

SOUND PROJECT

DELIVERABLE 2

Music-based training curriculum for health professionals

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INTRODUCTION

According to the World Health Organisation, there are about 50 million people in the world suffering from dementia and about 10 million new cases each year. These numbers are expected to triple by 2050 due to the progressive ageing of the population, leading to considerable social and economic implications in terms of direct medical and social care and informal care costs.

To date, there are no pharmacological treatments for dementia and those available have a limited capacity to treat many of the symptoms of the disease and accompanied by side effects. On the other hand, non-pharmacological interventions, especially psychosocial interventions can delay functional decline and reduce the severity of behavioural and psychological symptoms of dementia. Among psychosocial interventions there are those based on active and passive music activities. SOUND is one of these.

OBJECTIVES OF THE SOUND PROJECT

[SOUND](#) is an Erasmus+ funded project (n° 2021-1-IT-02-KA220-ADU-000033494) running from 1st February 2022 to 31st July 2024, which aims to develop a training curriculum of active and passive music-making activities targeted at social and healthcare professionals and musicians and animated informative videos for informal caregivers. The project also aims to produce an original music-based nonpharmacological intervention to improve the behaviour, mood and quality of life of older people with dementia and delay further cognitive decline for as long as possible.

SOUND addresses different needs, namely:

- Those of dementia care professionals, who look for more effective methods and techniques for dealing with dementia patients,
- Those of informal carers, who need to keep on training and acquiring new competences for better managing their loved ones in everyday life, and
- Those of older people with dementia who must be listened and understood, should be able to communicate through a universal language, need to maintain their residual cognitive capabilities and seek to improve their quality of life.

SOUND has also developed an online platform, named “Virtual Music Circle” (hereafter also VMC), aimed not only at providing at distance learning to care professionals and informal caregivers, but also conceived as a place where formal and informal caregivers can find music tracks and music-based activities to do with the care recipient at any time, especially to face difficult moment such as for example to contain behavioral disturbances. Users can also participate to a forum for exchanging thoughts and experience on several themes related to dementia, music and caring.

THE SOUND CURRICULUM

The SOUND curriculum for dementia care professionals embeds six modules and 20 lessons for a total of 22 hours of training. The lessons have been developed in four languages: English, Italian, Portuguese and Romanian.

The training treats the following topics:

0. Instructions for the use of the Virtual Music Circle (VMC) platform
 1. Aging and dementia
 2. Working well in the healthcare team
 3. The SOUND research method
 4. The methodology for measuring the impact of the SOUND activities on beneficiaries
 5. Workshops and practice

The lessons include videos, ppt and handouts in order to make them accessible and appealing.

At the end of every lesson there is a test that learners can use for the self-evaluation of knowledge and competencies acquired.

All the lessons are available on the VMC platform and accessible to dementia care professionals while informal caregivers can access video tutorials informing them on the potentialities of using music activities at home for handling behavioural disturbances e.g. wandering and busyness.

The training will be delivered partly online and partly face-to-face. In details, 10 hours online (of which 2.5 hours asynchronous) and 12 hours of face-to-face.

The training sessions are totally documented by video recording and will be part of the awareness campaign on dementia friendly community.

DEVELOPERS AND TRAINERS OF THE FIRST EDITION OF THE SOUND TRAINING

Trainers are members of the SOUND consortium who also are the developers, co-developers and/or reviewers of the contents.

They are:

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GUIDELINES FOR TRAINERS

The SOUND curriculum has been developed as an instrument that can be used by care professionals and musicians who attended the first training and by whoever wants to learn the SOUND method.

The trainers of the first pilot edition of the SOUND training also are the developers of the contents and members of the consortium. So, they are fully trained for training other people. Conversely, future trainers and professionals who wanted to adopt the method will need advice to do it.

Thus, in this section some guidelines are provided for future trainers.

First, trainers are recommended to read and study the lessons handouts before taking the lessons, and to watch the video tutorials. The curriculum lessons are listed below.

Module 0. Virtual Music circle

0. Video-tutorial for the use of the Virtual Music Circle.

Module 1. Aging and dementia

1.1 “Introduction to SOUND concept: scientific outcomes on the effects of music stimulation in patients with dementia”. Participant-trainees can deep into the SOUND concept by reading the lesson 1 of module 1 handover and then the ppt version for having a summary. They can also watch the video recording of the synchronic lesson carried out during the pilot training. The lesson 1.1 provides evidence-based information on the effects of music-based activities on older people’s mood, wellbeing and cognitive and motor functions. Then it explains the SOUND approach, targets and objectives.

