Music in End of Life Care

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Objectives

- Define Hospice
- Conceptualize Music’s Implications as a Healing Modality
- Define Music Therapy
- List Clinical Uses of Music Therapy in Hospice
- Utilize Case Review to Demonstrate Anticipated Benefits of Music Therapy
- Identify Measures of Support as Caregivers and Volunteers
Hospice Care: A Brief Review
How Do People Live? And How Do They Want To Die?

- 90% want to die at home
- Pain and symptom control
- Sense of control
- Avoid prolonged dying process
- Avoid burdening family
- Opportunity to strengthen relationships
Defining Hospice

• “Aggressive comfort care” (Kenneth Doka, PhD, MDiv)

• Hospice is about life and celebrating life’s journey in a quality, comfortable manner that is supportive to everyone involved.

• An interdisciplinary therapeutic model appropriate for all populations with serious or life-threatening illnesses, the goal of which is to prevent and manage the suffering and illness burden for both patient and family from the time of diagnosis onward.
Defining Hospice

- Most hospice care (60% in 2014) is provided in the place the patient calls home.
  - 35.7% received care in a private residence
  - 14.5% received care in a nursing home
  - 8.7% received care in a residential facility

- The remainder of patients received care in a hospice inpatient facility (31.8%) or on a hospice unit of an acute care hospital (9.3%).

- What is the average LOS?

The Role of Music:
A Brief History of Music, Health, & Healing
You know what **music** is?

God's little reminder that there's something else besides us in this universe; harmonic connection between all living beings, everywhere, even the stars.

—Robin Williams in *August Rush* (2007)
What Is Music Therapy?
What is Music Therapy?

According to the American Music Therapy Association (AMTA):

“Music Therapy is 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... Research in music therapy supports its effectiveness in a wide variety of healthcare and educational settings.”

(www.musictherapy.org)
MT-BC Credential
Music Therapist-Board Certified

- The credential Music Therapist – Board Certified (MT-BC) is granted by the Certification Board for Music Therapists (CBMT) to identify music therapists who have demonstrated the knowledge, skills and abilities necessary to practice music therapy at the current level of the profession.

- The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals.

(www.cbmt.org/about-certification)
MT-BC: Educational Requirements

- Bachelor's degree or higher in music therapy from AMTA approved college and university program
  Curriculum includes courses in three main areas:
  - Musical Foundations
  - Clinical Foundations
  - Music Therapy Foundations and Principles
- Completion of min. 1200 hours of clinical training (which includes practicums and a supervised internship)
- Passing the Board Certification Exam to obtain credential “MT-BC”
- To maintain certification, MT-BCs must earn 100 continuing education credits every five years or take a recertification exam.
Ethical Considerations of Using the Term “Music Therapy”

• Is this Music Therapy?
  • A Chaplain singing hymns at bedside...
  • A Hospice Aide playing music in background while providing care...
  • A Threshold Choir singing at bedside...
• Music Therapy must be provided by a Board Certified Music Therapist (MT-BC)
• Music **IN** Therapy vs. Music **AS** Therapy
• Therapeutic Uses of Music vs. Music Therapy
## Music Therapy vs. Therapeutic Music

<table>
<thead>
<tr>
<th>Music Therapy</th>
<th>Therapeutic Musician</th>
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<tr>
<td><strong>Overview:</strong> Clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship.</td>
<td>An art based on the science of sound. A therapeutic musician uses the inherent healing elements of live music and sound to enhance the environment in healthcare settings in order to facilitate healing process.</td>
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<td><strong>Treatment Planning:</strong> MTs develop an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies appropriate for the client.</td>
<td>It is live acoustic music specifically tailored to the patient’s immediate needs.</td>
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<td><strong>Theoretical Framework:</strong> Varied &amp; multiple theoretical frameworks employed (e.g., cognitive, humanistic, behavioral, psychodynamic, etc.).</td>
<td>The Therapeutic Musician is also trained in transpersonal modalities that enhance focused presence and intentionality.</td>
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<td><strong>Client Assessment Process – Formalized &amp; Standardized</strong></td>
<td><strong>Client Assessment Process – Formalized &amp; Non-Standardized</strong></td>
</tr>
<tr>
<td>Treatment Planning – Yes</td>
<td>Treatment Planning – No</td>
</tr>
<tr>
<td>Documentation – Yes</td>
<td>Documentation – Yes</td>
</tr>
<tr>
<td>Reassessment Process – Yes</td>
<td>Reassessment Process – Yes</td>
</tr>
<tr>
<td><strong>Education/Accreditation:</strong> Bachelor's degree or higher in music therapy, from a program approved by the AMTA within an accredited college or university.</td>
<td>No degree. Must complete an NSBTM-accredited certification program. Recommended to be 18 years or older; some exceptions for younger applicants made.</td>
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<td>National board certification examination required.</td>
<td>The NSBTM sets Standards for the profession, and accredits training programs that meet the professional standards.</td>
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<td><strong>Classroom Training Hours (towards Degree): 5,850 – 5,940 hrs.</strong></td>
<td><strong>Classroom Training Hours (towards Accreditation: 80 hours or equivalent.</strong></td>
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<tr>
<td><strong>Practicum/Field Placement:</strong> Must successfully complete minimum of 1,200 hours of clinical training, with at least 180 hours in pre-internship fieldwork and at least 960 hours in internship. Internship site must be approved by an academic institution, AMTA, or both.</td>
<td>Minimum 100 - 125 hours in hospital and hospice environments. This includes minimum of 45 hours of direct individual bedside musical delivery and a minimum of 100 patient sessions.</td>
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</table>
Music Therapy: Goals of Care & Assessment Process
Care Plan Needs Addressed

