Music Therapy and Dementia Care in the 21st Century

Conference Programme
September 4–6, 2015
Programme | Saturday 5 September

09.00 Registration and coffee
09.30 Opening and Chair: Helen Odell-Miller
09.45 David Aldridge
Music therapy practice and research - 25 years on
10.20 Ming Hung Hsu
In pursuit of music therapy’s mechanisms in dementia care: emerging theories, research and caveats
11.05 Discussion and questions
11.15 Break

11.45 Richard Sanderson
A musical journey through dementia: Examples from practice

12.30 Ann Slobooda
Sena - a realm - a solo
life for a musical man with dementia

13.05 Lunch

14.15 ROUNDTABLE: Nigel Fortem, Sarah Faber, Thomas Wosch and Alexs S. Kisko
Perspectives of ICT and Music in Dementia care

15.00 Jillian Mathews
Exploring the power of diverse music therapy in acute medicine of the elderly wards

15.45 Nicky Haire and Jane Bentley
Mapping music in dementia care: facilitation of community resources and music therapists’ adaptations

16.15 Thomas Woodward
Can you help your husband listen to music again? Changing expectations of music therapy for a couple in dementia care

17.00 Philippa Derrington and Rebecca Queen
Approaching dementia care together

17.45 Joanna Burley
Seeking connection the absorption of Georgian and Sullivan in an evolving person-centred dementia care

09.00 Registration and coffee
09.30 Opening and Chairs: Thomas Wosch & Helen Odell-Miller
09.35 Hanne Mette Ridder
The singing nurse? Music therapy, interdisciplinarity and an overview of research in psychosocial interventions
10.20 Orii McDermott
Measuring the “unmeasurable”? Challenges of translating clinically meaningful moments in health research and communicating these moments with non-musicians
11.05 Discussion and questions
11.15 Break

11.45 ROUNDTABLE: Seyda S. Bux, Rosalind Rosset, Therese Rosset, Laura Baslow, Helen W. W. M. Myles-Brown
Making Music therapy work for the health and care of people in dementia care homes

12.30 Jeni Melia and S. Russell
From isolation to Inclusion: How a music therapy service can provide a gateway for further support networks, addressing the changing needs of families living with dementia

13.05 Lunch

14.15 Wai Man Ng
Music therapy for people with mild cognitive impairment: An early intervention before progressing toward dementia

15.00 Ruth Mehluh
“Let them bring their own song:” a qualitative exploration of the impact on care staff participating in music therapy or dance movement therapy groups in a care home

15.35-16.00 Closing Ceremony

Programme | Sunday 6 September

11.45 ROUNDTABLE: Birgitte Vos, Rosemary Kinsella, Helen W. W. M. Myles-Brown, Laura Baslow, Helen W. W. M. Myles-Brown
Making Music therapy work for the health and care of people in dementia care homes

12.30 Sally A Pestell
Dancing to my tune: A clinical music therapy approach for people with dementia

13.05 Lunch

14.15 Gea van Straaten
The impact of music therapy on NHS Hospital and Blood pressure: music therapy on NHS Hospital wards for people with dementia

15.00 Emma Jay Phillipson
Diving deep into the present: through use of voice

15.35-16.00 Closing Ceremony
Dear Delegates

I am delighted to welcome you to our conference Music Therapy and Dementia Care in the 21st Century. This is our seventh music therapy conference at Anglia Ruskin University and this year we are pleased to be collaborating with MHA, a large organisation running residential homes and outreach work for older people including those with dementia. Our partnership over a number of years has included clinical work and new research in music therapy and the conference coincides with the publication of our collaborative research in BMC Geriatrics, which Keynote Speaker Ming Hung Hsu will refer to in his presentation on Saturday morning. We are also grateful to The British Association for Music Therapy (BAMT) which has also generously supported the conference.

The conference is also linked to a one day ICRA (International Centre for Research in the Arts Therapies) conference entitled ‘The Role of Arts Therapies in Dementia Care’ so our focus is upon dementia reflecting current needs in our communities across the world and emphasising the importance of all the arts therapies in improving the quality of life for people with dementia.

We have people attending from all over the world and an especially warm welcome to those who have travelled many miles to attend. You will see from the programme that there is a rich and diverse range of Papers, Workshops, Round Tables and Keynote Lectures, and I hope you will find the whole experience stimulating and thought provoking.

We are pleased to be expanding our research within the new Jerome Booth Music Therapy Centre; in the Department of Music and Performing Arts within the Faculty of Arts Law and Social Sciences; where we are hosting national and international research projects and training students.

Thank you to all those who have made this conference possible; welcome to you all and I hope you will be inspired by new knowledge, new learning and new experiences.

Professor Helen Odell-Miller
Chair of the Conference
Acknowledgements

Scientific Committee

Dr Helen Odell-Miller
Professor of Music Therapy and Director of the Music for Health Research Centre, Anglia Ruskin University. Honorary Senior Music Therapist and Researcher, Cambridge and Peterborough Foundation Trust. Researcher and music therapist in adult psychiatry. Research in dementia with MHA and others, including parliamentary groups.

Dr Jörg Fachner
Professor of Music Health and the Brain, Anglia Ruskin University. Specialist for translational issues of interdisciplinary research topics between medical, humanities and music sciences. Leading research which studies changes of neural correlates of consciousness (EEG) during music perception, and also applied to dementia.

Dr Thomas Wosch
Professor, and Director of Master Music Therapy, University of Wurzburg, Germany. Research, group assessment and microanalysis in music therapy. Specialist trainer in music therapy and dementia. Published widely in the field of music therapy internationally.

Dr Helen Loth
Course Leader for MA Music Therapy and Jerome Booth Music Therapy Centre Manager. She has a special interest in multi-cultural improvisation and teaches Indonesian gamelan. Her current research investigates the relevance of Indonesian gamelan music to music therapy practice.

Eleanor Richards
Senior Lecturer and Placement Co-ordinator on MA Music Therapy Course. Psychoanalytic Psychotherapist and supervisor, with particular interest in attachment theory. Researching and publishing on group music therapy and working towards a Professional Doctorate in the Cambridge Theological Federation, investigating connections between Zen and psychoanalytic practice.

Organising Committee

Ian Gorton
Administrator and producer of the conference

Prof Helen Odell-Miller
Chair of conference, scientific committee, and overall organisation

Liz Jones
MHA Head of Policy and Research

Grace Watts
BAMT PR Officer

Sarah Faber
Proof reading, posters and general support

Dr Helen Loth
Scientific committee, programming, organising advice

David Olivan
Student administrative assistant

James Lea
Student administrative assistant

Julia Farrow
Student facing and theming

Prof Jörg Fachner
Scientific committee

Eleanor Richards
Entertainment and book stalls

Prof. Amelia Oldfield
Student help co-ordinator, registration, book and instrumental stalls

Website Team
Gareth Long and Elizabeth Ayris

Catering Team
Emma Parrish

Design
Design & Delivery

Network Design Cambridge

Technical support
Krisztián Hofstadtter

Department of Music and Performing Arts Technician

All student helpers from the MA Music Therapy and Dramatherapy course - thank you for your help!

Entertainment: See separate programme for musicians and entertainers during the conference. Thanks to all!

General Information

Reception desk
A reception desk will be situated in the Helmore Lobby (“the Street”) Use main East Road entrance. This will be staffed at various times during the conference.

Delegate badges
Please wear your badges for the benefit of others, for security purposes and to give you access to rooms and refreshments!

Refreshments
All served in LAB006 (see map on back cover)
Tea, coffee and water - served at 9:00
Tea, coffee, water with fruit and mini pastries - served at 11:15
Buffet lunch, orange juice and water - served at 13:05
Tea, coffee, water and cake selection - served at 15:45  (with lunch on Sunday)

Conference rooms
Keynotes - LAB003
Parallel sessions: Ground floor : LAB003 & the Recital Hall (see map on back cover)
First floor: LAB111/112/113 (up the stairs by the refreshments)

Assistance and technical support
Ian and Krisztián are available at all times to provide technical support, if you need help finalising or embedding video etc. please grab one of us or email us: therapies-conf@anglia.ac.uk

MA Music Therapy students will act as conference stewards and provide assistance and support.

Message Board
For how to connect to the wifi, and to sign up for workshops etc. go to the foyer outside main conference room: LAB003

Bookstall info
John Smith’s Bookshop will be in the foyer on Saturday
Jessica Kingsley Publishers will have a stall in the foyer on Sunday

Exhibition stalls and posters
Posters and interactive MHA displays are in with refreshments in LAB006
MHA, BAMT, Bookstalls, Instruments provided by Sounding Bowls & LMS Music Supplies will be in the foyer between Main conference room and refreshments/toilets

Local taxi
Panther Taxi: 01223 715715
Music Therapy and Dementia Care in the 21st Century

This approach was based on promoting performance and emphasising the residual capabilities of patients or residents whereby we encouraged the development of an increased repertoire of responses both in residents and carers. We called this an “ecosystemic perspective” and included the stance that dementia is as much a dialogic-degenerative disease as much as it is a neurodegenerative process. Music therapy appeared to promote concentration on, and perseverance with, the task in hand and suggested that episodic memory could be clear clinical goals. Music therapy is also being used in end-of-life care.

The benefits of music therapy are that sessions can be tailored to meet the needs of individuals or groups, the promotion of dialogue between residents and residents and carers integrating persons with their surroundings and preventing isolation. We emphasise employing trained therapists offering clear clinical goals. Music therapy is also being used in end-of-life care.

References

Keynote speakers

Saturday, 9:45am

David Aldridge
Music therapy practice and research; 25 years on

Previous research highlights the potential effects of music therapy for managing neuropsychiatric symptoms of dementia. However, there is a relative paucity of research investigating the mechanisms of this intervention as to how the therapy works and how it relates to the context of patients’ health and care. The lack of this knowledge may pose challenges for practitioners to justify the clinical relevance of their role. It may further compromise the confidence in commissioning music therapy services. The talk will trace back to a case study by Odell-Miller (2002) which generated insights into possible working mechanisms through a psychoanalytically informed approach. This work later catalysed the current PhD research employing a clinical trial and psychophysiological measures including heart rate variability and skin conductance to understand the therapy, drawing emerging theories from human affective neuroscience (Armony & Vuilleumir, 2013).

References

Saturday, 10:30am

Ming Hung Hsu
In pursuit of music therapy’s mechanisms in dementia care: emerging theories, research and caveat

The recently published research (Hsu, Flowerdew, Parker and Fachner 2015) underlined the use of the therapist’s vocal, facial, bodily and musical expressions serving as emotional visual and auditory cues to modulate patients’ arousal level in the sessions. It hence illuminated the concept of emotion regulation (Gross, 2015) which might offer the key to managing patients’ symptoms both in therapy and in their day-to-day care. Additionally, the interviews with the care staff suggested an educational role for music therapists, enhancing multidisciplinary care planning and delivery.

The talk will conclude with an overview of directions for future research pursuing the agents of change in this therapy. This also includes the use of wearable technology and psychophysiological assessments whilst exploring caveats in conducting research that does not translate into improving patients’ health and generates misunderstanding of music therapy.

References

David Aldridge

David specializes in developing research methods suitable for the creative arts. He has emphasized the importance of the “arts” in research and this resulted in his specialised qualitative approach analysing therapeutic narratives. He has published extensively in the field of family distress based on his original work on suicidal behaviour in families, spirituality and end of life care since 1983. His paper Music and Alzheimer’s disease appeared in the Journal of the Royal Society of Medicine in 1993, cumulating in an edited collection “Music therapy in dementia care”, Jessica Kingsley Publishers, London was published in 1997. This was followed by a series of books and papers about specialist subject matter in music therapy research and practice, including dementia care, traumatic brain injury and neurological rehabilitation. He is a Fellow of the Royal Society of Medicine, London.

