

**WFED 105 – Integrated Curriculum Implementation  
Lesson Plan Template**

**Lesson Plan Template**

Name of Instructor: Megan Hardie
Lesson Title: Cognitively Impaired FID #2
POS #603 Select and implement techniques to deal with the cognitively impaired, e.g., validation, reminiscence, music therapy.
Time:
Equipment and Materials needed: Access to internet or printed articles (included)
Introduction:
Body: Please read attached article and complete worksheet
Summary: Submit worksheets upon return to school (due at beginning of class). Counts as attendance for missed day and grade for gradebook
Assessment: Worksheet worth 20 points

When someone you love is living with dementia, everyday conversations can become emotional minefields. A simple question or memory lapse may spiral into confusion, frustration, or distress for both of you. What if, instead of correcting your loved one, you could meet them where they are emotionally? That's the heart of validation therapy for dementia, a compassionate approach that honors the dignity of individuals living with cognitive impairment.

Memory care communities train their caregivers in specialized dementia care practices, including validation therapy, to help residents feel understood and safe. Here's how this powerful method can make a real difference in the way older adults living with dementia and caregivers connect.

### **What Is Validation Therapy?**

Validation therapy for dementia is built on a simple but powerful idea: when someone with dementia expresses something that isn't factually true, like saying they need to pick up their children, it's more helpful to acknowledge the emotion behind the statement than to correct it.

Rather than challenging the person's memory or orientation to time, validation therapy encourages caregivers to listen with empathy and respond to the feelings being expressed.

For example, if your mother insists on going to work (despite being retired for years), a validating response might be:

"You were always so dedicated to your job. What kind of work did you like to do the most?"

This redirection acknowledges her identity, values, and emotions without forcing her into a reality that may feel foreign or upsetting.

### **Why Validation Matters in Dementia Care**

In a traditional caregiving model, there may be a tendency to orient or correct a loved one's thinking. This can potentially increase feelings of fear, embarrassment, or anger. Validation therapy for older adults with dementia turns that dynamic around by reducing agitation and anxiety, improving trust between the individual and their caregiver, encouraging communication, and preserving dignity by respecting their emotional experience. Validation is more than a technique; it's a mindset rooted in compassion.

### **How You Can Use Validation Therapy for Dementia at Home**

As a caregiver, it can be difficult to know how to respond when your parent or loved one becomes confused or disoriented. Validation gives you a supportive framework to work from. Here are a few tips to try:

- **Pause and observe.** Look for emotional cues behind what your loved one is saying.
- **Reflect feelings.** Respond to the emotion, not just the words.
- **Use a calm tone and gentle body language.** Eye contact and a soothing voice go a long way.
- **Don't correct.** Redirect. If your father believes he needs to get home to milk the cows, ask him what he loved most about living on the farm.

These moments may seem small, but they build emotional safety and connection over time.

### **Validation Within a Holistic Approach to Dementia Therapies**

Validation therapy doesn't work in isolation. It's most effective when combined with a range of dementia therapies that support engagement and well-being. At Arden Courts, our residents benefit from:

- Music and art therapy to stimulate memory and expression.
- Reminiscence programming to connect with meaningful past experiences.
- Sensory therapies, which use sound, scent, and touch to promote calm and comfort.

Together, these approaches are woven into everyday life. Our residents are known, seen, and supported during their care.

### **Built on Compassion: How Arden Courts Integrates Validation Therapy**

Memory care is all we do, and Arden Courts communities are thoughtfully designed to meet the unique needs of older adults living with dementia. Every element of our environment is intentional from layouts with no dead ends that support safe, independent movement, to natural lighting and secure outdoor spaces that encourage well-being. Our trained staff are experts in the nuances of dementia communication, and care plans are developed in close partnership with families to ensure each resident feels respected and supported.

Reminiscence and reminiscence therapy may be beneficial to the well-being of people living with Alzheimer's or another dementia.

