GRUPPO ITALIANO
CENTRI DIURNI
ALZHEIMER

16° Convegno Nazionale
sui Centri Diurni Alzheimer

Montecatini Terme | 16–17 ottobre 2026

La musicoterapia nei servizi socio-sanitari: Trattamento della malattia o Promozione della persona ?

Paolo Pizziolo – PhD, Musicoterapeuta

Centro Toscano di Musicoterapia

APS Montedomini Florence – (Italy)

CHE COSA E' la MUSICOTERAPIA ?

*WFMT 1996 : è l'uso della musica e/o dei suoi elementi (**suono, ritmo, melodia e armonia**) (…) all'interno di un **processo** definito per facilitare e promuovere la comunicazione, le relazioni, (…) l'espressione, la organizzazione ed altri a di per assolvere i bisogni fisici, emotivi, mentali, sociali e cognitivi. La musicoterapia si pone come scopi quelli di sviluppare potenziali e/o **riabilitare funzioni dell'individuo***

World Federation of Music Therapy
Federación Mundial de Musicoterapia

DEFINIZIONE DI MUSICOTERAPIA (2026)

è una disciplina professionale che utilizza esperienze basate sulla musica, quali **l'ascolto, il canto, il suonare gli strumenti o l'improvvisazione**, per promuovere la salute, il benessere, le risorse e le potenzialità nonché lo sviluppo sul piano personale e sociale.

(…)

È praticata all'interno di una **relazione terapeutica,**

È un approccio terapeutico flessibile e inclusivo, rivolto a individui, gruppi e comunità in contesti clinici, educativi, culturali (…)

si fonda sulla **ricerca**, è sostenuta **dall'esperienza clinica**

Disponibile su: https://www.wfmt.info/post/a-new-definition-of-music-therapy-july-2026

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La musicoterapia nei servizi socio-sanitari: Centri Diurni e RSA

Fonte e periodo	Servizio e campione	Musicoterapia dichiarata
ISS report 2024, riferimento 2019 [1]	CD, 300 rispondenti	92 / 300 = 30,7%
ISS report 2024, riferimento 2019 [1]	RSA, 1.109 rispondenti	674 / 1.109 = 60,8%
Sondaggio GICDA 2024, abstract 2025 [3]	166 CD rispondenti	Poco più della metà
ARS Toscana 2011–2012 [4]	CDA e moduli cognitivi comportamentali	55% CDA; 61,5% moduli RSA

[1] Istituto Superiore di Sanità (2024). Progetto Fondo per l'Alzheimer e le demenze. Le attività dell'Osservatorio Demenze dell'ISS anni 2021–2023. Report nazionale. Tabelle 5.31, 5.54, 5.60 e 5.95. https://www.demenze.it/documenti/schede/report_nazionale.pdf

[2] Mossello, E., Morandi, A., Tosti, A.E., Notarelli, A., Ungar, A. e Masotti, G. (2025). Qual è oggi la realtà dei Centri Diurni per le persone con demenza in Italia? I risultati del sondaggio condotto dal Gruppo Italiano dei Centri Diurni Alzheimer. Abstract in programma 2025, pp. 22–23. https://www.centridiurnialzheimer.it/wp-content/uploads/2025/10/PROGRAMMA2025.pdf

[3] Agenzia Regionale di Sanità Toscana (2012). Centri Diurni Alzheimer e Moduli cognitivi comportamentali in RSA: un survey per l'appropriatezza. Report preliminare, 1 ottobre 2012. Tabella 3.12, p. 25. Copia del documento ARS: https://www.facileanziani.it/wp-content/uploads/2014/04/2012_ottobre-_survey_cda_report_preliminare.pdf

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- **Frequenze dell' intervento (quante volte alla Settimana e durata generale)**
- **Tipo di intervento musicale**
- **Qualifiche dell' operatore**
- **Efficacia del servizio in termini di integrazione nel PAI e conseguimento dei risultati attesi**

Cochrane Review 2025 – cosa cambia?