- Pain
- Dyspnea
- Anxiety
- Depression
- Isolation
- Quality of life
- Death vigil
- Spiritual needs
- Caregiver support
- Family conflict
- Anticipatory grief
- Bereavement support
- Restlessness/agitation
- Emotional expression
- Loss of control
- Confusion/disorientation
**Phases of MT Parallel to the Illness Trajectory**

**Initial Evaluation to Hospice**
- Presenting Families with the Diverse Range of Services to Decrease Anxiety When Considering Hospice
- Providing Support During Evaluation

**Hospice Services**
- Developing Relationship
- Symptom Management
- Pre-Bereavement Support
- Developmentally-Appropriate Education

**Transition**
- Symptom Management/Procedural Support

**Active Dying**
- Comfort Care

**Death**
- Support to Family

**Funeral Process**
- Funeral Planning & Attendance
- Bereavement Support
- Facilitating Transitions
- Memorial Services

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Music Therapy and Pain Abatement

- Gate Control Theory of Pain
  - Melzack & Wall, 1965
  - Proposes that a neural “gate” present in the spinal cord can open and close thereby modulating the perception of pain.
  - Suggests that psychological factors play a role in the perception of pain

- Music can act as a stimulus to “close the gates”
Music Therapy and Quality of Life

• Research indicates that hospice patients who experience music therapy report an increase in QOL

• Explore meaning and purpose of life through lyric analysis and music assisted reminiscence

• Increase interpersonal interactions

• Increase mood and relaxation

• Decrease pain
Music: A Powerful Stimulus

* VIDEO *
Music Therapy and Spirituality

- Music is an integral part of many spiritual traditions
- Patients may no longer be able to participate in religious rituals to the same degree as they did in their past
- Joint visits with Chaplain
- Research indicates an increase in self reported spiritual well-being after MT sessions
Music Therapy and Leaving a Legacy

- Musical Autobiography
- Songwriting
- Recordings
- Designing CD covers can incorporate artwork
Applications: Music Therapy Interventions
Why Use Live Music?

• Shift composition according to mood and preference
• Change tempo of music according to HR, RR (entrainment)
• Ability to control volume, regulate dynamic shifts
• Enhance a feeling of reciprocity otherwise unavailable
Music Therapy Interventions

- Music-based life review
- Songwriting
- Song choice
- Lyric analysis
- *Song biography*
- Creation of legacy CDs and/or songbooks
- Improvisation
- Chanting

- Entrainment & Iso-Principle
- Progressive relaxation techniques
- Guided imagery
- Music as means to guide death and dying education
- Sensory play
- Funeral planning
Case Study:
Jose’s Journey
Meet Jose: Background & Demographics

- 56 year-old male with ALS
- Diagnosed ~7/2010; moved to hospice residence 10/2010
- Puerto Rican
- Catholic – prayed and read Bible daily
- Formerly professional musician

- Estranged from ex-wife
- Three children – two older sons, one in FL, one in VA; daughter in upstate NY
- Became grandfather 11/2010
- Daughter graduating from college 6/2011
Meet Jose: Meaning of Illness & Goals