Ming Hung Hsu

Ming Hung Hsu spent his undergraduate years exploring how children learn in primary education. He later developed a desire to understand how music therapy works which led him to the training in the UK. After qualifying from Anglia Ruskin University, he pioneered music therapy in Methodist Homes, (now MHA), a not-for-profit care organisation for older adults and individuals living with dementia. Having worked closely with services and marketing managers, he had opportunities to see music therapy from other professionals’ perspectives. This also enables him to value the use of non music therapy language to communicate music therapy to people outside the profession. Ming is trained in Dementia Care Mapping and is fascinated by life sciences. His PhD research supervised by Prof. Helen Odell-Miller and Prof. Jörg Fachner has incorporated research findings of psychophysiology and neuroscience to explain the mechanisms of music therapy in dementia care.
Dementia is one of the major causes of disability and dependency among older people, with agitation in dementia as the most significant symptom causing patient distress and caregiver burden in later stages of the disease. Music in various forms (e.g. caregiver singing or music listening) is widely used in nursing homes for people with dementia; however these practices are generally little informed by music therapy theory and research. In this presentation, an overview of research in non-pharmacological approaches is given, and music therapy is described as an effective psychosocial intervention for reducing agitation in persons with dementia.

I will shortly refer to an exploratory RCT where we found that agitation in dementia: an exploratory RCT. Aging & Mental Health, 17(6), 667-678.


References


The majority of quantitative studies in health research focus on their outcomes, not their process. Changes following an intervention are usually evaluated using validated outcome measures. Outcome-based research has its advantages. However, clinically meaningful moments that are unique to individuals are not easily quantifiable, particularly when the changes are so subtle due to the progression of dementia.

A client reaching out for an instrument for the first time, a client beginning to engage in a tentative vocal exchange with a therapist. These are the moments any clinicians will recognise as a sign of therapeutic growth of a client. The importance of these actions may not be so obvious to others, but these moments are often the beginning of therapeutic changes that the client becomes more aware of, and that the therapist builds the next steps upon.

The majority of quantitative studies in health research focus on their outcomes, not their process. Changes following an intervention are usually evaluated using validated outcome measures. Outcome-based research has its advantages. However, clinically meaningful moments that are unique to individuals are not easily quantifiable, particularly when the changes are so subtle due to the progression of dementia.

Music therapists are often asked to show ‘how music therapy works’. Communicating these individual, clinically meaningful moments with multi-disciplinary team members or with funders is not always straightforward. ‘Evidence-based practice’ often demands changes shown in numbers.

Moreover, what people with dementia themselves may value when they attend music therapy and other psychosocial interventions are not always taken into account in health research.

Without being over-pessimistic, this presentation aims to outline some of the challenges music therapy clinicians and researchers face when communicating these clinically meaningful moments. The presentation also suggests some of the possible solutions to these challenges and highlights the areas that need further development in practice and in dementia research.
What is the relevance of skill-sharing to music therapists working in the field of dementia care?

The British Association for Music Therapy has 132 music therapists registered as working with elderly people. The Alzheimer’s Society forecasts that by 2025 there will be one million people living with dementia in the UK. However you look at these figures, it is clearly not going to be possible for music therapists to reach everyone living with dementia, yet there is a growing evidence base to support its relevance to their care. Inspections of care staff by the Care Quality Commission and Mental Welfare Commission for Scotland have found holistic and compassionate care to be lacking. Experience shows there may be elements that can be drawn from music therapy which can support those involved in the day to day care of people living with dementia; both family members and other carers.

What skills should music therapists be taking beyond the clinical room and sharing with others?

Mental Welfare Commission for Scotland have found holistic therapy organisations. Other collaborations include work with the International Consortium for Music Therapy Research and with Methodist Homes (MHA); and Ming Hsu working on new project, of which she is a member of the steering group. She is also undertaking doctoral research in music therapy and culture at Anglia Ruskin University.

This panel brings a range of experience to the debate. Helen Odell-Miller will discuss examples of music therapists sharing practical and theoretical skills which have impacted on the care provided for people with dementia. Alexia Quin will reflect on lessons learned from using music therapy skill-sharing to re-engage care staff with children and adults from whom they have withdrawn. In order to improve quality of care, Ming Hung Hsu will discuss the needs of music therapists’ neuropsychological knowledge-sharing in addition to music therapy sharing. Renata Bohacikova will discuss her experience of how music therapy skill-sharing has informed her practice.

Using Kitwood to explore the use of pre-composed music, improvisation and the ‘in-between’ in music therapy with people with dementia

Music is the fundamental tool that facilitates our practice as therapists. Often in music therapy, the focus is on the importance of improvisation. However, there is limited knowledge surrounding the most effective use of music in sessions with people with dementia. This paper will aim to highlight the equal validity of these three musical categories in our work with this client group. The presentation can be seen as a pre-cursor to further research testing these categories alongside accepted thinking in dementia care in the UK. A deeper understanding of our work allows us to meet the individualised needs of the people that we work with, a true facet of person-centred care.

References

Abstract:
Music is the fundamental tool that facilitates our practice as therapists. Often in music therapy, the focus is on the importance of improvisation. However, there is limited knowledge surrounding the most effective use of music in sessions with people with dementia. The NICE guidelines for dementia care reference Kitwood’s person-centred care approach. By exploring the relationship of music to two major theories put forward by Kitwood (1997) - the “psychological needs” and “positive person work” - further understanding of our clinical practice could be generated, enabling clinicians to better explain their work outside of our profession.

This paper will use video analysis of three identified categories of music used in sessions: pre-composed music, improvisation and the ‘in-between’. The author will consider Pinker’s concept of the musical faculties “tickled” by music (Pinker, 1997, pp. 534-538). language, auditory scene analysis, emotional calls, habitat selection and motor control. The main analysis will employ the twelve types of interaction from Kitwood’s (1997) positive person work to explain and examine the video excerpts demonstrating the three categories mentioned above. This paper will aim to highlight the equal validity of these three musical categories in our work with this client group. The presentation can be seen as a pre-cursor to further research testing these categories alongside accepted thinking in dementia care in the UK. A deeper understanding of our work allows us to meet the individualised needs of the people that we work with, a true facet of person-centred care.
Papers

3 Mariëtte Broersen

Individual music therapy and symptoms of depression in dementia

Abstract:
Mood problems occur in the vast majority of people with dementia. These problems can be differentiated into apathy, depression and anxiety. The prevalence of diagnosed depression in a sample of people with dementia in nursing homes in The Netherlands is 19% (Verkaik et al., 2009). This is considerably higher than the prevalence of depression in the elderly without dementia, which is 2% (Trimbos, 2008). It is likely that the prevalence of depressive symptoms in people with dementia in the nursing home without formally diagnosed depression lies above the rate of 19%. In nursing homes, 30% of nursing staff report feeling powerless regularly in caring for people with dementia who are depressed (Kerkstra et al., 1999).

The presentation will focus upon active individual music therapy in the treatment of depressive symptoms in dementia. Methodology and theoretical backgrounds will be given from a morphologic angle. A short case description is given to illustrate methods and effects. Further, a repeated combination of measurement of symptoms of depression and an assessment of musical parameters (e.g. melody, rhythm, harmony, timbre) during the course of the music therapeutic process is proposed. Building a collection of data on this combination could generate specific music therapeutic knowledge on this topic. The need of this specific knowledge to further develop music therapy practice and theory is emphasized.

Mariëtte Broersen

Mariëtte Broersen studied Musicology at the University of Amsterdam, where she graduated in 1993 with a literature study on music therapy with Alzheimer’s patients. Since 1995, she has worked as a music therapist in nursing homes, since 2004 for Amstelring, Amsterdam. She has published with other music therapists, in: Caregiving in Dementia, the Dutch Handboek Muziektherapie and recently in the Dutch Tijdschrift voor Ouderengeneeskunde. In 2013, she completed a Master of Arts Therapies at Zuyd Hogeschool, The Netherlands.

4 Joanna Burley

Seeking Connection: the significance of Gilbert & Sullivan in delivering person-centred dementia care

Abstract:
The issue of improvisation versus pre-composed music is often discussed in relation to delivering music therapy to clients with dementia. This case study presentation demonstrates the impact of finding a music genre which connects with early memories and is able to re-establish connection with a client who has Alzheimer’s and has suffered a recent bereavement.

The Music for Life Project funded by the UK Research Councils’ New Dynamics of Ageing noted that ‘choice of repertoire was particularly important as participants preferred music that was relevant to their life histories’ (ISM Music Journal, September/October, 2014, p.15). This presents a challenge for every music therapist seeking to engage and connect with their clients, especially in dementia care.

Joanna Burley

Joanna Burley qualified as a Music Therapist in 2009 after a successful teaching career. She trained at the Guildhall School of Music and Drama and now works in private practice from her studio in West London. Alongside her work with young people on the Autistic Spectrum, she is also passionate about the needs of older adults, especially those with dementia. She performs regularly with various orchestras and wind ensembles as a bassoonist and also enjoys accompanying soloists and choirs as a pianist.

References


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5 Anke Coomans

'Moments of resonance' in musical improvisation with people in a severe stage of dementia. An explorative multiple case study research

Abstract:
People in late stage dementia often show signs of anxiety and distress. Due to cognitive impairments, they lack the ability to express their emotions and needs in a way that is understandable to their family and/or caregivers. This lecture presents a study that aims to explore how musical improvisation in music therapy with people with dementia can lead to occurrences of essential moments of meeting on a non-verbal, musical level. In a multiple case study (n=4) approach, data consist of written clinical notes from the music therapist and video-recordings of individual music therapy sessions. Each case study comprises an in-depth analysis that leads to a selection of essential moments of meeting between the patient and therapist. The selection as well as the analysis happens by means of a clinical research intervention group and is based on an interpretative phenomenological approach. Some preliminary conclusions of the study will be presented. They will show how musical improvisation can be used as a specific intervention and how certain musical elements, such as timbre, tempo, silence, and phrasing, can play a crucial role in the occurrence of what is defined as 'moments of resonance'.

Anke Coomans

Anke Coomans is MA Music Therapist at the University Psychiatric Center KU Leuven, campus Kortenberg, Belgium, where she works on the psycho-geriatric units. Beyond her clinical work, she is also an assistant at the master training course for music therapy at the LUCA School of Arts, campus Lemmens, Leuven, Belgium. In 2016 she plans to finish her PhD-studies at Aalborg University in Denmark with a study that focuses on music therapy and dementia.

Workshop

6 Barbara Crowe

Group drumming and rhythmic experiences for older adults: An instructional workshop

Abstract:
The purpose of this workshop is to teach individuals working with people with dementia rhythm and drumming-based musical experiences for use with their dementia patients and to articulate the goals that can be achieved with such experiences. Compelling research has shown that rhythm and drumming experiences are highly beneficial for people with dementia and foster positive outcomes for them. In this workshop, participants will learn the uses and values of rhythm and drumming-based experiences for older adults with dementia. Goals to be achieved with these experiences will be articulated and demonstrated.

These goals include:
1. Increased reality orientation and attention to task;
2. Promotion of social interaction and group experiences;
3. Decreased agitation;
4. Muscle usage to promote improved muscle tone and range of motion;
5. Improved quality of life;
6. Re-emergence of cognitive functioning and aspects of personality; and
7. Facilitating interaction between the patient with dementia and their family members.

Specific rhythm and drumming activities will be introduced through participant engagement in the various activities. These include, but are not limited to: rhythmic name improvisation, rhythmic word percussion playing, tandem drumming, pass the egg shaker, modified drum circle, rhythmic echo, and rhythmic entrainment. The connection between the activities and the goals to be achieved will be articulated.

The workshop outline will be as follows:
• Introduction to rhythm and drumming activity interventions for adults with dementia;
• Beneficial outcomes of such activities;
• Participant engagement in various rhythm and drumming techniques to be used with people with dementia;
• Questions and group discussion.

