The benefits of creative therapy for people with dementia


**Abstract**

**Aim** To evaluate the use of creative therapy, including dance, drama, music and movement, with people who have dementia attending one NHS organisation that provides day treatment and inpatient services.

**Method** A one-day training package in the use of creative therapy in dementia care was commissioned from a dance movement psychotherapist. Creative therapy sessions, including dance, drama, music and movement activities were implemented over an eight-week period, a minimum of three times a week. Observational outcomes of creative self-expression, communication, pleasure and enjoyment, and general engagement were recorded.

**Findings** Implementation of creative therapy resulted in improvements in creative self-expression, communication, pleasure and enjoyment, and general engagement in people with dementia.

**Conclusion** The evaluation has emphasised the positive effects of creative or artistic approaches on dementia care, and supports previous research on the use of such approaches in NHS dementia care services. Further research on the immediate and longer-term outcomes and benefits of creative therapy for people with dementia is recommended to support the routine availability of such therapy in dementia care.

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Creative therapy, dance, dementia, drama, movement, music, older people

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Background
The evaluation was carried out in two community units, in one large NHS organisation, providing day treatment and inpatient services for people with dementia. During a period of service evaluation and redesign, a review of the range of interventions and activities available in the units was undertaken. Although a biopsychosocial approach to dementia care was evident, a need to improve stimulation-oriented interventions, including the arts, music, exercise, movement, recreational activities and emotion-oriented interventions (including reminiscence), was identified.

A project implementing creative therapy, including dance, drama, music and movement in the community units for those with dementia was proposed and approved by the clinical management and clinical governance teams. Nurses and support staff were identified to take part in the evaluation.

It was agreed that a one-day training workshop in creative therapy would be provided to nurses and support staff. During an eight-week period, staff would implement taught skills for a minimum of 30 minutes, three times a week and would record their interventions and observations using a data collection tool. Photographs of activities were taken and displayed as an aid to discussion and future reminiscence.

Aim
The aim of this evaluation was to examine the use of creative therapy sessions, including dance, drama, music and movement with people who have dementia attending one NHS organisation that provides day treatment and inpatient services. It was hoped that staff skills and confidence in working with creative arts would be improved and there would be increased uptake of creative recreational activities and reminiscence in day treatment and inpatient services for patients with dementia.

Method
Design
Ten staff members were identified to take part in the evaluation: six staff members from the units (one qualified nurse and five care support workers) and four community support workers. Four of the six unit staff members were recruited because of the nature of their role as staff who routinely provide other activities for patients within the units, and the remaining staff volunteered to take part.

All patients attending one of the two community units – unit A or unit B, both of which provide day treatment and inpatient care – were invited to take part in dance, drama, music and movement activities. As a service improvement project evaluation, ethical approval was not required; however, consent for involvement in the project and use of photographs was obtained from patients or their family members. The data collection tool was developed by the project lead and the clinical governance support team, and was not piloted. To maintain anonymity all participants using the tool were assigned an identification number that remained with them throughout the eight-week evaluation period.

The data collection tool was designed to record information on attendance, activities (including warm-up and session closing strategies) and outcomes of the creative therapy sessions in relation to creative self-expression, communication, pleasure and enjoyment, and general engagement. The member of staff running the activity recorded the degree of improvement seen in the participant during each session. No improvement was scored as zero, some improvement as one and marked improvement as two. The aims and observational outcomes were developed using Rentz (2002) and Lawton’s (1997) quality of life outcome measures in dementia care.

The project evaluation document was developed by the project lead in collaboration with the clinical governance team. Key staff members were asked several questions regarding the implementation of creative therapy.

Training
A one-day training workshop was commissioned from a registered dance movement psychotherapist. The training day provided the opportunity for staff to explore research supporting the use of dance, drama, music and movement activities in healthcare settings and practical activities to use in one-to-one or group sessions. The trainer used equipment, such as brightly coloured hats, feathers, scarves, elastic circles (for holding and passing within a large group), balls, batons, balloons, touchabubbles (bubbles that can be held without bursting), and music, and engaged staff in a group activities. Training included:

- Preparing the room, including lighting, seating and heating.
- Ideas on how to introduce a session and advice regarding sessions, including music, reaching and stretching, tapping, breathing exercises,
mime, shaking out hands and arms, and moving together in a circle.

