

Individualised Music Intervention

Program Guidelines for Aged Services Providers



These guidelines are the result of a collaborative effort between the Dementia Behaviour Assessment & Management Service, Community Industry Group and Australian Red Cross.



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Individualised Music Intervention Program Guidelines

Persons with dementia maintain the ability to process music long after their ability to process verbal communication. Personalised music can be an intervention that provides a range of important benefits to individual residents, their family and staff.

Goals and Benefits

For the person

- 1) Prevents or alleviates agitated behaviours.
- 2) Provides a pleasurable activity and improves wellbeing.
- 3) Provides a stimulus to promote meaningful interaction with others.

For staff

- 1) Provides an alternative intervention for the management of agitation in people with dementia (for example, in place of increasing medication).
- 2) Facilitates wellbeing and a more harmonious and enjoyable living environment.
- 3) Promotes a collaborative relationship with family and carers.

For family members/ carers

- 1) Provides an alternative intervention for the management of agitation during visits.
- 2) Provides a shared activity and stimulus to promote meaningful interaction with their loved one.
- 3) Contributes to wellbeing and a more harmonious and enjoyable living environment for their loved one.

Rationale

Because people with dementia maintain the ability to process music long after their ability to process verbal communication, music may be used as a means of communication in persons even in the advanced stages of dementia.

The presentation of individualised music provides an opportunity to stimulate remote memory and change the focus of attention to an interpretable stimulus. The elicitation of remote memories associated with positive feelings is theorised to have a soothing effect on the resident with dementia to thereby prevent or alleviate agitation. (Gerdner, 1997)

Evidence suggests that music should be familiar and enjoyable to the person to stimulate their memory and result in a positive experience.

Family/ carers can have valuable information regarding the individual musical preferences of people with dementia, and best practice suggests that staff collaborate with family members/ carers regarding the role of music in the person's life prior to the onset of cognitive impairment to inform the selection of their personal music preferences. Ideally this includes specific performers and song titles.

Beneficial Outcomes

The following clinical outcomes are expected with the **consistent and appropriate** use of this individualised music guideline:

- Decreased frequency of agitation or disruptive behaviours
- Decreased combativeness
- Decreased use of psychotropic drugs
- Decreased use of physical restraints
- Decreased likelihood of elopement or attempt to elope

Elements of Intervention

- 1) Ideally, the facility/ organisation is supportive of individualised music, and allocates the resources and staff to appropriately implement the program.
- 2) Staff can be trained in the use of individualised music as one approach in the management of agitation in people with dementia.
- 3) Family/ carers are consulted to learn about the importance that music played in the person's life prior to the onset of the cognitive impairment. In addition, family/ carers also need to be asked to assist in the identification of the person's personal music preferences such as specific performers or song titles. **The more specific the information concerning a person's musical preferences, the more successful the outcome will be in terms of individualised music therapy.**
- 4) The person is provided with headphones and a selection of personalised music in a relaxed and friendly environment. Staff may wish to post a colourful sign at the person's bedside as a reminder they are in the music program and the time of intervention to assist in their participation.
- 5) **If the person begins exhibiting increased agitation with the onset of music, staff are instructed to stop the music immediately.** At this time, a careful assessment should be undertaken to determine the time of onset and potential external or internal causes that underlie the agitation. These causes could include pain, delirium, constipation, etc.
- 6) Staff should also consult with family/ carers on personal choices to try to determine the cause of the agitation.
- 7) The person's response to individualised music is documented using a client record book.
- 8) Signs and patterns of agitation commonly displayed by the person are put into a care plan, so that staff can recognise them and use planned approaches to prevent escalation. Staff are encouraged to identify the triggers of agitation and to try to minimise or eliminate them if possible.

Individualised Music Intervention Program Structure

Duration

Approximately 30 minutes, two times per week in a familiar setting over a period of 8 weeks. Optimal effectiveness is achieved by implementing the intervention a minimum of 30 minutes prior to the person's usual peak level of agitation.

Participants in the program

This is an intervention that is appropriate for people with dementia (even those in advanced stages) who are agitated, who have an appreciation for, or enjoyment of music and are able to hear a normal speaking voice.

NOTE: Agitation secondary to a medical condition requires treatment of the underlying cause (eg: a delirium).

