



Java Music Club: Mutual Support for Cognitively Impaired at Risk Adults

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Introduction

What is the Java Music Club?

- >The first standardized mutual support program for the long-term care sector.
- >Targets loneliness and depression.
- >Uses talking stick, music, readings and quotes that are participant directed.
- >Unique structured intervention that helps participants reach out and support those that are lonely and isolated in their community.

Why is it unique?

1. Peers helping peers.
2. Creates meaning and purpose.
3. The aboriginal talking stick gives courage.
4. Something for everyone.
5. Emotional engagement.
6. A safe place to share.



This Study

The Java Music Club project is a pilot, experimental designed assessment of the participation effects of 8 clients for 26, one hour sessions, in a facilitated group program consisting of music, songs, theme pictures, affirmations, sayings, poetry, and interaction that will provide an opportunity for the participants to offer social and emotional support, experience well-being, and increase their quality of life.

Research Question

Research question: What interventions provided in an Adult Day Care Center will result in an improvement in the quality of life for people with Alzheimer's Disease and Related Dementia?

Hypothesis 1. Participation in the Java Music Club over a six month period will result in higher quality of life than those of the control group.

Hypothesis 2. Caregivers of participants in the experimental group will report less burden than caregivers in the control group.

Methods

Experimental 8 clients MMSE <24

Control 8 clients MMSE <24

Pre and Post Testing Measures

- Mini Mental Status Exam (MMSE)
- Reality Comprehension Clock Test (RCCT)
- Geriatric Depression Scale
- Alzheimer's Disease Related Quality of Life Scale (ADRQL)
- Zarit Burden Interview

Post Measures

- Client Interview Schedule
- Staff Interview Schedule
- Directed Focus Group with participants

Process Measure: Mather Life Ways Institute on Aging Observing Quality

Theoretical Foundation

Kitwood's Concept of Personhood

- Fundamental human drive to help others
- When inhibited, beings do not thrive

Riessman's Helper-Therapy Principle

- Helping helps the helpee *and helper*
- Those observing (e.g. those with dementia) also receive benefits

Objectives

- Develop mutual peer support.
- Reduce loneliness and depression.
- Increase social and emotional support.
- Improve quality of life.
- Prevent out of home placement.
- Reduce caregiver burden.

Session Format

Preparation

- CD player with background music, table with tablecloth, drinks, treats, chairs, and songbooks arranged.
- The facilitator invites a group member to be an assistant and to choose the theme for the meeting.

Opening

- Welcome to our meeting preamble is read.
- Opening Song and ringing of chimes.
- Group guidelines read followed by "getting centered".
- A song related to the theme is sung by the group.

Middle

- Assistant is given "talking stick" and asked to respond to one of the discussion questions related to the theme. The stick is passed from one member to the next.
- A quote is chosen and the members are asked to take turns responding to it.
- Another song is chosen and sung by the group using the song book.
- A photograph is passed among the group, related to the theme, and members asked to respond to its meaning.
- Additional songs and quotes occur with members responding.

Closing

- Closing affirmation read together.
- Closing song "I will be there for you".
- Thank you handshake or hug offered.
- Clean up.

