

# OPG IMTAP 2012-2014

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# Overview

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- Took IMTAP data from MT treatment plans
- Compared IMTAP data from 2012 against 2014.
- Interpret the data
- Discuss the data

# Individuals

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- 130 individuals total (97 from Fishers, 16 from Kokomo, 17 from Lafayette)
- 79 men and 51 women
- Avg. Age: 29.10 ( $SD = 13.61$ ; Range = 12 – 82)
- 65.05 min ( $SD = 24.27$ ) of MT weekly
- Common Diagnoses:
  - Intellectual Disability (77%)
  - Autism (56%)
  - Constipation (32%)
  - Seizures (26%)
  - Cerebral Palsy (22%)
  - Down's Syndrome (17%)
  - Anxiety (10%)
  - Epilepsy (10%)

# Number of Therapists

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- Between 2012 – 2014:
  - Avg.: 1.55 ( $SD = .67$ )
  - One (55%)
  - Two (34%)
  - Three (11%)
- Avg. Years of Therapy: 5.05 ( $SD = 1.78$ )
  - Avg. No. of Therapists.: 2.53 ( $SD = .12$ )
  - Two Therapists (40%)

# IMTAP (Baxter et al., 2007)

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- “The IMTAP assesses each client using therapist-planned structured and/or improvisation music therapy interventions which are evaluated to assess domains of functioning” (p. 13).
- The IMTAP assesses 10 domains: Cognitive, Emotional, Expressive Communication, Fine Motor, Gross Motor, Musicality, Oral Motor, Receptive Communication, Sensory, and Social Skills.
- Rating:
  - 0% of the time (*Never*),
  - under 50% of the time (*Rarely*),
  - between 50% and 79% of the time (*Inconsistent*), and
  - between 80% and 100% of the time (*Consistent*).
- For each domain, the IMTAP calculates an overall percentage of functioning from 0% to 100% that is continuous.

# Results - Correlations

	Age	Current Session Minutes	No. of MTs 2012 - 2014		Age	Current Session Minutes	No. of MTs 2012 - 2014
Age	1.00			Fine Motor 2012	<b>-0.42**</b>	<b>.30**</b>	-0.14
Minutes of Current Session	-0.10	1.00		Fine Motor 2013	<b>-0.35**</b>	<b>.26*</b>	<b>-0.29**</b>
No. of MTs 2012 - 2014	0.12	-0.05	1.00	Fine Motor 2014	<b>-0.34**</b>	<b>.27*</b>	<b>-0.31**</b>
No. of MTs Overall	0.13	0.14	<b>.59**</b>	Gross Motor 2012	<b>-0.41**</b>	<b>.30**</b>	-0.13
Total Years of Therapy	0.00	<b>0.25*</b>	0.11	Gross Motor 2013	<b>-0.41**</b>	<b>.24*</b>	<b>-0.20*</b>
Gender	-0.10	-0.11	0.09	Gross Motor 2014	<b>-0.42**</b>	<b>.29**</b>	<b>-0.20*</b>
Cognitive 2012	<b>-0.36**</b>	<b>.28**</b>	-0.15	Receptive Communication 2012	<b>-0.34**</b>	<b>.24*</b>	-0.15
Cognitive 2013	<b>-0.38**</b>	<b>.24*</b>	<b>-0.21*</b>	Receptive Communication 2013	<b>-0.38**</b>	<b>.26*</b>	<b>-0.26**</b>
Cognitive 2014	<b>-0.36**</b>	<b>.24*</b>	<b>-0.20*</b>	Receptive Communication 2014	<b>-0.33**</b>	<b>.27**</b>	<b>-0.28**</b>
Emotional 2012	<b>-0.34**</b>	0.20	-0.16	Sensory 2012	-0.17	<b>.30*</b>	-0.05
Emotional 2013	<b>-0.32**</b>	0.17	-0.13	Sensory 2013	<b>-0.28*</b>	0.18	0.18
Emotional 2014	<b>-0.27**</b>	<b>.24*</b>	-0.17	Sensory 2014	<b>-0.31**</b>	<b>.25*</b>	0.02
Expressive Communication 2012	<b>-0.32**</b>	<b>.29**</b>	-0.18	Social 2012	<b>-0.29**</b>	<b>.28**</b>	<b>-0.19*</b>
Expressive Communication 2013	<b>-0.33**</b>	<b>.27**</b>	-0.13	Social 2013	<b>-0.31**</b>	<b>.21*</b>	-0.13
Expressive Communication 2014	<b>-0.31**</b>	<b>.25*</b>	-0.11	Social 2014	<b>-0.32**</b>	0.17	-0.15

