

Celebrating Music Therapy as a New Initiative at St. Joseph's Health Centre, Guelph

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Abstract

This paper will look at the findings of a qualitative research study completed on the implications of the music therapy program in Long Term Care, Complex Continuing Care and Adult Day Program environments. The paper will focus on the changes music therapy has brought to the lives of the residents and participants at the facility as perceived by the clients themselves, their family members, the staff members who work with them, as well as an outside observer (a music psychotherapist). Quotations from interview data, the outside observer, as well as session notes and case studies written by the music therapist will be shared to validate the themes found through the qualitative analysis. The paper supports the importance of music therapy in Long Term Care, Complex Continuing Care, and Adult Day Program environments.

Introduction

St. Joseph's Health Centre Guelph is an accredited healthcare facility providing services in Long Term Care (LTC), Complex Continuing Care (CCC), Palliative Care, Rehabilitation, Community Outreach Programs, and Outpatient clinics. In January, 2004, St. Joseph's started a music therapy (MT) program working with residents in LTC and CCC, and participants in the three Community Outreach Adult Day Programs. Funding was acquired through the St. Joseph's Healthcare Foundation for one full-time music therapist on a three-year contract basis. During the first year of the program, an internship program was started, and a practicum placement for Wilfrid Laurier University students was developed.

The populations served by the music therapist at St. Joseph's are varied. Currently, St. Joseph's residents and participants range in age from early 20's to over 100. LTC and CCC residents vary greatly in their diagnoses and functioning levels, but some include: Alzheimer Disease and related dementias; Parkinson's Disease; Multiple Sclerosis; Muscular Dystrophy; Cerebral Palsy; Huntington's Disease; as well as survivors of Cerebrovascular Accidents. Each of the Outreach Day Programs provides supportive recreational programming to adults living in the community. The Out 'n' About Day Program services older adults who experience challenges due to problems arising from their frailty, depression, social isolation, and/or the early stages of dementia. The Alzheimer Day Program is aimed at older adults who are coping with the effects of mild to severe dementia. The Acquired Brain Injury Day Program caters to the needs of adults who have experienced a traumatic injury to their brain that is impairing their independence and ability to function in the community.

MT services are provided through individual, small and large group programming. Referrals are welcomed from residents/participants themselves, or any member of the multi-disciplinary team. The music therapist works at residents' bedsides or in the facility's music therapy room.

Music Therapy: Implications for Quality Improvement and Quality of Life

When the program began, the music therapist identified a need to provide an evaluation of this new initiative to the facility and the funding source. A study to assess the impact that MT has had on the facility in conjunction with the St. Joseph's Research Network, and the Laurier Centre for Music Therapy Research commenced in January 2005. Funding for the project was provided by the Lloyd Carr Harris Foundation. This research was important for a variety of reasons including: (a) documenting the impact of music therapy and thereby extending the current research and filling identified gaps in the literature; (b) allowing clients/residents/patients and families an opportunity to give feedback on a new initiative; and c) informing overall quality improvement initiatives by identifying both the benefits of the program, and areas for improvement.

Research Method

Prior to beginning the study, ethics approval was granted through the Ethics Review Board of St. Joseph's Healthcare, Hamilton.

The research method for this project involved four components:

1. Interviews with Program Participants, Family Members, and Staff: A semi-structured questionnaire was developed for each study participant group to elicit that group's unique perspective and breadth of experience with the MT program. In total, 20 interviews were conducted. The interview guide consisted of a series of open-ended questions regarding the MT program, including both positive aspects of the program and potential areas for improvement. Interviews were transcribed and coded by five researchers. A codebook was developed, and then applied to each interview transcript to identify major themes. Once the coding was completed, the research assistant compiled the information from across the different types of interviews to create an overall summary for each code that was identified. The codes and themes that arose are an attempt to get an understanding of the underlying thoughts and perceptions of those interviewed.

