Spotlight Session:
Music Therapy and Older Adults

Moderator
Dr. Gene Ann Behrens, MT-BC
Regional Liaison for North American
Honored Speakers

Melissa Mercadal-Brotons - Spain
Ann Lipe - USA
Hiroko Fujimoto - Japan
Hanne Mette-Ridder - Denmark
Prof. Hiroko Fujimoto

“Suggested Long-Term Music Therapy for Older Adults with Severe Dementia”

- Teaches at Souzou Gakuen University, Japan
- Practices at Yutorie Nursing Home
- Managing Director for the Japanese Music Therapy Society
Introduction

- Average life span of Japanese people has lengthened:
  - 74.3 yrs in 1975 $\Rightarrow$ 83.2 yrs in 2009
- Life span of older adults with dementia also longer
- Dementia symptoms become more severe with age
- Older adults with severe dementia need to communicate with other people
Purpose of Presentation

- Describe use of MT over 14 years with woman diagnosed with severe dementia

- Demonstrate:
  - Her need for communication with other people
  - How communication within music therapy was possible until just before the end of her life

- Suggest need for a long-term music therapy plan for older adults with dementia
Information about Client

- **Client:** Mrs. A diagnosed with Alzheimer Type Dementia
- **Duration of music therapy:** provided from when she was 65 yrs old (1996) to 80 yrs old (2010)
- **Type of music therapy experiences:** Percussion Beat
- **Music used:** *Fun for Four Drums*
- **Instruments used:** hand-drum, cymbal, and a mallet
- **Period for this Report:** 1996 — 2009
Fun for Four Drums
At first she beat the drum with her arm in a high position. But she was too weak to keep the position. Soon she placed her arm in her lap. After playing, she smiled with the MT.
MT inserted the drum stick in her palm and support her hand.

She tried to beat the cymbal from below and then smiled when the drum stick hit the cymbal.
She beat the cymbal when she moved to grasp the drum stick.

She looked for the piano. Sometimes her drum stick was likely to fall.
She beat the cymbal with the movement of her thumb.

When the MT sang for her, she smiled.
Her movements to beat the cymbal decreased.
Whenever MT sang her name, she respond with song-like sounds.
Considerations

I. Effect of using ‘Fun for Four Drums’

II. Continuation of the same activity
   ※Structuralization of a session

III. Use of a simple experience

IV. How MTs improvise singing or piano playing for client
Conclusion

Life Span of Older Adults with Dementia
Longer

More Serious Dementia

Plan for Long-Span Support and Flexible Adjustment
Accepting Unexpected Situations
Karasawa Akihide (1999). *Clinic of Older Adults with Dementia* (Japanese), Igakushoin.

Spotlight Session

Music Therapy and Older Adults

Prof. Hiroko Fujimoto Souzou
“Suggested Long-term Music Therapy for Older Adults with Severe Dementia” - Japan
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Anne Lipe, PhD, MT-BC

“Music Therapy and Older Adults: A USA Perspective”

- Assistant Professor, Music Therapy
- Converse College, South Carolina, USA
- Developed the MBECF Assessment
By 2050, average life expectancy for USA expected to be 89 (Reuer, Crowe and Bernstein 2007)

Americans over 85 - the fastest growing portion (Reuer, Crowe and Bernstein, 2007)

Improvements in physical health and well-being allow people to change directions in later years

- Creative retirement paths - new careers
- Pursue leisure interests
- A variety of living options are becoming available
- Those in care facilities-- increasingly frail and impaired
Profile - USA Music Therapists Working with Older Adults

Based on AMTA 2010 Member Survey (1525 member responses)

- N = 1362 “Professional Member” responses
- 9.4% reported working with an “Elderly and Alzheimer’s” (3rd highest after “Mental Health” & “Developmentally Disabled”)
- 15.3% reported working in Geriatric Facilities (2nd highest after Children’s Facilities/Schools)
- 29% reported working with “Seniors” & “Mature Adults” combined
- 14 jobs (40%) were created in facilities serving older adults

- Expanded opportunities for music therapists working with older adults
- Types of opportunities when working with older adults:
  - Living independently
    - Enhancement of quality of life through meaningful music activities (performing groups & lessons)
  - Music therapist as “consultant” or teacher
  - Living in the community with assistance
    - Music therapy to address specific needs
    - Music therapy for family support
  - Living in care facilities - evidence-based music therapy approaches for an increasingly frail population
Highlights from History – on Older Adults