- Activities for the main part of a session included ‘follow my leader’ dance, social dances, mirroring in pairs and the use of objects to aid memory stimulation.
- Activities for closing a session, included singing, breathing exercises and gentle movement.

Some of the equipment used on the training day was purchased for the units and creative therapy activities were implemented over an eight-week period, three times a week, with each session lasting approximately 30 minutes. Data were collected during and after each session by two identified staff members from each community unit. These staff members were supported during the sessions by other facilitators to enable them to make their observations. Predictive analytic software was used to input and analyse the data, and descriptive results were produced by an information and project support officer from the clinical governance team. The training day was evaluated using a standard evaluation form.

**Findings**

The number of sessions carried out at the community units was recorded during November and December 2010. In total there were 32 sessions, 14 at unit A and 18 at unit B. Overall there were 37 participants during the review period, 15 at unit A and 22 at unit B. The data collection tool was used for each participant after each session. The number of instances of attendance (not the number of individual participants) was 78 in unit A and 88 in unit B.

There are certain factors to consider when interpreting the findings of this evaluation, such as inter-rater reliability and the subjective nature of observational scoring. However, only two staff members were responsible for recording the observational outcomes in each unit therefore limiting the effects of inter-rater reliability.

**Participation in sessions**

Participants from unit A (n=15) attended between one and 14 sessions during the evaluation period, with participants in unit B attending between one and eight sessions (Tables 1 and 2). In both units, the mean number of times the participants attended during the eight-week period was five. The mean number of participants in each session was five in unit A and six in unit B.

**Creative self-expression**

Creative self-expression represents the extent to which the participant is able to express him or herself creatively during the session. For example, during a creative activity, if the person participates fully he or she is given a score of two (marked improvement), partial completion is given a score of one (some improvement) and no participation is scored as zero (no improvement). Creative self-expression is linked to the ability of the person to initiate activity. Neurological deterioration in the frontal lobes in Alzheimer’s disease inhibits motivation and self-expression. Arts and creative activities can enable emotional release and provide a means to communicate via creative self-expression in patients with dementia who have affected verbal expression.

Table 3 shows that 60% of participants in unit A scored one or two for creative self-expression compared with 16% of people in unit B. The number of participants scoring zero for creative self-expression was higher in unit B (84%) compared with unit A (40%).

**Communication**

The extent to which participants actively communicated with others in the group, and with the group as a whole, can be used as a way to assess
individuals’ social skills and connection with those around them. The participant who was witnessed actively communicating with others, both verbally and non-verbally, was given a score of two (marked improvement); some communication with others was allocated a score of one (some improvement); and being passive in the session was given a score of zero (no improvement) (Table 4).

In unit A, 74% of participants showed marked or some degree of improvement in communication with others in the group, compared with 98% in unit B. A more marked improvement in scores was seen for communication compared with creative self-expression.

### Pleasure and enjoyment

Pleasure and enjoyment relate directly to overall observed wellbeing in a session, which is significant in the delivery of person-centred care. A participant exhibiting significant signs of pleasure and enjoyment scored two (marked improvement), those showing some signs of pleasure and enjoyment scored one (some improvement) and those showing no signs of pleasure and enjoyment scored zero (no improvement).

Table 5 shows that 97% of patients in unit A and 99% in unit B showed some to marked levels of pleasure and enjoyment. There were more participants with a score of two (marked improvement) in unit B for pleasure and enjoyment (79%) than for any of the other outcomes investigated. Furthermore, there were only two participants with a score of zero (no improvement) in unit A and one in unit B, suggesting that creative therapy activities have a positive effect on pleasure and enjoyment.

### Engagement

Engagement shows the extent to which participants expressed an interest in the activities, regardless of any actual creative self-expression or communication with others. A participant who was witnessed engaging verbally or non-verbally in the activity, including a range of expressions of interest such as a nod of the head, observation of others, alertness and bodily movement, was given a score of two (marked improvement); some verbal or non-verbal engagement or evident interest was awarded a score of one (some improvement); and no engagement or evident interest was given a score of zero (no improvement).