2. Group Session Observations: A group of participants from the Alzheimer Day Centre were selected for observation during their weekly MT session.

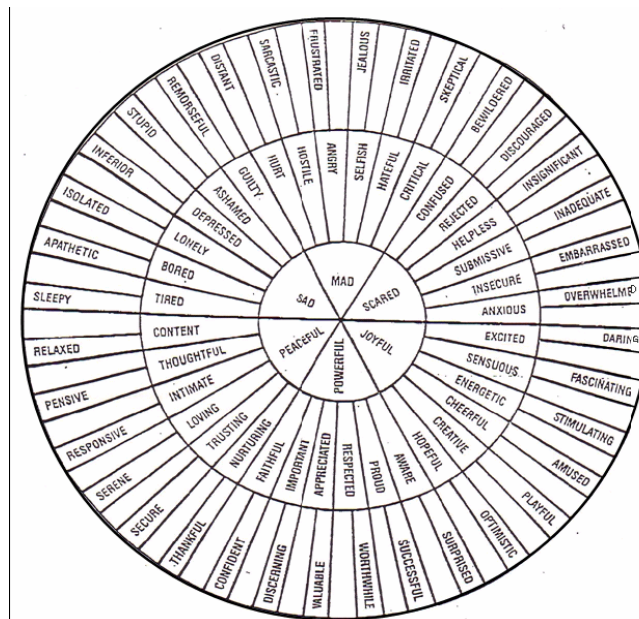
These clients have mild-moderate dementia, and took part in MT sessions for approximately 4 months.

a) Videotaping of MT Sessions: 12 group sessions were videotaped in order to document the responses of the group members to MT.

b) Session Comments by the Music Therapist and Observers: The music therapist completed session notes, and 1-2 outside observers utilized Dr. Gloria Willcox's "Feeling Wheel" tool to document emotions expressed by group members during sessions.

Five of the videotapes were selected and analyzed by two outside observers (a music psychotherapist and a day program staff member). The selected videotapes, the therapist's session notes, and the feeling wheels were analyzed separately and qualitatively by a member of the research team. The data was coded into themes using methods similar to that used for the interviews. Analysis of session notes, feeling wheels and video narrative material were integrated. In addition, the qualitative analysis of feelings and group therapeutic factors of the MT group was conducted.

The Feeling Wheel



Dr. Gloria Willcox, St. Petersburg, Florida.

3. Case Studies: Three case studies were completed by the music therapist to track the experience of individual clients. The case studies provided detailed information on the interaction between the music therapist, the client or

resident/participant and their family, as appropriate. The three cases were chosen to represent the diversity of the MT program participants who are seen by the therapist during one-to-one sessions.

Results

During this research project, a total of eight MT program participants, five families, and seven staff members were interviewed. From a total of 52 codes, 6 main themes emerged from the data. It was decided that the six main themes could further be reduced to three main themes that captured all the major ideas. Each of these key themes will be discussed below. Where appropriate, results from the analysis of the video-taped sessions, are included.

THEME 1: IMPORTANT POSITIVE CHANGES FOR PARTICIPANTS

Enjoyment Fun and Happiness:

Most of those interviewed agreed that in addition to other benefits, the music therapy sessions were, very simply, enjoyable, fun and made people feel happy:

I think one of the easiest things that they [residents] say is that it was a lot of fun. [Staff]

It's not about performing and sing-alongs though that is part of it. The strengths of the program relies on music as therapy and how it can be used to have fun but [is also] supportive to clients. [Staff]

The whole program is uplifting [Resident]

I look forward to them [music therapy sessions] and it gave me, brought happiness into my life...Music therapist is very talented and I enjoy her singing and guitar music and piano music. I sing along with them. In a group I play along with them. I enjoy that kind of thing...I feel like I've been some place where I've enjoyed myself [Resident]

The same evidence of expression of enjoyment and fun among the MT program participants was found during the videotaped music therapy group session observation:

Group members freely expressed their enjoyment during the activities. The music the group created was imaginative and expressive. Sometimes the participants clapped their hands, moved their heads, and tapped their toes as they played or listened. There was laughter, wide smiling, and humour during the music therapy sessions and members chatted with the therapist and with one

another. Group members were very engaged at different points in the session, and their participation seemed to slowly increase throughout the sessions.