Barbara Crowe

Emeritus Professor Barbara J. Crowe retired this May as Director of Music Therapy at Arizona State University in Tempe, AZ USA after 34 years of service. She graduated with her Bachelor of Music in Music Therapy in 1973 and her Master of Music in Music Therapy in 1977 from Michigan State University. She worked clinically as a music therapist with emotionally disturbed adolescents and with patients with Alzheimer’s disease. She is a past president of the National Association for Music Therapy and the recipient of the Lifetime Achievement Award, Service Award, Publications Award and others from the American Music Therapy Association. Professor Crowe is the author to several books, including Music and Soulmaking Toward a New Theory of Music Therapy, Group Rhythm and Drumming with Older Adults, Music Therapy Techniques and Multimedia Training Guide, and Music Therapy Techniques for Children, Adolescents, and Adults with Mental Disorders.
7 Philippa Derrington and Rebecca Queen

Approaching dementia care together

Abstract:
Dementia is a national priority for the Scottish Government. Contributions from Allied Health Professionals (AHPs) are currently being collated which will form the basis of a new policy document (September 2015) to support the transformation of dementia care across all sectors.

As AHPs, music therapists have a key role in this process and in the future of dementia care in Scotland. Alzheimer Scotland, in employing a music therapist/intern, has taken a pioneering step in enabling music therapists to contribute actively to these progressions and towards raising the profile of music therapists as AHPs. In addition to this, a Scottish Dementia and Music Therapy Network has recently been established. The remit of this group is to create a dynamic network and raise the profile of music therapy as a psychological intervention in Dementia Care, with reference to a model of community support created by Alzheimer Scotland.

At Queen Margaret University in Edinburgh, equipping graduates to work effectively in a variety of Dementia care settings forms part of the University’s future vision. From two different perspectives, this paper will present the discourse of a working collaboration between Queen Margaret University and Alzheimer Scotland, which culminated in the signing of a Strategic Alliance in April 2015. The practice and implication of this collaboration will be discussed: its impact on the Higher Education Institute and the developments described by a music therapist working for Alzheimer Scotland. As well as presenting advances to-date, this paper will include clinical examples and video illustration.

8 Rebecca Dowson

What can songwriting offer to people with dementia?

Abstract:
Songwriting is a well-established therapeutic tool for music therapists, providing clients with a medium for self-expression, creativity and containment, as well as a tangible finished “product” from the process. However, songwriting may not be an obvious choice for therapists working with clients who have dementia because the difficulties with memory and language which often affect them might appear to be insurmountable obstacles to their engagement. The paper will suggest that, in certain cases, songwriting can directly address some of the challenges which are experienced by people with dementia, providing a way of “holding on” to receding memories, containing feelings and emotions, and resulting in a song which can be revisited again and again.

The paper will also consider what factors influence whether improvised singing or songwriting is a more suitable intervention for a client with dementia. The paper will illustrate these ideas with the case study of S, a woman in her late 60s with a diagnosis of vascular dementia. Songwriting encouraged S to explore memories from her early childhood and engage in a co-operative process of composition with me. Themes of nostalgia and of growing up emerged in the song, which remained important to S after it was finished and was often revisited in sessions. A recording of S’s song will be shared with the audience. The paper will conclude by considering the relevance of Bion’s ideas about containment to songwriting with this client group.
Round table

9 Jörg Fachner, Sarah Faber, Thomas Wosch, Alexis Kirke
Perspectives of ICT, neuroscience and music in dementia care

This round table brings two perspectives together that may be of vital importance in music therapy and dementia care: Information and Communication Technologies (ICT) and neuroscience. More and more music therapists utilize technology for the recording and analysis of music and more clients are getting used to using technology to communicate with others, and also to listen to and create music (Magee 2014). A recent call from the EU asks for investigation into the potential of bringing ICT based technological aids into the home, and combining them with advanced and emerging therapeutic concepts. This round table will discuss what is already possible, will present and discuss trends and how music and ICT application in dementia care may help to create a holding environment in which humans sustain with their remaining abilities.

Thomas Wosch will present a research project that aims to detect the early onset of elderly depression by analyzing music listening habits and ways in which healthy elderly individuals interact in music. This research is extrapolating results gained from studies on music therapy and depression and will apply them as integrated tools in wearables such as smart watches, sensor technics, etc.

Sarah Faber will then speak on the neuro-dynamics of musical improvisation. She will focus on the processes and time course of dyadic improvisation to detect and describe the neural signatures of how we relate to others in a medium that helps to organize time processes and stimulate memory in action.

Alexis Kirke will inform us on the use of personalized music when creating a dementia radio station. This radio station will integrate a variety of vital information that will assist an elderly individual in the early stages of dementia by supporting them with an augmented audio reality. Listening to the radio is an important activity for older adults with dementia. A personalized radio station with elements of augmented reality may assist individuals in remembering important time points, may help to identify people in the environment, and will measure mood states and recommend music from their personal ‘top ten’.

This research will be supplemented by Jörg Fachner, with a presentation on the recent research on neuroscience, depression and music, and will discuss how this applies to the elderly, how we can use state-dependent memory in songs and preferred music to stimulate arousal and responsiveness, and how embodied cognition is of importance.

Sarah Faber will present a research project that aims to organize time processes and stimulate memory in action. Alexis Kirke

Paper

10 Adrienne Freeman
Negotiating the border: Music therapy for people in the last hours of dementia

Abstract:
This paper will explore issues encountered when offering music therapy in the last hours of people with dementia. Hearing usually remains functional until death (Bunt 1994, Weber 1999), rendering music a relevant means of being present for the dying person. The border between life and death is a unique territory (Worth 2005). Here, one encounters extreme vulnerability, high dependence and intimacy for both the patient and their loved ones. The therapist’s involvement with multi-disciplinary colleagues becomes, of necessity, altered nursing tasks around basic bodily functions such as respiration, incontinence and vomiting can easily become part of the therapy session. Relatives may be present, and, for them, this is frequently a time of heightened emotion. Great sensitivity is required from the music therapist in order to negotiate such territory: it is imperative to receive clinical supervision and liaise with colleagues and next-of-kin. The person in their last hours is unlikely to be able to clearly indicate their wishes, so it becomes vital for the therapist to hold in mind both the patient’s personal history and their music therapy history. Personal identity remains validated through the use of music connected with life experience (Bunt 1994). This paper will use case vignettes to illustrate the decisions of the music therapist as to whether or not to offer music therapy, and if so, how and when. Observations of colleagues and next-of-kin will be included, noting changes in levels of patients’ alertness, reduction in agitation etc. Such observations serve to underline music therapy’s impact at end-of-life.

References

Adrienne Freeman
Adrienne Freeman leads the music therapy team for the Older Adults service within the Enfield sector of Barnet, Enfield and Haringey Mental Health NHS Trust, where she has worked for many years. She is an experienced external examiner to Music Therapy training programmes. A BAMT registered supervisor of many years’ standing, she has extensive experience of supervising both qualified and student music therapists from various training backgrounds. She wrote a chapter entitled ‘The Elderly’ for the book ‘Integrated Team Working: Music Therapy as part of Transdisciplinary and Collaborative Approaches’, edited by K. Twyford and Y. Watson (Jessica Kingsley Publishers, 2008).

Sarah Faber
Sarah Faber is a music therapist researcher at Anglia Ruskin University. She trained as a music therapist in Canada and left the profession in 2010 to complete a master’s degree in Music, Mind and Technology at the University of Jyväskylä, Finland. Her research focuses on the neural processes of dyadic instrumental improvisation using EEG and she is continuing this research at the doctoral level with clinical populations, specifically individuals with Alzheimer’s type dementia.

Alexis Kirke
Alexis Kirke is a composer and filmmaker well-known for his interdisciplinary practice. He is a member of the Plymouth University’s Interdisciplinary Centre for Computer Music Research in the South West of England, and is composer-in-residence for the Plymouth Marine Institute - the UK leader in Marine research and work on sustainability, marine pollution and conservation. Alexis has completed two PhDs, one in arts and one in technology. Alexis is a poet and critic who has written for publications such as Terrible Work, Oasis, Tremblestone (UK) and Transmag (US). He has also been invited to read at Glastonbury Festival, and was editor of the UK’s first poetry website ‘Brink’.

Jörg Fachner
Jörg Fachner is Professor of Music, Health and the Brain at Anglia Ruskin University. His research interest focuses on neuroscientific approximations to kairos principles of music therapy processes. He has worked in music therapy research centres in Finland and Germany, and researches music and brain processes in depression and consciousness states.
Papers

11 Jamal Jasani Glynn
The effects of childhood abuse on a dementia client: A case study from Trinidad and Tobago focusing on the benefits of music therapy

Abstract:
The paper explores the possible relationship between physical abuse during childhood and dementia from a Caribbean perspective. Using a case study, it also attempts to show how music therapy can benefit clients with dementia who suffered physical abuse in the past.

Physical abuse is a severe problem in Caribbean societies. Traditionally, most parents in the Caribbean have subscribed to the belief that children should not go unpunished for their bad deeds with excessive forms of punishments. This is even more true for children who were raised in the 40’s and 50’s.

Dementia is a common disorder characterized by fragmented memory, delusional thoughts and the loss of orientation of day, time, and place. Exposure to excessive trauma has been shown to be related to adverse effects in memory loss and dementia. However, physical abuse during childhood could be a contributing factor to dementia and the insecure attachments, issues with trust, leading to aggressive behaviour at later stages of their lives.

To date, there are few studies that have investigated the association between physical abuse and dementia in the Caribbean. What is not yet clear is the impact of physical child abuse on dementia patients. Also, there has been no documented analysis of physical child abuse within the field of music therapy in the Caribbean. The case study introduced in the paper is a first attempt to fill this gap.

Jamal Jasani Glynn
Mr. Jamal J Glynn is a registered Music Therapist with the Health and Care Professions Council in the United Kingdom (HCPC and BAMT) and works within the psychiatric setting at North West Regional Health Authority, Trinidad and Tobago. He is passionate about exploring the benefits of the steelpan in music therapy. He also wrote his dissertation on this subject. He is interested in providing a Caribbean perspective regarding music therapy interventions and has conducted research in Trinidad and Tobago (Jamal Glynn: Music Therapy and its relationship to Schizophrenia - A pilot study, Caribbean Medical Journal, volume 75 No. 2 December, 2013, (pg 8-13).

12 Karen Gold
Senex, Puer and Sinatra: some thoughts about age-disparity and song

Abstract:
What happens in the therapeutic relationship when the patient is older, (sometimes much older), than the therapist? This paper explores the dynamics around youth and age which occur between patients and therapists in dementia work. Myths, fairy-tales and images all shed light on how we perceive ourselves and each other through the lens of time lived and time remaining. So do pre-composed songs, and the ways in which patients with dementia and their therapists choose them and use them in music therapy.

Giving case examples of song choices, some predictable and some unpredictable, I shall suggest that archetypal aspects of Age and Youth (Senex and Puer) are ever-present in dementia work. They are prompted by the actual age-disparity of patients and therapists in the room, and by the unconscious transferences and counter-transferences arising between them. They are implicit in dementia-provoked cognitive and communicative inequalities between patients and therapists. They steer the ways we create and respond to (musical) relationships and experiences. And they may illumine those transcendent moments of therapy when who is ‘old’ and who is ‘young’ may not be quite so easily defined.

Karen Gold
Karen Gold is a music therapist working with people of all ages in different settings. She is training with the British Jungian Analytic Association, part of the British Psychotherapy Foundation.
Papers

13 Joy Gravestock
Do you have space to come and be with my father?: A single psychoanalytically informed music therapy case study

Abstract:
Contemporary developments in psychoanalytic thinking in relation to older people provide an understanding of dynamic issues relating to ageing/dementia. Music therapy, enabling expression of inaccessible feelings and cognitive states, might be well placed for forging relational attachments with dementia sufferers as musical memory is “spared” by their illness (Cuddy and Duffin 2005).