Più 8 studi dal 2017

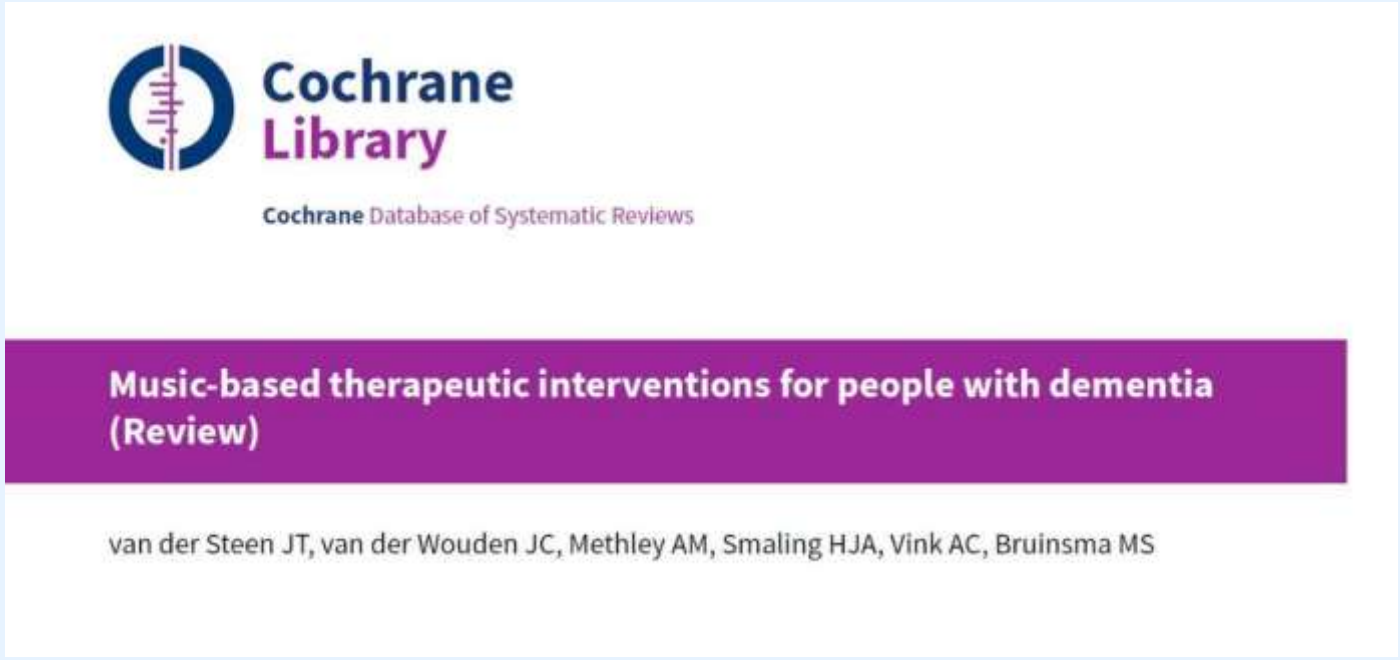
30 RCT, 1720 partecipanti

Conferma: P**iccolo effetto sui sintomi depressivi**

introduce evidenze (bassa certezza)

Problemi comportamentali complessivi

Sul comportamento sociale



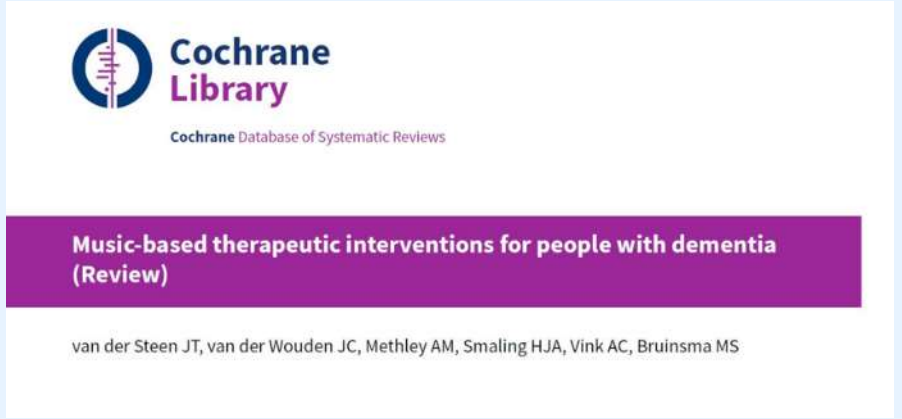
AREE DI INTERVENTO

DEFICIT COGNITIVI

DISTURBI DEL COMPORTAMENTO

PROMOZIONE DEL BENESSERE

Outcome clinico racconta tutta l'esperienza ?



- misure **pre/post trattamento**
- non valorizza pienamente i cambiamenti osservabili **durante la sessione**.
- sottostima di **coinvolgimento, relazione, espressione, partecipazione e benessere nel qui-e-ora**.

→ La musicoterapia può quindi essere letta non soltanto come trattamento dei sintomi, ma come intervento orientato alla persona e alla qualità dell'esperienza ?

Mixed methods Approach

Quantitative tools **to identify** MBRs

- **ABMI** Agitation Behaviour Mapping Instrument Cohen Mannsfield & Libin, 2004
- **OERS** Observed Emotion Rating Scale Lawton et al. (1996)

IF an MBR is IDENTIFIED THEN

- **MIDAS** Music in Dementia Assesment Scale
  Mc Dermott et al. (2014)

Qualitative Analysis : How MBRs occured

- **Music Therapist SEMISTRUCTURED INETRVIEW** focussed on **musical elements**, musical **relationships** and **social interactions**, music therapist's **responses and feelings**, and music therapy technique
- **IPA** Interpretative Phenomenological Analysis Smith et al. (2009)

6	3	12	65–100
groups of PWD	participants per group	weekly active GMT sessions	age range (years)

- All participants manifested behavioural symptoms.
- Sessions were active Group Music Therapy (GMT).
- A mixed-method research approach combined quantitative and qualitative analysis.