- Loves music, dancing, freedom felt in riding motorcycles
- Future Plans (pre-dx) – to retire and ride the entire US with both sons
- No fears of dying – guilt about leaving his children/family behind
  - Signed DNR/DNI on 10/15/2010
- GOC – to maintain dignity and to have a peaceful and comfortable death
Jose Overview: Somatic Presentation

• Fear of watching body deteriorate in front of him:
  • Ambulating unassisted – 10/18/2010
  • Ambulating with use of cane & BiPap at night only – 10/26/2010
  • Increased upper extremity weakness – 11/9/2010
  • Dresses self with assistance – 12/2/2010
  • Increased use of motorized chair – 12/21/2010
  • Unable to dress self – 12/28/2010
  • Increased dyspnea; continuous BiPap – 12/31/2010
  • “Gasping for air” upon mild exertion – 1/3/2011
  • Sudden increased pain perception (6/10) – 1/14/2011
Jose Overview: Psychological/Emotional Presentation

• Impairments in Coping
  • From clinical note 12/20/2010: “...horrible temper and gets extremely upset for the slightest thing.”

• Increased Anxiety
  • Begins to rise, often disproportionate with issues at hand – 1/1/2011
  • No longer leaves room – 1/7/2011

• Relationship Conflicts
  • Isolates Self
Why might the team refer Jose to Music Therapy?
Reasons for Referral

- Psychosocial needs
  - Spiritual distress – desire to maintain faith
  - Impaired coping – anxiety and depression related to illness
  - Relationship conflicts – with self, staff, and family

- Physical needs
  - Altered breathing patterns
  - Declined gross- and fine-motor function
What emotional and spiritual issues are present for Jose?

How might you offer support to him?
To his family?
To the team?
Goals Following Assessment

• To help the patient resolve inner conflicts
  • Accepting the “new” self and finding new means for expression
  • Coping with feelings of loss of self

• To help the patient fulfill personal dreams
  • Leaving a legacy

• In the more immediate, to facilitate opportunities for comfort, thereby decreasing anxiety
  • Enhancing relaxed breathing patterns
Jose’s Journey
Feeling The Void – Losing Jose

• The Staff
  • Though staff was prepared, many felt his death was “unexpectedly sudden”
  • Many members had known Jose for 7 months

• The Family
  • Died two weeks prior to daughter’s graduation
  • Completing the journey – a legacy for the bereaved
"music puts everything you wish you could say into words and melody. music takes the moments you’ll never forget and makes them permanent."

-Stephen Gomez

(bass, the summer set)
Music Therapy and Bereavement

• Music is processed in the limbic system (Brown, Martinez & Parsons 2004) which is associated with emotional expression and processing, as well as long term memory

• Common MT interventions include songwriting, music listening/lyric analysis, and improvisation

• Individual Sessions and Groups

• MT can be an integral part of helping children to cope with grief and loss
How to Engage Families – A Model For Successful & Meaningful Interactions

• No matter the outcome – a loss has already occurred!
• Each family member experiences a unique process of grieving
• To best help family cope, provide them opportunities to explore their sadness, their times of happiness (past and present), and all emotions in between
• From the beginning – build a trusting, open relationship based upon clear, honest and COMPASSIONATE communication
• People from varying cultures, generations and backgrounds may have different assumptions about communication styles – BUT EVERYONE appreciates KINDNESS and COURTESY
• Potential to work with entire family, not just the patient. It is important not to forget about the Private Aides, Community, and Children affected who are often the “silent sufferers”
Role of Caregivers & Volunteers

- Music Therapists do not “own” music
- Ways to offer support:
  - Presence
  - Touch
  - Listen and Share Stories
  - Bring Preferred Music and Sing/Listen Together
  - Identify Legacy Opportunities
  - Encourage Friends and Community Members (House of Worship, Community Groups & Associations Patient was Involved In, Etc.) to Visit
  - Identify Music & Memory℠ Programs and Assist in Creating Personalized Playlist
  - Others?
References

Websites for Further Review

- American Music Therapy Association: www.musictherapy.org
- Certification Board for Music Therapists: www.cbmt.org
- Center for Music Therapy in End of Life Care: www.hospicemusictherapy.org
- NHPCO: www.nhpco.org
References

Music in EOL Care

References
Music for Pain Management

References

Music for Anxiety, Bathing & Depression


References
Music to Support Psychological Issues at EOL

References

Music for Quality of Life & Spirituality


References
Music as Support for Caregivers


- Gilbert, K. (2009) Grief in a family context. *Indiana University*


References

Music for Specialized Populations


Historical References


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