Music Therapy Strengthens Bonds:

Music therapy has the ability to enhance connections among people. There is an enrichment of social connections, and socializing where there was none before. The sharing of music is a way to feel connected and engenders a sense of belonging. This was observed by those interviewed:

I've noticed resident and family bond, like you know, hand holding during sessions or the sing-alongs, like a comfort between the family member and the resident because there's this common piece that they're singing together and they're involved in something together, so it seems that a connection is formed. [Staff]

[Clients] just get something out of it, it bonds them together and they are friends, they are, they just bond together...they're more outgoing to each other. There's more communication to each other. It's self-initiated; they don't need that push anymore. [Staff]

Therapeutic Benefits and Enhanced Quality of Life:

It seems clear from those interviewed that the benefits of MT go beyond just enjoyment and fun for MT program participants. There are some significant therapeutic effects in addition to increased quality of life for residents and participants.

Mood and Behaviour:

Participation in the MT program appeared to influence positive mood and behaviour as evidenced through body language, comments, smiling, and laughing.

I think the really big bonus that I personally like is the change in mood. We do experience some pretty drastic mood swings, just because of a result of some of our participants' injuries and it's a really big bonus to have a participant, you know, who might be having one of her low days and just end up going to music and the mood is completely changed. [Staff]

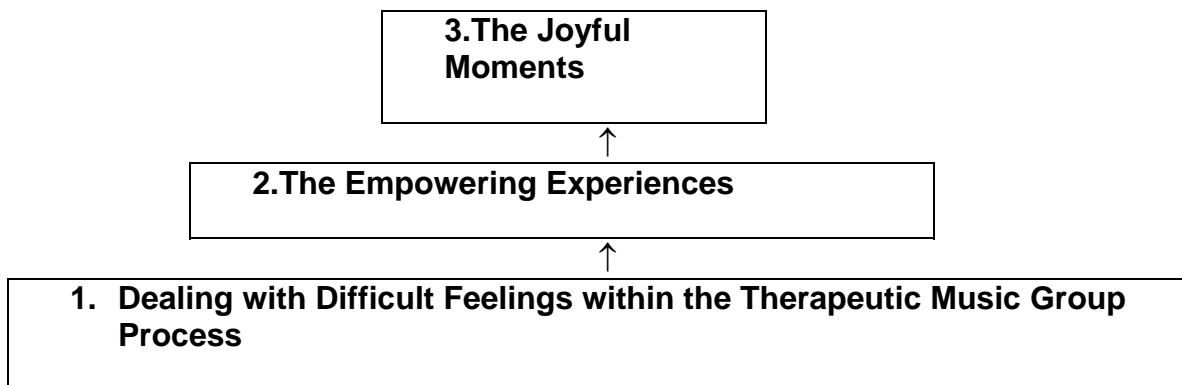
It opens me up. It vibrates in my body and keeps me awake. When I feel tired it gets me going. [Resident]

MT has had a very positive effect on one woman in the day centre 1:1-I've seen a dramatic change with her. She has come out of her shell, wants to share more and be part of the group. She has really adapted positively to a group setting. [Staff]

Clients with dementia can often experience unpleasant feelings and emotions. By reviewing the videotaped MT sessions, it became apparent that the program improved participants' mood and as a result helped them to regain a sense of hope:

...loneliness and isolation were shown to be reduced, feelings of helplessness were diminished, and feelings of shame were resolved. The group members learned to deal with losses more effectively, and most importantly, their sense of hope was regained.