Our earliest communication (“motherese”) is based upon musical elements, and dementia sufferers, regressed (especially in late stage illness) to dependent states, may experience early life resonances. In vulnerability, strangers or their own children care for them. However, how clients receive and experience care may still be influenced by unconscious memory of early caregivers. Traumatic changes for the sufferer, such as death of their partner, bodily incapacitation, and other loss, may provoke repetition of unconscious material. Developmental biological processes and illness inevitably impair the equilibrium of psychic processes, yet some plasticity of mental processes still exists, and therefore there is justification for treatment/intervention even in end stage cases. Dementia sufferers function within a number of concurrent time scales; chronological, biological and psychological. Within these, the therapist can be experienced as a transference figure, and internal unconscious worlds may be explored in shared feeling and emotion in improvisation, evoking a time and place, wherein the client might integrate “the selves they once were”. Music therapy might then help the client build relationship first within themselves, (as “despite the disintegrating effects of dementia, there always remains a sentient individual to work with” Simpson, 2000) and, ultimately, may improve relationship with carers.

Joy Gravestock
Joy is a self-employed music therapist working predominantly within adoption. She has developed an interest in the impact of findings from neurobiology upon the development of adult verbal psychotherapy and is interested in exploring how attachments throughout life may be thought about, explored, and hopefully enhanced by an attachment and relational based music therapy relationship.

14 Nicky Haire and Jane Bentley
Mapping musics in dementia care in Scotland: Community musicians and music therapists approaching dementia together

Abstract:
This paper arises out of a meeting between the two presenters at an event organised by Edinburgh University’s Scottish Music and Health Network. With both presenters working in the field of dementia, their ensuing conversation began with the question: what would it be like to be able to cross-refer to each other?

Drawing on Raymond MacDonald’s conceptual framework for music, health and wellbeing (2013) and considering current research into a conceptual framework for music and dementia commissioned by the Life Changes Trust and being carried out at Dementia Services Development Centre in Stirling, the presenters explore how professionals already using music with people with dementia can collaborate and learn from each other.

The number of music therapists working in dementia care in Scotland is growing and as the benefits of using music with people with dementia are more widely recognised, new funding for researching and developing work in music and dementia is being released. With a recently formed BAMT network for music therapists working in dementia in Scotland, there is excitement and energy about how to facilitate the best possible provision and practice.

The presenters will map how music is used in dementia care in Scotland and explore a vision for the future, which involves dialogue and collaboration between community musicians, music therapists and other professionals using music with people with dementia working alongside each other.

References
MacDonald R., (2013) ‘Music, health and wellbeing: a review’ Int. J Qualitative Stud Health Well-being 2013, 8: 20635 http://dx.doi.org/10.3402/qhw.v8i0.20635

Nicky Haire
After qualifying from Anglia Ruskin University, Nicky worked for several years as a music therapist in special schools and with elderly clients in care homes around Cambridge. Having recently relocated to Edinburgh, she now works as a freelance music therapist with adults with brain injury and older adults with dementia.

Jane Bentley
Jane Bentley is a community musician, consultant, and trainer, specialising in music in healthcare settings. She also works part-time for the NHS as a musician in Older Adult Mental Health services. She completed her PhD at the University of Strathclyde in 2011, focusing on musical interaction.
Round table

15 Ming Hung Hsu (Chair), Polly Bowler, Rosamund Flowerdew, Laura Bolton, Helen Odell-Miller, Liz Jones

Beyond music making: Making music therapy work for the health and care of people in dementia care homes

Introduction
Making psychosocial interventions such as music therapy successful in long-term dementia care requires programming the interventions into daily care (Vernooij-Dassen et al., 2010). However, the question is ‘how’ when music therapy is not provided on a daily basis and can be perceived as an intervention hidden behind closed doors.

This roundtable aims to share a 72-year-old charitable care organisation’s experience of rolling out a music therapy programme in over 50 dementia care homes. The discussion will also draw the audience’s attention to the recent literature reviews of implementation strategies for psychosocial interventions:

1. Organisational support: modifying staff work schedules, providing practice opportunities and changing policy or treatment guidelines. (Lawrence et al., 2012)
2. Interventions tailored to the person’s abilities and preferences (Lawrence et al., 2012; Dugmore et al., 2015)
3. Active involvement of care staff and family members (Lawrence et al., 2012; Dugmore et al., 2015)
4. Staff training: improving staff knowledge and increasing person-centred attitude (Boersma et al., 2015)

Themes
The panel consists of carer, manager of music therapy, head of policy and research, university professor, music therapists and research assistant. Each will discuss a theme as follows:

1. Seeing music therapy ‘beyond music making’
Ming Hung Hsu/Helen Odell-Miller

Compared with other essential services, e.g. personal care and catering in care homes, music therapy responds less directly to the ‘priority needs’ and income generation. At the same time, it relies on the profit made by these essential services. Whether music therapy is a ‘sine qua non’ of care home services can therefore be questioned. This calls for clarity of music therapy’s usefulness to the existing care services. An unequivocal task is to help staff and families see the intervention ‘beyond music making’. Music therapists are not the people who come into care homes to make some music and produce ‘magic moments’. This talk will discuss what might need to be done from the outset of setting up the service and for later on-going service maintenance and monitoring.

2. Making a difference with music therapists’ knowledge of health
Polly Bowler

Music therapy practice in dementia care homes requires music therapists’ flexibility to work between the neurological and psychological domains. Clinicians who are newly qualified or who have not previously worked in the field can feel certain conventional “Do and Don’ts” learned from the music therapy training being compromised. This could, consequently, generate difficult feelings in clinicians.

This talk will discuss how a national music therapy team’s monthly meetings provide support, group supervision and continuing professional development activities to their music therapists and students on placement. Additionally, the meetings include seminars covering the topics of psychiatry, neuroscience, psychotherapy, mental health law and current research. This increases music therapists’ knowledge of medications and neuropsychology which help explain patients’ health to people outside the profession. The talk stresses music therapists’ knowledge of health being the key to make the intervention work in care homes.

Ming Hung Hsu

Ming Hung Hsu spent his undergraduate years exploring how children learn in primary education. He later developed a desire to understand how music therapy works which led him to the training in the UK. After qualifying from Anglia Ruskin University, he pioneered music therapy in Methodist Homes (now MHA), a not-for-profit care organisation for older adults and individuals living with dementia. Having worked closely with services and marketing managers, he had opportunities to see music therapy from other professionals’ perspectives. This also enabled him to value the use of non-music therapy language to communicate music therapy to people outside the profession. Ming is trained in Dementia Care Mapping and is fascinated by life sciences. His PhD research supervised by Prof. Helen Odell-Miller and Prof. Jorg Fachner has incorporated research findings of psychophysiology and neuroscience to explain the mechanics of music therapy in dementia care.

Helen Odell-Miller

is Professor of Music Therapy and Director of the Music for Health Research Centre. In 1994 she co-founded the first MA Music Therapy course in the UK at Anglia Ruskin University. Helen is currently an Advisory Board Member for international music therapy organisations. Other collaborations include work with the International Consortium for Music Therapy Research and with Methodist Homes (MHA) and Ming Hsu working on new dementia research in music therapy. She is currently working with Parliamentary groups on music therapy and dementia and other research profile raising for music therapy.

Polly Bowler

Polly trained classically on cello at Trinity college of Music. She completed her Masters in Music Therapy at Guildhall School of Music & Drama in 2011. She has been working with people with Dementia with Methodist Homes (MHA) since January 2012. A keen member of the BAMT dementia network, she also helped to promote the 2014 conference. Polly sings and plays cello and sax in a wide range of groups including folk collective ‘Tribe of Tinkers’, and 90’s cover band The Cardigan Pimps. She performs occasionally with orchestral ensembles and has led choir and folk music workshops in schools and at festivals.
Round table (continued)

3 Research toward better music therapy and dementia care practices

Rosamund Flowerdew

Dementia care requires a concerted effort from multi-disciplinary teams to address home residents’ needs. There is currently a growing drive to use non-pharmacological interventions to manage the behavioural and psychological symptoms of dementia. The talk will highlight the pressing need to conduct further research to promote the implementation of psychosocial interventions into practice. The aims of the clinical trial commissioned by MHA will be outlined: primarily, to find an effective way to programme music therapy into care; and furthermore, to gather information on the mechanisms and value of music therapy in dementia care. The methods used in the project will also be discussed, in particular: the nature of care staff involvement, the use of mixed methods and technology-assisted devices, and how outcomes were obtained. Finally, the organisation’s investment in music therapy research and practice will be discussed.

Laura Bolton

Drawing from a music therapist’s experience of being involved in a clinical trial, the talk will discuss the practicalities of building an interface between music therapy and standard care. How the music therapy sessions and post-therapy communication with staff were carried out as part of the data collection for the trial will be explained, particularly sensitivity around maintaining the confidentiality of the sessions. Some challenges and difficulties impeding the delivery of the therapy sessions such as low staffing levels encountered during the trial will be discussed. The talk highlights the need for incorporating carers’ perceptions and expertise in order to strengthen the link between music therapy and standard care.

Liz Jones

This talk considers how to make music therapy a reality for a large charitable care provider. MHA is convinced of the benefits of music therapy and our published study (Hsu et al., 2015) provides proof of concept. We would like to see music therapy become recognised as a standard therapy that should be available for people with dementia in the same way other therapies (e.g. physiotherapy, other medical therapies) are - so a standard ‘hygiene factor’ in care settings.

Around 14,500 sessions are provided per year, helping over 1,600 residents across 55 MHA homes. Our voluntary (fundraised) income funds our music therapy (costing £500,000 per year) and it is provided without charge to beneficiaries. We hope to quadruple the amount of music therapy - moving from the 14,500 sessions per year to 58,000 sessions by 2025. This means we need to increase our fundraised income to help us achieve this.

4 Building an interface between music therapy and standard care

Rosamund Flowerdew

Laura Bolton

5 MHA and music therapy - our conviction and commitment. How MHA has approached the use of music therapy across a range of dementia care homes

Laura Bolton works as a music therapist for Methodist Homes and delivered sessions as part of a clinical trial study. She completed a degree in psychology before undertaking music therapy training (Nordoff Robbins) at Queen Margaret University in Edinburgh. She has previously worked as both a support worker and as a carer for the elderly blind before working as a technologist in the Department of Sleep Medicine at the Royal Infirmary of Edinburgh.

References


Collaboration with nursing and occupational therapy staff to establish the role of music therapy alongside other music interventions on an inpatient ward for older people with advanced dementia

Abstract:
Vink et al. (2003) indicate that music therapy may reduce behavioural problems, stimulate language skills and enhance social/emotional functioning. However, they also state that more research needs to be done to compare active and receptive approaches and music therapy to ‘mere music listening’. Blackburn and Bradshaw (2001) came to similar conclusions but also suggested that there is no evidence to suggest that ‘the success of an MT intervention depends on being delivered by trained music therapists’ (pp.886-887).

This paper is based on reflections from clinical practice and evaluations from other professionals on a ward for older people with advanced dementia. The music therapy service currently provides one to one sessions for referred inpatients and an open group run with support from an Occupational Therapy Assistant. The OT assistant runs ad hoc music groups at other times on the ward based on singing or listening to recorded music. The Occupational Therapy Service also secured charitable funding to establish the Playlist for Life (2015)

on the ward this year, which involves families and carers working with staff to create a personalised music listening experience when they enter the setting. Music therapy has been involved in designing evaluation tools for nursing staff and the OTA to monitor the use of playlists, which will hopefully become part of standard practice. This paper will review all of these aspects of music and music therapy interventions and consider the unique provision a professionally registered music therapist might offer in terms of direct provision, advice and training.

