

MUSIC THERAPY & DEMENTIA:
DEVELOPING A MULTISENSORY
APPROACH

R EMINISCENCE

F OCUSED

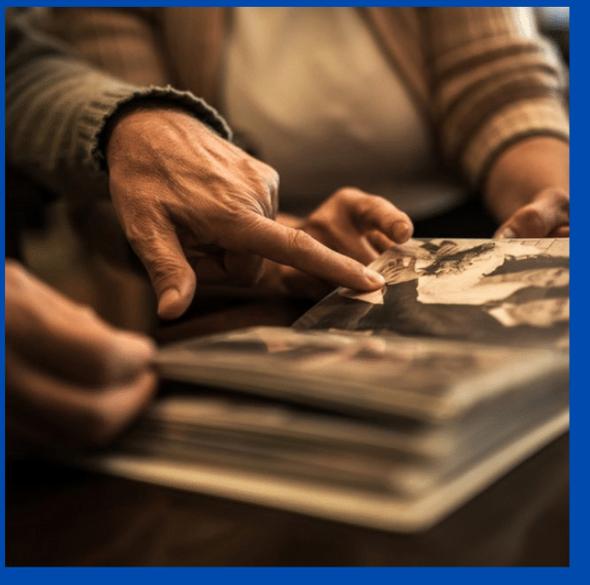
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A PRACTICE GUIDE FOR MUSIC
THERAPISTS

2020



BACKGROUND

There is an increasing body of evidence suggesting that the combination of music therapy and reminiscence therapy may yield positive well-being outcomes for people living with dementia. However, the combination of both therapies has not yet been documented in the literature and no standardized protocol or practice method currently exists (Istvandy, 2017).

The authors of this document conducted a mixed method study which aimed to investigate whether combining music therapy and reminiscence with associative [familiar] items for people living with dementia may promote positive mood and engagement levels and shared interaction. The results of this study suggested that the proposed approach was highly successful in promoting positive mood and engagement levels and shared interaction through musical expression, reminiscence and verbal interaction.

The music and particularly the act of group singing provided a sense of togetherness and group cohesion. The familiar music provided a supportive framework and acted as an anchor during periods of disorientation, directing the members of the group back to the present moment. The incorporation of associative items in the sessions encouraged reality orientation, increased verbal interaction and cognitive stimulation.

Several implications of practice are to be considered when facilitating this proposed approach. Firstly, facilitation is key to the successful implementation of this intervention. The music therapy facilitator must be adaptable in their approach and provide a supportive social environment to encourage shared interaction and reminiscence. Secondly, the choice of themes, familiar music and associative items must be reflective of the participants preferred musical interests and life history for effective delivery of this intervention. Lastly, the room set-up and the structure of the sessions must be appropriately considered in order to promote optimum shared interaction.

The author's experience of facilitating this intervention as a music therapist and conducting this research study have provided valuable insights into the successful delivery of this intervention. The complex nature of combining of music therapy and reminiscence work together with associative items is one that should be carefully considered. In the following guide, suggestions of themes together with music and associative items will be made as well as practical tips for set-up, session structure and facilitation techniques.





SELECTING A THEME

The incorporation of themes in this intervention aims to provide a platform for reminiscence, musical expression and verbal interaction. The selection of an overarching theme provides a focus to the group and aims to facilitate meaningful conversation. When selecting a theme for a session, remember to consider that familiar music and associative items will be paired thematically so choose accordingly. Additionally, it is important to be mindful of all aspects of diversity and individual identities, especially when considering Spirituality and Festive themed sessions.

A list of suggested themes are outlined below:

- Nature: Spring, Summer, Autumn, Winter
- Going to the Dances
- Childhood Memories
- Spirituality
- Festive: Easter, Christmas
- Working lives
- Food and cooking
- Going on holidays



SELECTING APPROPRIATE MUSIC AND ASSOCIATIVE ITEMS

In order to take a person-centred approach, the chosen songs should consider participants preferred music to personalise the sessions. Of course, participants may have varying musical tastes, but the inclusion of these songs will provide a richer meaningful experience and may prompt past memories associated with the song. Associative items do not directly have to link with the song i.e. the associative item does not have to be named in the song but may be linked through the subject theme. Some examples are given below.

