment Lost iPod	"A few times it's disappeared so we had to go look for it." (CP) "She always uses the speakers. That way she can roam around with the music." (CP) "He seems lately to rather have the personal headphones on." (CP)
Headphones or speakers: personal choice	"So far, I take care of charging, getting it hooked up, and asking if he wants the main speaker or the headphones." (CP)
CP responsible for equipment	"We don't have a big enough playlist." (P) "I would like to add some bluegrass." (P) "There's a couple of sections that are really blah to me." (P)

Due to receiving only 9 surveys from T2, we could not conduct statistical analyses. Trends for Ps showed increased positive responses to music and decreased life quality, and for CPs, increased distress and memory and behavior problems, and decreased sense of gain in caregiving. These findings match observations from the interview transcripts about positive feelings about the M & M program despite CPs' sense of Ps' decline.

Lessons Learned about M & M in NHs and ALFs

- Need administrative support at the top levels
- Put M & M in the care plan
- Do ongoing staff training
- Assess effectiveness and alter use if necessary
- Foster communication among staff at M & M facilities through webinar chats
- Make sure families understand the M & M program
- Create alliances with high school and college students for technical assistance