References

Jillian Mathews
Exploring the uses of harp based music therapy in acute medicine of the elderly wards

Introduction
Music therapy has been used to support people living with dementia. Over 50% of people in acute Medicine of the Elderly (MoE) wards have dementia, yet music therapy is rarely used in the acute hospital setting. We explored the feasibility of using music therapy in acute MoE wards.

Aims
1 To establish the feasibility of delivering live music in an acute ward
2 To determine the impact on patients
3 To determine the environmental impact on staff/visitors
4 To identify which acute patients could most benefit from music therapy

Methods
The acute MoE service in the Royal Infirmary of Edinburgh (RIE) comprises 140 beds across five wards. Following the introduction of CD players in some areas, the music therapist worked one day a week for eight weeks playing music, singing and interacting with patients. Feedback collected by clinicians and the therapist’s notes were combined in a thematic review.

Results
Over 70 patients and staff were canvassed. A high percentage of patients and staff expressed enjoyment of the music. A small percentage were indifferent or said that it was “not their kind of music”.

Conclusion
Live music therapy interventions were delivered without disrupting other services. The overall impact on patients was positive with staff witnessing distinct calming effects with agitated or delirious patients. Some patients used singing as support for concentration. The intervention provided a more relaxed atmosphere, reducing stress levels in staff and patients. There is an ongoing need to establish the best use of music therapy in the acute setting.
**Papers**

### 18 Ruth Melhuish

**'Let them bring their own song': a qualitative exploration of the impact on care staff participating in music therapy or dance movement therapy groups in a care home**

**Abstract:**
This project aimed to explore the experience and perceptions of nurses and healthcare assistants who participated regularly in music therapy or dance movement therapy groups for residents with dementia in a nursing home.

Selected staff took part in therapy groups with residents over a six-week period, followed by individual in-depth interviews with one of the therapists. The interviews were transcribed and analysed using qualitative methods.

Findings showed that the experience of taking part in the project had a significant impact on care staff:
- They discovered more about residents’ individual capabilities and feelings
- They identified key elements of the therapists’ approach
- They demonstrated a more reflective approach to their work
- They transferred their learning to their own practice
- Communication and relationships with residents improved

### 19 Jeni Melia and Sarah Russell

**From isolation to inclusion: how a music therapy service can provide a gateway to further support networks, addressing the changing needs of families living with dementia**

**Abstract:**
This paper describes the development of Music 4 Memory (M4M) in Bedford Borough, and its positive impact on quality of life for families living with dementia by building a dementia-friendly community, raising awareness and reducing isolation and stigma.

M4M has been described as ‘an innovative, charitably-funded, community-based, long term success story’. From its inception in 2008, M4M has grown from a small group of ten to support more than two hundred people with dementia and their families/carers across three Community Music Therapy groups and a M4M home service offering 1:1 Music therapy for those who are most isolated and unable to engage with other support services.

From February 2014, in its first year, 87% of M4M home service users who had previously felt isolated went on to access further support.

The presentation will include power-point, current evaluation, thoughts on future development, and an illustrative case study of one family’s M4M journey from mid stage to end of life

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**Ruth Melhuish**
Ruth Melhuish has practised music therapy in adult and older people’s mental health settings since 1991. She currently combines NHS work in London with freelance employment in Worcestershire where she lives. Since 2009 she has collaborated on dementia projects with Music Therapy Works (Worcester), Mindsong (Gloucester) and with Soundwell Music Therapy Trust (Bath). She has published and presented research on aspects of group work in dementia including evaluation (Melhuish 2013). Ruth is active as a clinical supervisor, pianist and singer who works with several community choirs.

**Jeni Melia**
Jeni Melia is a freelance Music Therapist working in Northamptonshire and Bedfordshire. In her role as co-director of Tibbs Dementia Services (TDS), Jeni has developed a successful music therapy service, ‘Music 4 Memory’, for people with dementia and their families/carers in Bedford Borough with co-director and CEO, Sarah Russell.

**Sarah Russell**
Sarah Russell is a former development officer with a national dementia charity. With extensive experience in creating, building and finding funding for projects, Sarah works to ensure the success and sustainability of Music 4 Memory and the wide range of services offered by Tibbs Dementia Services in response to the needs of carers and people living with dementia.
### Abstracts from members of the panel:

**Helen Odell-Miller**

In a two-year training, it is difficult to cover every special field adequately, but music therapy training courses in the UK usually incorporate basic introductions to dementia care, music therapy in this field and current research. Music and brain research and neurological developments are developing so that it is also crucial to introduce students to these areas, and some trainings (Anglia Ruskin University, for example), incorporate specialist music and brain lectures and have specialist staff to teach this. As a result of these developments, students in Anglia Ruskin University are increasingly choosing the field of dementia for their final dissertation. These and other questions for the future in this field will be addressed including drawing upon trends in other countries; for example in Germany in the University of Wurzburg, students specialise in training to work with people with dementia. Helen will also discuss how training may need to adapt in order to meet current trends.

**Rachel Darnley-Smith**

The practice of music therapy with older adults has traditionally been taught alongside studies in psychiatric illness. A reflective and critical understanding of standardised psychopathologies of illness is still considered an essential part of the music therapist’s knowledge base. However, at Roehampton we are also developing areas of practice-derived theoretical knowledge of the act of relating, including the mirror function of improvised and song-derived music making, affording mutual recognition where words and conscious memories are in decline. I will talk briefly about these ideas and how such theoretical knowledge can enable the clinical supervisor to promote the value of an authentic dialogue in and through music, prior to any functional benefits that may also emerge through the work.

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**Clare Monckton**

Clare Monckton qualified with a MA in Music Therapy from Roehampton University in 2009. She has worked full-time for Methodist Homes since 2010, providing music therapy in care homes for older adults with dementia. In 2014 Clare presented at the World Congress of Music Therapy in Austria and is currently the Dementia Network Coordinator for BAMT having established the network in 2013.

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**Helen Odell-Miller**

Helen Odell-Miller is Professor of Music Therapy and Director of the Music for Health Research Centre. She joined Anglia Ruskin as co-founder of the first MA Music Therapy course in the UK, having worked as a music therapist in the NHS, pioneering music therapy in mental health. Helen is currently in the Advisory Board at Aalborg University Denmark, on the international PhD programme, combined with her academic role at Anglia Ruskin, teaching on the MA Music Therapy programme. Other collaborations include work with the International Consortium for Music Therapy Research and health care providers such as Methodist Homes.

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**Rachel Darnley-Smith**

Music Therapy and Dementia Care in the 21st Century

Round table (continued)

Abstracts from members of the panel:

Sharon Warnes
Questions are often asked about the value of employing a music therapist rather than an entertainer/community musician, particularly regarding group work in care homes, by managers and by music therapists themselves. Why do we ask these questions? Are we unsure of our identity as music therapists and if so, why? What do we aim to achieve in our dementia groups? What is the relationship between the way we value our work and the way it is perceived by others? I will explore some of these questions and consider what role relatives have to play in all this.

Adrienne Freeman
Where do we go from here? A clinician’s perspective.’
This paper is set in the context of a NHS dementia service which provides music therapy group-work for out-patients and (mainly) individual sessions for in-patients experiencing advanced dementia. Clinical vignettes will illustrate the focus of music therapy sessions in comparison with the more general benefits of those run by musicians, with the input of both contributing in a complementary manner to the musical milieu of the wards(s).

The increase in numbers of people living with dementia has put pressure on existing care services – the impact of this on music therapy service delivery will be explored, including how one might approach working with a clientele where the age range encompasses several generations.

In evidencing our work as music therapists, various layers of evaluation will be considered, both formal and informal. Dementia Care Mapping (Kitwood 1997) and use of a ‘non-verbal vocabulary’ (Killick 2013) have been influential in such measures.

References

Sharon Warnes
Sharon trained at Anglia Ruskin University 2003-2005, graduating with distinction and has spent the past decade working as a music therapist, teacher and professional violinist in Warwickshire and Oxfordshire. Prior to training, Sharon taught English and Music at HMP Gartree to men serving life sentences. Since 2007, her music therapy work has focussed on people with dementia and adults with acquired brain injury; working for Guideposts in Oxfordshire and Headway Thames Valley. Sharon has run staff training programmes in care homes and day centres, contributed to the 2010 book “Flute, Accordion or Clarinet?” (Eds. Oldfield, Tomlinson & Loombe, JKP), won a Sue Ryder “Women of Achievement Award” in the “Health Carer of the Year” Category (2011), and been nominated for a “Life After Stroke Award” (2015).

Adrienne Freeman
Adrienne Freeman leads the music therapy team for the Older Adults service within the Embled sector of Barnet, Enfield and Haringey Mental Health NHS Trust, where she has worked for many years. She is an experienced external examiner to Music Therapy training programmes. A BAMT registered supervisor of many years’ standing, she has extensive experience of supervising both qualified and student music therapists from various training backgrounds. She wrote a chapter entitled ‘The Elderly’ for the book ‘Integrated Team Working: Music Therapy as part of Transdisciplinary and Collaborative Approaches’, edited by K. Twyford and T. Watson (Jessica Kingsley Publishers, 2008).

Grace Watts
The therapeutic use of music is not limited to MTs. In fact, many people would say that they regularly engage with music on a therapeutic level within their daily lives to express themselves and communicate with others, be it through listening to a favorite piece or song, attending live performances, or playing an instrument, either on their own or with others.

How can MTs distinguish themselves as Allied Health Professionals whilst working collaboratively with other musicians and organisations to support an ever increasing demographic with complex needs? How do we find the right words to describe what we do?

Music and its benefits are universal, and MTs have a crucial role to play in making those benefits widely available to all. But how MTs choose to do this will have an impact on the role it has to play in supporting and caring for people with dementia throughout the 21st Century.

Grace Watts
Grace Watts is currently a senior music therapist in the NHS working within a child development service. She is also part of the UK team involved in the international collaborative TIME-A trial (Trial of Improvisational Music Therapy’s Effectiveness for Children with Autism). Her clinical work experience includes primary and secondary special education, adult mental health and adult learning disability. Grace is also the PR Officer for the British Association for Music Therapy. She first witnessed the impact of music therapy for people with dementia during a volunteer placement assisting music therapy sessions.
Papers

21 Jane Moulton

'Mum playing the piano, me dancing on the stairs': from the sharing of individual stories to building a sense of community and group identity through a creative songwriting project

Abstract:
The Partnership in Care is a family-run business offering nursing and residential care in homes across Suffolk. Through Suffolk Music Therapy Services, I work as a music therapist in three of the homes.

This paper will describe the setting-up and running of a songwriting group at one of the residential homes. Eight residents from different backgrounds and with different functional and cognitive abilities, including those in different stages of dementia, took part in the songwriting group, co-writing and performing an original song at an annual awards ceremony.

The stages of the songwriting process will be outlined, from initial discussions with staff and residents to the creation of the song and the subsequent live performance by the songwriters, other residents and staff.

I will discuss my role in the project and how my background as a singer/songwriter, in addition to my music therapy training, influenced my methods, approach and analysis of individual and group processes.

To conclude, I will reflect on the value of the songwriting process and the function and extended life of the created song for those involved. Observations and reflections from staff at the home, members of the audience at the live performance and the residents themselves will be included.

The song and lyrics created by the residents will be presented.

Jane Moulton

Jane Moulton worked as a professional musician in various pop bands prior to qualifying from Anglia Ruskin University, Cambridge as a music therapist in 2010. Since then she has worked in dementia care in 11 different residential homes across London and Suffolk. She has worked for Suffolk Music Therapy Services since 2011, working with children and adults with learning disabilities, children in mainstream schools with emotional and behavioural difficulties and the elderly.