- 1977: Earliest *Journal of Music Therapy* articles on older adults
  - Limited information on techniques to improve physical and mental functioning (Palmer)
  - First study on music preferences (Gibbons)

- 1988: First review of literature (Gibbons - 40 sources)
  - Highlighted musical *abilities and strengths*
  - Noted limitations and proposed future questions
  - Noted institutional bias in the literature – but community-based clients are represented
1991: Music Therapy Practices in Gerontology (Smith & Lipe)

N =176 MTs responded (72% response rate)

Average time in profession: 7.7 years

Most respondents were salaried (80%)

Most respondents reported dual roles: “director” or “administrative” & MT (77%)

Most frequently reported goals/objectives

- Improve & maintain socialization skills
- Provide sensory stimulation
- Improve & maintain cognitive skills
**Focus on Assessment**

- **1994:** *Residual Music Skills Test (RMST)* (York)
  - Purpose: identify residual music skills acquired without formal training over one’s lifetime
  - Meets standards for reliability and criterion validity

- **1995:** *Music-Based Evaluation of Cognitive Functioning (MBECF)* (Lipe)
  - Purpose: assess cognitive abilities using music tasks
  - Meets standards for reliability and criterion validity

- **2007:** Construct validity for two instruments established (Research funded by AMTA’s Fultz award to Dr. Lipe, 2002)
Resulted in the recognition of music therapy by the USA government as an effective treatment modality for older adults

The Music Therapy for Older Americans Act (1991) provisions included in the reauthorization of the Older Americans Act (passed USA Senate, 1991)

Act included definition of music therapy as practiced with older adult populations

Authorized funding for demonstration projects and research programs
Rhythm-Based Music Therapy for Older Adults

Reuer, Crowe, and Bernstein - 2007

- Document benefits of rhythm-based activities for older adults along health/wellness spectrum
- Highlight importance of music as a leisure activity for “well elderly”
- Designed manual as a “best practice” guide for music therapists and other professionals

AOA Grant Support

Purpose: determine effectiveness of music therapy practice as defined by seven “functions:”
restoration, improvement, maintenance, redirection, prevention, wellness, and quality of life

Project outcomes:
- Designed protocols for each function
- Collected data on participant responses
- Validated functions as contributing to overall positive quality of life
“Wellness” among Adult Care Center Clients

- Emphasizes physical, social, emotional, & spiritual aspects of being & reinforcement of personal identity
- Assessed role of music in wellness
- Developed music therapy protocols based on assessment
- Selected goals of wellness function
  - Promote opportunities for positive self-expression, creativity, & intellectual growth
  - Provide affirmation of life experiences
  - Facilitate interaction with preferred spiritual practices & values
- Used evaluation protocols to identify frequency of responses congruent with wellness goals
Current Developments

Based on Recent AMTA Conference

- Effects of music therapy on cognitive & brain health
  (neurophysiology of music experiences among older adults)

- Use of music therapy in intergenerational programs

- Music ensemble participation and quality of life issues
Psychogeromusicology

Psychomusicology (Spring, 2002)

- Convergence of two fields
  - Psychology of aging
  - Psychomusicology
- Looks at the lifelong development of musical skills
- Research shows positive relationships between music involvement and positive quality of life indicators (Cohen, G. 2005)
- Provides theoretical foundation for use of music therapy with individuals along aging spectrum
Concluding Comments

- Realized Marian Palmer’s vision
- Need continued research and development of evidence-based practices for:
  - Frail older adults
  - Older adults on the dementia spectrum
- Develop research and best-practice models for older adults living in the community
  - Family caregiver support
  - Those attending adult care centers
  - Quality of life enhancement for the “well” elderly
- Pursue psychogeromusicology as potential area of research and theoretical foundations to support practice
Resources

- www.amta.org
Anne W. Lipe, Ph.D., MT-BC
“Music Therapy and Older Adults: A USA Perspective”
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Melissa Mercadal-Brotóns, PhD, MT-BC

“Music Therapy in Gerontology in Spain”

- Teaches at Universitat Pompeu Fabra
- Escola Superior de Música de Catalunya (ESMuC)
- Practices at Associació de Familiars d’Alzheimer del Baix Llobregat
Music Therapy in Spain

- Brief history
- Training programs
- Clinical Practice
- Professional Associations
- Research
Music Therapy in Gerontology