Correlation between total years of therapy and total number of therapists overall:  
 $r = .51$

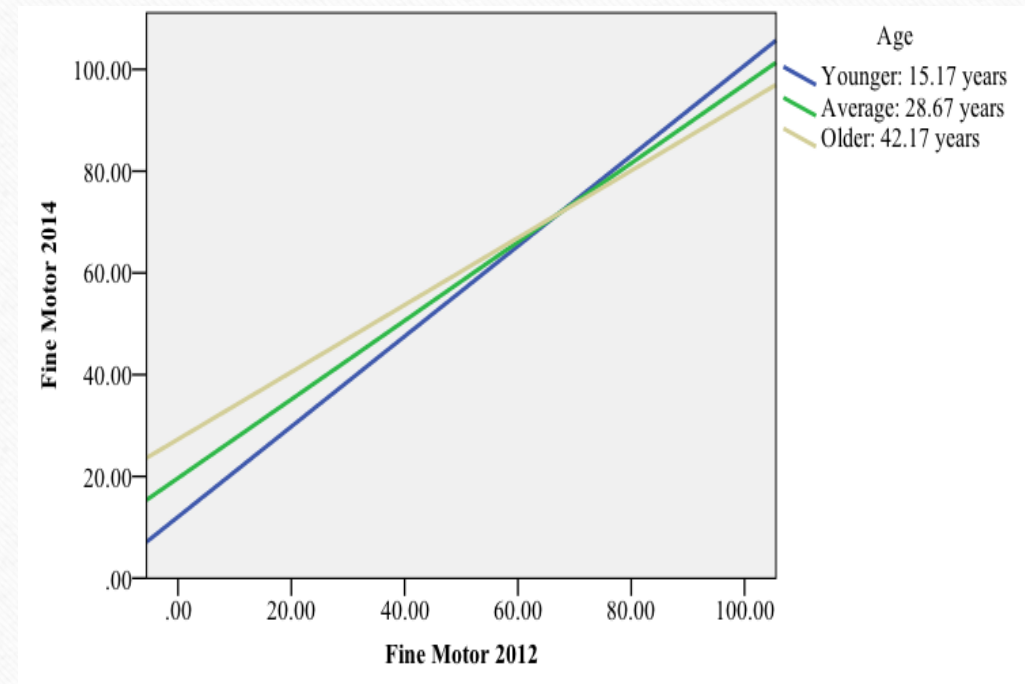
# Results - Analyses

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- 8 Separate Regressions
  - Step 1: Age and Number of MTs between 2012 – 2014
  - Step 2: Domain Skill
    - Used a  $p = .00625$  cut-off value

# Results - Age

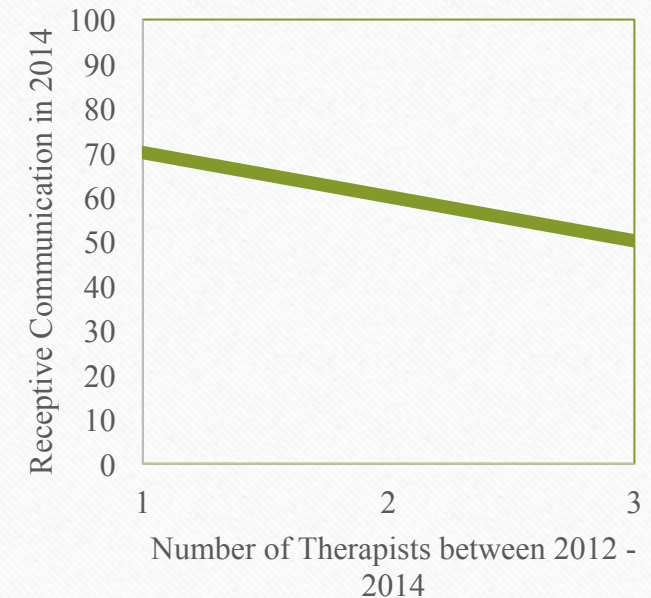
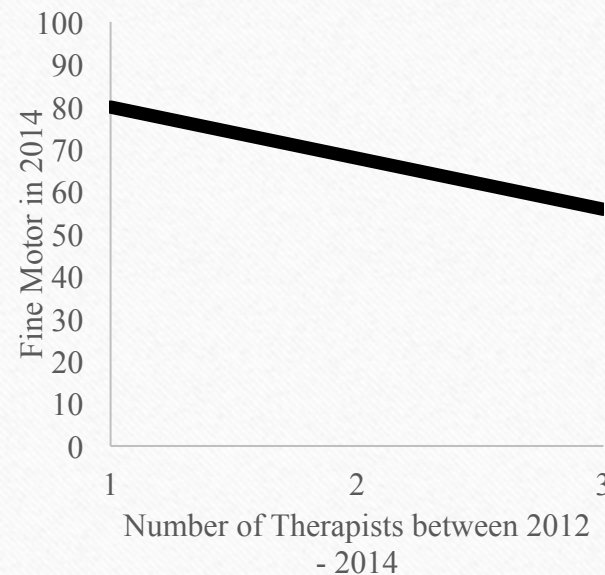
- People with older ages had lower 2014 domain scores than people with younger ages for cognitive, expressive communication, gross motor, receptive communication, and social skills ( $\beta_s \geq -.26, p_s \leq .004$ ) and fine motor ( $\beta = -.44, p = .006$ )
- Age did not affect emotional ( $\beta = -.23, p = .02$ ) and sensory domains ( $\beta = -.77, p = .44$ )