72 Small-Group music therapy sessions

34 MBRs identified

20 Qualitative MBR Descriptors Identified

E S T

23 Music therapy techniques identified

AGGRESSION

- Features of Clinical Environment (EST)
- Calming (MTT)
- Pacing (MTT)
- Rhythmic Grounding (MTT)

DEPRESSION

- Features of Clinical Environment (EST)
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The Four Syndrome Pools of Descriptors

Nella Gestione dei Servizi Sociosanitari

Musicoterapia : con quale continuità ?con quali obiettivi e con quale riconoscimento nel progetto individuale.

Trattare il distress e promuovere la persona è lo stesso stesso percorso?

I nostri servizi riconoscono e sanno valutare entrambe queste dimensioni.

GRAZIE A TUTTI PER L'ATTENZIONE

P.PIZZIOLO@GMAIL.COM

STUDY AIM

To **identify**
the **Music Therapy Techniques** and **Significant Moments** that contribute to a
Reduction in BPSD during group music therapy sessions:
Moments of BPSD Reduction (MBR)

QUANTITATIVE TOOLS

ABMI – Agitated Behaviour Mapping Instrument

Cohen-Mansfield & Libin, 2004

- 14 problem behaviours describing physical and verbal/vocal agitation.
- Count of behaviour occurrence within a given time interval.

Behaviors (note during 3 minute observation)
Attention:
Complain:
Scream:
Groan:
Nonsense:
Curse:
Hallucinations:
Other verbal:
Pace:
Repetitive:
Fiddle:
Aggressive:
Exit seeking:
Other physical:

QUALITAITVE TOOLS

Semi-structured Interview

- 1. Can you give a description of the **musical elements** that were important for the reduction to happen?
- 2. How would you describe this moment in terms of **musical relationships / interactions**?
- 3. How would you describe this moment by **your own personal responses / feelings**?
- 4. What **Music Therapy Techniques** were relevant or used to help obtain this moment of reduction?

Phases of IPA Interview Analysis

1. Original transcript of each interview
2. Reading and re-reading
3. Initial noting (coding – level 1)

4. Emerging themes (coding level 2)

5. Superordinate themes (coding level 3)
6. Identifying patterns across cases

AI Support in the IPA Phases

1. Original transcript of each interview
2. Reading and re-reading
3. Initial noting (coding – level 1)
   → *Find similarities & retrieval – suggestions*
4. Emerging themes (coding level 2)
   → *Suggestions*
5. Superordinate themes (coding level 3)
   → *Suggestions in grouping themes*
6. Identifying patterns across cases

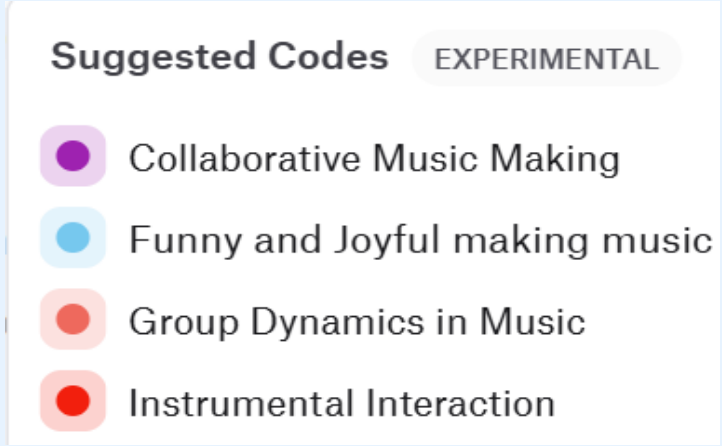
QUALITATIVE DESCRIPTION ·

AI Support Example – ATLAS.ti Web

AN IPA EXPLORATORY COMMENT

Importance of group interactions to keep client B involved in playing, while giving value to each sound element each client brings to the improvisation. Every group member had a role: B pulse provider, D melody provider, MT harmony provider, client I the listener. Importance of having a clear musical role.

AI SUGGESTIONS



EMERGENT THEME

Roles in the Group

EMERGENT THEME (new)

Group dynamics in instrumental collaborative interaction

DATA COLLECTION

Preliminary Results

72 Small-Group music therapy sessions

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Mixed methods Approach

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BPSD – Syndromes = symptoms aggregation

Syndromes = symptoms aggregation (Mc Shane 2000)

McShane, R., 2000, What Are the Syndromes of Behavioral and Psychological Symptoms of Dementia*? International Psychogeriatrics*, 12 (Supplement S1) pp.147-153

- **Aggression**: towards others and objects, verbal aggression, uncooperativeness, resistance.
- **Depression**: sad appearance, anxiety, crying, guilt.
- **Apathy**: social and emotional withdrawal.
- **Motor hyperactivity**: pacing / aimless walking, handling objects inappropriately.

