"...[W]e lose sight of how powerful melody and rhythm can be in the realm of medicine, particularly with aspect to Alzheimer’s patients and their caregivers...nursing homes and hospitals are finding that working with a music therapist can make a big difference..."

- C. Gorman. TIME, November 14, 2005

Objectives

- Differentiate between music therapy as provided by an MT-BC and other purposeful uses of music
- Identify two common music therapy interventions used by MT-BCs with the population
- Understand why music therapy is beneficial to individuals with dementia

Becoming an MT-BC

- Completed an approved program at one of 70 colleges and universities (4-5 years)
- Complete an approved internship (1040 hours/6 months)
- Pass the Certification Board of Music Therapists board-certification exam
- Maintain the credential through continuing education or retesting

Other Recognized Professional Designations

- Registered Music Therapist (RMT)
  - certification formerly awarded by the National Association for Music Therapy, based on education and training requirements.
- Certified Music Therapists (CMT)
  - credential previously awarded (before January 1, 1998) by the American Association For Music Therapy upon completion of required training and education.
- Advanced Certified Music Therapist (ACMT)
  - music therapists with advanced training and clinical experience, certified by the American Association for Music Therapy.
- The above, along with MT-BC are listed with the National Music Therapy Registry.
- Any individual who does not have proper training and credentials is not qualified to provide music therapy services.

Music Therapy Defined

- The American Music Therapy Association (AMTA) defines music therapy as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses.
Music Therapy Defined

- In music therapy, music is the TOOL to achieve non-musical goals.
- Because music therapy is a powerful and non-threatening medium, unique outcomes are possible.
- After assessing the strengths and needs of each client, qualified music therapists develop a treatment plan with goals and objectives and then provide the indicated treatment.

The difference between Music Therapy and other uses of music

- **Music Therapy**
  - Specific Training
  - Individual assessment
  - Evidence-based interventions
  - Continuous evaluation
  - Adaptation in the moment
  - Standards of Practice
  - Code of Ethics

- **Other Uses**
  - Activity Professionals
  - Family members
  - Can provide structure
  - Opportunities for success and belonging
  - Volunteer musicians
  - Spiritual communities
  - Others

Related Research & Publications

- Journal of Music Therapy
- Music Therapy
- Music Therapy Perspectives

A recent qualitative review of literature in the area of music/music therapy and dementias published since 1985 suggested that music/music therapy is an effective intervention for maintaining and improving active involvement, social, emotional and cognitive skills, and for decreasing behavioral problems of individuals with dementias (Brotons, Kroger, & Pickett-Cooper, 1997). The present analysis sought to update and quantify this relationship, and investigate the extent to which methodological variables influenced treatment effectiveness. Twenty-one empirical studies, with a total of 336 subjects suffering from symptoms of dementia, were included in the meta-analysis. Overall, the effect of music/music therapy was found to be highly significant.


Selected Research Studies


Significant Outcomes

- Music therapy reduces depression among older adults
- Music experiences can be structured to enhance social/emotional skills, to assist in recall and language skills and to decrease problem behaviors
- Music tasks can be used to assess cognitive ability in people with Alzheimer’s Disease
- Music is effective in decreasing the frequency of agitated and aggressive behaviors for individuals with Alzheimer’s Disease and related dementias
- Individuals in the late stages of dementia respond and interact with music
Research indicates that the medial prefrontal cortex may serve as a hub where music, memory, and emotions meet. It is also one of the last brain regions to atrophy in Alzheimer’s patients.

Music and Memory

- **Rhythm**
  - Linking a phrase with a specific rhythm can help with information recall
  - The six elements of a story from Mrs. Beckmann’s 10th grade English class

- **Melody**
  - Linking a phrase with a specific melody can help with information recall
  - How many “jingles” do you have stored in your head against your will?

What kind of music do you like?

- Age
- Cultural and Ethnic Background
- Socioeconomic Status
- Geographical Region: Point of Origin
- Religion
- Cognitive Ability
- History of participation in music

Which music is most effective?

- Studies in the field have shown that using music people prefer is the most effective— as long as it is adapted to meet the patient’s needs.
- Music from the early adulthood years has been identified as having the strongest influence and is present in the memory the longest— with the exception of songs learned in very early childhood

85 year-old born in 1928

- Great Depression
- Graduated around 1945
- World War II
- Gone With the Wind
- Wizard of Oz
- Music
  - Swing
  - Big Band
  - Jazz

“Gonna take a Sentimental Journey…”
Utilizing music therapy interventions to address unique issues associated with the different stages of dementia: early, middle, and late.

The Stages of Dementia

**Early-Stage Dementia**

- Characterized by prominent depression, fear, and social isolation.
- It may not be possible to encourage people with the disease to actively produce music. However, music can be used to enhance the quality of life of older people.

**Early-Stage Dementia: Considerations**

- Due to depression, active music-production may not be possible. Music can be used in other ways to enhance the quality of life.
- MT-BC can consult with individual and family members to implement a program at home in conjunction with music therapy visits.
- Successful participation in music demonstrates competencies, relieves frustrations, calms, elevates mood, and diminishes feelings of failure for a time.