1.2 “Aging theories, neurocognitive disorders and cognitive stimulation”. This lesson shows the main and most common cognitive disorders that can occur in older people with dementia. This lesson is useful for dementia care professionals for reviewing concepts already acquired, and for musicians as newcomers in the field of dementia for acquiring

important knowledge, useful for properly interacting with the patients during the SOUND sessions.

1.3 “How to manage behavioural disturbances at home and in older people facility” wants to provide some tips for helping SOUND professionals adopt strategies for handling dementia patients’ behavioural disturbances.

Module 2. The good work in the care team

2.1 “Working well in a team: input and tools for professionals”. This video-lesson focuses on the importance of working well within the care team. This lesson helps learners identifying their own and common values orienting the work activities and the interactions between workers.

2.2 “Training musicians and care professionals to work with OPDs”. Caring is a very sensitive work requiring a set of health, social relational technical skills and those soft skills, such as empathy and listening, that are partly innate talent and partly can and should be developed by those who want to work in the care sector. This lesson provides theoretical knowledge and practical tips for increasing the cooperation between professionals within an older people care facility and for taking care also of the care workers’ health and wellbeing.

Module 3. The SOUND method

3.1 “Introduction to the SOUND method: circle concept and the Circleactivities”. This video-lesson is aimed at explaining the circle setting and its ancestral functions.

3.2 “The elements of the circle: facilitator, observers and beneficiaries”. This lesson is aimed at explaining every role played in the SOUND approach.

3.3 “Preparing the setting for the Circle: the environment, the tools and the inclusion of the participants”. This lesson wants to show how to prepare the SOUND activities. It includes practical exercises.

3.4 “Roles, fixing the objectives and planning the activities for delivering SOUND sessions: practical instruments”. This lesson deepens some contents anticipated in lesson 3.2. Every role in the SOUND activities is proofed.

3.5 “Being in a SOUND activity as a dementia patient: putting professionals in the OPDs’ shoes”. This is a workshop for increasing SOUND professionals’ empathy with dementia patients.

3.6 “How to choose the music for the SOUND sessions: cultural aspects at country level”. The choice of a music track in place of another is not an aspect that can be taken for granted. This is a pivotal point of the SOUND method because the kind of music can influence the impact of the intervention on the patients. This is the reason why the patients’ music preferences need to be profiled and customized.

3.7 “Maintaining well-being in Circle Activities: how to prevent and hold uncomfortable situations in the SOUND group”. It is possible that, although the patients’ profiling, the SOUND activities can trigger patients’ emotional realm. Someone may feel uncomfortable and may show this state of mind with behavioural disturbances. It is needed that the SOUND professionals know how to contain, manage and interpret such behaviours for modifying the activities planned.

Module 4. Methodology for analysing the SOUND outcomes

4.1 “Introduction to the SOUND research method”. This lesson introduces the SOUND study design by showing the methods and tools for monitoring and assessing the outcomes of the SOUND activities on different realms of the target groups i.e. older people with dementia, dementia care professionals and informal caregivers.

4.2 “Data collection: how to gather feedback from observers, facilitator and participants”. This lesson proves the techniques of observation of the different actors within the SOUND circle.

4.3 “Method for data collection and some inputs for the analysis”. This lesson shows some methods for collecting and analyse data emerging from the SOUND activities implementation.

Module 5. Design SOUND activities

5.1 “Design of one SOUND activity”. This is a workshop in which trainers support trainees in designing a SOUND session. Every student is asked to identify one objective, i.e. one aspect on which s/he wants to intervene (e.g. verbal fluency) and s/he is stimulated to conduct the activity, under the supervision of the trainers. The activities prepared by trainees will be conducted and observed/evaluated in PR3 (intervention with OPDs).

EVALUATION

For people attending the pilot training, the theoretical knowledge and the competences acquired through the training can be assessed by means of a final theoretical and a practical test evaluated by the SOUND trainers.

People accessing the training autonomously through the VMC can receive a certification after filling in the test in the VMC.