DATA ANALYSIS

Excerpt of MBR Dataset for Further Analysis

MBR	BPSD Syndromes				Emergent Superordinate Themes (EST)																				Music Therapy Techniques (MTT)								
MBR NUMBER	Aggression	Depression	Apathy	Hyperactivity	Features Of Clinical Environment	One to group relationship	Group Creation	Group As A Resource	Assistant Presence	Physical Dimension - Pwd Body Expression	Space And Time Dimension In Pwd Interaction	Continuity Throughout Sessions	MT process design	Multi Dimension/Layer Managment	Multilayer work at mbrs	Music Therapist Flexibility	Client validation: Giving Value To Client's Music	Diversion	ingredient to engagement	Music Therapist Skills To Mbr	Elements directly linked to mbr	Rhythmic Grounding	Choice Of Instruments / Favourite Instruments	Sung Words	Calming	Completing	Conducting	Extending	Enabling	Giving	Imitating	Incorporating	Interjecting	Introducing Chg	Making Spaces	Modelling	Pacing
1	0	0	1	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
2	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
3	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0
4	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0	0
5	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
6	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
7	0	1	0	0	1	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
8	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
9	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
11	0	1	0	0	1	0	1	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0
12	0	1	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0
13	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1

DATA ANALYSIS – PREVALENCE ANALYSIS

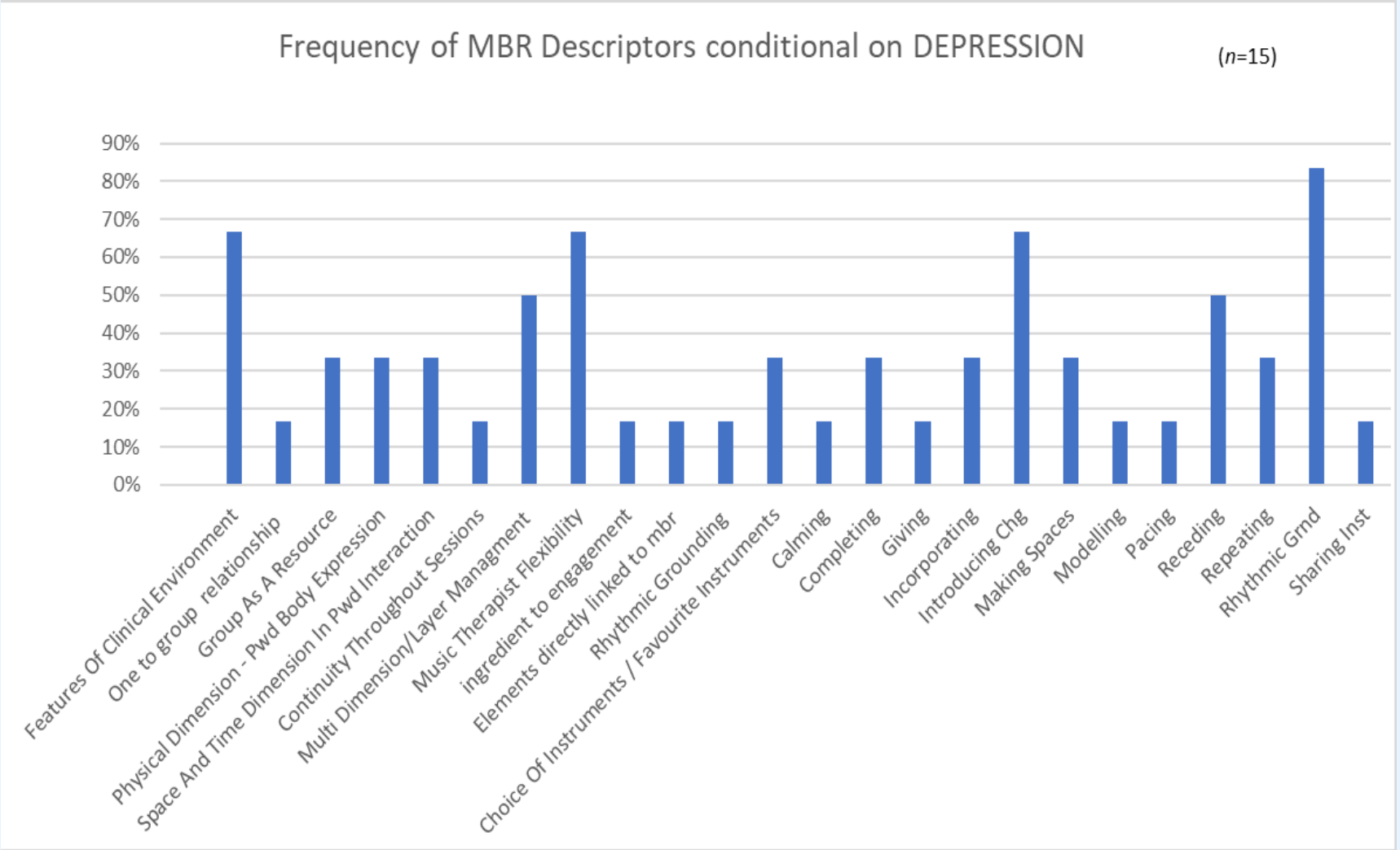
Descrittori Prevalenti

2 QUALITATIVE THEMES

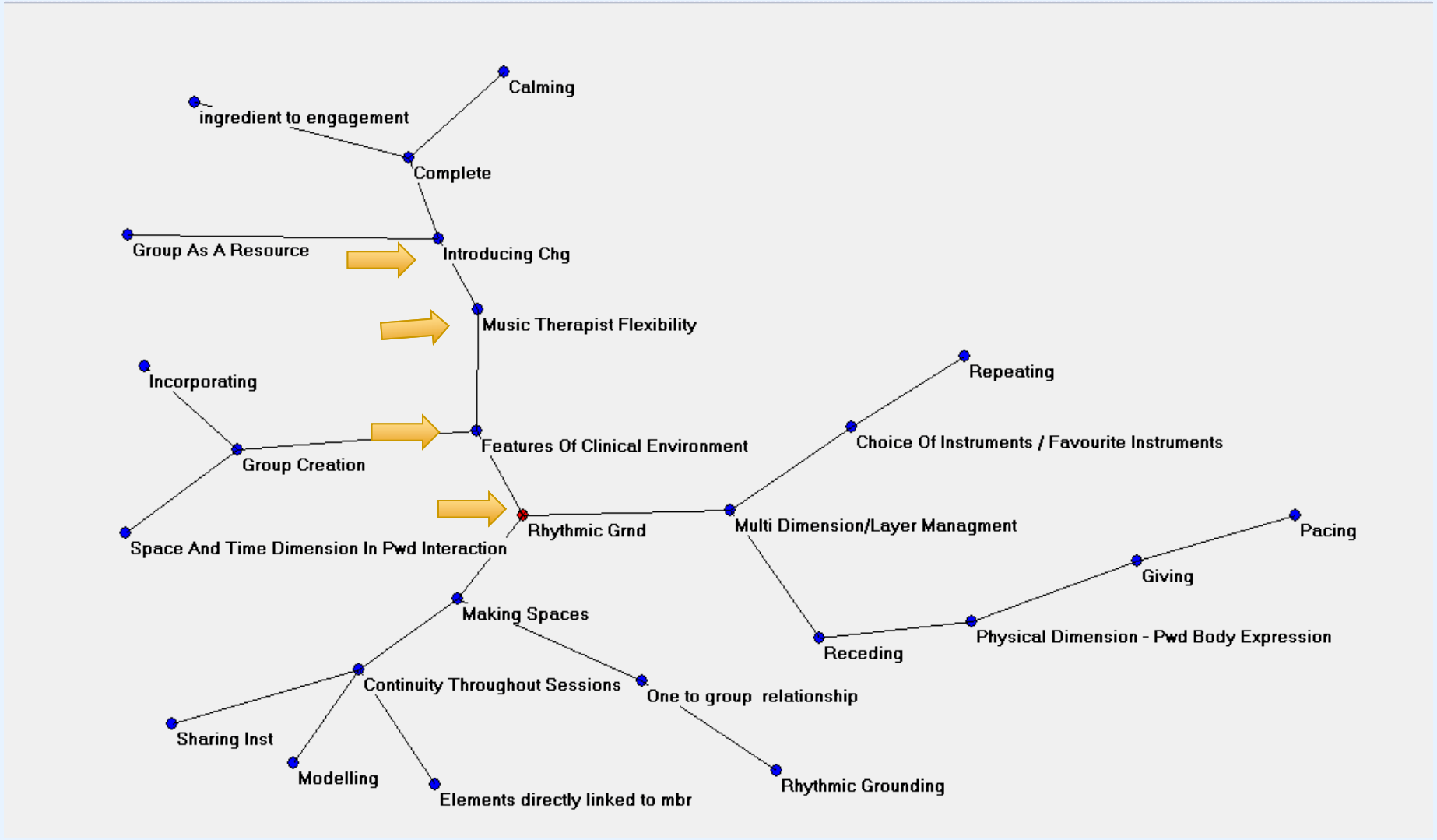
- *Features of Clinical Environment*
- *Music Therapy Flexibility*

2 MUSIC THERAPY TECHNIQUES

- *Rhythmic Grounding*
- *Introducing Changes*



Auto-Contractive Map Analysis (Depression)