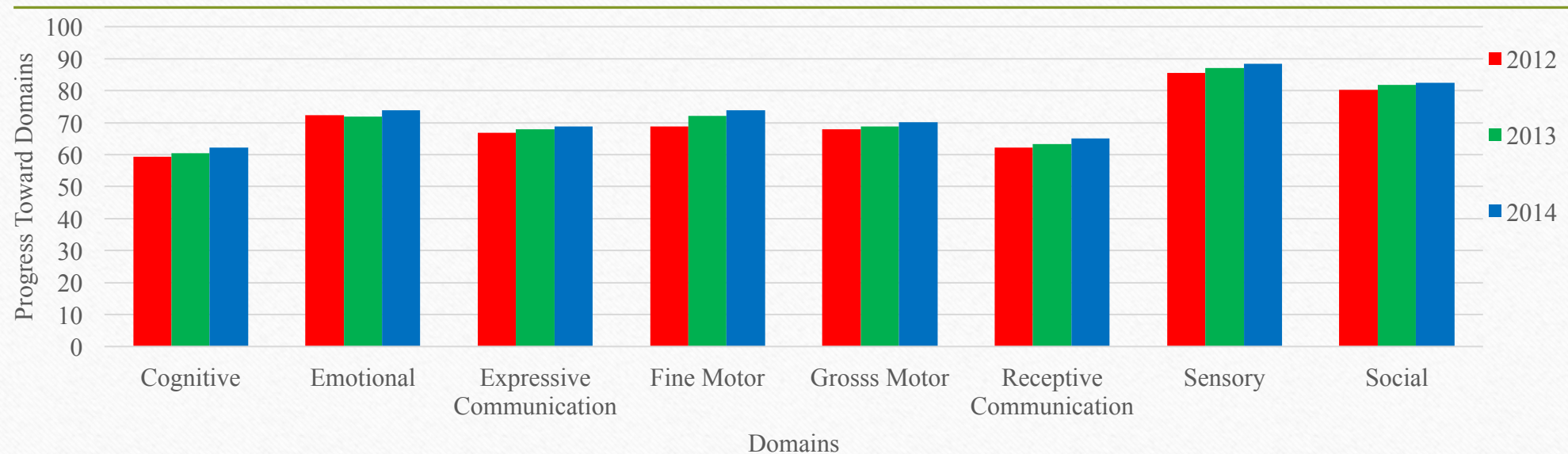


# Results – No. of Therapist

- The more therapists the individual had between 2012 and 2014, the weaker his or her fine motor ( $\beta = -.19, p = .001$ ) and receptive communication ( $\beta = -.26, p = .004$ ) skills were in 2014.
- The number of therapists the individual had between 2012 and 2014 did not predict cognitive, emotional, gross motor, sensory, or social skills,  $ps \geq .04$ .