Each participant/trainees will also provide a feedback for the quality of the training. They will be asked to fill an evaluation form for expressing their views on the content of the training, on the quality of delivery and on the learning environment.

LAST RECOMMENDATIONS

It is recommended to follow the proposed order to teach the lessons, because the first lessons are propaedeutically for the next ones.

The contents of the curriculum were shaped by the co-design work that was carried out in Italy, Portugal and Romania as well as by the study of the literature. Whoever wants to know the reasons and roots of the choice of the contents and of the methods proposed in the curriculum may read the document named “Handbook on the co-design process” (Deliverable 1).

SMALL GLOSSARY OF BEHAVIOURS THAT CAN BE DETECTED AND OBSERVED DURING A SOUND SESSION

Agnosia: condition in which a person is unable to recognise an object through a sensory channel, in the absence of deficits in perceptual abilities

Amnesia: memory disorder, which may occur in a global or partial form, characterised by the inability to recall past experiences (retrograde a.) and/or to acquire new information (anterograde a.)

Aphasia: total or partial loss of the ability to express and/or understand words and speech

Apraxia: Inability to perform gestures, caused by a specific disturbance of motor programming, in the absence of perceptual disturbances or physical strength disturbances.

Disorientation: disorientation - spatial, temporal, personal - characterises the whole course of the disease, initially it may be episodic (the patient cannot find his/her way home, does not know what time of year it is, etc.), but with the passage of time disorientation is increasingly frequent and disabling. In the advanced stages, the patient is constantly disorientated, being able to have only a few moments of good orientation. Amnesia contributes above all to disorientation, but other disorders also come into play (for spatial disorientation).

Emotions: complex organic responses to internal or external stimuli, characterised by certain subjective experiences and a physiological reaction. Emotions (fear, joy, sadness, anger, disgust), unlike moods or feelings (e.g. serenity, discomfort), are intense and short-lived responses.

Frontal syndrome: a clinical picture that manifests itself in the presence of damage to the frontal lobes and that may manifest itself: on a behavioural level with disinhibition, perseveration, lack of spontaneity; on an emotional level with changes in personality and mood (manic or apathetic); on a cognitive level with easy distractibility, deficits in planning, abstraction and logical reasoning, language difficulties.

Personality: an organisation of ways of being, knowing and acting that ensures unity, coherence and continuity, stability and planning to the individual's relations with the world; e.g.: meek, grumpy, reserved, irascible, extroverted, punctilious, ...

Relationship: the bond existing between two or more persons, characterised by manifestations, acts and/or feelings that characterise the interpersonal relationship.

Behavioural and Psychological Symptoms of Dementia (BPSD)

Aggressiveness: verbal (shouting, insults, ...) or physical (punches, shoving, ...); there may be a refusal to cooperate or to proposed help

Agitation: anxiety, fear, restlessness with inability to sit still, continuous demands for attention

Apathy: lack of initiative, motivation and interest in daily activities, emotional detachment and imperturbability in the face of any stimulus, even affective.

Busyness: indicates repetitive gestures and behaviour performed without an apparent purpose

Delusions: the person believes that things are happening that are not true (e.g. the person may be convinced that someone has stolen personal belongings). To be distinguished from delirium, which is instead characterised by a cluster of cognitive-behavioural symptoms, including delirium or hallucinations, and is often caused by acute illnesses, including infections of various kinds, or by drug intoxication.

Depression/dysphoria: is a mood disorder. Those with depressive symptoms experience frequent moments of sadness and have negative and pessimistic thoughts about themselves and the world around them, as well as lack of or increased appetite, sleep disturbances, fatigue, deterioration of attention and memory, and muscle aches.

Hallucinations: seeing or hearing things that do not exist and being convinced of the real presence of what is perceived (e.g., the person can see other people in the room)

Inappropriate sexual behaviour: is characterised by a verbal or physical act of an explicit or perceived sexual nature that is considered unacceptable within the social context in which it is manifested.

Sleep disorders: sleep is shallow or short in duration either due to difficulty falling asleep, premature awakening or repeated awakenings during the night; the person may lie awake, wander around the house and/or sleep excessively during the day.

Wandering: the person keeps walking without a clear goal or purpose.

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SOUND PROJECT WEB SITE: <https://soundeproject.eu/>

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