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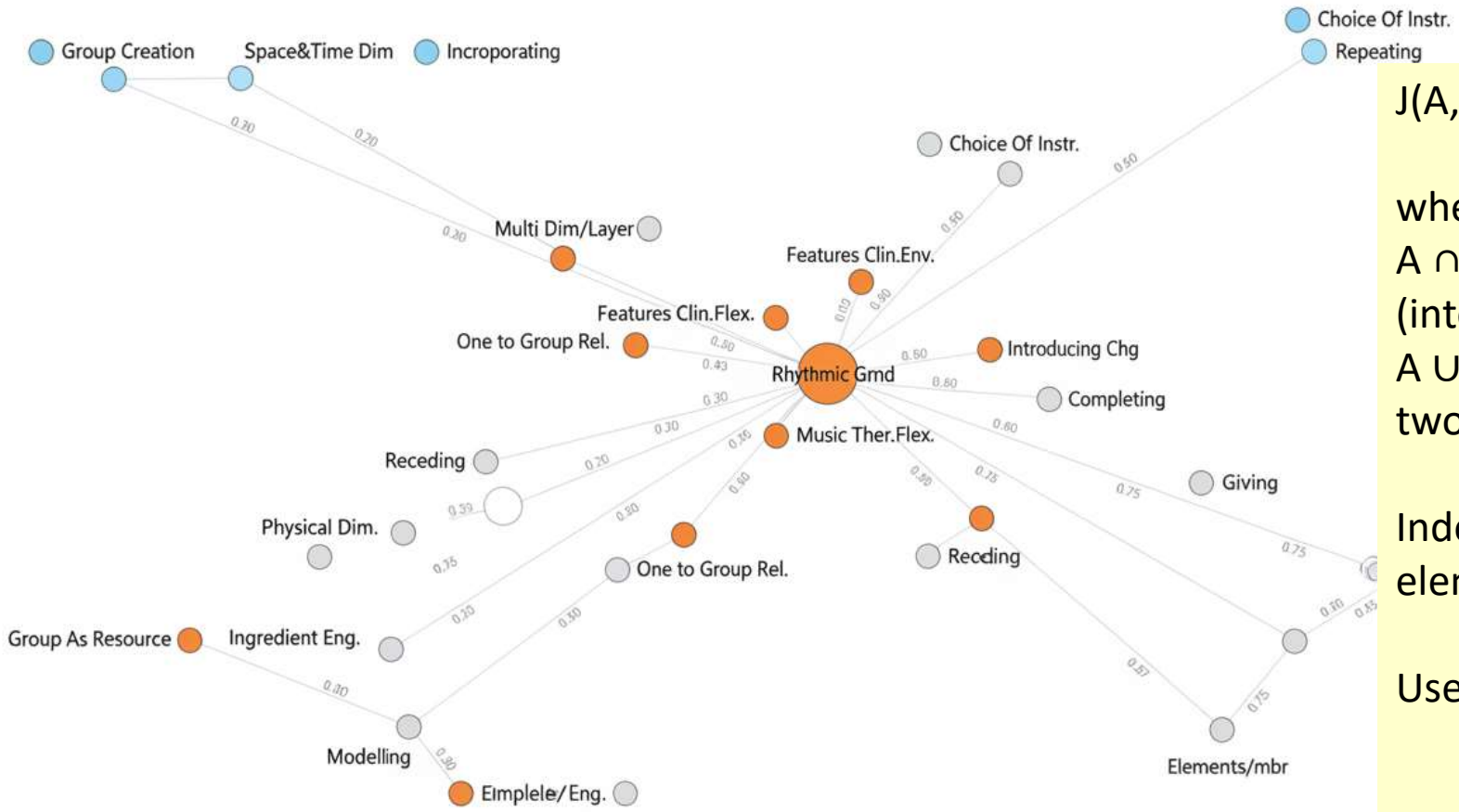
The Four Syndrome Pools of Descriptors

Ai Clustering option - map based on Jaccard index



$J(A,B) = |A \cap B| / |A \cup B|$

where:
$A \cap B$ = elements present in both sets (intersection)
$A \cup B$ = elements present in at least one of the two sets (union)

Index of similarities between two sets of elements of binary variables

Used in *Genetics* , *Ecology*

Five-Phase Analysis Workflow

Each phase's output feeds the following phases

TYPE OF ANALYSIS	THROUGH	PRODUCED	MIXED METHOD PHASE
Phase 1 Analysis of GMT Sessions	Direct Obs. Tools (ABMI, OERS, MiDAS) and Video Analysis	• MBR Identification • Semi-structured interviews about MBR • Identification of Symptoms and Syndrome of MBR	QUANTITATIVE & QUALITATIVE (PREPARATION)
Phase 2 Analysis of Semi-structured Interviews	IPA (Interpretative Phenomenological Analysis)	• Emergent Themes (ETs) • Super-ordinate Themes (STs) • MTTs (Music Therapy Techniques)	QUALIITATIVE
Phase 3 Analysis of ETs and STs	IPA thematic-oriented aggregations	EMERGENT Super-ordinate Themes (ESTs)	QUALITATIVE
Phase 4 Assignment of MTTs and ESTs to each MBR	MBR Database	MBR data set	QUANTITATIVE (PREPARATION)
Phase 5 Analysis of MBR data set	Prevalence and Auto-CM Analysis	Identification of the Pools	QUANTITATIVE

