

Preventing agitation: The “Music with Movement” program

*As we reported in the previous issue, findings from a randomized controlled study published in the journal *Complementary Therapies in Medicine* indicate that a new person-centered, music-based program significantly reduces agitation in nursing home residents with impaired cognition.*

*Here, **Care Guide** talks with the study’s principal investigator, Dr. Huei-Chuan Sung, of Tzu Chi College of Technology in Taiwan, about the benefits and characteristics of the program, and how it can be implemented, easily and cheaply, both by CNAs and RNs.*

The study was tested on 36 nursing home residents with moderate to severe dementia who were randomly allocated to the music intervention or usual care.

Residents in the program attended two 30-minute sessions a week for one month, each one of which consisted of listening to familiar music with pleasant, moderate rhythm and tempo, while performing gentle body movements.

At the end of the intervention period, the mean number of agitated behaviors (e.g., aggressivity, wandering, rummaging, etc.) of participants in the program, as measured with the modified Cohen-Mansfield Agitation Inventory (CMAI), was significantly reduced from 5.11 to 3.44. No significant change was observed in the controls.

Not only was the program effective at reducing the occurrence of agitated behaviors and, therefore, the need for tranquilizers and physical restraints, but also helped promote social interaction and was free from side effects.

Care Guide: What are the most important benefits that participating in the program provides to persons with dementia?

Sung: The level of anxiety and occurrence of agitated behaviors of people with dementia who participate in the music interventions may be reduced or prevented. Participating in the group music interventions can also improve their communication skills and interaction with others.

Care Guide: Why should nursing homes consider using this program with their residents with dementia? What advantages does it have over the use of medications?

Sung: Music intervention is cheap, accessible, and it’s easy for nursing staff to implement. And it doesn’t harm people with dementia like currently available medications do, since most of them have negative physical and psychological effects.



Care Guide: Can you describe what happens during a typical session?

Sung: The music session usually starts with a group of about 15 participants sitting in a circle. Initially they do some warm up body movements. Then, they are invited to move their body and extremities following the staff’s instructions, while music is played in the background. This lasts for about 20 minutes. A five- to 10-minute period of slow-down body movements concludes the session.

Care Guide: How many staffers are needed to facilitate the sessions?

Sung: Each session requires one or two nursing staff to direct the intervention.

Care Guide: Can any nursing staff facilitate the program?

Sung: Yes, and both RNs and CNAs can conduct and direct the group music intervention.

Care Guide: Do they need training, and have special skills?

Sung: Nursing staff needs training on basic concepts of conducting a music intervention, or music therapy. They also need to have knowledge and skills of dementia care. We are considering making a manual in English available, in this regard.

Care Guide: **Which types of movements are participants required to perform?**

Sung: Mostly, large joint body movements involving both the upper and lower extremities.

Care Guide: **Is there a specific kind of music that staffers need to use during the intervention?**

Sung: Yes. In the study we used music from a CD prepared specifically for the program. The CD contained familiar music from the '50s to the '70s, with moderate rhythm and tempo.

Care Guide: **Did you take any precautions to ensure participants could exercise safely, without falling?**

Sung: The body movements used in the intervention are designed to suit the limited range of motions and physical functions of older people.

However, participants who had problems with lower extremities, or an increased risk for falling, were asked to sit in a chair or wheelchair.

Care Guide: **Can the intervention be conducted in any room?**

Sung: The group music intervention should be conducted in a private room, or activity room, without other disturbances.

Care Guide: **Is the program expensive?**

Sung: The program is not expensive. The equipment needed for conducting the group music intervention are a CD player and some music CDs the residents are familiar with.

Care Guide: **Are other particular tools or materials needed?**

Sung: Small percussion musical instruments that can be held by the participants can be used to enhance participation and entertainment.

Care Guide: **How did you prevent them from becoming fatigued?**

Sung: There is usually a five-minute break in the middle of the 30-minute group music intervention. Participants can also have a rest and sit in the chairs whenever they feel fatigued.

Care Guide: **Persons with severe dementia are usually unable to understand and follow instructions, how can staffers ensure their actual participation in the sessions?**

Sung: They need to provide short and easy-to-understand verbal cues for the body movements, and perform the body movements themselves in front of the participants. Also, additional staff can be used to

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Care Guide: **What is the best time, during the day, to conduct the sessions?**

Sung: for residents with dementia, the group music intervention should be carried out in the afternoon, around 3/4pm, since this is the time in which they begin to display more anxious and agitated behaviors due to the sundown syndrome.

By participating in the group music intervention in the afternoon, their behavioral problems may be prevented or reduced.

Care Guide: **Are there any factors that may prevent a resident with dementia from participating in the program?**

Sung: residents who are in acute pain are not suitable to participate in the group music intervention, and the same goes for residents who are very agitated and display assault behaviors.

The use of familiar music ensured that the intervention was person centered, says Sung, and facilitated the active participation, both physical and emotional, of all elders, who responded to it with hand clapping, tapping and singing.

Providing participants with small percussion instruments also helped promote engagement, and increased entertainment.

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