Group size

Intervention is conducted individually, and the number of people involved in the program will depend on staff and volunteer capacity.

Selection of Participants

People that exhibit agitation as defined using the Cohen-Mansfield Agitation Inventory (1996). Agitation is classified into the following three syndromes:

- 1) Aggressive behaviour such as hitting, kicking, cursing.
- 2) Physically non-aggressive behaviour such as restlessness, pacing, disinhibition.
- 3) Verbally agitated behaviours such as complaining continuously, negativism, repetitious phrases.

Participant's Strengths and Qualifiers

- 1) Ability to hear a normal speaking voice as impaired hearing may result in distortion of sound that may be a further source of agitation.
- 2) May be used for people in the advanced stages of dementia.
- 3) People who have an appreciation for, or enjoyment of music.

Exit Criteria

If the person responds adversely (eg: an increase in agitation) even with an alternative music selection, the intervention should be discontinued.

Resources and Equipment Needed

- 1) A portable music device such as an IPOD, IPAD or audio cassette player with headphones that can be checked out from the Nurses Station/ organisation.
- 2) Family or carer(s) may want to purchase the above as a gift for the person if possible, or buy iTunes cards so that staff can download the person's preferred music. Family members can also supply CDs or cassettes of the person's favourite music on USB.
- 3) The facility/ organisation can gradually build a music library as funds become available. This library should include a variety of musical selections that can be used for other people within the facility/ organisation as well. **The facility/ organisation**

needs to dedicate a specific computer to host the music library, and it's best if this computer has access to iTunes and can accept CDs.

4) A music library can include genres such as:

- 1) Popular
- 2) Big Band
- 3) Classical
- 4) Instrumental
- 5) Religious/Spiritual
- 6) Country/Western
- 7) Jazz/Blues
- 8) Ethnic
- 9) Rock 'n' Roll

Physical Environment

It is important to eliminate competing external environmental stimuli, such as a TV or radio that is being played inattentively, and to avoid loud rooms.

Staff Training

It is highly recommended that staff watch the original Music and Memory documentary, 'Alive Inside', which so beautifully shares the power of music to change people's lives for the better: <http://www.aliveinside.us/>

Training is best provided to care staff or volunteers by a person who has familiarity with Individualised Music Therapy and its application. The Appendix contains an Individualised Music Intervention Knowledge Assessment Test and Process Evaluation Monitor that may be useful.

References:

- 1) Gerdner, L.A. (2001). Evidence-based protocol: Individualised music intervention. In M. Titler (series Ed.) Series on evidence-Based Practice for older Adults. Iowa City, Iowa: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Centre, Research Dissemination Core

Appendix

The following materials can be used in the form supplied, or modified as required to support an Individualised Music Intervention Program, and are taken from the [Evidence-Based Guideline: Individualized Music for Persons with Dementia \(5th Edition\)](#) by Linda A. Gerdner PhD, RN, FAAN.

APPENDIX A

ASSESSMENT OF PERSONAL MUSIC PREFERENCE

(©Linda A. Gerdner, Jane Hartsock, & Kathleen C. Buckwalter, 2000)

The *Assessment of Personal Music Preference* (APMP) questionnaire was designed to obtain detailed information regarding personal music preference and identify the importance of music in the person's life during independent living. This information may be used to assist in the selection of individualized music. This questionnaire is the culmination of the authors' clinical and research expertise in this area (Gerdner, 1992, 1997, 2000; Gerdner & Swanson, 1993). It takes approximately 15 minutes to complete. A revised version of this instrument was developed which may be completed by a knowledgeable family member when the patient is unable to answer the questions due to cognitive impairment. Following its development the APMP questionnaire was further evaluated in a study in which individualized music was implemented by trained staff and family members (Gerdner, 2005)

ASSESSMENT OF PERSONAL MUSIC PREFERENCE (PATIENT VERSION)

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Music is often a very important part of people's lives. Please complete the following based on your personal music preference.

Before illness, how important a role did music play in your life?

- _____ 1. Very Important
- _____ 2. Moderately Important
- _____ 3. Slightly Important
- _____ 4. Not Important

Do/did you play a musical instrument?

If yes, please specify (examples: piano, guitar).

Do/did you enjoy singing?

If yes, please specify (examples: around-the house, church choir).