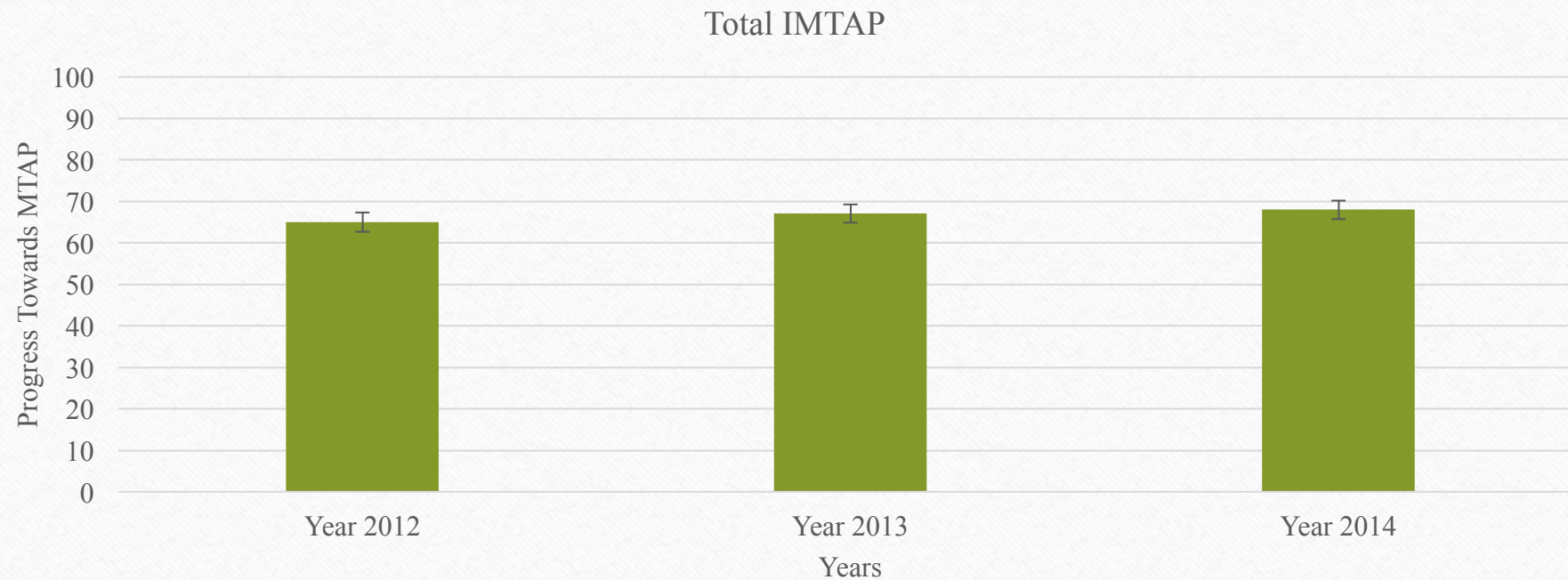


# Results - Domains



Note: Significant increases between 2012 and 2014 existed for all domains, controlling for age and the number of therapists in the time period,  $ps < .001$

# Results – Total IMTAP



# Discussion - Age

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- People with older ages had lower skill scores than people with younger ages. This does not mean that skills declined from 2012 to 2014.
  - People with older ages just scored lower on those skills in 2014.
- For fine motor skills, people of all ages increased their skills but people with younger ages increased more than older people.
- The therapists are meeting the needs of the individuals with older ages, but what would make providing therapy easier and more effective for people with older ages?

# Discussion – Changes in Therapists

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- People with fewer therapists had higher fine motor and receptive communication scores in 2014 than people with more therapists.
  - Therapists focused on other skills as they adopted and then transferred the individual.
  - Individuals who needed to be transferred more already had lower fine motor skills than individuals who did not need to be transferred.
  - The receiving therapist did not know how to address these skills in the individual.
- What are some reasons the therapists transfer the individuals? Why do you think we have these findings? What would help when you transition individuals?

# Discussion – Skill Domains

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- Overall, skills in every domain tested increased a from 2012 to 2014. These increases were not due to age or the number of therapists the individual had between 2012 and 2014.
  - Officially, therapists address and track specific skills in each session. Specific skills do not transfer to other skills in other areas (Muller, McLaren, Appleby, & Rosalie, 2015; Moore & Muller, 2014; Tanka, Heptonstall, & Hagen, 2013).
- How often do the therapists intentionally address the other skills from the IMTAP?
- How often to the therapists address transferring the skills to outside the session?

# Future Directions

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- There's a need for longitudinal studies, such as this (Judy Simpson, AMTA 2015).
- Where do we need to go as a department?