Results

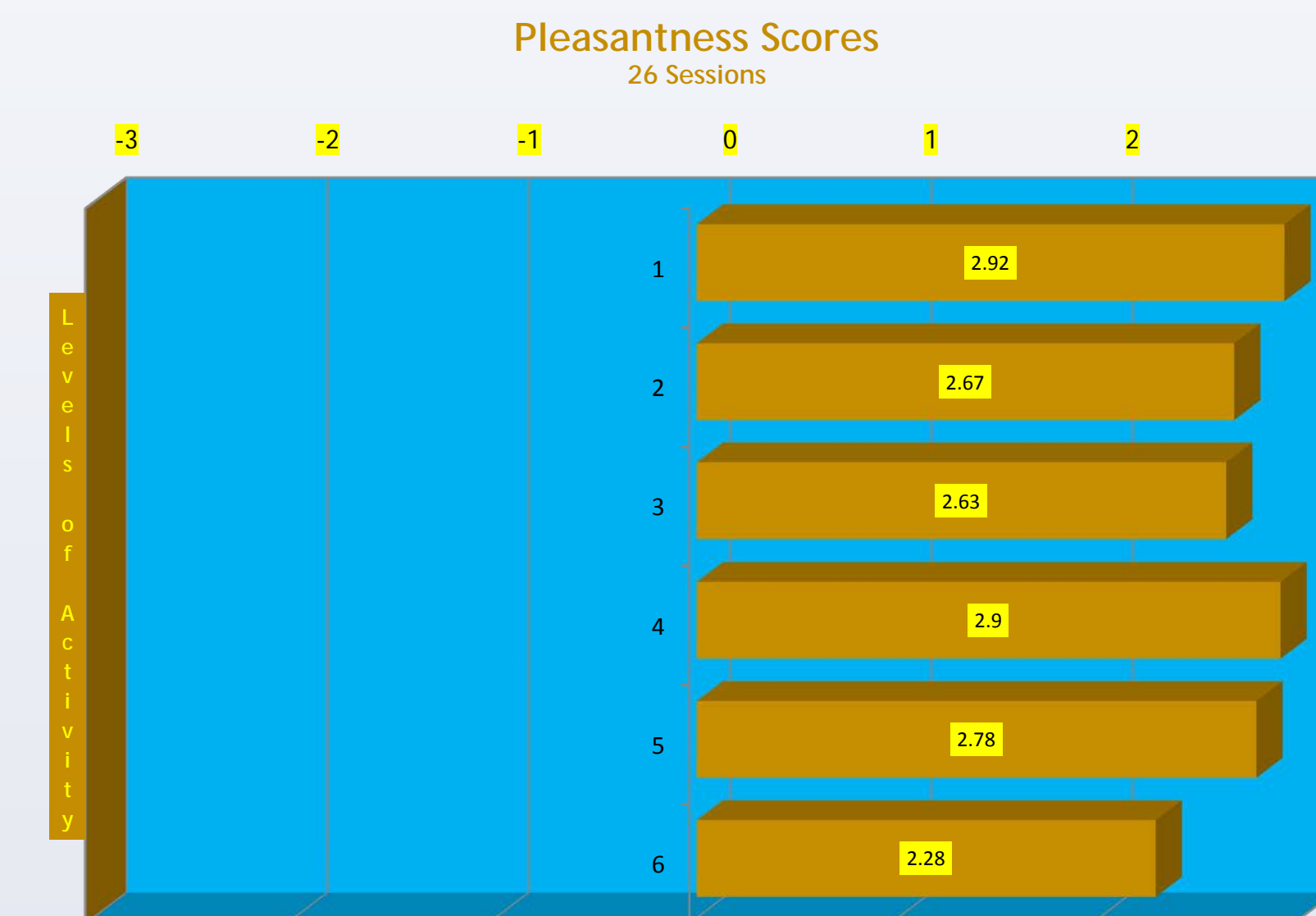
Table 1
Demographic and mean scores of the standardized measurement instruments

	Java Participants n=8 Mean(SD)	Control Group n=8 Mean(SD)
Age, years	71(11.8)	74(10.2)
Female to male ratio	6:2	6:2
Mini mental status Exam (MMSE)		
Pre test	19.3(6.9)	21.1(3.6)
Post test	18.8(5.6)	17.9(5.9)
t-test	.194	2.76*
Reality Comprehension Clock Test		
Pre test	2.6(1.3)	3.1(1.2)
Post test	2.2(.88)	2.9(1.1)
t-test	1.42	1.54
Geriatric Depression Scale		
Pre test	2.1(1.5)	1.7(.95)
Post test	1.5(1.0)	2.0(1.0)
t-test	1.12	-1.0
Alzheimer's Disease Quality of Life Scale		
Pre test	426.5(5.5)	427.7(4.8)
Post test	427.1(3.6)	477.6(4.4)
t-test	-.715	.008
Zarit Burden Interview		
Pre test	25.2(4.2)	29.2(6.3)
Post test	26.6(3.9)	28.7(6.1)
t-test	-.728	.323

* Indicates significance at 0.05 level



Process Findings



1. Did the guest appear to enjoy the Java Music Club?
2. Did the guest sing along with the songs?
3. Did the guest participate in the discussion?
4. Did the guest appear to hear what was going on?
5. Did the guest use the songbook?
6. Did the guest offer advice or support to others?

Pleasantness Scores

- Plus 3: an extremely pleasant experience with high level of activity
- Plus 2: A clearly pleasant experience with moderate level of activity
- Plus 1: A slightly pleasant experience with low level of activity
- Zero: Neutral with no activity noted
- Minus 1: A slightly unpleasant experience
- Minus 2: A clearly unpleasant experience
- Minus 3: An extremely unpleasant experience.

Focus Group Comments

"An opportunity to express my emotions and thoughts and get it out of my system"

"I loved it, but wanted to meet more often".

"We get to know each other much better".

"It brought back a lot of different memories".

Facilitator: It has been an amazing and very rewarding experience. The approach has helped me to know them better, and in a personal way. It has also been a relaxing time and with lots of fun.

Discussion & Conclusions

The results of this pilot study demonstrated the value of the Java Music Club Program in providing the participants with the opportunity of sharing their feelings and providing mutual support to one another, adding to their quality of life. The evidence was obtained primarily from the process and post measures from the participants and staff.

The pre and post testing measures results were limited with only one significant difference being found between the participants and controls regarding MMSE scores. The participants showed less of a decline. The program was weekly and of short duration that limited the potential impact of the effects.

Consistency in providing the program and attendance were also factors. The 26 sessions were intended to be weekly, but there was a two month break in November and December due to staffing, with 17 sessions remaining. Because this was done in a day services program, all eight members of the group did not always attend. The results of the pilot program convinced the Center to add it to their regular programming and increase the number and frequency of sessions.

Future research will be conducted in two nursing homes where resident accessibility is more consistent, with a schedule of two times weekly sessions over a longer time period.

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Acknowledgments

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http://www.salvationarmyalaska.org/alaska/serendipity_adult_day_services