



Julie Guy, MT-BC & Angela Neve, MT-BC
PO BOX 710772, San Diego, CA 92171-0772
info@themusictherapycenter.com
1.877.620.7688 fax & VM

Music Therapy & Older Adults Fact Sheet

Definition & Incidence:

The US populations of individuals over the ages of 65 and 85, respectively, are expected to steadily increase from 35.6 to 82 million, and 4.3 to 19.4 million over the next 50 years. The majority of older adults have at least one chronic condition. The most common conditions include hypertension, arthritis, heart disease, cancer, sinusitis, and diabetes. In 1997, more than half of the older population (54.5%) reported having at least one disability (physical or nonphysical). Some of these disabilities may be relatively minor but others may be severe and cause people to require more assistance.

Characteristics and Need Areas:

The older adult population may experience a variety of aging-related physical, mental and emotional changes, which are frequently compounded by a life threatening illness.

- **COGNITIVE:** Individuals with dementia or another Organic Brain Syndrome (OBS) often experience changes in their ability to recall and retain recent memories or learned information. They may also develop the inability to reason and care for themselves.
- **SPEECH/COMMUNICATION:** These skills can be damaged from a cardiovascular accident (Stroke) or when a person has a disorder influencing the central nervous system (Parkinson's disease) or musculoskeletal system (Osteoarthritis), or if the person has a memory-related disorder. These individuals may have trouble with control of the muscles in the face and mouth, experience the inability to form and express sentences or thoughts, may forget words, and may lose the ability to understand speech.
- **PHYSICAL/MOTOR SKILLS:** Some people are diagnosed with physical disorders affecting the central nervous system (Parkinson's Disease or Tardive Dyskinesia), the musculoskeletal system (Osteoporosis, Osteoarthritis, etc.) resulting in contractures of the skeletal muscles (leading to tremors and rigidity), weakness of muscles, stiffness, swelling, pain, brittle bones, and loss of bone mass. This leaves people with a reduced ability to move, care for themselves or participate in the activities of daily living. Others may lose their hearing or experience loss of eyesight. Many people also have general body aches and pains associated from growing older.

- **SOCIAL/EMOTIONAL:** Many people become less mobile, and their eyesight and hearing worsens as they age. This makes social situations difficult and may cause many older people to retreat. In addition, they may not be able to participate in the things they have always liked to do, leaving them lonely and with no or limited access to social interaction with their friends and family, resulting in isolation. As their bodies experience changes and begin to fail, many experience depression and anxiety. Others may become depressed at the loss of their spouse or other family members. Family members experience emotional loss as their loved ones begin to deteriorate physically. This leads to stress and burnout for the spouse who often serves as the caregiver.

How can music therapy address the need areas for an older adult?

The Older Americans Act of 1992 included information on the provision of music therapy. This act defined music therapy as "the use of musical or rhythmic interventions specifically selected by a music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health of an older individual." In addition, music therapy, in this act, is also considered a support and preventative health service and beneficial for the well older adult looking for an opportunity to exercise his/her body and mind and maintain his/her abilities to the fullest extent through drumming, playing the organ/keyboards (Yamaha's Clavinova Connection) and other group-based music experiences.

SPEECH: Music therapy can be an effective modality for older adults to help maintain and slow the regression of speech and language skills in the areas of expressive and receptive communication, choice-making, oral motor, sequencing, motor planning, answering questions, phonemic awareness, speech intelligibility and patterns of language. As dementia or Alzheimer's disease progresses, an individual loses his or her ability to speak, though many people are still able to sing favorite songs or hum. Rhythm-based exercises paired with words can enhance speech intelligibility for the stroke patient or person with Parkinson's disease.