An individual living with Alzheimer's or another dementia may not remember what they had for breakfast, but they can often recall memories from long ago — a favorite song, a childhood friend or a beloved hobby. That's because Alzheimer's disease first affects the part of the brain that handles short-term memory. Older memories are stored elsewhere and often remain accessible for much longer.

Photos, music and familiar objects and places can help bring back older memories. These moments can create a sense of connection to the past and to the people who care for them.

- [Reminiscence as an activity](#)
- [What is reminiscence therapy?](#)
- [Why it matters](#)

### **Reminiscence as an activity**

Reminiscence means remembering the past. It can be a simple, enjoyable way to spend time together. Caregivers and families can use photos, keepsakes, music, or familiar scents and places to spark pleasant memories. These moments can bring joy, reduce anxiety and strengthen emotional bonds.

The goal is connection, not testing memory. Follow the person's lead, and let the moment unfold naturally.

### **What is reminiscence therapy?**

Reminiscence therapy is a structured approach, often led by trained professionals such as therapists, nurses or activity directors. It involves guided conversations about past experiences to promote comfort, pleasure and mental stimulation. Sessions may include music, art, storytelling or familiar objects to help start discussions.

Reminiscence therapy supports well-being, helps maintain a sense of identity and fosters dignity and understanding.

### **Why it matters**

As dementia progresses, finding ways to connect can become more challenging. Learning about what a person living with Alzheimer's or another dementia loved to do, who is important to them and what brings them joy helps caregivers engage in meaningful ways.

Even in later stages, small gestures such as holding hands, listening to music together or looking through old photos can offer comfort and connection. At every stage, connection matters.

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## RESEARCH HIGHLIGHTS

# Could 'musical medicine' influence healthy aging?

May 25, 2023

[Mental & Emotional Health](#) [Neuroscience](#) [Cognitive Health](#) [Dementias](#)

## On this page:

- [How the brain is wired for music and memory](#)
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Many of us have favorite songs that can help us relax after a hectic day or get us moving on the dance floor. Music can also be a powerful gateway to memory; for example, a song from our past may bring back memories that trigger strong emotions.

But what is happening in our brains when we hear a song that is meaningful to us? Could music make older adults not only feel better but also improve their health? Much more research is needed before any definitive conclusions can be drawn, but there is growing scientific interest in music's effects on the brain and body as we age.

## Ask the Expert: Could music improve the health of older adults?



### How the brain is wired for music and memory

Psyche Loui, Ph.D., leads the Music, Imaging, and Neural Dynamics (MIND) Lab at Northeastern University in Boston. She also plays the violin in Boston's Longwood Symphony Orchestra and in a variety of local pop and chamber music groups. In the laboratory, she seeks to understand how the parts of the brain that relate to musical perception and processing interact with brain regions controlling learning, memory, and emotions. Interested in music and science most of her life, she first became curious about how music might help people with dementia while volunteering at a nursing home as a high school student.

After little response from residents with advanced dementia to the Beethoven pieces she played on the piano, staff members encouraged her to try something a bit livelier from a book of traditional folk songs. "I just played some old familiar ditties and tunes, and then, amazingly, some of the residents knew all the words and started singing along in close harmony," said Loui. "That just really struck me."

Our brains are hard-wired to predict and anticipate familiar rhythms and melodies, Loui explained. It starts with the auditory cortex, the brain region that receives and processes sounds, including voices and music. "When we hear something that we enjoy, that engages not only the auditory cortex, but also the brain's reward systems that are driven by the neurotransmitter dopamine, which motivates us to seek out and learn new information."

Another key part of the brain's dopamine-based reward system is the medial prefrontal cortex, which also processes memories about ourselves. "If I'm listening to music that I've enjoyed throughout my life, and that I find familiar, then

the auditory system is active, but it's also communicating and connecting with the medial prefrontal cortex," said Loui.

Working with like-minded researchers in the Boston area at the Berklee College of Music and Harvard Medical School, Loui and colleagues developed an eight-week mindful music-based listening program for healthy older adults. Participants showed stronger increases in functional connectivity between the auditory system and the medial prefrontal cortex — areas that generally become less active with age — compared to control groups. Their team is now testing out this intervention in older adults with memory impairments, hoping that music can help revive learning and memory functions through this connectivity.



