

Person Attuned Musical Interactions (PAMI) in Dementia Manual UK version

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Background

Statistics have reported that 80% of care home residents in the UK have a diagnosis of dementia. Care homes can be unfamiliar, confusing environments filled with either too much stimulation from multiple sounds and sights, or too little stimulation due to a lack of activities and interactions. The role of carers in care homes can be both physically and psychologically demanding, due to understaffing and workload exceeding allocated time. The demands on the carer's role can lead to low job satisfaction, high burn out rates and resident's physical health and safety being exclusively prioritised. In many care homes residents' psychological, social and emotional needs are low priority, with limited stimulation from activities and interactions being offered. Research has suggested that residents can have as little as 10% non-task related communication each day. The lack of interactions in care homes could be due to both a result of the lack of available time for care staff and/or the language impairments attributed to dementia. Communication and interactions are vital for humans even when individuals have restricted verbal language abilities. It could be argued interactions are more essential after receiving a diagnosis of dementia as they allow individuals to maintain relationships and an identity. Therefore, an intervention is required in care homes to promote meaningful interactions between residents and care staff that aims to tackle the current issues. The intervention should contain elements that do not rely on residents' verbal language abilities to ensure they can be active participants, while also being able to be incorporated into care staff current tasks and routines to limit additional burden and times pressures. Previous research on music in dementia care has suggested that the use of music with individuals has a range of benefits, including providing an alternative form of communication. Unlike verbal language which reduces as dementia progresses, an individual's ability to engage with music seems to remain intact, even in the later stages, although the form of engagement may alter as dementia progresses.

PAMI development

Person Attuned Musical Interaction (PAMI) in dementia was initially developed by a research team in Denmark (Ridder, McDermott, Anderson-Ingstrup and Krøier, N.D.) (<https://www.musictherapy.aau.dk/pami/>). PAMI has been developed around the concept of skill-sharing by music therapist; the tool aims to provide care staff with music techniques that have traditionally been reserved for music therapy, which is only accessible to a small number of care homes due to finance and therapist availability. The skills consist of music activities and musical elements that care staff can use with residents during daily tasks and interactions to develop deeper

meaningful connections in which both parties are actively engaging. PAMI allows residents with dementia to become equal communication partners with staff, by highlighting the importance of non-verbal communication skills as well as verbal. Residents continue to be able to communicate using non-verbal communication into the late stages of dementia even when verbal language decreases. PAMI highlights residents' strengths without limiting them due to their impairments, whilst also highlighting to staff that interactions are still vital and accessible to these residents even if their communication style is not traditional.

PAMI consists of two elements a manual comprised of theory and practical skills as well as exercises to work through to reflect on current practises and how PAMI can be integrated into the care home. The second element is an interactive training session in which care staff learn more about PAMI and explore how it can be integrated into their role. The initial sections of PAMI works on understanding your voice- how you currently use it, the individual components and how the voice can impact on the behaviour and emotions of neighbouring individuals. We use our voice subconsciously without much thought; PAMI explores the voice consciously and aims to improve confidence in using the voice in alternative ways. The training and manual then progress on to the three key elements of PAMI- **Framing, Regulation & Relation**. **Framing** focuses on setting the environment for the resident. Music can be used as a cue that orientates residents to a time, place or event, which can reduce agitation and make residents aware of their environment. Framing also explores the sound environment of the care home and how different sounds could impact upon residents. Once care staff are aware of the current sounds they can work to add or remove noises to ensure residents can recognise their surroundings as a safe and familiar situation. **Regulation** is about altering residents' emotional states to a level that allows them to actively engage without overstimulation that causes agitation. This element focusses on care staff becoming aware of residents' behaviours when residents are agitated or are inactive and discover the skills that can be uses to alter the state. Care staff also explore how they can regulate their own behaviours and emotions by using music in response to the resident's emotional state. The final element of PAMI, **Relation**, is when music can be used with residents to develop meaningful interactions. This section consists of staff completing a music care plan to understand an individual's music preference and how meaningful songs can be used to evoke memories to tell their life history. PAMI does not consist of structural sessions, the skills should be incorporated in the daily tasks and should be tailored to each individual's behaviours, routine and preferences as well as tailored to each individual situation.

Project Plan

The current PhD project aims to translate the Danish PAMI into English and then adapt the manual to be culturally appropriate for UK care homes. The main difference between the two PAMI's is that Danish PAMI music therapists are trained by the PAMI team to then deliver the training to care staff, whereas the UK PAMI will be delivered to care staff directly by the PAMI team. The current pandemic has also altered the PAMI-UK, with the training being converted to an online interactive webinar, as well as the whole study being conducted online. This is also different to the Danish PAMI, and therefore the study will explore if it is possible to provide PAMI in an online training format. Over the last year while the project has altered in response to current Covid guidelines, the pandemic has highlighted the importance of interaction for residents with dementia, as well as the need for training and psychosocial interventions that can be delivered virtually while external organisations are unable to attend care homes without having to compromise on the quality and

interactive element of the training. To ensure that PAMI is appropriate for UK care homes we have aimed to involve care staff through out the development and testing of PAMI. The project is split into two studies: the development of a manual; and an evaluation study of the manual. In both studies care staff from participating care homes will have the opportunity to learn how to incorporate PAMI into their care home and routines with residents before using the manual independently for the duration of the study. At the end of the study staff will be given the opportunity to provide feedback on the appropriateness and usability of the manual which will aid further adaptations to the manual. Additionally, during the manual evaluation study data will be collected on how PAMI impacts upon residents and staff.

If you are interested in learning more about PAMI, please feel free to email the PhD researcher at **bryony.waters@nottingham.ac.uk**