- Procedures for survey study
  - 6 music therapy associations recognized by European Music Therapy Confederation (EMTC)
- Other associations in Spain
- Training programs
- Individuals
1- Years working as a music therapist in Gerontology
2- Training institution
3- Populations & diagnoses most frequently treated
4- Characteristics of the centers where working
5- Public or private centers?
6- Working conditions
7- Types of programs implemented from music therapy & areas of treatment.
8- Research activity taking place in your institution?
9- Other comments
Results of Survey Study

- Total number responding to questionnaire = 20
- Where are they located

Map showing regions with numbers indicating the number of respondents.
Results of Survey Study

- **Some demographics (N= 19)**
  - Men: 5 (25%)
  - Women: 15 (75%)

- **Years of experience in the MT field**
  - *Range* = 0 - 25
  - *Mean* = 6
  - *Standard Deviation* = 7

- **Training Institution**
  - University in Spain = 10 (50%)
  - Private Institution in Spain = 7 (35%)
  - University abroad = 3 (15%)
Results of Survey Study

- **Populations served by music therapists in SPAIN; \( N = 40 \)**
  - Dementias: 45%
  - Other Neurodegenerative diseases: 15%
  - **Healthy Older Adults: 12.5%**
  - Depression: 10%
  - Traumatic Brain Injuries: 5%
  - Adults with MR: 5%
  - CVA: 2.5%
  - Visual/auditory impairments: 2.5%
Results of Survey Study

- **Characteristics of the work setting; \( N = 24 \)**
  - Residential: 50%
  - Day Care Center: 29%
  - Day Hospital: 4%
  - Patient’s home: 4%
  - Psychiatric Center: 4%
  - Associations: 4%
  - Community Centers for Older Adults: 4%

- **Public vs. Private; \( N = 22 \)**
  - Public: 45%; Private: 55%
Results of Survey Study

- **Music therapists’ working conditions**
  - Full time: 10%
  - Part-time: 90%
  - Working in 1 center: 44%
  - Working in more than 1 center: 56%

- **Source of salary (N = 22):**
  - Private center: 50%
  - Government or public institution: 23%
  - Association: 18%
  - Business specialized in services: 9%

- **Salary comparable to:**
  - Psychologist: 58%
  - Occupational therapist: 26%
  - Physical Therapist: 5%
  - Geriatric Assistant: 11%
Results of Survey Study

- **Goal areas addressed by in music therapy (N = 33)**
  - Cognitive stimulation: 42%
  - Social abilities: 21%
  - Emotional abilities: 21%
  - Music and relaxation: 6%
  - Physical/motor abilities: 3%
  - Choir: 3%
  - Maintenance of abilities: 3%

- **Research Activity:**
  - Yes: 60%  
  - No: 40%

- **Publications**
  - Yes: 42%
  - No: 58%
Concluding Comments

- \( N = 20 \) small sample
- All have training in music therapy
- Dementias are the diagnoses most treated by these MTs
- More work in private than public institutions
- Majority work part-time (more than one center & with variety of populations)
- Some only paid for the direct-contact hours, not for the pre- or post-session work
- Type of publications:
  - General information articles on the benefits of music therapy with older adults and dementia patients
  - Guidelines for applying music therapy with older adult clients and more specifically with dementia patients.
Concluding Comments

- Research activity
  - Most related to master theses
  - Other linked with university research groups which involve the collaboration of researchers and clinicians
- Topics:
  - Evaluation tools to measure outcomes of MT related interventions
  - “Music as part of my life”
  - Music Therapy with Supranuclear Progressive Palsy
  - Contributions of music therapy to the quality of life of people with dementia in different phases of the disease
Resources


Dr. Melissa Mercadal-Brotons, MT-BC
“Music Therapy in Gerontology in Spain”
contact: melissa.mercadal@idec.upf.edu
Hanne Mette-Ridder, PhD

"Effects of Music Therapy on Dementia: Turning Practice-Based Research into an RCT”

- Associate Professor - music therapy & gerontology, University of Aalborg, Denmark
- Certified clinical music therapy supervisor
- President, European music therapy Confederation, EMTC.
Is Music Helpful?

- *Aging & Mental Health* - special issue on Music 14(8)
  ... dementia care constitutes an ‘unsolved’ problem

- Many **pharmaceutical treatments** have been developed
  - But many aspects of the condition remain untreatable
  - Unwanted side effects exist

- Is music helpful for people with dementia?

(Spiro 2010, p.891)
Is Music Therapy Effective?

