Music & MemorySM
Personalized music listening interventions can increase quality of life (Vasinyté & 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 Medicaid 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 which are pre-programmed with a set of 9 songs in each playlist to play continuously. The iPods contained a variety of songs chosen by the researchers to evoke an emotional response. These playlists were based on the Ps’ musical tastes and included genres such as classic rock, jazz, and country. The iPods were programmed to play for 30-60 minutes.

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 day to every 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

<table>
<thead>
<tr>
<th>Calming effect</th>
<th>“It’s good for relaxation” (P)</th>
<th>“It’s calming” (P)</th>
<th>“He likes it when he has quiet time.” (CP)</th>
<th>“Music calms him down” (P)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive feelings</td>
<td>“I enjoy it” (P)</td>
<td>“I like the music thing. I really enjoy that.” (P)</td>
<td>“Once he gets it on, it seems to really enjoy it. It’s been a good thing.” (CP)</td>
<td></td>
</tr>
<tr>
<td>Engagement with the music</td>
<td>“She seems to recognize a lot of the songs and hums along.” (CP)</td>
<td>“There are some pieces of music that will come on and I’ll see him keeping his foot.” (P)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of music with other activities</td>
<td>“She likes to use it when she goes for walks. She pops it on and out she goes.” (CP)</td>
<td>“She gets one of her projects going and puts the music on and she’ll stay with it.” (CP)</td>
<td>“We’ll have it on when we’re working on jigsaw puzzles.” (CP)</td>
<td></td>
</tr>
</tbody>
</table>

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