Loui's latest project is the Multimodal Musical Stimulation for Healthy Neurocognitive Aging study, which is designing and testing a device that pairs music selected by participants with rhythmic, colored LED light patterns. Supported with NIA small business funding, the technology is based on mouse studies in which Alzheimer's disease-related brain deposits of tau and beta-amyloid proteins were reduced through light and sound stimuli. Loui and colleagues are working on prototypes to test the light and sound intervention as a potential therapy for older adults and for people living with mild cognitive impairment or dementia.

## Singing to build cognitive and social connections

Another interesting area of research is the exploration of whether music can strengthen connections not just between our neurons, but also between people, to enhance social networks and reduce isolation and loneliness among older adults.

Julene Johnson, Ph.D., blends her love of music and cognitive neuroscience as a professor at the University of California, San Francisco. Trained as a flutist, she is also the co-director of the Sound Health Network, which falls under the umbrella of Sound Health, a partnership that involves NIH, the National Endowment for the Arts, John F. Kennedy Center for the Performing Arts, and famed soprano singer Renée Fleming. The goal is to expand our understanding of how listening to or creating music might affect overall health and wellness.



Image credit: University of California, San Francisco/Julene Johnson, Ph.D.

Johnson has studied music and the mind for more than 25 years, including through her Fulbright fellowship in Finland to study whether community choir participation affected healthy aging. She also led the Community of Voices study, which tested the impact of participating in a community choir for

six months on the health and well-being of ethnically diverse older adults.

The study involved 390 participants in 12 choirs, many of which are still active today in the San Francisco area. While the research did not show changes in cognitive outcomes, participants reported reduced feelings of loneliness and an increased interest in life. Participants noted higher self-esteem, an enhanced sense of finding a place in society, and stronger cultural identity. The singers also reported beneficial physical effects (including improved breath capacity) and psychosocial effects (such as higher assertiveness and confidence in one's voice).

Johnson's current study is testing whether a musical improvisation intervention can improve cognition and brain function in older adults with mild cognitive impairment. "In improvisation, you have to be creative and generate new ideas," Johnson said. "If you're too critical of how you're playing, that interferes with your ability to improvise." The idea is to learn to tune out or turn off the brain's critical thinking to get into an in-the-moment "zone."

Johnson is passionate about training future musical scientists to advance our knowledge about music as a potential therapy. "We don't understand all of the cognitive, social, or psychological mechanisms by which music can impact health and well-being," she said. "The next generation needs unique skills to do this very interdisciplinary type of work."

## Can music reduce patient delirium in the ICU?

Between 70% and 80% of intensive care unit (ICU) patients who receive respiratory support from mechanical ventilators experience delirium — a syndrome of sudden, acute confusion that can occur after major surgery or during a serious illness. In some patients, delirium can cause agitation, aggression, or hallucinations while others may be drowsy. Patients who experience delirium tend to have longer stays in the ICU, and more than 30% of patients who develop it experience long-term cognitive impairment. They are also more likely to be transferred to nursing homes or rehabilitation facilities after they leave the hospital.

The Decreasing Delirium Through Music in Critically Ill Older Adults study, led by Babar A. Khan, M.D., at the Indiana University School of Medicine, and Linda L. Chlan, Ph.D., R.N., at Mayo Clinic, is exploring whether listening to carefully sequenced music designed as a complex cognitive stimulus while in the ICU can lead to fewer patients experiencing delirium.

Khan and Chlan have been collaborating on ICU music listening intervention for about 10 years. Earlier in his career, Khan conducted trials to test antipsychotic drugs to prevent delirium. The study results were disappointing: The drugs weren't very effective, and any benefit was often outweighed by serious side effects.