THEME: AUTUMN → **SONG: AUTUMN LEAVES** → **ASSOCIATIVE ITEMS: LEAVES, PINE CONES, CONKERS**

THEME: CHILDHOOD MEMORIES → **SONG: MY BONNIE LIES OVER THE OCEAN** → **ASSOCIATIVE ITEMS: SAND, SEA SHELLS, OCEAN DRUM**

Case Example: During the 'Autumn' session, I asked the group members about what they did in the evenings before they had a television. One of the ladies said that she liked to knit, while another said that she listened to the radio with her father by the fire. I introduced a number of associative items including turf, playing cards and yarn and needles. The turf elicited a great response with all group members sitting forward in their chair prompting a verbal discussion. One member took the yarn and needles in her hands and began to continue the pattern that had been started. I then played the song 'The Spinning Wheel'...





SELECTING GROUP MEMBERS AND ROOM LAYOUT



This intervention encourages group members to socially interact and share stories from their past stimulated by the inclusion of familiar music and associative items. This intervention is recommended for people with a diagnosis of mild or moderate dementia who can engage inter-personally with one another and the facilitator. It is suggested that the number of participants in a group is limited to six people to provide ample opportunities for communication. Bright (1997) emphasises the importance of a small group where participants can “give each other mutual support and comfort, with supportive reminiscence.” (pg. 60).

The room layout is also important when implementing this intervention. The author recommends that the participants and music therapist sit around a table. Participants decreased motor abilities must be considered and therefore accessibility is essential. The facilitator should have easy access to all associative items, ideally placed behind him/her so that they cannot be seen until they are presented to the group.

SESSION STRUCTURE



Following the standard music therapy format, the sessions open with a 'Hello song' and finish with a 'Goodbye song'. These songs should remain consistent for the entirety of the program. Within this framework the session activities consist of verbal conversation, singing of a familiar song, introduction of associative items and repeat the chorus of familiar song before moving on to the next song. Generally, in an hour long session, four songs and four groups of associative items are sufficient in order to provide adequate time to talk to each group member and allow time for responses.

FACILITATION TECHNIQUES

Kitwood (1997) states that the aim of facilitation in person-centred dementia care is “to enable interaction to get started, to amplify it and to help the person gradually to fill it out with meaning. When this is done well there is a great sensitivity to the possible meanings in a person’s movements, and interaction proceeds at a speed that is slow enough to allow meaning to develop” (pg. 109). Adaptability is an essential skill required by the music therapy facilitator when certain music or associative items do not elicit a response or similarly, music may be presented that is unknown to the music therapist. In this case, it is important that the music therapist facilitates the sharing of this musical memory and holds the therapeutic space for the group in a supportive way.

Verbal prompts and leading questions can be helpful in this intervention. It is recommended that the music therapist asks group members different questions to prompt reminiscence and verbal interaction, while reflecting back what participant's share and supporting receptive language for all. It is also important to give equal consideration to the needs of each member in the group, offering initialised support where needed.





GOOD REMINISCENCE PRACTICE



- Approach the intervention with enthusiasm - provide a safe and welcoming environment for group members to share their stories and engage in reminiscence
- Ensure that you actively listen to group member's contributions and show in your body language that you are engaged and focused on the activity
- Leave adequate amounts of time for interaction with the associative items and verbal contribution - the pacing of the session is important - do not rush the group members
- Encourage humour, expression and any form of creativity!
- Be respectful of the sharing of negative or painful memories - do not brush over or redirect - allow the person to express their feelings and emotions before moving on
- Allow the person to tell their story in their own way without too many prompts or contributions.



(Schweitzer & Bruce, 2008)

WORKING IN THE LATER STAGES OF DEMENTIA

The proposed approach may also be used successfully with people with more advanced dementia. The music therapist could verbally facilitate the individual biographies, supported with associative items, allowing for recognition of one's own life story. For people with more advanced dementia, "recognition persists long beyond the point, where people can remember and relay their memories independently." (Schweitzer & Bruce, 2008, pg. 26). Similarly, this intervention may also be used in individual music therapy sessions. People respond with pleasure to their own life story or familiar accounts given by others and this may lead to spontaneous contribution some of other memories.



References

- Kitwood, T. (1997). *Dementia reconsidered: the person comes first*. Buckingham: Open University Press.
- Schweitzer, P., & Bruce, E. (2008). *Remembering yesterday, caring today: reminiscence in dementia care: a guide to good practice*. London: Jessica Kingsley Publishers.
- Istvandy, L. (2017). Combining music and reminiscence therapy interventions for well-being in elderly populations: A systematic review. *Complementary Therapies in Clinical Practice*, 28.