COGNITIVE: Music can be used to maintain memory organization and thought processing. For instance, songs from an individual's dating years may bring back memories and stimulate conversation. A technique called *Reality Orientation* utilizes music-based experiences to help those clients who may be disoriented and confused by providing them with accurate and consistent information about their surroundings (e.g. helps them to remember the date, names of people, place of residence, etc.). Specific music experiences can be designed to incorporate music and visuals (such as clocks, calendars, and seasonal items). *Sensory Training*, another technique, helps to restore a person's contact with the environment through the senses (visual, auditory, tactile and sometimes even taste and smell). When music (auditory) is combined with another sense, for example, visual, through holiday decorations, often memories can be triggered. Music experiences can also provide the acquisition of a new hobby (such as learning how to play the Clavinova) which studies show helps maintain health.

PHYSICAL/MOTOR SKILLS: Music, dancing and movement activities can aid in maintaining walking endurance, improve range of motion, strength, functional hand movements and finger dexterity and improve limb coordination. For instance, using instruments (such as drums) can be a motivating way to purposefully



improve hand use, cross midline, and reach high/low. Co-treatment with an occupational or physical therapist also may enhance the effectiveness of music therapy strategies. Relaxation with music, toning (singing with vowels focused on a certain area in the body), and other techniques may help reduce the perception of pain and the need for pain medication.

GOAL EXAMPLE for PAIN/PHYSICAL

Rachel will reduce her pain by facilitating her music relaxation exercises on her own every time (100%) she experiences pain. She will record her perception of pain on a scale of 0-10 (where 0=no pain) before and after each exercise in her music therapy notebook.

Baseline: Rachel experiences moments of extreme pain that is uncontrolled by her pain medication. She has not been trained in how to facilitate her own music therapy relaxation exercises

SOCIAL/EMOTIONAL: Music therapy can increase bonding with others, cooperation with family members and support staff. By connecting with others and participating in a meaningful activity, many can alleviate feelings of isolation and loneliness. Studies show that group bonding and interaction with others may be more important in determining our overall health than any other health parameter such as diet, exercise or our genes. Group activities can promote positive, successful experiences with music while interacting with others. Successful experiences lead to increased self-esteem and foster self-express and creativity. Music therapy sessions can be a way for family members to spend meaningful time together in a creative, caring, and relaxing way either in the home or in a health care setting. It can bring intimacy for families through verbal and nonverbal interaction. Singing, songwriting, and playing musical instruments facilitate the expression of emotions even for someone who is not able to verbalize how they feel. Participating in meaningful music-making or listening to music can help bring about changes in a person's mood or the way they feel.

How can music therapy address the needs of caregivers and staff?

With the aging baby boomer population, there will be an increased need for care staff, facilities and additional funding to support medical costs. Experts are predicting that there will be a shortage of care staff. This will have a dramatic impact on clients and their families in terms of quality, safety, and continuity of care, which is often interrupted, as older clients often do not respond well to change. It will be essential to counteract this trend through staff training, stress reduction, team building. As shown through research, music therapy can effectively improve staff morale and employee retention rates. This results in a healthier care environment for staff and clients.

How can music therapy be cost effective for the health care industry?

To maintain a high quality of life requires funding and accessibility of wellness programs. This often requires a change in nutrition, exercise, stress and pain management, and bonding through a dynamic support system. To meet this need, the healthcare industry has begun to offer a more holistic model of services. Music therapy is appropriate and necessary in that it addresses a myriad of goal areas including emotional, physical, social and cognitive. In contrast to other therapies or programs, music therapy can reduce costs by addressing all areas of functioning, as described previously. Another way music therapy has shown to be cost effective is by decreasing pain thus resulting in reduced pharmaceutical expenses.

Related Research

Ashida, S. (2000). The effect of reminiscence music therapy sessions on changes in depressive symptoms in elderly persons with dementia. *Journal of Music Therapy*, 37(3), 170-182.