A total of 95% of participants in unit A and 98% in unit B showed some or marked improvement in engagement (Table 6). There were more participants with a score of two (marked improvement) in unit A for engagement (46%) than for any of the other outcomes investigated. Furthermore, there were only four participants in unit A and two in unit B with a score of zero (no engagement), which suggests that individuals with dementia engage well with creative therapy.

### Other observations

Although individual participants who had the highest level of attendance at the creative therapy sessions in both units could be identified from the data using their identification numbers, it was difficult to assess changes in observational outcomes throughout the eight-week evaluation...
period because the warm-up activity, main activity and closure activity for each session were different.

All staff completed an evaluation regarding the creative therapy training day; all responses were positive in terms of the training content and the confidence of staff to implement this approach.

A project evaluation was completed by four staff members involved in the delivery of creative therapy in the units. All staff reported that dance, drama, music and movement activities had been implemented in the workplace, and were able to identify several activities that were preferred by the participants. These included music, mime, group movement and dance. Less preferred activities included the use of hats and balls. The data collection tool showed that the most common warm-up activities at both units were stretching and shaking hands; the most commonly used activities for the main part of the session were movement to music, and the use of music and objects to stimulate reminiscence; and the most frequently used session closure activity was singing. Staff at unit A reported that there had been no difficulty in delivering creative therapy. Staff at unit B reported that noise levels and general duties sometimes made it difficult to organise activities and to engage participants. This could be due to a number of factors including staff skills and ability, and the complexity of patients’ needs attending each of the units at the time.

**Discussion**

In unit A, a total of 15 patients participated in between one and 14 of the 15 sessions that were run by staff, and the individual response to each session was recorded. In 60% of instances participants scored one or two in the creative self-expression category, 74% of individuals showed some or marked improvement in communication, 97% showed some or marked improvement in pleasure and enjoyment and 95% showed some or marked improvement in general engagement. These results demonstrate a range of good to excellent improvement in general engagement. These results showed some or marked improvement in communication, 97% showed some or marked pleasure and enjoyment and 98% demonstrated an improvement in engagement during the activities. Again, these results show a positive response to creative therapy in patients with dementia.

Almost all participants in both units engaged with the activities on some level, and appeared to have enjoyed the experience, suggesting that creative therapy has meaningful effects on the wellbeing of patients with dementia. The limitations of the results are, however, acknowledged.

**Limitations**

The evaluation had several limitations. The skill mix of staff, differing diagnoses of dementia and complexities of need among the participants should be taken into account when examining the findings. There were no inclusion or exclusion criteria, and all patients were invited to participate. In total, ten staff members were involved in delivering the creative therapy sessions. Individual characteristics of these staff members may have affected their choice of activity, facilitator style, ability and, ultimately, the outcome for individual participants. It is a strength and limitation of the project that the six staff members from the units were familiar with the participants as this may have enhanced their ability to motivate and communicate with these individuals. However, it is also possible that such familiarity may have affected their objectivity.

The findings of the evaluation are based on staff observations and not self-reporting by individual participants. The possible lack of inter-rater reliability between the four staff members who recorded the observational outcomes has been acknowledged. Observations were made regarding perceived changes in an individual during an activity, however, it may have been more useful to use a pre and post-session assessment tool. The data collection tool was not piloted.

There was a different warm up, main activity and closure activity every week – from a choice of dance, drama, music and movement – depending on the needs and wishes of the participants, making it difficult to assess overall improvements.
in response to a particular activity for each patient during the eight-week evaluation.

**Conclusion**

Implementation of dance, drama, music and movement activities provides opportunities for people with dementia to engage in creative self-expression and has enhanced communication, pleasure and enjoyment, and general engagement with others.

The complexity of care provided in dementia care services is acknowledged. However, research discussed in this article suggests that maintaining artistic approaches to health care has a range of beneficial outcomes for patients. Considering this, and the range of positive outcomes reported in this evaluation, it is recommended that creative therapy is adopted in mainstream care services for patients with dementia, and that biopsychosocial approaches to mental health nursing are adopted by nurse leaders, and underpinned by local creative policies.

Further research on the outcomes and benefits of creative therapy in dementia care services is needed, including the observation of short and long-term effects of such therapy. In addition, research into the potential effects of other variables would benefit the planning of any future creative therapy interventions, including the effects of group leader characteristics (for example, skill, enthusiasm and perseverance) and the complexity of mental health and co-morbid difficulties of the participants.

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