Within the therapeutic music group process, it was possible to deal with frustration, irritation, sadness, and worthlessness; difficult feelings dementia patients often suffer. Musical activities and the therapeutic group provided a safe and secure frame that helped group participants to deal with their difficult feelings. As a result, music therapy group members started to undergo changes through various empowering experiences during the musical group process. Feelings of empowerment provided several joyful moments that enhanced the life quality of group members.



-Dr. Heidi

Ahonen-Eerikainen

Physical Effects:

Some of the staff and family interviewees commented on the surprising physical effects they noticed. Almost all staff expressed surprise and amazement that residents and participants could and did express

themselves through the medium of music, be it as a release of a spectrum of emotions or non-verbal residents and patients being able to verbalize:

[There is a] knowledge base of how this music can bring people especially those residents who have no voice verbally, and who now sing. They [music therapists] have unlocked a door and given them a voice. [Staff]

Giving expression to a disease process for example by writing a song and allowing the person to express what's happening. It's honouring a very private moment. Taking a risk for the person by letting others know is very powerful for that client and therapist. [Staff]

Also they've freed up the resident's body, so their bodies actually sway and move to the rhythm of the music. It's just such a powerful medium. [Staff]

Personal Growth:

MT's ability to provide opportunities for its participants to learn new skills or regain lost ones, resulted in a sense of pride and accomplishment as observed by the majority of staff members, and some family members. MT can have significant effects on self-esteem and self-confidence:

The [music therapist] plays and can sing old songs that [loved one] remembers, and who knows, he can't remember a lot of things but maybe it makes him feel good because he knows he can't remember a lot of things but he can remember the words to the songs. [Family]

Some participants [have] the idea of 'I can't do' and they start realizing they can do that [music], so maybe they can somewhere else...Even some people who slouch a lot, you'll see them come out of the program and stand a little taller. It's just that feeling of 'I've done something worthy, and I'm proud of that.' [Staff]

We really attribute one person who has a one-on-one session, we think it's a major part of his confidence building. You can actually really tell a change in his overall attitude and even assertiveness since he's been one-on-one with the music therapy. [Staff]

The following is an excerpt from a session note written by the music therapist describing part of the therapeutic process experienced by one participant attending a music therapy session:

Session #9

“Mary” seemed quite optimistic in the beginning of the session, and gave positive feedback to “Francine” about the music. However, she was unsure about taking her turn on the metallophone.

Francine encouraged her by saying: “You’ll surprise yourself! You never know unless you try!” Mary agreed to try playing the instrument. She began playing with both mallets. Her playing was light, rhythmic and had a playful quality to it. She smiled as she played. She moved freely around the instrument, but few patterns developed in the music. While playing, she called out, “I don’t know what it is, and it’s just a play toy!” After playing for just over one minute, Mary stopped playing abruptly, laughed and said, “I don’t know what it is; I’m stupid!” The group clapped for her, encouraged her, and she began to play again. As she began to play again she said, “Oh, I miss my piano!” She played for about 40 seconds, stopped abruptly and said, “That was stupid”. The group disagreed with her statement and encouraged her. The therapist asked, “Did that take you back to your piano?” Mary replied, “Oh, I would just love to have my piano.” She then started playing a bit on the metallophone. She again played freely and rhythmically and sang a bit as she played. She then stopped and said. “See I got my keys all mixed up again.” She played another short excerpt handing the mallets to the therapist and saying, “I’m not much good”. The therapist then took a few moments to validate both Mary and Francine’s efforts. Again, during the next activity, Mary felt unsure about her playing. Her lack of confidence in herself seem to impede her ability to improvise freely, however, there were moments of freedom in her music. Lots of encouragement and validation of efforts took place between Mary and Francine. While each was unsure about improvisation, the encouragement and positive feedback they provided one another seemed to assist in building confidence.