Do/did you enjoy dancing?

If yes, please specify (examples: attended dance lessons, participated in dance contests)

The following is a list of different types of music. Please indicate your three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.

- _____ 1. Country and Western
- _____ 2. Classical
- _____ 3. Spiritual/Religious
- _____ 4. Big Band/Swing
- _____ 5. Folk
- _____ 6. Blues
- _____ 7. Jazz
- _____ 8. Rock and Roll
- _____ 9. Easy Listening
- _____ 10. Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
- _____ 11. Other: _____

Please put a check (✓) beside the most correct choice to the following questions.

What form does your favorite music take?

- ☐ 1. Vocal
- ☐ 2. Instrumental
- ☐ 3. Both

Please identify specific songs/selections which make you feel happy.

Please identify specific artist(s)/performers(s) that you enjoy listening to the most.

Please identify specific albums, audio-cassette tapes, or compact discs contained in your personal music library.

ASSESSMENT OF PERSONAL MUSIC PREFERENCE (FAMILY VERSION)

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Music is often a very important part of people's lives. Please complete the questionnaire based on your knowledge of your family member's music preference.

Before illness, how important a role did music play in his/her life?

- _____ 1. Very Important
- _____ 2. Moderately Important
- _____ 3. Slightly Important
- _____ 4. Not Important

Does/did he/she play a musical instrument?

If yes, please specify (examples: piano, guitar).

Does/did he/she enjoy singing?

If yes, please specify (examples: around-the house, church choir).

Does/did he/she enjoy dancing?

If yes, please specify (examples: attended dance lessons, participated in dance contests)

The following is a list of different types of music. Please indicate the individual's three (3) most favorite types with 1 being the most favorite, 2 the next, and 3 the third favorite.

- _____ 1. Country and Western
- _____ 2. Classical
- _____ 3. Spiritual/Religious
- _____ 4. Big Band/Swing
- _____ 5. Folk
- _____ 6. Blues
- _____ 7. Jazz
- _____ 8. Rock and Roll
- _____ 9. Easy Listening
- _____ 10. Cultural or Ethnic Specific (examples: Czech polkas, Ravi Shankar Indian sitar)
- _____ 11. Other: _____

Please put a check (✓) beside the most correct choice to the following questions.

What form does the individual's favorite music take?

- ☐ 1. Vocal
- ☐ 2. Instrumental
- ☐ 3. Both

Please identify specific songs/selections that make your family member feel happy.

Please identify specific artist(s)/performers(s) that the individual enjoyed/enjoys listening to the most.

Please identify specific albums, audio-cassette tapes, or compact discs contained in your family member's personal music library.

APPENDIX B

COHEN-MANSFIELD AGITATION INVENTORY

(© Cohen-Mansfield, 1986)

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The purpose of the Cohen-Mansfield Agitation Inventory is to assess the frequency of manifestations of agitated behaviors in elderly persons. The Cohen-Mansfield Agitation Inventory (CMAI) is a 29-item instrument designed to assess the frequency of agitated behaviors over a two-week period (Cohen-Mansfield et al., 1989). Users should obtain the CMAI manual before using the tool, and can contact Dr. Jiska Cohen-Mansfield at cohen-mansfield@hebrew-home.org. The frequency of each behavior is rated on a scale of 1-7. A score of one indicates the behavior never occurred during the previous two weeks. A score of seven indicates the behavior occurred several times an hour over the previous two weeks. For each patient receiving the Individualized Music for Elders with Dementia guideline intervention, please complete the Cohen-Mansfield Agitation Inventory on the following page. This inventory should be completed at baseline (before guideline is started with a patient) and then every two weeks. For each patient receiving the intervention, please keep a record of the changes observed in his or her medical record. The purpose of this inventory is to track the patient's level of agitation over time and while being exposed to individualized music sessions. The intended primary outcome of this guideline is a reduction in the number of agitation episodes and the severity of such episodes.

Agitation is operationally defined by Cohen-Mansfield and Billig (1986) as: Inappropriate verbal, vocal, or motor activity that is not judged by an outside observer to result directly from the needs or confusion of the agitated individual. Agitation is not a diagnostic term, but rather a term used by clinicians for a group of symptoms that may reflect an underlying disorder.