“Cochrane Reviews –
- Systematic reviews of primary research in human health care and health policy
- Internationally recognised as highest standard in evidence-based health care”

Six reviews on MT:
- Gold, Wigram & Elefant 2006
- Gold, Heldal, Dahle & Wigram 2005
- Bradt, Magee, Dileo, Wheeler & McGilloway 2010
- Bradt & Dileo 2010
- Vink, Birks, Bruinsma & Scholten 2004/2011

Conclusion for MT-Cochrane reviews:
Need more Randomised Controlled Trials (RCTs)
Vink et al. 2011: MT and dementia

- Ten studies included (N = 396)
  - Brotons (2000) RCT, crossover, N=26 (USA)
  - Clark (1998) RCT, crossover, N=18 (USA)
  - Gerdner (2000) RCT, crossover, N=39 (USA)
  - Groene (1993) RCT, parallel group trial, N=30 (USA)
  - Lord (1993) RCT, parallel group trial, N=60 (USA)
  - Guétin (2009) RCT parallel group trial, N=30 (France)
  - Raglio (2008) RCT, parallel group trial, N=59 (Italy)
  - Raglio n.d., RCT, parallel group trial, N=60 (Italy)
  - Sung (2006) RCT, parallel group trial, N=36 (Taiwan)
  - Svansdottir (2006) RCT, parallel group trial, N=38 (Iceland)

- Conclusion:
  - Methodological quality of the studies was generally poor
  - Results could not be validated or pooled for further analyses
The Realist Explanation

Reality is complex, diffuse, ideographic, no cause-effect relation

(Robson 2002)
The Realist:

- Not all questions in health care and in rehabilitation can be addressed by RCTs.
- Propose practice-based evidence as a complementary paradigm (to evidence-based practice)
  - a means for practitioners to own
  - generate an evidence base rooted in routine practice
- Both paradigms are needed – aim for all practitioners and researchers is best practice (Charman & Barkham 2005)
Pilot Study

Persons with dementia: Practice-based research combined with research-based practice

- Neurologically degenerative disease (WHO, ICD-10, 2007)
- Cognitive deficits according to influenced impairments:
  - emotional state and perception
  - cognition, memory and attention
- Therefore- influences interaction and communication of individuals with their surroundings (Spiro 2010, p. 891)
Research Method

Persons with dementia: Practice-based research combined with research-based practice

- Randomised Controlled Trial:
  two group randomized waiting list control
- Multiple cases with combination of quantitative and qualitative data
- Independent variable: *individual music therapy vs. waiting list*
- Dependent variables:
  - *Quality of life (ADRQL)*
  - *Agitation (CMAI)*
  - *Medication*
- Qualitative data - MT’s description of:
  - Methods (decision tree)
  - Goals
  - Evaluation of goals
  - Short case description
Clinical Method

Social engagement focus:
“Thus, if music therapy can’t rigger the circuits of social engagement-it will not only support affect regulation and social interactions, but also promote health, growth, and restoration”. (Porges 2010, p.5)

- Used clinical methods in dementia care (Ridder 2011) and person centred care (Kitwood 1997)
- No clinical manual -- used 1-page decision tree to fill out after each session
- Criteria for participants:
  - Moderate to severe dementia
  - Referral to MT
  - Agitation and/or social isolation (Ridder 2011)
Clinical Method

Where do sessions take place? n=12
- Own room 80%
- Living room/Lounge 15%
- Other 5%

What is happening in sessions?
- Singing 29%
- Improv 10%
- Dance/movem. 20%
- Other 22%
- Listening 19%
- Other 5%

- Mean number of sessions = 10.75 sessions (range: 8-12)
- Mean number of minutes per session: 39.95 min (range: 28-61)
Participant-Flow (March 2011)

Referred and included (n=18)

DP1 (n=15)

MT resigns (n=2)

Pp hosp. (n=1)

Randomization (n=13)
Only MT = no random (n=2)

MT (n=7+2)

WL/SC (n=6)

Pre-analysis (n=6+6. MT 2+1)

Analysis for RCT: pre/post MT pre/post WL
Preliminary Results from Pilot Study

(A) Waiting list: n=6
(B) Music therapy: n=7

Agitation (CMAI)

QoL (ADRQL)
Concluding Comments

Working with research-based practice turned into an RCT demands …

- clinician researchers
- close collaboration between clinicians and researchers
- an understanding of top-down and bottom-up processes
- a good sense of pragmatism combined with visionary ideas
- paying extra attention to reliability and validity
Resources

- Doctoral Programme in Music Therapy: www.mt-phd.aau.dk

Dr. Hanne Mette-Ridder

“Effects of Music Therapy on dementia-
Turning practice-based research into an RCT”
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