An excerpt from a case study written by the music therapist illustrates the feelings of one resident and the music therapist’s ability to work with this resident to improve his confidence level and ability to deal with difficult feelings:

When the therapist met James for his fifth music therapy session, he again resisted participating. He repeatedly told the therapist, “I’m not good enough...you’re wasting your time with me.” The therapist spent a lot of time explaining music therapy, and reassuring James that he very much “qualified” to be part of the program. She explained to James that it was his choice to have music sessions, but that she would really enjoy spending the time with him. James said that he found it difficult to believe that anyone would enjoy spending time with him in his current state. Through sessions 5-9,

James continued to require lots of encouragement and reassurance in order to participate in sessions. He frequently made negative comments about himself, such as, "You must think I'm so stupid!" but gradually became less resistive to sessions. It was during this period of time that James began to spontaneously participate during some sessions. He joined in singing a few times, improvised with the therapist on the drum and cymbal, and reminisced about his time in town bands while listening to a CD of marching band music... James' playing within these improvisations continued to be creative and musical. While he played, he often smiled, and appeared "lost" in the music... Session number 31 marked nearly eleven months of James' involvement in music therapy. James' daughter attended this session. James was not interested in playing instruments, but agreed to the therapist singing some popular songs. When the therapist began to sing, James spontaneously joined in singing clearly and audibly. He closed his eyes as he sang, and smiled at the end of each song.

End-of-Life Care:

Staff talked about benefits specifically related to end-of-life and palliative care and the tremendous benefits of MT for palliative residents and their families. They commented that MT brings a special ability to target this population and provide a very positive experience, alleviate pain and take palliative residents and family to a different place. The result can be a "good death" for the resident:

For example in a situation where a resident had a good death, and not all are good deaths, music therapy has been involved. [Staff]

...When they may see the patient has not needed pain medication in that time or the patient's breathing has become less laboured and has moved into the rhythm of the music. [Staff]

A family member relayed her experience with the power of MT to comfort her dying loved one:

Yes I've been in the room [the music therapist] plays a variety of music.

One day [the music therapist] came in and was playing a song like "Ave

Maria." My [loved one] really enjoyed it. She said to me "look up in the corner do you see it?" I didn't see anything [but] my [loved one] said "I see a white bird, a white dove sitting in a green tree and it is singing along with [the music therapist]". [Family]

A case study written by the music therapist showed how MT in palliative care impacts not just the patients but also their families:

During the session, “Ruby” and the therapist sang a number of folk and popular songs to “Andy.” While singing to Andy, Ruby sometimes cried. He made eye contact with his wife and the therapist, and appeared comforted by holding Ruby’s hand and the music being provided. Ruby appeared scared about Andy’s condition, and the therapist listened as she reminisced about their family, and told funny stories about vacations they had taken together. She seemed to take comfort in these memories, and seemed to enjoy sharing them with the therapist. The therapist told Ruby that she would visit Andy several times a week to assist him in relaxing and feeling comfortable... The therapist spent long periods of time talking with Ruby. Ruby continued to share many stories of their life together and the challenges they had faced as immigrants to Canada. A strong relationship developed between Ruby and the therapist, which gave Ruby support when family members were not available... When the therapist approached Andy’s room for his 24th session, she met Andy in bed, Ruby, their daughter, granddaughter and two young great-grandchildren... The therapist helped the two young children sing two of their favourite songs to their great-grandfather. Then, Andy’s family sang together a variety of hymns as they massaged him and held his hands...

THEME 2: MUSIC THERAPY IS AN IMPORTANT PROGRAM AND ADDS VALUE TO THE ORGANIZATION

Mission, Vision and Values:

St. Joseph’s Health Centre, Guelph is an organization that is extremely committed to its Mission and Values. MT was found to fit very well within the facility’s Mission, Vision and Values, and to bring benefits to the organization. Interviewees spoke of the holistic approach of MT, and how it honours the whole person throughout all the stages of life. Some of those interviewed recognized that by providing MT, St. Joseph’s is being innovative in its service delivery.

