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## **Music Therapy in Methodist Homes**

Research into the impact of music therapy on the health and care of people with dementia

### **Introduction**

MHA has been providing Music Therapy since 2008, and now employs 12 qualified therapists in their specialist dementia care homes. Whilst some of this work is group based, residents with severe difficulties in communication, behaviour or wellbeing are referred for 1-1 therapy, where the therapeutic effect is believed to be based on the therapist-client relationship whilst making music. Sessions are weekly for 30 minutes and involve singing, talking and playing instruments together.

Whilst there is anecdotal evidence about how people with dementia react well to Music Therapy, there have been few formal studies into its effectiveness. There has also been a lack of research into how Music Therapy impacts on other interventions, such as medication, or the relationship between residents and staff and the quality of care they provide.

### **The Questions**

Professor Helen Odell-Miller, who heads up the Music Therapy department at Anglia Ruskin University Cambridge, was commissioned by MHA to undertake a pilot study into these issues, which, with her team headed by lead therapist, Ming Hsu, she completed during 2013. As well as testing specific research methods, the study sought to find out:

1. Is Music Therapy an effective intervention for people with dementia in care homes?  
*Does therapy improve a person's wellbeing - mood, alertness and engagement, and does it reduce negative behaviours such as agitation, depression, anxiety and aggression?*
2. Can the therapy also have an impact outside the sessions on the quality of care provided?  
*Does the therapy help staff to engage with residents, and influence their perception of residents' negative behaviours?*

### **The Study**

17 residents and 10 staff in two MHA care homes participated in a series of observations and interviews over 7 months. In each home, residents in one unit received individual Music Therapy

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for 5 months and those in another unit (the “control group”) just standard care. Two measures of wellbeing and behaviour were used at the start of the study and at 3, 5 and 7 months:

- 1) Dementia Care Mapping (DCM) was used to assess wellbeing. This observation tool scores someone’s mood at 5 minute intervals over 2 hours. Higher scores mean better wellbeing.
- 2) The “Neuropsychiatric Inventory” (NPI) was used to assess negative behaviours. This measures behaviour as witnessed by staff. Higher scores mean more disturbed behaviour.

In addition, three other measures were used:

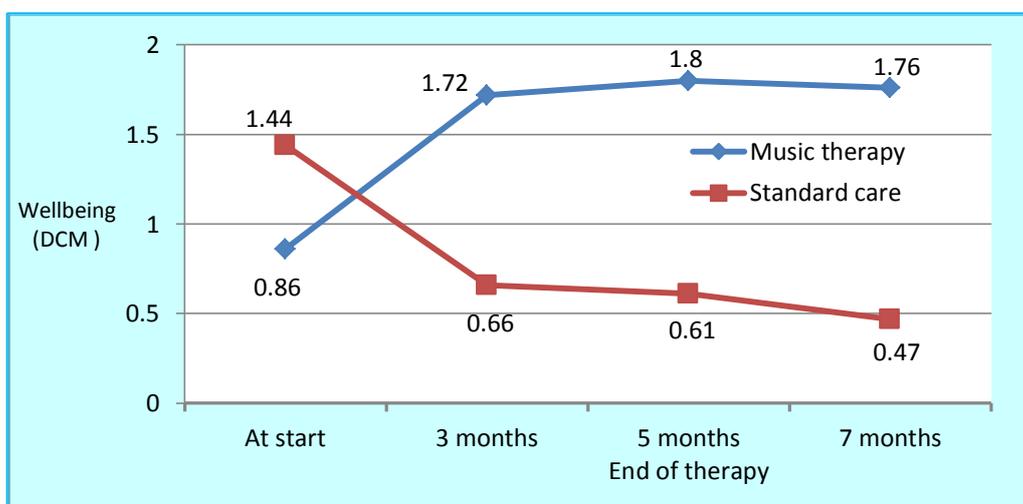
- 3) Staff in the units where Music Therapy was provided were shown videos of each therapy session. The DCM tool then measured whether this had an effect on the quality of their interaction with residents compared with the control group. NPI also measured occupational disruptiveness experienced by staff due to residents’ negative behaviours.
- 4) Staff were interviewed to find out their views of the benefits of Music Therapy.
- 5) Information was collected about the use of anti-psychotic drugs with the residents in both groups during the study.

## The Findings

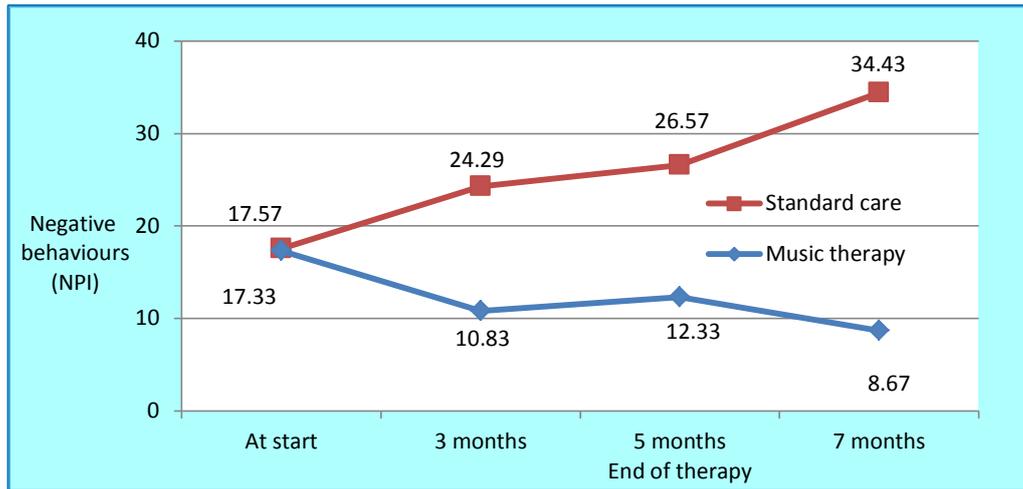
The study showed quite dramatically that Music Therapy had a beneficial effect on the symptoms of dementia both during the therapy and afterwards. The study was less conclusive, however, in relation to the impact of the therapy on the quality of other care provided.