22 Kathryn Nall and Bethan Shrubsole

'Reflections on enhancing the quality of interactions for people with dementia through music therapy informed by theories of Tom Kitwood and ideas from systemic family therapy'

Purpose:
To consider two hypotheses in relation to whether music therapy can be validated as an intervention in the care and treatment plans of people living with dementia.

Music therapy makes a significant contribution to improving the quality of care available to people with dementia by enhancing interactions and ways of relating.

That ideas from theories of systemic family therapy can be helpful in redefining ways of thinking and reflecting about dementia and its consequences for individuals and their carers.

Methods:
To consider how music therapy can enhance the quality of interactions and improve the quality of care for people with dementia drawing on the ideas of Tom Kitwood (1997), with reference to recent research by Riddell.

To illustrate this, I will draw on my MA which focused on the role of song in music therapy and how this could be seen to enhance the quality of all 12 types of interaction as defined by Kitwood.

To consider theories from Systemic Family Therapy including ideas on reflexivity, reflection and enactment, in relation to the practice of music therapy with an individual client and his partner.

To reflect on implications of these ideas for work with groups of clients and their carers in the community.

Evidence:
Case material relating to two groups of clients suffering from the effects of dementia over a period of two years in residential homes.

Presentation of current work with a gentleman suffering from dementia and aphasia by Bethan Shrubsole.

Kathryn Nall

Kathryn divides her career between social work and music therapy. Her work has included music therapy for people with dementia and work in schools with Cambridgeshire Music, for whom she is developing new work to include adults. Kathryn also works as a social worker with Looked After Children and in 2014, completed the foundation level of the Advanced Certificate in Systemic Practice.

Bethan Shrubsole

Bethan founded the Ugandan organisation “Music for Peaceful Minds” and spent four years in Uganda delivering music therapy services to war-traumatised children and those with special needs. She now lives in the UK and works for Cambridgeshire Music.
Papers

23 Wai Man Ng

Music therapy for people with mild cognitive impairment: An early intervention before progressing toward dementia

Abstract:
Belleville (2008) states that people with Mild Cognitive Impairment (MCI) are at risk of developing Alzheimer’s disease or other types of dementia. Gates et al. (2011) also mention that 10% to 15% of people with MCI will progress toward dementia. Therefore, early intervention for people with MCI is necessary and of great worth.

A pilot study was conducted in Hong Kong in 2013. Forty elderly people with MCI were recruited in the study by randomized controlled trial method. Twenty participants joined a 12-session music therapy group conducted by a music therapist. Another twenty participants joined a 12-session cognitive intervention programme (control group) without musical elements conducted by social welfare workers. Both programme contents were cooperatively designed by an occupational therapist and a music therapist. The contents of the cognitive intervention programme consisted of attention, memory, cognitive training, education of memory strategies, general cognitive stimulation and compensatory cognitive rehabilitation. The music therapy group included all these cognitive-training contents with a wide range of music therapy elements, such as singing new songs, improvisation, and musical-cognitive games.

Cognitive and psychosocial assessments were administered before and after the programme. Relative to the control groups, the music therapy groups demonstrated significant improvements in the Mini-mental State Examination (MMSE), Montreal Cognitive Assessment (MoCa), Category Verbal Fluency Test (VFT), Lawton Instrumental Activities of Daily Living Scale (IADL) and Geriatric Depression Scale (GDS-SF). The results indicated that 12 sessions of music therapy with cognitive-training elements had beneficial effects in cognition, daily functioning and mood in elderly persons with MCI.

References

24 Alice Nicholls

Memory lane: Community music therapy within a multidisciplinary team working with older adults with dementia

Abstract:
Music therapy, and musical activity in general, are now more commonly used interventions for older adults with dementia. Advances in neurology and psychology have shown that engagement with music can influence moods and emotions, though it is still somewhat unclear as to why this is. This community arts project explored the use of different art forms and arts activities, including music therapy and group music-making, with a group of residents with dementia at a care home. As part of this multidisciplinary team, I had a somewhat ambiguous role, being a music therapist in a broadly non-therapies based project, and I also explore the challenges this brought in this presentation. Despite initial difficulties in setting up the work, the team discovered over the course of the project that those residents who attended the arts sessions regularly showed less agitated behaviour, more engagement with the staff and the team, more social engagement with each other, and an improved mood and willingness to participate in the sessions. Although it was not music therapy in the strictest sense, this work did have therapeutic benefits for the residents. Further research could perhaps be conducted into the effectiveness of combined arts activities with a therapeutic focus, or multidisciplinary work which includes but is not limited to arts therapies, as a treatment intervention for older adults with dementia.
Papers

25 David Nicholson

Boundary and space: Exploring the potential implications that ‘in the moment relating’ has on the music therapy dementia group and the therapeutic frame it operates within

Abstract:
With any client group the therapist seeks to relate ‘in the moment’, and for clients who have an awareness of their past and future, the therapist also works with the resistance and defences of lived ‘past impingements’ arising from an individual’s unique maturational journey (Winnicott, 1990). Concrete boundaries, such as the consistency of time, place and the therapist’s own dependability, become vital therapeutic tools in creating a therapeutic frame safe enough for these resonances from the past to be thought about and explored within the present ‘here and now’ relating of the transference relationship.

However, in the dementia setting, clients come with more fragmented connections to past and future. Interactions take place in the moment, and clients themselves live much more in the present moment. The boundaries that have traditionally established the therapeutic frame no longer appear as relevant in defining this central prism through which relating takes place. Indeed, they can become obstacles and barriers to exploring the freedom and spontaneity of ‘in the moment relating’. For the Dementia Client, when is a session not a session? Is a consistent group membership important? Are these distinctions important to hold on to? Who needs these boundaries more, therapist or client?

I will explore how my psychodynamic understanding of the role of the therapeutic frame within the dementia group setting has had to evolve as I have adapted my approach to hold and value the preciousness and freedom that our ‘in the moment interactions’ can have.

I will examine how this revised therapeutic frame supports me in my capacity to create an ongoing space within which the music therapy group takes place, and which supports the unique qualities that group music-making has to ‘in the moment connectedness’ and to each individual’s capacity to experience a personal sense of aliveness.

References

26 Elizabeth Nightingale

Music therapy with couples: Restoring a lost connection in dementia care

Abstract:
Literature on music therapy with an informal caregiver such as a partner is emerging, though this form of practice has generally received less attention. Clinical work in this context typically focuses on how the person with dementia’s responses to music can be used to establish a new medium of communication. However, given the psychological distress and low self-esteem that often accompanies those that assume a caregiver role, it is equally important to recognise their needs and responses and how music therapy might provide essential support. Music-making stimulates the person with dementia’s unimpaired functioning and enables these couples to counter the general loss of mutuality in their relationship by sharing in something of equal value and pleasure.

This paper will present a case study of music therapy between Mike and Heather Haines where Mike had dementia. The initial and emerging therapeutic aims will be presented in addition to the therapeutic approaches that were employed. Heather’s feedback on how these sessions impacted both her and their relationship will be included, in addition to how the wider family is now using music to interact meaningfully with Mike. The paper will close with recommendations and suggested outcome measures for adoption in future projects.

David Nicholson

I trained as a music therapist at Guildhall School of Music and Drama, graduating in 1999. Since qualification I have worked continuously within the NHS, largely for West London Mental Health Trust in adult mental health. This has been across a number of clinical settings ranging from music therapy provision within the inpatient psychiatric unit, and group work within both inpatient and community-based dementia settings. I use a psychodynamic approach to thinking about this work, drawing on ideas from the object relations school, in particular those of Winnicott and Bion.

Elizabeth Nightingale

Elizabeth completed an MSc in Music Therapy at Queen Margaret University in Scotland. Whilst in Scotland, Elizabeth worked freelance for Fife Council and Barchester Healthcare working with adults with neurological and mental disorders. She additionally worked at Sunflower Garden with children and young people affected by substance misuse in their families. In 2015, she relocated back to Surrey and now works with Chiltern Music Therapy, practicing across a range of client groups in various residential homes and charities across the South East. Elizabeth had music therapy work published in this year’s March/April issue of the Journal of Dementia Care.
Papers

27 Josie Nugent

Attention, arousal, dialogue?! Approaches towards facilitating occasional music therapy interventions for adults with dementia in Northern Ireland

Abstract:
This paper will examine factors that influence the facilitation of occasional group and individual music therapy interventions for people with dementia in Northern Ireland and the adaptation of a clinical music therapy approach to meet participant needs (Ridder, 2003).

Factors prevalent in Northern Ireland include the fact that participants come from a society emerging from over 40 years of conflict where sectarianism and trans-generational trauma exist (Sutton, 2002). In this society, nothing is neutral; certain kinds of music, musical instruments and song lyrics are contentious and therefore one must be sensitive to these realities to avoid further alienation of the client in this group setting. The use of creative activities, for example body-movement songs and composed songs, greatly facilitate arousal and dialogue in these sessions, as does the use of my first instrument, the violin (Nugent, 2012), and my folk music background with decades of experience bonding musically in the moment to encourage engagement with others. An all-important factor is the trauma of dementia itself and how it affects both client and carer as they partake in something new: a music therapy intervention.

References

Josie Nugent
Josie Nugent graduated with a master's degree in Music Therapy at Anglia Ruskin University, Cambridge, 2010. Prior to becoming a music therapist, she pursued a post-doctorate research career in biological sciences. She currently provides music therapy services in dementia, adult group therapy, autism and learning difficulties across Northern Ireland and works as an outreach music therapist for The Alzheimer's Society and Music Therapy Connections Northern Ireland. Web site address: http://www.scmmt.org

28 Kerrie O’Connor

Would you like a song?: The transformative power of a simple question in group music therapy for individuals with dementia

Abstract:
This paper looks back on a four year group music therapy programme with residents on a dementia unit in a long-term care facility. It considers the evolution of the group and in particular, the pivotal role played by the therapist-posed question “would you like a song” to each group member.

A protocol around asking this question was developed and is outlined together with snapshots of the music therapy group before and subsequent to its implementation. Three case vignettes are presented, each describing how this question was used with an individual resident to explore an area of their life in a way that they did not in conventional communication. This paper concludes that individuals with dementia can explore life and its meaning in songs that are significant to them and that these can be elicited as outlined. The appendix includes a complete list of songs and their themes spontaneously suggested by residents in response to this question.

Kerrie O’Connor
Kerrie O’Connor graduated as a Music Therapist in 2009 from the University of Limerick. She works in Ireland dividing her time between two long-term care facilities and private practice where she works with individuals with dementia, older adults or those with an acquired injury. She is committed to the professionalization of music therapy in Ireland and has just concluded a three year voluntary term with the Irish accrediting body for music therapists holding positions of executive council member, treasurer and administrator.
Papers

29 Sally A. Pestell

Dancing to my tune: A clinical music therapy approach for people with dementia

Abstract:
Dementia is a shared, 'lived' experience, but through the agis of music therapy, a new dynamic for hope and positivity is now being established by focusing on the uniqueness that every person has to convey their humanity and connectedness through this vital medium of the expressive arts.

I illustrate the 'highs and lows' of setting up music therapy practice where none has existed before; from the initial observation of residents to understand what living with dementia means for them on a daily basis, to the negotiation of a mutually acceptable clinical model of individual sessions and formation of an open music therapy group. I put forward the case of how music therapy can preserve the 'sense of self' and identity in a person with dementia whilst also improving the quality of life and wellbeing for them, their family and for those providing care.

Sally A. Pestell
Sally is currently in her final year of studying for a Music Therapy MA at Bristol UWE. After an extensive career teaching primary school children she had responsibility for teaching music throughout both Key Stages, and decided to embark on a career change that would fulfil her growing interest in using music as therapy to make a difference to the lives of those who were struggling to cope. She had witnessed the power of music to build self-esteem and bring about change and transformation in underachieving children and wanted to extend her learning and experience to help other vulnerable groups in a variety of settings.