*It tells me [St. Joseph's Health Centre] is looking into other ways of dealing with mental health concerns-not just the stereotypical ways.
[Family]*

Increased Knowledge and New Opportunities:

In the past, music was offered solely for the purposes of entertainment or staff simply used recorded music to provide music to the clients. Staff said they now

have an increased understanding of the therapeutic application of music. Most of the staff interviewed recognized it as a successful program, overall.

I think it's excellent. It's one of the most successful programs that I've ever seen here. I've been here for 22 years, and very seldom do you see something that works and holds the residents' attention so well and I'm sure they all look forward to it. [Staff]

Targeting Clients:

Some of those interviewed talked about the fact that MT can target residents and participants who might otherwise not participate in recreational activities. They felt that the MT program has a special ability to reach many individuals with varying levels of ability, including those with dementia.

I thought [loved one] would enjoy it. He has to be persuaded with some things. He doesn't have many interests so I'm happy about that...his health is failing, he doesn't have many other interests. He's a simple person, he never really read unless I gave him something. He can't remember what he read. The TV, he can't remember, but music...he can remember. [Family]

The Music Therapist:

Those interviewed recognized the importance of having a trained therapist who is client-centred, flexible, accessible, and able to build rapport with clients.

Music therapist is very skilled and can change and adapt [the program] to participants. [Staff]

That's the difference with a trained therapist. There is a difference and you see that difference when someone comes in and just puts on a radio station and well – you could have that person become extremely agitated and disturbed so I really think that we can as a caregiver team we can all love music and see the possible benefits but it is only the professional that knows how to use it therapeutically. [Staff]

THEME 3: THE FUTURE OF THE PROGRAM

Additional Music Therapists:

Currently St. Joseph's has one full-time music therapist on a contractual basis. The issue of workload demands for the therapist was an extremely important issue to those interviewed. Many individuals spoke of the need for continuation of the current program, and the addition of another music therapist.

There's so many people that [the music therapist] works with, but she can't get to everyone. [Staff]

...it's such a successful program, and so many residents, etc. are being seen, it's my fear that if it stops what a void it will be. [Staff]

...like really [staff from recreation therapy] don't have the skill base and it's not just simply oh bring in some volunteers to play the piano; [this] is not the solution... [Staff]

I think those staff worth their salt and those that are really here for the residents have really seen and celebrated and know how music has made a difference for the resident under their care, for the family member and for them, themselves. [Staff]

Music Therapy Interns:

In an effort to improve the program, staff spoke about the internship process and commented that there is a need to improve the process of attracting interns to St. Joseph's, as this provides another member of the team to provide MT to residents and participants.

Conclusions and Applications of Results

Overall, the comments from those interviewed reflected their genuine appreciation of the program and of the music therapist and her unique skills. They brought light to the fact that MT provides more than simple entertainment as they documented the powerful changes it has made in the lives of many residents and participants.

Music therapy was shown to have the capacity to reach almost all of the residents of St. Joseph's Health Centre, as well as those attending outreach programs. In this way, it was seen as an exceptionally important program and one that brings great value to the organization and to the lives of residents and participants.

The program has also led to organizational change through an enhanced understanding of the program and new skills in incorporating music into current programming. It is clearly a unique program that has made important changes across the organization as a whole, especially for individuals who have been given the opportunity to be a part of the program.

It is hoped that the results of this study will assist other music therapists and facilities to either begin a new music therapy program, or to maintain or expand

one that is currently running. The outcome of this study is not information that was previously unknown about music therapy; what is important about the results of this study is the source of the information. It is because the above information came from music therapy clients, their family members, and the staff who work with them that it is significant. It is important to note that the music therapist was not involved at all in the interviews or the analysis of the data, and can therefore be considered impartial. It is hoped that the results of this study may be helpful for music therapists and administrators in Long Term Care, Complex Continuing Care and Adult Day Programs.