Generated by use.ai

Five-Phase Analysis Workflow

Each phase's output feeds the following phases

TYPE OF ANALYSIS	THROUGH	PRODUCED	AI TOOLS
Phase 1 Analysis of GMT Sessions	Direct Obs. Tools (ABMI, OERS, MiDAS) and Video Analysis	• MBR Identification • Semi-structured interviews about MBR • Identification of Symptoms and	AUTOMATIC BPSD DETECTION COPILOT: ABMI and OERS DATA DOUBLE CHK
Phase 2 Analysis of Semi-structured Interviews	IPA (Interpretativ Analysis)	STs)	ATLAS.TI
Phase 3 Analysis of ETs and STs	IPA thematic-orie	hemes	ATLAS.TI ai Based suggestions
Phase 4 Assignment of MTTs and ESTs to each MBR	MBR Database		
Phase 5 Analysis of MBR data set	Prevalence and Auto-CM Analysis	Identification of the Pools	GEN AI – PROMTING – TRAINING Specific agents ?

- Technologies rapidly emerging and show promising potential.
- Routine applicability is still not sufficiently demonstrated.

Fernandes S. et al, 2025, Using Artificial Intelligence–Based Technologies for the Early Detection of Behavioral and Psychological Symptoms of Dementia: Scoping Review

Generated by use.ai

METHODOLOGICAL REFLECTION

Reflecting on AI Tools

Where AI can support this current mixed methods research

- Literature screening
- Transcription of recorded sessions
  Quantitative summarisation (ABMI · OERS · MiDAS)
- Qualitative coding (e.g. IPA-style MBR descriptors)
- Pattern detection across data (echoing the Auto-Contractive Map step)
- Integration of qualitative and quantitative findings

Combrinck, C., 2024. A tutorial for integrating generative AI in mixed methods data analysis. Discov Educ 3, 116 https://doi.org/10.1007/s44217-024-00214-7

Support, not substitute

AI is a tool for efficiency, reflexivity and comparison between data layers — not a replacement for methodological reasoning.

KEY CONTRIBUTION

Combrinck (2024) on integrating generative AI in mixed methods analysis: GenAI can assist quantitative, qualitative and integrative analysis — yet may miss themes or yield unstable interpretations.

Researcher validation remains essential — AI may miss themes or produce unstable interpretations.

Moments
BPSD
Reduction

Methodology
REVISITING PROCESS

AI Tools

MBR Identification

MBR Description

SUPPORT

ACKNOWLEDGEMENTS –

A Mixed-Method Approach to Investigate Mechanisms of Music Therapy in Moments of Behavioural Symptom Reduction in Dementia

Paolo Pizziolo – Tuscany Centre of Music Therapy
info@cetom.org
p.pizziolo@gmail.com

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JMIR Aging 2025;8:e76074

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OERS – Observed Emotios Rating Scale

Lawton et al. (1996)

OERS Form to rate the
Duration of each Affect

OBSERVED EMOTION RATING SCALE

RESIDENT'S NAME _____ UNIT: _____ OBSERVER'S NAME: _____ DATE: TIME:

Please rate the extent or duration of each affect over a ten-minute period. Some possible signs of each emotion are listed.
If you see no sign of a particular feeling, rate "Never."