30 Emma Phillipson

Drawing clients into the 'present' through use of voice

Abstract:
This paper will outline a clinical technique I have developed whilst working with older adults with severe dementia. My approach focuses on using improvised vocalisations to draw clients out of an 'absent' state and into a 'present' state. To explain this, I will clearly define what I mean by 'absent' and 'present' and discuss some literature that uses these terms (mainly within the realms of philosophy). I will also highlight how this technique was influenced by my major project whilst studying (Titled: 'The Use of Silence in Music Therapy') and the writings of Julie Sutton, who wrote about absence and presence within silences. I will then demonstrate the technique by showing two clinical examples using either audio or video clips. They will both show how I use different sounds to mirror, create suspense and match non-verbal clients with severe dementia who then seem to become 'present' in the room with me and start interacting. I will conclude by highlighting how important it is to find these moments of presence in order to facilitate interaction and also how important it is to hand over information about your work to relatives; if relatives are able to promote your work within the care home setting, then this provides a good foundation for further funding towards music therapy at that specific home.

Emma Phillipson
Emma is a Music Therapist in her first year of qualifying. She studied at Anglia Ruskin University and is a first study classical singer. Alongside a fellow classmate, Emma set up an extra placement, in addition to the ones given at university, at a care home working with older adults with dementia. Since qualifying in July 2014, together with her classmate she was able to acquire funding to continue the work at that same care home. Emma also works on a self-employed basis at a day centre for older adults with dementia and with children 1-14 years old who have life-threatening illnesses.
Papers

31 Cathy Richards and Iain Spink
Side by side with tea, pills and blood pressure: music therapy on NHS hospital wards for people with dementia

Abstract:
During a recent meeting of the BAMT Dementia Network group, it was identified that most of the dementia work in the UK happens in residential care homes, and that work on hospital wards is relatively rare. Furthermore, an NIHR systematic review in 2014 of interventions for older adults with dementia which supported the use of music therapy focused almost entirely on care homes.

This paper will focus on the presenters’ work on NHS hospital wards for people with dementia, providing an insight into this area of work.

By necessity this work is multidisciplinary as we are each the only music therapist working on hospital wards alongside a range of qualified and unqualified staff from medical, therapy and psychology professions.

We will describe how we work with staff both within and outside clinical sessions including video/audio examples and descriptions of our work and settings.

There are many issues and challenges that arise when delivering therapy sessions in busy ward environments. Some of these will be identified and discussed along with strategies and ways of working to maximise patient and staff engagement.

We will draw on our current work in two different clinical settings:
- Acute assessment wards
- Continuing care wards.

In each area, we will explore clinical work, multi-disciplinary work, and ways of inputting into patients’ long term care. Some of the differences will be highlighted and we will explore how this impacts on our work.

32 Marianne Rizkallah
Music therapy in an acute elderly inpatient setting: Establishing and evaluating a new post

Abstract:
This paper describes an overview and evaluation of a new music therapy post established in an acute elderly inpatient setting. It will consider the results of a short trial using the MiDAS outcome measure (McDermott et al., 2014), implemented to assess anecdotal qualitative outcomes.

The work takes place in two wards with a rapidly changing patient population and with a significant proportion of patients diagnosed with dementia. What was initially advertised as a community music role for three months developed into a music therapy role over the course of eighteen months, with several short-term funding applications granted. Music therapy joined a multidisciplinary team of physiotherapists, occupational therapists and speech and language therapists.

Early group work transitioned into individual sessions which proved to be more appropriate to patient need. Pre-composed music was primarily used, leading to improvisation or verbal reflection from patients. This paper also provides a brief overview of the existing use of music therapy with people with dementia and how this informed my approach. Work was done to integrate music therapy into a constantly changing multidisciplinary team; as the junior members rotate clinical specialisms every four months, music therapy training was delivered for each new team.

Anecdotal outcomes were identified: increased alertness and verbal/non-verbal communication, positive change in mood, consent to other therapies previously refused. The MiDAS outcome measure was used from April 2015 to formally assess the identified outcomes. The paper will consider the trial results.
Papers

33 Ellie Ruddock

“The impact of music therapy on the patient, the institution, the wider community and the cost of care: exploring the benefits of providing a music therapy service as part of a multi-disciplinary team”

Abstract:
This presentation will explore, contrast and compare the importance of music therapy in community and residential settings using qualitative and quantitative data. In the current economic climate and with the rebuilding of our National Health System, the importance of reducing government expenditure on outpatient and inpatient services is particularly relevant to music therapists working with mental illness—particularly the impact of dementia—in older adults. Therefore, the aims of this study are:
1. To explore the benefits for providing treatment as part of the multi-disciplinary team in the community in order to keep inpatient levels lower, which would also benefit the individuals involved and their families as well as decreasing the pressure on institutions.
2. To explore how to decrease the impact on cost on the institution for those already in residential care.

Case studies, outcome measure tool results (Chiltern Music Therapy’s grid system), and statistics will be used to analyse the impact of music therapy at three levels: individual patients, the institution and the wider community. Aims of music therapy will be discussed as they relate to the outcomes of those receiving short-term and long-term music therapy in both community and residential settings. The benefits of including music therapy as a core discipline within the team will be discussed.

Ellie Ruddock
Ellie Ruddock is a Music Therapist working for Chiltern Music Therapy. She trained at Roehampton and graduated in 2013, and since then has trained as a Neurologic Music Therapist and is planning to undertake MATADOC training later this year. Ellie works with many different client groups, including older adults in care and in the community, and recently carried out a pilot Music For All project with a large nursing home provider in Buckinghamshire. Ellie uses a mixture of psychodynamic and Neurologic techniques with clients, as well as considering behavioural approaches.

34 Richard Sanderson

A musical journey through dementia: Examples from practice

Abstract:
This presentation will focus on the clinical practice of music-centred music therapy and its impact on individuals living with dementia in a residential care home setting.

‘A Musical Journey Through Dementia’ will take the listener through several extracts of music therapy work with people living with different stages of the illness. The aim is to highlight particular aspects and techniques of clinical improvisational music making, which all serve to connect with and reach the vital essence of personhood present in every individual. The video clips will be arranged broadly in progressive order, i.e. starting with people with medium stage dementia and finishing with people with advanced dementia. In this way, both the different facets of the illness and the particular musical techniques used to connect with each individual will be made apparent. Further attention will be given to music therapy techniques used on different musical instruments such as piano, guitar, accordion and voice. The thinking will be underpinned by the therapist’s grounding in the core principles of the Nordoff Robbins music-centred approach to music therapy.

The work presented stems from ten years of music therapy practice delivered in a Barchester care home ‘memory lane’ community in collaboration with Nordoff Robbins.

An example of such a video extract can be viewed at: www.nordoff-robbins.org.uk/content/what-we-do/case-studies

Richard Sanderson
Richard Sanderson has worked as a Music Therapist in the UK and Germany since 1997 and in the field of dementia since 2005. He is a tutor on the Nordoff Robbins Master of Music Therapy programme. In the Barchester Care Awards 2013, he received a ‘Special Recognition Award for outstanding achievement in the field of Dementia Care’. He is co-author of the article, ‘The ripple effect: Towards researching improvisational music therapy in dementia care homes’ (Dementia: http://dem.sagepub.com/). He has presented his work at various conferences, most recently at Music, Drama and Dementia held at the University of Salford’s Institute for Dementia.
**Papers**

**35 Ann Sloboda**

Sonata reformed - a vital link for a musical man with dementia

Abstract:
This presentation will discuss the use of pre-composed classical music with J, a man in his early seventies with severe dementia who had lost most of his functional speech and understanding of the spoken or written word. A highly educated, cultured and literary man, he was a well-trained musician and the author of books that he could no longer decipher.

Attempts to engage him in therapeutic activity had proved unsuccessful due to his incapacity to understand verbal instruction, and anxiety and confusion about what was expected of him.

I will give an account of weekly individual sessions over a period of two years, and describe how the shared activity of playing (solo) piano sonatas as a duet, together from the written score, emerged as the means for a therapeutic relationship to develop and be maintained over a sustained period.

The presentation will use accounts of the activity in sessions, with recorded examples, to discuss how the combination of:
- physical repetition of known material,
- the use of the score as a “map” to orientate both parties in a shared understanding of the task, time and place, contributed to a reduction in anxiety, a maintenance of cognitive skills and a connection to a vital aspect of his identity that was still possible to experience in shared understanding with another person.

These benefits corresponded with many of those identified by Powell (2006) in her evaluative study of music therapy with older people.

An unfamiliar approach to adopt by a music therapist accustomed to the use of improvised rather than pre-composed musical material, this approach nevertheless supported several of the areas of psychological need for someone with dementia proposed by Kitwood (1997), notably comfort, inclusion, identity and occupation.

References


**Ann Sloboda**

Ann Sloboda is Head of Music Therapy at the Guildhall School of Music and Drama. She is a qualified psychoanalyst, a member of the British Psychoanalytical Society and is registered with the HPC (British Psychoanalytic Council) and the HCPC (Health Care Professions Council). She studied music at Oxford and qualified as a music therapist in 1985. Between 1985 and 2005 she worked as a music therapist in the NHS in the fields of adult learning disability, eating disorders, general psychiatry and forensic psychiatry. A past chair of the Association of Professional Music Therapists, she was Head of Arts Therapies at West London Mental Health Trust for 15 years. She provides consultations to music therapists working in the health, voluntary and education sectors.

**36 Rachel Smith**

‘Working with groups and individuals: Musical pathways in dementia care’

Abstract:
Using a series of case studies, this presentation will explore a variety of musical interventions that someone living with dementia might access, from community singing groups to individual music therapy in a residential setting, and the potential benefits for them and their families and carers at each stage. It will also look at different aspects of practice, from the perspectives of both music therapy and community music. It will draw on existing literature and qualitative reflections from practice both as a community musician and as a music therapist.

Reflections and case studies will be drawn from three settings:
- Firstly, a community-based singing group for people living with dementia and their carers (often spouses) which caters to people in the early to moderate stages of dementia. The second is an acute mental health setting - a hospital ward for assessment and treatment of mental health problems including dementia for people over the age of sixty-five. The third is a large residential care home with provision for dementia and nursing care.

Looking at each of these settings, this presentation will show how individuals’ needs are addressed within a variety of formats of music-making and music therapy. It will seek to further the discourse around the use of music therapy and community music in the context of dementia care, and make the case for more integrated musical pathways, both between different environments and within a single environment.

References

Papers

37 Iain Spink

Staying in the groove: Music therapy with a musician with dementia

Abstract:
This paper will focus on individual music therapy sessions with "Bert", a gentleman living with dementia on an NHS continuing care hospital ward. Video and audio examples will be shown to illustrate the work and provide insight into the therapeutic relationship.

Music and music making has been an important part of Bert’s life and he is an experienced musician familiar with a variety of instruments. The onset of dementia has resulted in cognitive impairments including speech and language difficulties that affect his relationships and interactions with others.

Bert currently has good mobility and is physically able to play the guitar, keyboard and a variety of percussion instruments. He is usually very keen to play musical instruments when given the opportunity, and it can clearly have a stimulating and positive affect on his mood and behaviour. Bert also attends a weekly music therapy group offered by the therapist.

This paper will include several themes and points of reflection, including:
• Working with a person with dementia who has preserved musical skills; helping to maintain these skills and the creative expression of the individual.
• Can music therapy help to preserve a person’s sense of self and identity?
• What impact does interactive music making have on mood and behaviour and what can it offer to the person?
• Reflections on individual and group work with the same person.

Existing music therapy literature and studies relating to the themes will be referenced during the presentation.

Iain Spink

Iain qualified from Anglia Ruskin University in 2007. He also works as Music Therapist for RLSB with visually impaired young people and Holding On Letting Go, a charity that supports bereaved children. Iain has previously presented papers for the BAMT and European Congress of Music Therapy.

