

# The challenges of implementing and evaluating a pilot music and movement intervention for people with dementia (innovative practice)

Dementia

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**Patricia Mc Parland**

Dublin City University, Dublin, Ireland

**Clare Cutler**

Bournemouth University, Bournemouth, UK

**Anthea Innes**

University of the West of Scotland, Hamilton, Scotland

## Abstract

This paper reports on the challenges associated with implementing and evaluating an innovative pilot music and movement project. The evaluation documents that participants enjoyed the sessions and that they created the opportunity for social engagement although there is little to suggest this is unique to this particular type of intervention. Difficulties included matching the programme to the needs of participants, communicating effectively, and over burdensome paperwork. The paper also comments on the challenges associated with last minute, limited funding opportunities for both the organisation commissioning a project and the team evaluating it. In this case, the evaluation team found that many of the more difficult issues associated with the pilot could have been resolved with more time for planning and preparation.

## Keywords

dance, dementia, evaluation, movement, music

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## Corresponding author:

Patricia Mc Parland, Dublin City University, Glasnevin, Dublin 9, Ireland.

Email: [patricia.mcparland@dcu.ie](mailto:patricia.mcparland@dcu.ie)

## Background

This paper will discuss the challenges and consequences of delivering and evaluating an innovative project on short notice, and with limited funding. The authors were commissioned by a local charity to evaluate a pilot project they were planning to implement within two weeks. On acceptance, both organisations worked to very tight deadlines in terms of organising and recruiting for the intervention, and planning and getting ethical approval for the evaluation. This paper will detail the findings of the evaluation, but will also comment on issues more directly related to urgent implementation of the project to take advantage of funding limited by specific deadlines. This is not an uncommon problem for universities and organisations and in this case the authors will argue that these factors directly impacted on the findings and ultimate effectiveness of this intervention.

### *The project*

Limited opportunity exists for those living with a diagnosis of dementia to participate in physical and or social activities that promote pleasure and well-being (Genoe, 2010), but a growing movement recognises the right of people living with dementia to access socially engaging artistic events and the potential benefits of such engagement (Genoe & Dupuis, 2014; Wang, Xu, & Pei, 2012).

This pilot programme, facilitated by a community dance practitioner, aimed to use music and movement to provide an opportunity for social interaction, peer support, engagement and active participation, and offer participants choice and control over activities.

### *Evaluation*

Sessions took place during a 10-week period; five sessions with two groups of people with dementia and their carers.

The initial brief was to evaluate the pilot project's value and viability, both in the short term – in the moment with the person, and over the longer term. An ethnographic approach was taken, using video recordings and field notes. At the end of each session, informal discussions were audio recorded and this was supported with one-to-one conversations with some participants.

### *Data analysis*

Data were analysed using NVivo 10. One researcher developed the coding frame and this was verified by a second researcher.

## Findings

Before detailing the findings of the evaluation itself, it is worth commenting on a number of issues that impacted on both the project and the evaluation. The initial brief to evaluate the short and longer-term impact of the intervention was later revised to take account only of the immediate impact. Detailed histories of the participants were not known prior to their attending, and no prior measures of well-being had been used. Timeframes and budgetary constraints meant that it was not possible to employ such measures or comment on any

improvement in well-being over time. With limited time to prepare, the practitioner did not have the opportunity to get to know potential participants; find out their needs, preferences and physical, communicative and emotional boundaries, and while the practitioner was experienced in her field, she had no prior experience of working with people living with dementia.

### *Paperwork*

The first session in each venue required completion of considerable paperwork; separate consent documentation was required for both parties, and as a direct result some potential participants opted not to take part.

### *Delivery*

During the sessions, many participants, particularly, but not exclusively those who had dementia, did not appear to fully understand the instructions being provided. This was most evident where the dance practitioner was talking for longer periods of time and trying to convey a theme, resulting in some participants disengaging. There was inconsistency in the way instructions were delivered that reflected the dance practitioner's conversational and enthusiastic style. While this approach might work well in other environments, it was evidenced as difficult for the participants in this pilot project. Instructions were often delivered over the sound of the music and these competing sounds added to the difficulty in following the practitioner. Frequent interruptions to provide further instruction, particularly in transition between themes seemed to disrupt any sense of pleasure being derived by participants.