Agitated behavior is always socially inappropriate, and can be manifested in three ways:

- (a) It may be abusive or aggressive toward self or others.
- (b) It may be appropriate behavior performed with inappropriate frequency, such as constantly asking questions.
- (c) It may be inappropriate according to social standards for the specific situation, as in taking off clothes in the activity room.

TO USE THE INVENTORY: Please read each of the behaviors, and check how often (from 1 – 7) each behavior was observed for the patient during the previous two weeks. When a behavior has occurred rarely during one week, and more frequently during another, try to average over the past two weeks to obtain the frequency which best reflects its occurrence.

If the person to be rated manifests an inappropriate behavior that is close to a behavior on the Cohen-Mansfield Agitation Inventory, but not spelled out exactly, add it to that category. For example, if a person squeaks, and this behavior is not listed, use the category of “making strange noises,” even though it is not included in the examples. Recognize that it is impossible

to include all possible examples, but each line is intended to capture a group of closely related behaviors.

Do not try to judge if the behavior can be explained or not, just rate the frequency at which it actually occurs.

TO SCORE PATIENT'S LEVEL OF AGITATION: The Cohen-Mansfield Inventory assesses a diverse group of behaviors. Calculating a total score (by summing the circled numbers) may identify an overall agitation score whereby a higher score represents more agitation over the previous two weeks, though this total score does not allow for understanding changes in specific forms of agitation. That is, some of the behaviors on the inventory are more harmful to the patient and to others than are other behaviors. Perhaps examining the scores for each behavioral group (Aggressive Behavior; Physically Nonaggressive Behavior; Verbally Agitated Behavior) is more important for your setting and for the particular patient. Regardless of the method chosen for calculating scores, overall agitation should reduce following implementation of this Individualized Music guideline.

For detailed information about the CMAI, assessment instructions, and other versions of the CMAI, please contact:

Dr. Jiska Cohen-Mansfield
 Director, Research Institute of the Hebrew Home Greater Washington
 6121 Montrose Road
 Rockville, MD 20852
 Phone: 301-770-8453
 E-mail: cohen-mansfield@hebrew-home.org

PLEASE MAKE COPIES of the Cohen-Mansfield Agitation Inventory on the following page and place them in the medical record of patients receiving the Individualized Music intervention.

REFERENCE:

Cohen-Mansfield, J., Marx, M.S., & Rosenthal, A.S. (1989). A description of agitation in a nursing home. *Journal of Gerontology*, 44(3), M77-M84. Reprinted with permission from Dr. Jiska Cohen-Mansfield.

COHEN-MANSFIELD AGITATION INVENTORY

(© Cohen-Mansfield, 1986)

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Date _____

Patient _____

Completed By _____

	Never	Less than once a week	Once or twice a week	Several times a week	Once or twice a day	Several times a day	Several times an hour
BEHAVIOR	1	2	3	4	5	6	7
Pace, aimless wandering	1	2	3	4	5	6	7
Inappropriate dress or disrobing	1	2	3	4	5	6	7
Spitting (include at meals)	1	2	3	4	5	6	7
Cursing or verbal aggression	1	2	3	4	5	6	7
Constant unwarranted request for attention or help	1	2	3	4	5	6	7
Repetitive sentences or questions	1	2	3	4	5	6	7
Hitting (including self)	1	2	3	4	5	6	7
Kicking	1	2	3	4	5	6	7
Grabbing onto people	1	2	3	4	5	6	7
Pushing	1	2	3	4	5	6	7
Throwing things	1	2	3	4	5	6	7
Strange noises (weird laughter or crying)	1	2	3	4	5	6	7
Screaming	1	2	3	4	5	6	7
Biting	1	2	3	4	5	6	7
Scratching	1	2	3	4	5	6	7

BEHAVIOR	Never	Less than once a week	Once or twice a week	Several times a week	Once or twice a day	Several times a day	Several times an hour
	1	2	3	4	5	6	7
Trying to get to a different place (e.g., out of the room, building)	1	2	3	4	5	6	7
Intentional falling	1	2	3	4	5	6	7
Complaining	1	2	3	4	5	6	7
Negativism	1	2	3	4	5	6	7
Eating/drinking inappropriate substances	1	2	3	4	5	6	7
Hurt self or other (cigarette, hot water, etc.)	1	2	3	4	5	6	7
Handling things inappropriately	1	2	3	4	5	6	7
Hiding things	1	2	3	4	5	6	7
Hoarding things	1	2	3	4	5	6	7
Tearing things or destroying property	1	2	3	4	5	6	7
Performing repetitious mannerisms	1	2	3	4	5	6	7
Making verbal sexual advances	1	2	3	4	5	6	7
Making physical sexual advances	1	2	3	4	5	6	7
General restlessness	1	2	3	4	5	6	7
Strange movements making faces	1	2	3	4	5	6	7