Chlan has been investigating music listening interventions over the past 25 years. Her previous work suggested that carefully selected, preferred music with a tempo of 60 to 80 beats per minute could decrease anxiety and reduce ventilated patients' exposure to potent sedative or opioid medications. Another study she led found that ventilated patients who listened to preferred relaxing music whenever desired and for as long as they wanted were taken off a ventilator (to breathe independently) an average of 1.4 days earlier than control groups.

While Khan doesn't play an instrument himself, his family inspired him to look deeper into music. He loved listening to his brother play guitar and organ when they were growing up, and today enjoys listening to his daughter play violin and piano. "One of my favorite things whenever my brother was playing was to just sit down and drop everything and just listen," Khan said.

"You take a little bit of a break and somehow it restores the thought process, or just kind of recalibrates the cognition. So, I thought, if music has a calming effect outside the ICU, why wouldn't it have a calming effect in the ICU?"

Khan's and Chlan's preliminary findings suggest that playing two 60-minute doses per day of slow and relaxing combinations of piano, rainfall sounds, and classical music help reduce the burden of delirium in adult ICU patients compared to a control group who received doses of listening to audiobooks. Khan, Chlan, and colleagues are now working to expand their research in this area.

Khan says he's been pleasantly surprised by music's impact. "Believe it or not, before I started doing research and before meeting Dr. Chlan, I never thought that music could be a potential therapy," Khan said. Now, he sees a possible future where music could be instrumental in reducing delirium and easing anxiety and stress for families, nurses, and caregivers.

## Soothing sleep with music in people living with dementia

People living with Alzheimer's or a related dementia often experience sleep disturbances, such as insomnia or waking up during the night. These sleep problems can also disrupt their caregivers' sleep, contributing to poorer physical and mental health in people who may already feel overwhelmed. For those living with dementia, sleep disruption has been associated with more time in health care facilities, poorer cognitive function, and faster disease progression.

Darina Petrovsky, Ph.D., R.N., of Rutgers University, is testing whether music can be an effective intervention to help ease these problems. A serious musician since age 7, Petrovsky studied piano performance as an undergraduate and later completed master's and doctoral training in nursing.

As part of her study, Petrovsky and her team are developing and testing a mobile app called Calming Music Personalized for Sleep Enhancement in PeRsons living with Dementia (CoMPoSER).

CoMPoSER helps caregivers tailor music to play before bedtime with the goal of a more restful night for all. CoMPoSER's recipe for good sleeping

music includes enjoyable songs from a person's adolescence or early adulthood with a tempo of between 60 and 80 beats per minute, a pace similar to the average human heartbeat. "If you're listening to something with fewer beats per minute, your heartbeat, your brain activity, and your breathing rate will gradually match those musical characteristics and bring your arousal state down," she said.

Previous research has suggested that music without lyrics might be more conducive to sleep, and that songs with high pitched tones or faster, driving rhythms could be counterproductive to the rest and relaxation needed for sleep. Petrovsky is still not sure why instrumental music works better than songs with lyrics but suspects our curious brains are to blame. "Perhaps lyrics make the person think more about the meaning of a song as opposed to the emotion or the mood that the music is evoking."

Petrovsky's team is currently prototyping and testing CoMPoSER in a small group of participants, with the goal of scaling up to a larger clinical trial by mid-2024. As the project expands, she is excited to explore if customized music could someday be an easily accessible, inexpensive tool that might help caregivers and people living with dementia get more and higher-quality sleep.



## Testing music to reduce agitation and aggression

Other investigators are testing whether music can ease daytime dementia-related issues such as agitation, anxiety, and aggression, all of which can be troubling for people with dementia and their caregivers. The [METRICAL - Music and MEmory: A Pragmatic TRIal for Nursing Home Residents with ALzheimer's Disease](#) project, led by Vincent Mor, Ph.D., and his colleague Ellen McCreedy, Ph.D., MPH, with the Brown University School of Public Health, explored whether customized playlists of preferred music could reduce disruptive or disturbing behaviors like pacing, calling out verbally, [sundowning](#), or other common dementia symptoms, and lessen reliance on antipsychotic drugs.