**50 year old born in 1963**

- Early Influences
- Graduated HS 1981
- Major Events
- Popular Culture
- Music
- Prominent Music Artists

**Early-Stage Dementia: MT Interventions**

- Use of music therapy techniques in
  - Exercise
  - Relaxation
  - Massage
  - Positive Imagery
  - Creative Expression
- Lyric Analysis and Music to facilitate emotional expression
  - Provides a catalyst, assesses individual needs, increases emotional support

**Middle-Stage Dementia**

- Require help with ADLs; unable to remember spouse’s name; unaware of recent events; displaying anxious, agitated, delusional or obsessive behavior; disturbed sleep patterns; emotional changes; being unable to carry on conversations; unable to follow through on tasks; loss of ability to successfully communicate; short attention span
- May eventually create severe management problems in the home
Mid-Stage Dementia: MT Considerations

“People with middle-stage dementia can still participate in music. Music provides structured reality, order, and predictability. It brings something familiar to the environment, and individuals indicate their recognition of it through pleasant facial expressions and vocal responses. Music gives meaning to their environment when so many other experiences are not understandable.”


Mid-Stage Dementia: MT Considerations

- Assessing what music is best
  - Music from the past associated with positive experiences
  - Singing ability and appropriate ranges must be taken into consideration
  - Taking into account the amount of sensory stimulation

Mid-Stage Dementia: MT Interventions

- Vibro-tactile stimulation to increase sensory stimulation, movement, and attention.
  - Use of drums, guitar, autoharp, small rhythm instruments
- Melodic and rhythmic cues to increase cognitive stimulation, word-retrieval, and elevate mood state
  - Singing with or without accompaniment emphasizing proper tempo and cues to complete lyrics
- Music and Movement to increase gross/fine motor skills, facilitate touch, and decrease isolation
  - Facilitated rhythmic movement to music, dancing

Mid-Stage Dementia: MT Interventions cont’d

- Rhythmic Interventions to decrease isolation, increase interaction, opportunity for choice
  - Synchronized playing on instruments, effective even with those who have lost ability to converse, who have hallucinations, and who isolate themselves.
- Iso-principle to decrease anxiety, agitation, and reduce behaviors
  - Matching current state with proper rhythm, tempo, and volume. MT-BC then slowly changes the music to facilitate the desired outcome (e.g. sitting down, sleeping etc)

Case Example

- “Mildred” was referred to music therapy at her family’s request. She was on a hospice service and diagnosed with dementia. Mildred’s daughter shared with the MTBC that she didn’t engage in conversation and spoke only a few words. During music therapy the MTBC utilized live music from the appropriate time period, sat in close proximity, and utilized melodic and rhythmic cues. Mildred was able to sing along to a few verses and chorus of many songs, much to the surprise of her daughter and care staff. Mildred also made eye contact with and smiled at her daughter. Her daughter made a point to be present for sessions as it offered her a greater form of interaction than anything else.

Glee Club opens a few doors
28 year old born in 1985

- Early influences
- Graduated HS 2003
- Major Events
- Popular Culture
- Music
- Prominent Music Artists

Late-Stage Dementia

- Loss of verbal articulation
- Loss of physical ambulation
- Bowel and bladder incontinence
- Withdrawn
- Sleep for extended periods
- May be unresponsive to most stimuli

Late Stage Dementia: Considerations

- Caution when using recorded music: although music can provided needed stimulation, it can be harmful if it does not match the musical taste of the individual.
- Even though someone doesn’t respond, we should assume they can still hear
- Avoid constant playing of music, observe a schedule tolerated by patient. Consider sleep schedules. Watch for negative nonverbal indicators: cries, tensed muscles, pained facial affect.
  - 15-20 minutes of music per hour
  - 1 hour of music followed by one hour of quiet

Late-Stage Dementia: MT Interventions

- Consultation of appropriate recorded music and listening schedules (decrease isolation)
- Singing familiar songs of youth without accompaniment (honor past life roles, increase family involvement, acknowledgment, increase socialization within limits)
- MT-BC observes responses and makes adjustments accordingly
- Multi-sensory applications (increase sensory stimulation)
  - Therapeutic touch, exposure to smells, decreasing stimulation in environment

Case Examples

- “Mr. Walters”, who had begun music therapy sessions in middle-stage dementia and was now in late-stage dementia, could no longer sing the lyrics or melodies of songs. However, he did consistently make vocal responses in the same phrase of a familiar song each time it was sung to him. Occasionally following a song he would make a clapping motion with his hands.

Case Examples cont’d

- “Miss Anderson”, who screamed and cried during the day, gradually calmed when a music therapist sang to her. During each 30-minute music therapy session, Miss Anderson’s shrill, high-pitched, rapid vocalizations changed to a sing-song type of vocalization, with lower pitch and slower articulations. Her rigid facial expressions relaxed, she lowered her shoulders, and smiled. Miss Anderson seemed comforted as long as the singing continued.
How to find a MT-BC

- Go to the American Music Therapy Association website: [www.musictherapy.org](http://www.musictherapy.org) to search in your area
- Look for the MT-BC credential

QUIZ TIME!!!!!!

- MT-BCs have are credentialed professionals
  - True ✧
  - False
- MT-BCs utilize interventions that are:
  - A) evidence-based ✧
  - B) individualized
  - C) for entertainment
  - D) A&B ✧

QUIZ TIME!!!!!!

- Common interventions used by MT-BCs include (pick all that apply):
  - A) iso-principle ✧
  - B) rhythmic and melodic cues ✧
  - C) preaching the gospel
  - D) facilitating socialization and communication ✧
  - E) providing entertainment

QUIZ TIME!!!!!!

- MT is beneficial for individuals with Alzheimer’s Disease because:
  - A) music is perceived in last functioning brain areas ✧
  - B) MT-BCs are so attractive and charismatic
  - C) interventions provide opportunities for success and capitalize on abilities ✧
  - D) interventions can be utilized effectively during every stage of the disease process
  - E) MT-BCs can decrease agitation and anxiety ✧

Questions

- We have some time left for questions
- Visit me at the vendor fair at the Rivercross Hospice booth
- Email me at wsheeder@rivercrosshospice.com