38 Neta Spiro, Camilla Farrant and Mercédès Pavlicevic

The relationship between practice and policy: Music therapy and the dementia strategy, 2009
(presented as a poster presentation)

Abstract:
Does current music therapy practice address the goals encapsulated in the UK dementia strategy published in 2009? The views of clients, family members, music therapists, care home staff and care home management were collected through a survey focussing on the relationship between music therapy and the dementia strategy objectives. The results showed that those objectives that are related to direct activity of the music therapists (such as care and understanding of the condition) were seen as most fulfilled by music therapy, while those regarding practicalities (such as living within the community) were seen as least fulfilled. Although the responses from the four groups of participants were similar, differences for some questions suggest that people’s direct experience of music therapy influences their views on the link between music therapy practice and the dementia strategy. This study suggests that many aspects of the dementia strategy are already seen as being achieved in music therapy. The findings suggest that developments of both music therapy practices and government strategies on dementia care may benefit from being mutually informed.

Neta Spiro, Camilla Farrant, Mercédès Pavlicevic

Dr Neta Spiro, Camilla Farrant, and Prof. Mercédès Pavlicevic are based at the Research Department, Nordoff Robbins, London Centre. In addition, Neta Spiro teaches at the Faculty of Music, University of Cambridge; Camilla Farrant is Head Music Therapist at Music Therapy Tree which specialises in providing music therapy to vulnerable children in mainstream education; and Mercédès Pavlicevic is Research Associate at the School for Oriental and African Studies (SOAS), University of London and teaches on the Music Therapy Master’s Programme at the University of Pretoria, South Africa.
39 Gea van Straaten

Experience-adjusted music therapy in dementia care (from a psychodynamic perspective)

Abstract:
Research shows that persons with cognitive dementia continue to react to their illness, even long after insight into their illness has disappeared. The awareness context of loss of identity and autonomy leads to existential angst. This feeling makes individuals with dementia vulnerable and causes problem behaviours (Van der Kooij, 2002; Verduilt, 2004; Buijsen et al., Miesen, 2008). To understand the person with dementia, the music therapist must project into his state of reality.

In this paper van Straaten presents a theoretical explanation of experience-adjusted music therapy as a psychodynamic form of caregiving of which the therapeutic relationship and the parameters in music ensure a shared musical experience. Emotional awareness (by the person with dementia) of this shared musical experience can lead to a transformation of behaviour and emotional expression.

Experience-adjusted music therapy in dementia care (from a psychodynamic perspective)

Gea van Straaten

Gea van Straaten has worked in elderly care since she graduated with a Bachelor of Music Therapy at Artez Institute of the Arts, Enschede in 1994. In 2012, she graduated from Zuyd University of Applied Sciences as Master of Arts (MMTh), additionally she successfully completed NMT fellowship training in 2012.

40 Giorgos Tsiris and Camilla Farrant

Evaluating music therapy services in dementia care settings: A "hands-on" workshop

Abstract:
Evaluation is essential for the development and sustainability of music therapy services. Its functional and context-specific nature can allow and promote a broader understanding of music therapy services while considering the broader social, economic, musical and cultural aspects of daily practice. This broader understanding is vital – especially within the current evidence-driven healthcare climate where the emphasis is mainly on research and assessment initiatives geared to ‘proving’ efficacy and, at the very least, change in the client (Raw et al., 2012).

Drawing from the presenters’ substantial experience of designing and implementing bespoke evaluation projects, this workshop explores how ecologically attentive evaluations can help respond to the demand for evidence and contribute to the development of music therapy services (Tsiris, Pavlicevic, & Farrant, 2014). Particular attention will be given to the specificities of conducting evaluation projects within dementia care settings. This includes consideration of dementia-related music therapy aims and the respective evaluation aims in relation to sector-specific policies and emerging ‘impact areas’.

Workshop participants will have the opportunity to explore the relevance of particular data collection tools and ‘impact areas’ in relation to dementia care settings. While considering not only the people who are diagnosed with dementia, but also the whole ecology of dementia care settings to include residents’ families, staff members, and the organisation as a whole (Pavlicevic et al., 2013), participants will explore how monitoring and evaluation procedures, as a viable evidence resource, can be integrated as part of their everyday practice in such settings.

References

Giorgos Tsiris

Giorgos Tsiris is a researcher at Nordoff Robbins and music therapist at St Christopher’s Hospice. He is the editor of Approaches: Music Therapy & Special Music Education.

Camilla Farrant

Camilla Farrant is a research assistant at Nordoff Robbins and head music therapist at Music Therapy Tree which specialises in providing music therapy to vulnerable children in mainstream education.
41 Susan Wilson

Music therapy through the looking glass: a care home manager’s perspective of music therapy in dementia care

Abstract:
The term ‘music therapy’ may sound a bit abstract to people outside the music therapy circle. Without certain personal experience or involvement, it can be hard to comprehend what music therapy entails. This paper is a home manager’s take on music therapy through the experience of providing the intervention to care home residents.

The paper will firstly offer a backdrop depicting the reality of day-to-day care delivery in a dementia nursing home. It will then discuss how this context gives rise to the use of music therapy in enhancing the quality of life for the residents. Whilst recognising the need for therapy, the paper will serve to be a looking glass reflecting a different side of this intervention which music therapists might not always perceive. From the perspective of a non-music therapist, it will look at referral, treatment course and outcomes and cost effectiveness.

Susan Wilson
Sue is manager for Maple Leaf House nursing home (MHA). She was born in Wales and spent the first 12 years of her life travelling around this country and also the Middle East. Her father was a nurse in the Royal Air Force and was posted to different bases. As a family, they all relocated together. They lived in Aden twice but were evacuated after 11 months on the second time due to the rising troubles out there. The desire to nurse runs in the family as Sue is also a nurse, as is her eldest son, in different fields.

42 Thomas Woodward

‘Can you help my husband listen to music again?’
- Changing expectations of music therapy for a couple in dementia care

Background
Music therapy has found a place for couples in dementia care. Literature has highlighted these therapeutic targets: increased spousal interaction and engagement, reduced burden and stress for the spouses of persons with dementia, and increased abilities to cope with loss (Brotons & Marti, 2003; Clair, 2002; Robinson, Clare, & Evans, 2004). However, these targets seemed unrealistic when a spouse asked a music therapist to help her unsettled husband to listen to music.

Method
This case study employs theorised psychological heuristics, such as ‘familiarity heuristics’ and ‘anchoring and adjustment’ (Tversky & Kahneman, 1974), to explain how the therapeutic aims evolved through trial and error during the sessions. The evolving stages of therapy catalysed the therapeutic effects meeting both spouse’s and therapist’s expectations. Techniques included containing the husband’s extreme verbal agitation, using ‘empathic music listening’, life review and verbal discussion. This led to the husband accessing his remaining cognitive abilities and sharing vivid autobiographical memories in detail. Being part of this therapeutic process also enabled his wife to catch glimpses of her husband as he was before his condition. The therapy helped the husband rediscover his love for classical music, which in turn created a unique intimate space for the couple to reconnect through memories and positive emotions.

Conclusion
The paper highlights the therapist’s need for flexibility between clinical judgement and the client’s expectations. The awareness of psychological heuristic phenomena and the willingness to try new approaches may have helped to adapt the therapy to the needs of the couple.

References

Thomas Woodward
After completing his degree in music with visual practice, Thomas worked as a freelance musician for ten years. During this period, he also pursued an interest in alternative healing and holistic therapies, eventually discovering music therapy and deciding to become a therapist as he entered his thirties. Thomas trained at the Guildhall, and then worked as a learning assistant in SEN schools for a few years before securing a full time music therapy job with MHA. He has worked in the MHA dementia care setting for over three years now, and finds the work rewarding and stimulating.
**Posters**

**Jaana Ruotsalainen**  
(Music therapist and physiotherapist; Masters thesis. Jyväskylä University)  
'Rhythmical exercises as tools for rehabilitation following cerebellar stroke'

**Tiffany Wray**  
(Music therapy MSc. student Queen Margaret University, Edinburgh)  
'A qualitative study on the effects of music therapy intervention in persons with moderate to severe dementia: Music therapists’ perspectives'

**Katarina Lindblad**  
(Music therapist. The Swedish Dementia Centre).  
'The music therapist in dementia nursing homes - a new role?'

**Neta Spiro, Camilla Farrant, Giorgos Tsiris, Mercédès Pavlicevic**  
(Nordoff Robbins Research Department, London, UK)  
'The views of family members, music therapists, staff and managers living and working in care homes'

**Evelyn Seidel**  
(MA Music therapy student University of Wurzburg-Germany)  
'Music therapy in a German guideline on dementia'

**Stephen Amos**  
(Amore Care, part of the Priory Group)  
'Dementia & the power of music'

**Notes**
Notes
Music Therapy and Dramatherapy at Anglia Ruskin University

Music Therapy at Anglia Ruskin was established on the Cambridge campus in 1994, providing the first MA Music Therapy training in the UK. Since then we have gone on to train hundreds of Music Therapists who practice worldwide. In 2005, our Music Therapy Clinic was opened, serving the community in Cambridgeshire and the surrounding area. We provide treatment for many local groups, charities and voluntary organisations, private individuals as well as statutory health, education and social services. To build on our strengths in this area, we established our MA Dramatherapy in 2010 and, in 2013, we opened our new clinic which is now the largest University-based therapy centre in the UK. The department is a centre for excellence in research, with world-leading research (Research Excellence Framework 2014), and Music Therapy has the largest professoriate in the UK.

MA Dramatherapy

Through lectures, practical workshops, case discussions and theoretical studies, this course will introduce you to a range of approaches to dramatherapy. You’ll reflect on your own practice in group discussions, and be supported by an extensive programme of tutorials and supervisions.

Your studies will focus on intercultural practice, attachment/mother-infant observation and the understanding of how past relationships manifest in current client difficulties and how they can be worked with through the dramatherapeutic relationship. You’ll also work with music therapists in lectures and performance work, such as Playback Theatre. Our experiential teaching will focus on your own dramatic autobiographical process, dramatherapy theory, links between theory and practice, and bi-weekly experiential dramatherapy groups. In these, you’ll reflect upon your clinical experiences and the process of becoming a dramatherapist.

You will take part in clinical placements under the supervision of qualified dramatherapists, preparing you for employment in many different settings. These placements will take place in two to three fields, including community settings, schools, hospitals and hospices, providing you with experience of working in a multi-disciplinary team.

www.anglia.ac.uk/madramatherapy

MA Music Therapy

On successful completion of this course you’ll be eligible for registration with the Health and Care Professions Council in the UK and to work as a Music Therapist.

Through lectures, practical workshops, case discussions and theoretical studies, this course will introduce you to a range of approaches to music therapy. You’ll reflect on your own practice in group discussions, and be supported by an extensive programme of tutorials and supervisions.

You will about the most recent, effective music therapy approaches with adults and children. In the UK there are two central elements of music therapy: the use of improvised and pre-composed music, and the significance given to the relationship between client and therapist. These principles will underpin your training.

You will also take part in clinical placements under the supervision of qualified dramatherapists, preparing you for employment in many different settings, as well as attending regular individual tutorials. Our clinical supervision groups will allow you to reflect upon your clinical experiences and upon the process of becoming a music therapist.

www.anglia.ac.uk/musictherapy

MPhil/PhD

In additional to our Postgraduate taught course we also offer MPhil and PhD supervision and you will join a vibrant community of Therapy researchers. We’re linked to the International Music Therapy Research Consortium, which includes eight other universities in Europe, the USA and Australia.

Visit www.anglia.ac.uk/research for more information or contact our Research Co-ordinator helen.jones@anglia.ac.uk

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Conference Programme 4-6 September 2015

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