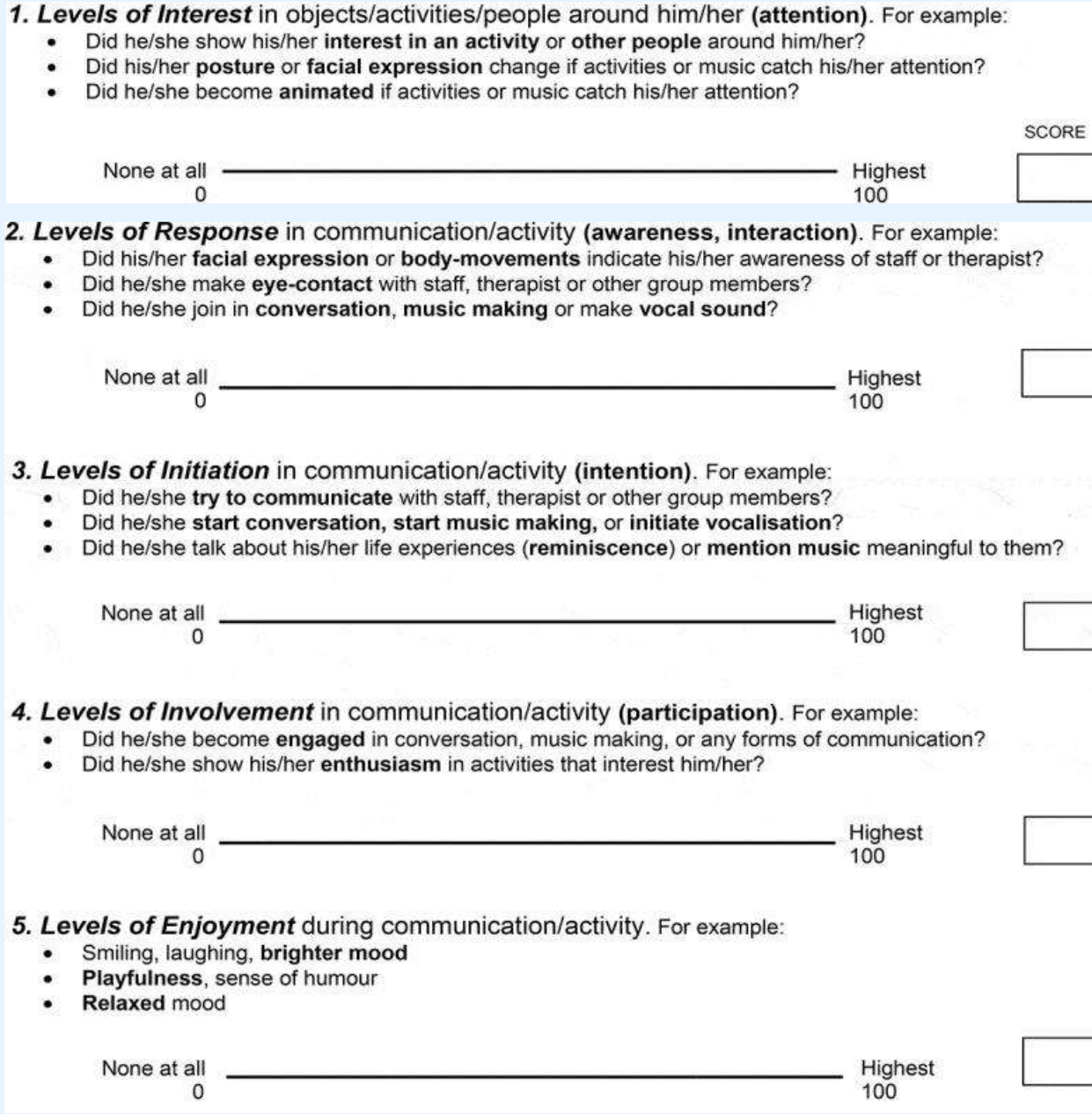
		7	1	2	3	4	5
		Not in view	Never	Less than 16 sec.	16-59 sec.	1-5 min.	more than 5 min.
PLEASURE Signs: Laughing; singing; smiling; kissing; stroking or gently touching other; reaching out warmly to other; responding to music (**only** counts as pleasure if in combination with another sign).							
ANGER Signs: Physical aggression; yelling; cursing; berating; shaking fist; drawing eyebrows together; clenching teeth; pursing lips; narrowing eyes; making distancing gesture.							
ANXIETY/FEAR Signs: Shrieking; repetitive calling out; restlessness; wincing/grimacing; repeated or agitated movement; line between eyebrows; lines across forehead; hand wringing; tremor; leg jiggling; rapid breathing; eyes wide; tight facial muscles.							
SADNESS Signs: Crying; frowning; eyes drooping; moaning; sighing; head in hand; eyes/head turned down and face expressionless (**only** counts as sadness if paired with another sign).							
GENERAL ALERTNESS Signs: Participating in a task; maintaining eye contact; eyes following object or person; looking around room; responding by moving or saying something; turning body or moving toward person or object.							

QUANTITATIVE TOOLS

MiDAS – Music in Dementia Assessment Scale

McDermott et al., 2014

- Specific tool for music therapy
- Based on direct observation by the music therapist
- Completed directly after the session.



1. Levels of Interest in objects/activities/people around him/her **(attention)**. For example:

- Did he/she show his/her **interest in an activity** or **other people** around him/her?
- Did his/her **posture** or **facial expression** change if activities or music catch his/her attention?
- Did he/she become **animated** if activities or music catch his/her attention?

SCORE

None at all 0 ——— Highest 100

2. Levels of Response in communication/activity **(awareness, interaction)**. For example:

- Did his/her **facial expression** or **body-movements** indicate his/her awareness of staff or therapist?
- Did he/she make **eye-contact** with staff, therapist or other group members?
- Did he/she join in **conversation**, **music making** or make **vocal sound**?

None at all 0 ——— Highest 100

3. Levels of Initiation in communication/activity **(intention)**. For example:

- Did he/she **try to communicate** with staff, therapist or other group members?
- Did he/she **start conversation, start music making,** or **initiate vocalisation**?
- Did he/she talk about his/her life experiences (**reminiscence**) or **mention music** meaningful to them?

None at all 0 ——— Highest 100

4. Levels of Involvement in communication/activity **(participation)**. For example:

- Did he/she become **engaged** in conversation, music making, or any forms of communication?
- Did he/she show his/her **enthusiasm** in activities that interest him/her?

None at all 0 ——— Highest 100

5. Levels of Enjoyment during communication/activity. For example:

- Smiling, laughing, **brighter mood**
- **Playfulness**, sense of humour
- **Relaxed** mood

None at all 0 ——— Highest 100