### *Physical engagement*

When physical activity began, groups became much more engaged and animated. Movements ranged from simple arm movements sitting in a chair, to formal dance-steps. While chair-restricted movements were more than adequate for some participants, they were not enough to stimulate others. Equally, formal dance moves were possible for some participants but impossible for others, risking their exclusion.

### *Social interaction*

Most interaction took place at the beginning of sessions sharing refreshments and chatting. In terms of the music and movement itself, there was limited indication of social interaction, with the most notable interactions occurring between pairs or couples, as depicted by shared conversations and physically engaging through the movements. It is not possible to state whether this is significantly more than the level of interaction normally seen between any couple, but it is reasonable to suggest that the sessions created an opportunity outside of the day-to-day, to engage in quite intimate interactions.

Video footage indicated that participants generally enjoyed the sessions, and this was supported in group discussion and interviews. The evidence suggests participants had a more pleasurable experience when the music was related to the movement. An example of this was the use of umbrellas with the song 'singing in the rain', when participants joined-in

with little difficulty, even when there were some fairly complicated patterns of movement. Although the initial aim was that the dance practitioner would take direction on musical genres from the group, this was not evidenced. Most participants did not appear confident enough to offer suggestions, and where suggestions were made, there was limited evidence of this being reflected in the ensuing sessions.

### *Carer support*

Finally it was clear that the success of the sessions relied heavily on the support of carers in providing guidance and communicating the practitioner's intent. Carers often tried to explain the instructions being given by the dance practitioner; e.g. prompting the person with dementia to provide their name, or physically moving their partner's limbs to prompt them to begin the movement.

## **Discussion**

There was clear evidence of enjoyment, and some opportunity for social engagement and peer-to-peer support. There were also indications of positive interactions between the person living with dementia and their carer. However, it is not clear that this opportunity was significantly different or better than those provided through any other form of social gathering. This may be attributable to the lack of adequate processes in place to observe and measure the true impact of the sessions and the role of movement and music more specifically (Coaten & Newman-Bluestein, 2013). The sessions had limited success in encouraging communication through music and movement for those who were experiencing difficulty with verbal communication.

While the practitioner made considerable effort to communicate with participants, this was not always successful, and relied heavily on the support of carers. Facilitators of sessions such as these would benefit from training related to communicating with people who may be experiencing cognitive decline (Eggenberger, Katharina, & Bennett, 2013). More thought needs to be given to creating smoother transitions between themes in order to minimise disengagement.

Many of the issues identified here as problematic could have been prevented or minimised with more time to plan both the programme and the evaluation. The practitioner could have been provided with training, introduced to the group gradually, and taken the opportunity to better tailor the sessions by taking account of the physical potential and limitations of the group members. This would also have allowed the group to become better acquainted with each other and the practitioner, minimising the risk of embarrassment. The paperwork required could have been better addressed to meet administrative or ethical requirements while simultaneously reducing the burden on participants. More time to explore the aims of the society and the practitioner would likely have added more clarity and focus to the intervention (Goulding, 2014; Stickley, 2010).

In conclusion, this pilot project demonstrated the limitations that apply when last minute pockets of money become available and need to be spent within short timeframes. This is not an unusual situation but rather one that often challenges parties committed to improving the experience of those affected by dementia. In this instance, an innovative pilot with potential is unlikely to be developed further, when more time and preparation may have resulted in a long term developing project that could promote pleasure and well-being for participants.

## Declaration of conflicting interests

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## Author Biographies

**Patricia Mc Parland** is a post-doctoral researcher at Dublin City University. Her research interest is primarily in public understandings and responses to dementia, specifically focusing on the impact of stigma but she is also interested in innovative education and interventions to support people with dementia, their families and professional carers.

**Clare Cutler** is the Research Skills Development Officer at Bournemouth University having spent three years as the Project Manager of the Bournemouth University Dementia Institute. Clare's doctoral research investigates the benefits of a technology group on the quality of life for community dwelling people with dementia. Other research interests include: public engagement; obtaining the voices of marginalized groups; veterans; leisure and recreation in dementia; heritage; history and archaeology.

**Anthea Innes** is a Professor at the University of the West of Scotland. She previously directed the Bournemouth University Dementia Institute (BUDI) where the BUDI orchestra work originates. She is increasingly interested in different ways creative approaches can be used to enhance the well-being of those with dementia and raise public awareness of dementia and challenge misconceptions and stigma.