The METRICAL study was conducted in a real-world setting, with almost 1,000 residents with dementia in 54 nursing centers in 10 states. While the study did not find that personalized music was significantly effective in reducing agitated behaviors or psychotropic drug use, there were many lessons learned that could help inform the design of future trials.

For example, nursing staff had difficulty at times identifying the music residents liked, especially if the individual had advanced dementia and was unable to communicate finding “hits” — music or songs that sparked engagement and other positive emotions. Another [similar trial](#) is currently underway that is testing personalized music with nursing home residents with moderate to severe dementia. In that trial, the music will be preloaded on personalized music devices to increase engagement.

Mor, an experienced leader of aging research clinical trials, remains inspired and intrigued by the therapeutic potential for music. He first became interested in the field after seeing the “[Alive Inside](#)” documentary film with his wife, who encouraged him to further pursue the calming and healing potential of music. The film depicts people living with severe Alzheimer’s who were previously minimally responsive, having dramatic emotional and physical reactions, including laughing, talking, tapping a foot, singing along, crying, or smiling when listening to music from their youth.

McCreedy complements her impressive musicianship (she’s a classically trained flutist and also plays piano, guitar, and saxophone) with experience leading effectiveness trials in nursing centers and assisted living communities. She continues to work with investigators from across the country to study the impact of promising interventions, including music, in real-world settings.

Mor and McCreedy both note that it is still unclear exactly what is going on with music and memory at the neurological level. “The next steps for this research are to increase understanding of the underlying mechanisms — how exactly music works to reduce behaviors — and to think creatively about how to deliver personalized music in overtaxed environments such as nursing homes,” said McCreedy.

## Working in harmony: How can we use what we know?

NIA continues to fund research to investigate the potential of music as a therapy. In the meantime, Petrovsky encourages families and caregivers to pay attention to how a person they are caring for responds when music is playing, and which songs they seem to connect with the most.

Evidence on the effectiveness of music on medical conditions continues to be collected. In the meantime, older adults who enjoy music can consider if they want to include it as part of their future care preferences.

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## You may also be interested in:

- Reading about [researchers testing new approaches to prevent delirium in older adults](#)
- Finding a blog post on [what can be learned from lucidity in dementia](#)
- Learning how [participating in the arts creates paths to healthy aging](#)

## FID Assignment II – Task 603: Techniques for the Cognitively Impaired

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

### Competency Addressed

603 – Select and implement techniques to deal with the cognitively impaired, including validation therapy, reminiscence therapy, and music therapy.

### Assigned Readings

Read ALL three articles below before completing the worksheet:

1. Alzheimer’s Association – Reminiscence and Reminiscence Therapy  
<https://www.alz.org/help-support/caregiving/daily-care/reminiscence-and-reminiscence-therapy>
2. Arden Courts – From Confusion to Comfort: Validation in Dementia Care  
<https://www.arden-courts.com/blog/from-confusion-to-comfort-validation-in-dementia-care/>
3. National Institute on Aging – Could Musical Medicine Influence Healthy Aging?  
<https://www.nia.nih.gov/news/could-musical-medicine-influence-healthy-aging>

### Part A – Vocabulary & Understanding

Define each technique in your own words.

1. Validation Therapy:

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2. Reminiscence Therapy:

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### 3. Music Therapy:

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### Part B – Scenario Application

Scenario:

Mrs. Thompson is an 82-year-old client with dementia who repeatedly says she needs to go home because her mother is waiting for her. She appears anxious.

1. Which technique would be most appropriate to use first?

Validation Therapy

Reminiscence Therapy

Music Therapy

2. Explain why you chose this technique.

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3. Write one appropriate response a healthcare worker could say.

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## Part C – Critical Thinking

1. Why is it not appropriate to argue with or correct a cognitively impaired client?

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2. How do these techniques help support dignity and emotional safety?

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### Reflection

In 2–3 sentences, describe which technique you think would be easiest for you to use as a healthcare worker and why.

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