### Mood and Behaviour

As can be seen below, the wellbeing of those having therapy improved significantly, doubling their score within 3 months, which was sustained at 5 months and beyond therapy. Those not having therapy experienced a reduction in their wellbeing, which might be expected.



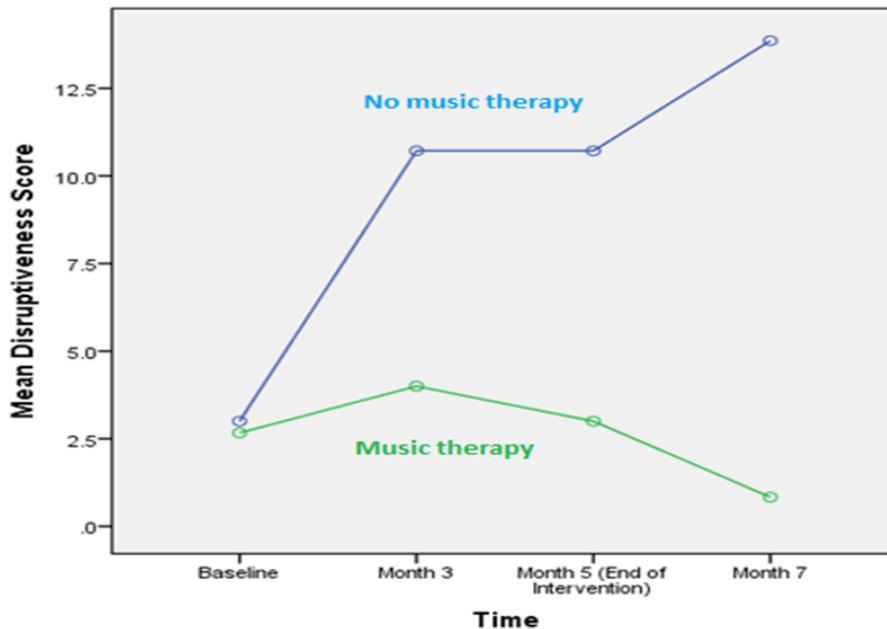
The next chart shows that the negative behaviours of those who had Music Therapy reduced by half, mostly in the first 3 months, and continued to fall beyond therapy. In contrast, negative behaviours in those who did not have the therapy increased – again this is not uncommon in more advanced dementia.



### Staff Interaction

Using the DCM tool, the study sought to find out whether the staff in the units where Music Therapy was provided and who watched the therapy sessions on video each week, had more or fewer positive interactions with residents than the control group. The results showed little difference and were therefore inconclusive.

However, NPI showed that the residents' negative behaviours caused less disruptiveness to the work routine in the staff group watching music therapy videos. This staff group perceived decreased disruptiveness 3 months after the intervention started. They also perceived further deduction of occupational disruptiveness 2 months after the intervention stopped. The chart below displays the trend of this.



### Staff Views

These same staff were also interviewed, and expressed very positive views about watching the videos, the most common benefits to them being:

- An insight into residents' history, symptom causes and cognitive functioning (all 7 said this);
- Enhancing their own techniques, such as singing, empathy and bodily expression (5 of 7);
- They felt personally uplifted, motivated and moved (4 of 7)
- It improved their communication with residents (2 of 7)

### Medication

The majority of the residents remained on the same level of medication throughout the study in all groups, and the results were therefore inconclusive.

### **Conclusions**

This study has provided very positive results in demonstrating the benefits of Music Therapy for a small number of people with dementia in care homes, and for staff feeling more informed, skilled and motivated.

The study was also successful in its aim to test the methodology that could be used in a large-scale clinical trial. Whilst this study had some "ecological validity" i.e. it was based on the real day-to-day life and care of the people involved, it was only with a small number and for a short period. Future research using these techniques with a larger sample of participants over a longer period is now shown to be feasible and needed.

The research has also raised some important linked questions which now need to be explored :

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- What mechanisms in Music Therapy benefit people with dementia, against those within other therapies (inc. merely spending concentrated one-to-one time with residents)?
- Could the measurement of brain patterns and/or psycho-physiological factors (heart rate, blood pressure etc) provide insights into the way that Music Therapy acts as an agent of change in residents' internal states?
- Can Music Therapy (or other interventions) help to slow down the deteriorating cognitive processes in dementia or does it merely help someone achieve a better quality of life?