Total Score (Add all numbers) _____

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APPENDIX C

AGITATION QUALITY IMPROVEMENT MONITOR

For each patient receiving the Individualized Music guideline intervention, please complete the monitor on the following page. This monitor should be completed on a weekly basis. For each patient receiving the intervention, please keep a record of the changes observed in his or her patient records.

PLEASE MAKE A COPY OF THE MONITOR on the next page and place it in the chart of each patient who is receiving the Individualized Music guideline. The outcomes on this monitor should be assessed and recorded for each patient on a weekly basis.

TO USE THE MONITOR: Place the appropriate key criteria next to the five separate outcomes for each patient assessment. We have provided a total of eight boxes, which represent the first eight weeks of the use of this guideline. Once the chart has been completed, please make another copy of the blank form and begin numbering the new chart at Week 9.

The example below is for the first outcome (Patient Interview) and displays the various criteria keys:

(EXAMPLE):

Criteria Key	
Y=Yes /met criteria	
N=No /criteria not met	
J=Justified Variation /patient not included in the monitor (Note <i>why</i> patient is not included.)	

Please place the appropriate key next to the outcomes for each assessment period.

<i>Outcomes</i>	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Patient's verbal and nonverbal response reveals that patient is feeling secure and safe.	N	N	N	N	Y	Y	Y	Y

AGITATION QUALITY IMPROVEMENT MONITOR

Criteria Key
Y=Yes /met criteria N=No /criteria not met J=Justified Variation /patient not included in the monitor (Note <i>why</i> patient is not included.)

Please place the appropriate key next to the outcomes for each assessment period.

<i>Outcomes</i>	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Patient's verbal and nonverbal response reveals that patient is feeling secure and safe.								
Patient's verbal and nonverbal response reveals that patient is feeling more functional.								
Patient's Cohen-Mansfield Inventory scores are/have declined and/or remain low.								
Patient records reveal no use of chemical or physical restraint use.								
Patient records reveal no agitation incident reports.								
Comments: Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ Week 6: _____ Week 7: _____ Week 8: _____								

APPENDIX D
INDIVIDUALIZED MUSIC INTERVENTION
KNOWLEDGE ASSESSMENT TEST

The individual who will be overseeing the use of this evidence-based guideline should be the only one with access to this test key. Following proper education of staff, with regard to this guideline, each nurse who will use the Individualized Music intervention should be given an opportunity to take this test. Please do not use this test as part of the nurse's typical evaluation, but instead this test should be used as a **learning tool only**. Please have each nurse take this test without the key present, and once he/she is done, let him or her code how many questions they answered correctly and incorrectly. Guidance in determining why he/she answered as they did can also be part of the learning process.

INDIVIDUALIZED MUSIC INTERVENTION
KNOWLEDGE ASSESSMENT KEY

1. C
2. D
3. B
4. C
5. A
6. B
7. D
8. A
9. C
10. B

INDIVIDUALIZED MUSIC INTERVENTION KNOWLEDGE ASSESSMENT TEST

1. Individualized music is defined as music that is:
 - A. A preferred general category of music (e.g., classical, country/western)
 - B. Designed for relaxation
 - C. Based on personal preference which includes identification of specific performers and song titles
 - D. Associated with the era in which the patient was a young adult

2. Which of the following supports the theoretical framework for the effects of Individualized Music intervention for agitation (IMIA)?
 - A. It is believed that receptive and expressive musical abilities are preserved in individuals with ADRD long after their ability to process or express verbal language
 - B. Elicitation of memories associated with positive feelings has a soothing effect on the person with ADRD, which in turn prevents or alleviates agitation
 - C. Music changes the focus of attention and provides an interpretable stimulus, overriding meaningless or confusing stimuli in the environment
 - D. All of the above