Music Therapy & Older Adults, Copyright © 2005 by MTCCA

- Cevasco, A.M. & Grant, R.E. (2003). Comparison of different methods for eliciting exercise-to-music for clients with Alzheimer's disease. *Journal of Music Therapy*, 40(1), 41-56.
- Clair, A.A. (1995). The effects of singing on alert responses in persons with late stage dementia. Unpublished manuscript, University of Kansas, Lawrence.
- Clair, A.A. (1996). *Therapeutic Uses of Music with Older Adults*. Health Professions Press. Baltimore, MD.
- Clair, A.A., & Bernstein, B. (1994). The effect of no music, stimulative music and sedative music on agitated behaviors in persons with severe dementia. *Activities, Adaptation and Aging*, 19, 61-70.
- Colwell, C.M. (1998). Music as distraction and relaxation to reduce chronic pain and narcotic ingestion: A case study. *Music Therapy Perspectives*, 15, 24-31.
- Farbman, A.H., Griggs-Drane, E.R., & Zavislan, T.W. (2000). *Music therapy & medicine research compendium*. Silver Spring, MD: American Music Therapy Association.
- Good, M. (1995). A comparison of the effects of jaw relaxation and music on post-operative pain. *Nursing Research*, 44, 52-57.
- Hilliard, R.E. (2001). The use of music therapy in meeting the multidimensional needs of hospice patients and families. *Journal of Palliative Care*, 17(3), 161-166.
- Johnson, G., Otto, D., Clair, AA. (2001). The effect of instrumental and vocal music on adherence to a physical rehabilitation exercise program with persons who are elderly. *Journal of Music Therapy*, 38(2), 82-96.
- Koger, S.M. & Brotons, M. (2000). The impact of music therapy on language functioning in dementia. *Journal of Music Therapy*, 37(3), 183-195.
- Krout, R.E. (2000). Hospice and palliative music therapy—a continuum of creative caring. In C.E. Furman (Ed.). *Effectiveness of music therapy procedures: Documentation of research and clinical practice* (3rd ed., pp. 323-411). Silver Spring, MD: American Music Therapy Association.
- Krout, R.E. (2001). The effects of single-session music therapy interventions on the observed and self-reported levels of pain control, physical comfort, and relaxation of hospice patients. *American Journal of Hospice & Palliative Care*, 18(6), 1-8.
- Magill, L. (2001). The use of music therapy to address the suffering in advanced cancer pain. *Journal of Palliative Care*, 17(3), 167-172.
- McIntosh, G., Thaut, M., Rice, R., Miller, R., Rathbun, J., & Brault, J. (1995). Rhythmic facilitation in gait training of Parkinson's disease. *Annals of Neurology*, 38, 331.
- Nicholson, K. (2001). Weaving a circle: A relaxation program using imagery and music. *Journal of Palliative Care*, 17(3), 173-176.
- Scartelli, J.M. (1997). The effect of EMG biofeedback and sedative music, EMG biofeedback only, and sedative music only on frontalis muscle relaxation ability. *Journal of Music Therapy*, 21(2), 67-78.
- Strauser, J.M. (1997). The effects of music versus silence on measures of state anxiety, perceived relaxation, and physiological responses of patients receiving chiropractic intervention. *Journal of Music Therapy*, 34(2), 88-105.
- Thaut, M., McIntosh, G. Prassas, S., & Rice, R. (1993). Effect of auditory rhythmic pacing on normal gait and gait in stroke, cerebellar disorder, and transverse myelitis. In M. Woollacott & E. Horak (Eds.), *Posture and gait: Control mechanisms* (pp. 437-440). Eugene, OR: University of Oregon Books.
- Whipple, J. (2004). Effects of music listening and relaxation instructions on arousal changes and the working memory task in older adults. *Journal of Music Therapy*, 41(2), 107-127.

NATIONAL ORGANIZATIONS

American Music Therapy Association (AMTA)

8455 Colesville Road, Suite 1000
Silver Spring, Maryland 20910, USA
Phone: (301) 589-3300
Fax: (301) 589-5175
Email: info@musictherapy.org
www.musictherapy.org

Administration on Aging

Washington, DC 20201
Phone: 202 619-0724
Fax: (202) 357-3555
Email: AoAInfo@aoa.gov
www.aoa.gov