3. Overall assessment to determine the appropriateness of using individualized music as an alternative intervention includes all of the following EXCEPT:
 - A. Hear a normal speaking voice at an approximate distance of 1 1/2 feet
 - B. The person's ability to play a musical instrument or sing
 - C. Assess temporal patterning in an effort to determine the most appropriate time for prescribed intervention
 - D. Determine the importance of music in the person's life prior to the onset of dementia

4. Individualized music is NOT appropriate as an alternative intervention for the management of agitation in cognitively impaired persons with
 - A. Increased difficulty in interpreting environmental stimuli
 - B. Fatigue
 - C. Pain
 - D. A deprivation or lack of environmental stimuli

5. Assessment of individualized music includes all of the following EXCEPT:
 - A. The ability to understand verbal language
 - B. Consideration to ethnic and religious background

- C. Prior music interests (i.e., sang in church choir, played a musical instrument)
 - D. Determination of specific music preferences (i.e., song titles, performers)
6. Individualized music may be used on an “as needed” (PRN) basis by:
- A. Waiting to intervene until the peak level of agitation
 - B. Implementing when the person first begins exhibiting signs of increased anxiety
 - C. Implementing every 3-4 hours
 - D. Playing for 2-3 hours at a time
7. The following clinical outcomes factors are expected with the consistent and appropriate use of Individualized Music guideline:
- A. Decreased agitation
 - B. Decreased use of psychotropic drugs
 - C. Decreased use of physical restraints
 - D. All of the above
8. When music is being played the patient, for whom the music was intended, should be monitored as well as other patients in the immediate area.
- A. True
 - B. False
9. If the patient exhibits an increase in agitation:
- A. Continue to play the music, since it takes longer for someone with dementia to process music
 - B. Stop the music with no further attempts to implement music
 - C. Stop the music, reassess music preference, and try again using a different musical selection at a later date
 - D. Increase the volume since the patient might be hard-of-hearing
10. Family members (select the correct statement):
- A. Should not be burdened with assisting in the planning and implementation of activities for the patient
 - B. Have valuable information regarding the personal likes and dislikes of the patient
 - C. Do not have the knowledge or skill necessary to make a meaningful contribution when care is transferred to a long-term care facility
 - D. Mainly serve to increase staff’s work-load by being critical and demanding

APPENDIX E

PROCESS EVALUATION MONITOR

The purpose of this monitor is to evaluate perceived knowledge and support of nurses or other individuals who are using the Individualized Music intervention. Once staff or other persons using the guideline complete this Process Evaluation Monitor, the individual in charge of implementing the guideline needs to review the form with each person. For the nine questions, please tally the responses provided by adding up the numbers circled. For example, if Question 1 is answered "2" and Question 2 is answered "3" and Question 3 is answered "4" the nurse's score for those three questions (2+3+4) equals 9. The highest total score possible on this monitor is 36, while the lowest score possible is 9. Nurses who have higher scores on this monitor are indicating that they are well-equipped to implement the guideline, and understand its use and purpose. On the other hand, nurses who have relatively low scores are in need of more training and/or support in the use of the guideline.

PLEASE MAKE A COPY OF THE MONITOR on the next page and ask each individual who uses the guideline to complete it approximately one month following his/her initial education and use of this guideline.

PROCESS EVALUATION MONITOR

Directions: Please circle the number that best describes your perception about your use of the Individualized Music intervention.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I feel knowledgeable to carry out the Individualized Music intervention.	1	2	3	4
2.	Implementing the guideline enhances the quality of patient care.	1	2	3	4
3.	I feel supported in my efforts to implement the Individualized Music intervention.	1	2	3	4
4.	I feel well prepared to carry out the Individualized Music intervention guideline with the assistance from others knowledgeable about the guideline.	1	2	3	4
5.	I am able to help the patient and/or family select music preferences.	1	2	3	4
6.	I am able to identify and carry out the essential activities of the Individualized Music intervention.	1	2	3	4
7.	I had enough time to learn about how to do the Individualized Music intervention before I needed to implement it.	1	2	3	4
8.	We are managing agitation better with the use of the Individualized Music intervention.	1	2	3	4
9.	The Individualized Music intervention enables me to meet agitation management needs of most patients.	1	2	3	4